IMPLEMENTATION RESEARCH FOR
HEALTH SYSTEM STRENGTHENING

(IR-HSS) FRAMEWORK

2024

G20 भारत 2023 INDIA

सुधांश पंत
सचिव
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Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Foreword

Since decades, the Indian Government has demonstrated purposeful leadership and sustained efforts towards strengthening the Indian health system. Its interest in interventions that can potentially maximize the beneficial impact for the entire population is growing as well. This has increased the government's commitment towards conducting implementation research that strengthens the evidence base and provides greater clarity towards decision making in implementing proven healthcare interventions.

The Ministry of Health and Family Welfare actively engages with a wide range of interventions in the Indian health system including policies, programmes and practices to understand the struggles they are battling with and to provide sustainable solutions that are devised in consideration of the real-world scenario. A reformative structure, known as the Implementation Research for Health System Strengthening (IR HSS) platform was thus developed to conduct implementation research and support these interventions through regular and productive knowledge sharing between public health and health systems researchers and policymakers at the national and sub-national level.

With great responsibility and dedication, this framework has been developed as an introduction to the IR HSS platform that briefly outlines its institutional structure and describes its appraisal and approval process. I congratulate the entire team involved in the development of this framework and encourage the States to take advantage of the many opportunities that the IR HSS platform presents.

Dated 13th December, 2023

(Sudhansh Pant)

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Implementation research is key to successful implementation of all healthcare interventions. For that, it is imperative to enable a system that finds solutions in the real-world setting, bridging the gap between researchers and implementers. The Implementation Research for Health System Strengthening (IR HSS) platform was formed by the Ministry of Health and Family Welfare as a structure that ensures sustainable solutions to the right implementation questions. Although a relatively new platform, it is of particular relevance to the Indian health system due to the complex implementation challenges we face from a diverse setting.

This framework details the process that institutions need to follow to conduct implementation research under the IR HSS platform in collaboration with the National Health Systems Resource Centre. The main objective of this framework is to boost interest and commitment among states to conduct implementation research that aligns with their needs and generate robust scientific evidence that is essential for devising effective strategies to optimize health outcomes.

I congratulate the team involved in the development of this framework, and hope this framework appeals to public health and health system researchers with a mission to promote and support a well-developed public health system that is accountable and responsive to people's needs.

(Ms. L. S. Changsan)

Aradhana Patnaik, IAS
Joint Secretary

सत्यमेव जयते

आज़ादी का
अमृत महोत्सव

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MESSAGE

The evolution of India's public health system stands as a testament to our nation's unwavering commitment to enhancing the health and well-being of its citizens. Over the past decade, we have witnessed the successful implementation of evidence-based interventions and expanding our health systems capacities in a responsive manner. Yet, we recognize that the effectiveness of these interventions hinges on various factors, including the maturity of state health systems, technical and fiscal capabilities, and cultural considerations. To strengthen the ongoing implementation and provide a robust evidence base for future interventions, we acknowledge the pivotal role of implementation research as the bridge linking evidence and practice.

The National Health Policy of 2017 also underscores the crucial role of health research in improving the health of our population and envisions strengthening research-related activities. In line with this vision, the Ministry of Health and Family Welfare has established the Implementation Research for Health Systems Strengthening (IR-HSS) platform to foster evidence generation, knowledge sharing, and augment the states' research capacity.

I am delighted to see the development of the IR-HSS framework, which guides states in participating in these activities. I am confident that this framework will invigorate the scientific community's participation and empower stakeholders to actively contribute to the design and implementation of public health interventions.

(Aradhana Patnaik)

Maj Gen (Prof) Atul Kotwal, SM, VSM

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Executive Director

National Health Systems Resource Centre
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Ministry of Health and Family Welfare
Government of India

Foreword

As we are moving towards the goal of Universal Health Coverage, implementation research plays a crucial role in achieving its desired targets and outcomes, through evidence-based health systems strengthening. Realising this, the Ministry of Health & Family Welfare (MoHFW) has been consistently supporting research activities across the domains of healthcare service delivery, as a part of the common pool of knowledge.

The MoHFW established the Implementation Research- Health System Strengthening (IR-HSS) platform to deliver mechanisms to address context-specific research priorities within the framework of the National Health Mission (NHM). The platform facilitates evidence generation through the engagement of research expertise across States/UTs and the collection of programmatic feedback for supporting mid-course corrections. The National Health Systems Resource Centre (NHSRC) has been supporting the IR-HSS platform, as its secretariat, to strengthen the health systems by informing policy-level decisions designed and sustained through real-time evidence. The IR-HSS framework has been developed to provide a structure for the optimal functioning of the platform.

We hope the IR-HSS platform guided by this framework, would serve as a strong institutional mechanism to enhance evidence generation and also to facilitate the timely application of relevant learnings to health systems and policies. I extend my warm congratulations to the team and appreciate them for their dedication and commitment in developing the IR-HSS framework.

Maj Gen (Prof) Atul Kotwal

FRAMEWORK FOR IMPLEMENTATION RESEARCH FOR HEALTH SYSTEM STRENGTHENING (IR-HSS) PLATFORM

A. Context

Implementation research is "the scientific inquiry into questions related to implementation". It is a powerful tool for understanding context, assessing performance, informing implementation, and facilitating health system strengthening. It supports the integration of an intervention in the health system, its scale-up and the process of re-iterative refinement for effective implementation. It helps understand implementation challenges within healthcare and provides a broad theoretical basis to deconstruct practical problems. It functions as an evidence-based tool to enable implementation and de-implementation and offers an array of strategies and interventions (guidelines, incentives, and facilitation) which might be helpful to increase the uptake of information which has an evidence-base of varying degrees of strength. Implementation research embeds implementation theory and evidence within research programmes and creates evidence with greater implementability. Recent developments in thinking around implementation points to a more sustained and engaged way of organizing the interface between how evidence is produced and applied. In the same way, it increases the quality and impact of healthcare globally.

Although implementation challenges exist globally, the greatest need for implementation research exists in low- and middle-income countries. Particularly, in India due to increasing population growth, high disease burden and a resource constraint setting against a wide diversity of contrasting landscapes. Increasing the Government of India's (GoI) accountability towards its health

system, the Ministry of Health, and Family Welfare (MoHFW) instituted the Implementation Research for Health System Strengthening (IR-HSS) platform to maintain a dynamic and interactive process to conduct implementation research for successful adaptation of programmes under the National Health Mission (NHM). The platform functions as a coherent institutional mechanism to enhance the creation and application of policy relevant knowledge for timely decision making. It constitutes of stakeholders involved in policy generation, programme management, research, and implementors with an in-depth understanding of implementation research and health system strengthening.

This framework is developed by the Knowledge Management Division (KMD), National Health Systems Resource Centre (NHSRC) as an introduction and guide to the IR-HSS platform which is a continuous and iterative process.

B. Background

Implementation research is an imperative contributor towards India's concerted efforts to strengthen a continuously evolving health system. Complex real-world settings make it difficult to account for every factor that influences the success of health interventions, particularly in a diverse country like India. For any successful intervention, decision makers would need more information and evidence to ensure that the respective contextual factors are identified before building them in the implementation process. Even in the existence of a proven intervention, the certainty of success is essentially dependent on the timely identification of the contextual factors that may influence the intervention before the scale-up. Regardless of their level of consideration, these factors are pertinent to the planning and implementation process and can potentially prevent programmes and policies from having the intended impact if not identified and incorporated.

To ensure programmes and policies benefit the population equitably, decision makers need tools to comprehend implementation issues and identify possible solutions. Implementation research is an effective tool to link evidence with practice to advance public health policies and programmes. It concerns the processes used in the implementation of initiatives as well as the contextual factors that affect these processes. It also improves our conception of the challenges we face in the real world by broadening and deepening our understanding of these real-world factors and how they impact implementation. It helps identify what, why and how interventions work on the ground, where cultural context and other factors can substantially impact their success. It also monitors and evaluates interventions to significantly improve their outcomes.

> "The basic intent of implementation research is to understand not only what is and isn't working, but how and why implementation is going right or wrong, and testing approaches to improve it."

Consultations between health administrators and researchers have identified disconnects between ongoing health systems research initiatives and the knowledge requirements of decision makers. Engagement between researchers and decision-makers in the health system is often sporadic; further, such events are impeded by the lack of a designated institutional channel.

MoHFW is well cognizant of the fact that implementation research plays a critical role in strengthening of health systems, thus enabling them to respond to changing health needs. Health systems in India have always supported the exercise of validation, evidence, and research across domains of health care service delivery, as a part of the common pool of knowledge. Since its inception in 2005, National Rural Health Mission (NRHM) has introduced several ambitious life-saving interventions to strengthen the Indian health system and improve health outcomes. NRHM with its key objective of meeting people's health needs in rural areas, included research related interventions as one of the actions linked to defined priorities and to overcome identified constraints. While defining activities at national and sub-national level, the framework also enlisted some possible processes and illustrative norms where research and studies have been separately highlighted with a defined corpus.

In 2013, the existing framework for implementation was revised to lay out the broad principles and strategic directions of the National Health Mission (NHM) encompassing two Sub-Missions, NRHM and National Urban Health Mission (NUHM). The framework is both flexible and dynamic and is intended to guide States towards

ensuring the achievement of universal access to health care through strengthening of health systems. The framework was revised to also include high quality research and knowledge management structure as key strategies to achieve NHM goals.

The framework while defining institutional framework reiterated the need of research and mandated NHSRC to undertake Implementation Research and evaluations to provide support for policy and strategy development, through collating evidence and knowledge from published work and experiences. Recognizing the role of evidence and field learnings in health, the National Health Policy released in 2017 has focused on research and specified the importance of health research in development of nation's health; thus, need towards increasing investments in health research.

With the recognition of the importance of creating a strong and coherent institutional mechanism to enhance generation of more useful evidence-based knowledge, and to facilitate timely application of relevant learnings to health systems and policies, the MoHFW in the need for a well-defined structure, established the IR-HSS platform under NHM to support health systems research in India and continue being aligned with national and state specific priorities and knowledge requirements of decision makers in the Indian health system. Under NHM, the IR-HSS platform is constituted with the mission to enhance equity, efficiency and sustainability, driving results for better health outcomes in the Indian health system.

MoHFW established 'National Knowledge Platform' in the year 2016-17 to promote Health Policy and Systems Research and to address the challenges faced in strengthening health systems. Based on changing health needs and MoHFW interventions in the field of Implementation research, the platform has been expanded to include Implementation Research for strengthening health systems under NHM.

Although both implementation and operational research are usually conducted in proximal collaboration between relevant stakeholders, there are certain variations between them. Operational research uses existing resources to provide ways of improving programme operations and thereby delivering more effective, efficient, and equitable care. They are typically very specific to a single programme or activity and generally costs less. However, these studies have the potential for a huge magnifier effect, in extending the impact of health interventions. On the other hand, implementation research helps answer questions about why effective interventions are not reaching the people who could benefit from them. Additionally, it is useful in understanding how health system failures create barriers to the delivery of policies or programmes.

C. Implementation Research for Health System Strengthening Platform

The MoHFW established the IR-HSS Platform to establish a broad, systematic, and multidisciplinary approach to conduct implementation research under NHM. NHSRC is a technical support organization created under the NHM and works as secretariat to help identify research priorities and support public health and health systems research through IR-HSS platform. Overall, the platform is entrusted with the responsibility to undertake research in health systems strengthening and support it through the MoHFW grants. In an iterative mode, the specific objectives of the platform are to:

I.   Enable regular and productive knowledge sharing and dialogue between public health and health systems researchers and research users (policy makers and implementers) at state and national levels.

II. Support for public health and health systems research in priority areas through grant funding in annually identified priority thematic areas.

III.   Facilitation of research uptake and dissemination.

IV.   Research capacity building in states.

V.   Knowledge management on an open-access platform.

I.   Institutional Framework: IR-HSS Platform

Effective implementation research requires multiple stakeholders to work together in a collaborative manner. Taking that into account, the IR-HSS Platform fundamentally consists of three committees: Secretariat, National Health Mission Implementation Research (NHM-IR) Committee and Scientific Advisory Committee (SAC).
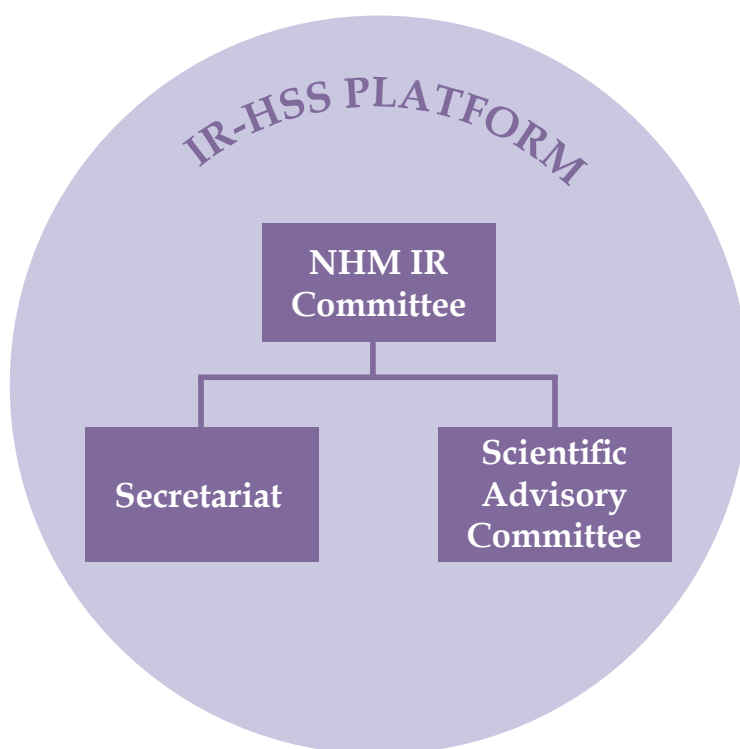

Figure 1. Institutional Structure for the IR-HSS Platform

1. National Health Mission Implementation Research (NHM IR) Committee

The NHM IR Committee is the highest decision-making body for the IR-HSS Platform. The committee comprises of representatives from the MoHFW and NHSRC (Table. 1). Specific objectives of the committee are detailed below:

i. To review and endorse, on an annual basis, the national strategy and priorities for public health and health systems research, for which the inputs would primarily be provided by the Scientific Advisory Committee (SAC).

ii. To finalize the research priorities to be considered for undertaking Implementation research in alignment with state specific and National priorities.

iii. To finalize the selection processes and criteria for annual selection of research proposals, and to select research proposals for funding.

iv. To finalize and periodically review selection processes and criteria for empanelment of organizations to undertake research through IR-HSS platform.

v. To support productive engagement and collaborative learning between decision-makers and researchers, and research capacity building in the country in relevant areas.

vi. To ensure funds for conducting and uptake of priority research.

vii. To approve the annual strategy and priorities for implementation research.

viii. To oversee the administration and performance of the strategy.

ix. To appoint, allocate funds to, and oversee a Secretariat.

NHM IR Committee	
Additional Secretary & Mission Director, NHM	Chairperson
Joint Secretary (Policy), NHM	Member
Joint Secretary (RCH), NHM	Member
Joint Secretary (Urban Health), NHM	Member
Executive Director, NHSRC	Member Secretary

Table 1. Member list of the NHM IR Committee

"Successful research begins and ends with successful collaboration"

2. Secretariat

The Knowledge Management Division (KMD)- NHSRC as the Secretariat for the IR-HSS Platform would play a pivotal role to help states/UTs and MoHFW to identify the priority research areas aligned with national and state specific context. The Secretariat, adequately staffed by trained and experienced personnel, would support implementation research for health system strengthening across states/UT for identified research areas. The Secretariat entrusted with various functions, would ensure smooth operation of the IR-HSS platform with maximum effectiveness under the oversight of NHM IR Committee. It will assist the NHM IR Committee in implementing the national strategic plan as finalized by the MoHFW. The specific terms of reference for the Secretariat are:

i.   Support all operational and managerial aspects of functioning of the IR-HSS Platform.

ii. Convene national and regional-level consultations to identify emerging programme priorities for research and to identify research priorities to be finalized by NHM IR committee for uptake in the systems.

iii. Circulate an annual competitive call for research proposals based on identified research priorities and areas.

iv. Launch, manage and monitor progress for IR-HSS including:

   • Coordination and review of proposal applications; and presentation for final decision.
   • Ensure timely allocation; and periodic review of utilization of funds to selected grantees.
   • Ensure periodic review of the studies and prepare a routine status update.
   • Access grant compliance, facilitation, and enforcement of guidelines for technical quality and ethical conduct.

v. Facilitate collaborative engagement between health system stakeholders and researchers as necessary.

vi. Maintain a database of existing and emerging implementation research for health system strengthening and facilitate access to knowledge sources.

vii. Support the synthesis and dissemination of findings to relevant stakeholders at the MoHFW.

viii. Monitor assimilation of evidence-based research generated by the IR-HSS platform and approved by the MoHFW by decision makers at national and state level.

ix. Prepare and publish annual IR-HSS report, including synthesis of findings and status of uptake in policy and action.

x. Facilitate open access publication of research supported by IR-HSS Platform.

xi. Organize conferences to promote the IR-HSS platform and disseminate findings.

3.   Scientific Advisory Committee (SAC)

The SAC is a group of scientific experts and eminent researchers in public health and health systems research, who will provide technical inputs, review, and evaluate the IR-HSS appraisal and approval process, as well, support capacity building for research, among other functions. The input of the SAC will be collated by the Secretariat and taken under advisement by the NHM IR Committee to make the final decision.

The SAC members will be identified based on their expert knowledge of context and relevant subject areas. Members include representatives from the MoHFW, NHSRC, research organizations,

academic institutions, NGOs, SHSRC (04 members ED SHSRC-ex officio), and State representatives (02 MD NHM- ex officio) nominated by the MoHFW. The nominated members of the SAC have tenure of two years. Successive members from the nominated member's category will be finalized by the NHM IR Committee as and when vacancies arise.

Scientific Advisory Committee	
Joint Secretary (Policy), NHM	Chairperson
Executive Director, NHSRC	Co-Chair
Executive Director, SHSRC (ex-officio): 04	Member
Mission Director, NHM (ex-officio): 02	Member
Representatives from MoHFW: 02	Member
Representatives from NHSRC: 04	Member
Representatives from NGOs: 02	Member
Representatives from academic/research institutions: 06	Member
Lead Consultant/Division In-charge, Knowledge Management Division	Member Secretary

Table 2. Member list of the SAC

The specific terms of reference for the Scientific Advisory Committee will be:

i. To discuss the proposals through a review process and provide inputs regarding but not limited to, need, methodology and expected outcomes.

ii. To rate the proposals as per their relevance, priority towards planning, policy, and implementation.

iii. To match the proposals with the organization / institution for conduct of the study.

iv. The SAC would continue to support the research activities and review the plan to convert the findings to policy briefs, dissemination plans and make policy recommendations.

v. To review the progress of the studies commissioned on a regular basis.

II. Appraisal and Approval process

1. Regional consultations for priority setting

As a first step under IR-HSS, researchable health system needs would be identified through state level consultations to identify emerging programme priorities for research, so that health systems research funded through the platform is targeted towards national and state needs.

A series of priority setting workshops would be undertaken to set the research agenda each year. This would include states and national research organizations in the country which will be undertaken by NHSRC in its capacity as Secretariat as an annual activity.

Regional workshops on 'Priority setting for Implementation Research to strengthen Health Systems' would be conducted for all states/UTs with active participation from Senior officials and NHM IR Committee engaged in day-to-day implementation from the health departments and Health missions of respective states/UTs. In addition, representatives of national research organizations in the respective regions and national levels, experts from public health and health systems research and State Health Systems Resource Centers would participate in these workshops, to facilitate the conversion of key challenges identified by state officials to health systems research topics/questions.

These workshops would establish a platform for direct interactions between policy makers, implementers, and researchers to present multiple challenges spanning all health systems domains, which would be further translated into identified research priorities.

Regional consultations for priority setting.

Screening and empanelment of institutions.

Screening and review of proposals by Secretariat & SAC; finalization by NHM IR Committee.

Project commencement, progress and completion.

Feedback by the Secretariat, SAC and NHM IR Committee.

Prepare and publish report.

Application in policy and action.

Figure 2. Appraisal and approval process

Research priority setting

Research priority setting is essential to maximize the impact of investments in health systems. Prioritizing the research is a key step towards strengthening of health research system, and thus necessary outcomes. The objective is to create a platform where implementation challenges of health systems managers are understood by researchers, leading to funding opportunities for this implementation research. Based on the evidence generated through the regional consultations, implementation challenges are coherently defined and contextualised . A priority rating formula developed for prioritization of health system issues for implementation research is included in the Appendix.

Accordingly, the IR-HSS platform provides an enabling environment for relevant stakeho nces, identify pressing implementation issues across all levels, prioritise them and link them with the funding opportunitiesavailable through the MoHFW.

Finalization of research topics

An NHM-IR Committee chaired by AS&MD, NHM, MoHFW and comprising of the JS- P, JS-RCH, JS-NUHM, and ED-NHSRC would review the key research questions identified by the Secretariat for the year, and give final approval to the questions.

2. Screening and empanelment of institutions

Expression of Interest floated on NHSRC website

Subsequently, an Expression of Interest (EoI) is floated on the NHSRC website with the terms of reference for empanelment as an external organization to conduct implementation research on the identified priority research topics. All institutions are advised to submit their applications and furnish the required documents as per the deadline for acceptance. A call for proposals for the identified research questions would be issued in the public domain.

Post defined timelines, the applications from research organizations/ public health institutions/ academic institutions etc. would be downloaded to prepare a line list as next step. KMD NHSRC in its capacity as Secretariat would undertake initial screening of the applications, which would be then screened by an internal committee at NHSRC to be scored against pre-defined scoring criteria. The qualifying criteria will include the completeness of the application form, attached financial documents and turnover of the organization. The scoring criteria will include experience of the organization in undertaking IR-HSS research, experience in conducting public health research justified by relevant reports, experience of organization in consulting assignments in the public sector in the last five years, publications in peer reviewed journals, and CVs of relevant faculties.

Empanelment of qualifying institutions

The organizations meeting the qualifying criteria and scoring at least 60% will be considered as 'pass' and empaneled with the Secretariat.

Call for proposals

After reviewing the area of interest of the empanelled organization, a letter with annexed list of research topics is then sent to them based on their eligibility to successfully conduct research in their area of interest which include but is not limited to the years of experience in the topic, published literature, the academic and professional proficiency of the proposed team as well as existing resources to effectively conduct primary research. Each institution is requested to submit their proposals within two weeks to be eligible for review. Preference will be given to research proposals that focus on key implementation research challenges common in several states. Thus, such proposals will be multi-center research studies. Each proposal must not exceed a study duration of two years.

3. Screening and review of proposals by Secretariat and SAC, and finalization by NHM IR Committee

Internal review by Secretariat

The Secretariat critically reviews the proposals against a pre-defined criterion. Proposals are either recommended, requested revisions, or not recommended. For proposals requiring revisions, the institutions are advised to revise and re-submit within two weeks.

SAC review and recommendation

Once this process is completed, MoHFW would constitute a "Scientific Advisory Committee (SAC)" that will be comprised of eminent researchers in the area of public health and health systems research. Additional subject matter experts would be involved as appropriate. Through a double blinded review process, members of the SAC would discuss the proposals received, score proposals on specific criteria. A blinded review of the proposals is conducted based on a review template (attached as Annexure 4). Proposals are either, scored and recommended, requested revisions to be eligible for scoring, or not recommended. Institutions requiring revisions are advised to resubmit within the time frame of two weeks.

SAC would also look specifically at the plan to convert findings to policy briefs, dissemination plans, and make recommendations, if any.

Finalization of proposals by the NHM IR Committee

Based on the recommendations advised by the SAC, the institutions resubmit their proposals. The proposals amended are then scored against the pre-defined scoring template for a final decision. Subsequently, a score sheet is generated which once approved, is signed by all the committee members. An eFile is then sent to NHM IR Committee, MoHFW for approval.

The Secretariat will then initiate the process of contracting successful grant applicants. During the grant, the Secretariat (through external research experts) will have regular meetings with grantees to ascertain research progress. At the end of the grant, the Secretariat will provide feedback on the deliverables and ensure product quality.

4.   Project commencement, progress, and completion

The NHM IR Committee conducts a rigorous review of the finalized proposals and approves them. Subsequently, the projects would commence as per the timeline under the oversight of the SAC and Secretariat with periodic reporting and review of the studies.

Following the study commencement, its progress and deliverables are periodically monitored by the Secretariat throughout the course of the study to ensure it is completed as per the timeline .

5.   Feedback by the Secretariat, SAC and NHM IR Committee

The Secretariat, SAC and NHM IR Committee conducts a rigorous review of the study and ensures the findings are synthesized based on the implementation needs of the health system. Feedback is provided on the observations to ensure the findings are appropriate for uptake in the health system.

6.   Prepare and publish report

An annual IR-HSS report is generated for the MoHFW, and scientific papers are drafted for publication in peer reviewed journals after study completion, which may extend up to two years of study duration.

7.   Application in policy and action

Real-world evidence on identified priority research topics is disseminated to make timely policy recommendations. The evidence-

based knowledge is then linked to policy and decision making for health system strengthening and better health outcomes.

"People are not passive recipients of innovations. Rather, they seek innovations, experiment with them, evaluate them, find (or fail to find) meaning in them, develop feelings (positive or negative) about them, challenge them, worry about them, complain about them, work around' them gain experience with them, modify them to fit particular tasks, and try to improve or redesign them, often through dialogue with other users."

Outcomes

- To improve the implementation outcome variables such as acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, coverage, and sustainability across all programmes of NHM.

- To ensure effective delivery of a health system intervention.

- To enhance patient satisfaction and improve health outcomes.

- To disseminate findings of implementation research for programme planning.

- To aid policy formulation, design, and implementation in the health system.

- To promote the understanding and uptake of implementation research in NHM.

Draft Expression of Interest Guidance Document

Implementation Research for Health Systems Strengthening (IR-HSS) for National Health Mission (NHM)

Inviting Expressions of Interest (EoI) for empanelling Organizations (publaic, private and not- for-profit) for conducting implementation research studies including reviews, rapid assessments, evaluations and operational research. It is expected that the outcome of such research will generate knowledge for policy recommendations for strengthening health systems.

Under the Implementation Research for Health Systems Strengthening (IR-HSS) platform of the National Health Mission, a series of implementation research questions are identified in consultation with States based on specific health system challenges . NHSRC is seeking expressions of interest from Public, Private and Not-for-Profit institutions (including academic institutions and reputed NGOs) for empanelment to conduct implementation research based on these questions.

A consortium of institutions with varying skill mix could also apply, provided they meet all the requirements.

Competencies required:

The Institution should have at least 05 years of experience in undertaking health systems implementation research. The Institution must have experience and expertise in at least one or more of the broad areas of implementation research:

a. Community Processes.
b. Primary Health Care.
c. Public Health Planning.
d. Health Informatics.

e. Quality in health systems.
f. Human Resources for Health.
g. Healthcare Financing.
h. Public Private Partnerships (PPP).
i. Procurement and contracting.
j. Public Health Administration (including regulatory/legal issues).
k. Health Technology Assessments.
l. Organization of primary and secondary health care services.
m. Urban Health.
n. Health Governance and Management.
o. Health Communication and Behaviour Change.

Documents required:

Institutions should submit the following documents to meet the eligibility criteria:

a. Relevant reports and documents to demonstrate organizational capacity to conduct public health research in the last 5 years.

b. Experience in conducting public health activities substantiated by relevant reports.

c. A list of relevant faculties with CVs (3-5 members with the relevant qualifications and public health experience).

d. List of broad implementation research areas mentioned above in which they have subject matter and/or research expertise, backed by reports.

e. Institutions should have a turnover of INR 25,00,000 or more /- per year.

f. Institutions will also be required to provide details of their Registration along with a copy of their service tax registration, latest return of service tax, PAN card and the last three years IT return.

Modalities:

1. Selected institutions will be empanelled for two years in the first instance. Further extensions will be considered based on fulfilling the eligibility criteria and satisfactory completion of assignments.

2. Detailed Terms of Reference will be provided for individual assignments on a case-by-case basis.

3. Grant for conducting research will be provided by NHSRC to the individual institutions once their proposal has been selected for a specific research question by the NHM IR Committee.

4. Collaborations with institutions will be based on an MOU which will be signed between the institutions and NHSRC.

How to apply:

- Applications will be accepted on a rolling basis.

- Interested institutions should fill the form available on the NHSRC official website and send completed applications to **irhss_kmd@nhsrcindia.org** with the following subject header "EoI for empanelment in IR-HSS".

Technical Criteria for scoring of organizations for empanelment (IR-HSS)

A.	Qualifying Criteria	
1. i	**Title of Application Form/Mail- 'EoI for empanelment in IR-HSS**	
ii	Specified	Qualified
2.	Not specified	Disqualified
i	**Completeness of IR-HSS application form**	
ii	Complete and attached	Qualified
	Incomplete/Not attached	Disqualified
3. i	**Attached all Financial Documents of Organization (copy of service tax registration, latest return of service tax, PAN card and the last three years IT return)**	
ii	Documents attached	Qualified
	Not attached	Disqualified
4. i	**Turnover of the organization**	
	Rs. 25,00,000/- or more	Qualified
ii	Less than Rs. 25,00,000 /- (application will be rejected)	Disqualified

B.	Scoring Criteria	
5.	Experience of organization in undertaking IR-HSS	Max. Score -10
i	Less than 05 years	5 marks
ii	05 or more than 05 years	10 marks
6.	Experience in conducting public health research justified by relevant reports	Max. Score -10
i	Less than 05 reports	0 mark
ii	6 to 10 reports	5 marks
iii	More than 10 reports	10 marks
7.	Experience of organization in consulting assignments in Public Sector in last 5 years	Max. Score -20
i	Less than or equal to 5 assignments	0 mark
ii	06 to 10 assignments	5 marks
iii	11-15 assignments	10 marks
iv	16-20 assignments	15 marks
v	More than 20 assignments	20 marks
8.	Publications - Journals/Report (1 mark per publication to a maximum of 10 marks in a peer reviewed indexed Journals)	Max. Score -10
i	Only Quantitative	5 marks
ii	Only Qualitative	5 marks
iii	Both Quantitative & Qualitative (Mixed)	10 marks

9.	CVs of relevant faculties (at least 3-5)	Max. Score -10
i	Unattached	0 mark
ii	1-2 CVs attached (small scale projects); 3 CVs attached (large scale projects)	5 marks
iii	3 or more (small scale projects) or more than 3 CVs (large scale projects)	10 marks
	Total score of the organization	

Priority Rating Formula for prioritization of health system issues

A= Size of the problem
B= Seriousness of the problem
C= Estimated effectiveness of the solution
D= PEARL (propriety, economy, acceptability, resource availability, and legality)

Basic Priority Rating (BPR)= (A + 2B) x C
Overall Priority Rating (OPR)= {(A + 2B) x C} D

Review template for proposals

1. **Research questions and methods (40%):** Proposals shall be graded based on the clarity of the research questions, appropriateness of the study design and methods and overall coherence between the different parts of the proposal.

2. **Getting research into policy and practice (40%):** The relevance of the proposal to the state context, the likelihood of its impact on strengthening health systems in the state and dissemination of the findings shall be assessed in this axis.

3. **Integrating ethics, equity & health systems (10%):** In this axis, the proposal shall be assessed from Equity, ethics and health systems lens. Proposals that integrate one or more of these lenses shall be evaluated positively.

4. **Team composition, management and budget (10%):** Shall be assessed.

Review outcome:

A detailed narrative explanation of the assessment is to be followed with overall assessment scores. The breakdown of the assessment across various axes to be provided in the proposed template:

Axis	Criteria/guidance	Scores	Max Scores	Comments
1. Research questions and research methods				
1a. Clarity	Are the research objectives and/or research questions clearly defined?		10	
1b. Coherence, completeness and feasibility of proposal	All components of the research proposal are in alignment with each other (Study design and research methods are appropriate for the research questions); The research proposal is feasible, comprehensive and includes all key components required		10	
1c. Justification and relevance	Questions & objectives are based on review of literature that is relevant, and strength of justification for doing the study in terms of its local/policy/community relevance		10	

1d. Technical merit	Overall assessment of the technical merit of the proposal in terms of data collection methods, study design and likelihood of the proposal addressing gaps in knowledge/ practice	10		
2. Getting research into policy and practice (IR lens)				
2a. Contribution by the study:	Assessment of likelihood of study contributing to health system strengthening. Will the findings be beneficial for population health/ policy/practices directly or indirectly? How useful the results of a study would be for a broader group of people or situations (Generalizability) Will the findings inform the policy decisions for state and national level research priorities and identified challenges – as reflected through research topics.	30		
2b. Dissemination of findings	Assessment of intent and plans to communicate the findings to wider system-level stakeholders; and to policymakers & thinking around pathways to policy/practice impact.	10		

3. Integrating ethics, equity and health systems lens

3a. Equity lens	Do the research questions address areas/populations/topics that are neglected/disadvantaged/vulnerable? How could the study/findings influence health inequalities/contribute to health equity?	5	
3b. Health systems lens	Are the research questions framed keeping in mind the wider health system (beyond the health services)? Do the methods and findings integrate the principle of systems thinking?	5	
3c. Ethical lens	Have the ethics of asking/conducting this research been taken into consideration? Have ethical considerations been taken into account while describing methods/data collection? Could the implementation/findings of the study pose harm to the population/participants?	5	

4. Team composition, management and budget				
4a. Study team and management	Well suited to implement the proposal; Adequate details on how the study will be implemented and managed.		5	
4b. Budget	Budget: Proposed budget is justifiable			
TOTAL			100	

Name of the Reviewer (SAC member):

Designation:

Signature:

National Health Systems Resource Centre