Indian Institute of Technology Delhi

School of Interdisciplinary Research (SIRe)

SIRe Project Number

2025-01-01

(will be assigned by SIRe)

Project Proposal for Ph.D.

Project Details	
Project Title	Improving Quality, Equity, and Inclusiveness in Healthcare
Project Summary (Minimum 500 and maximum 2000 characters)	**Introduction:** Healthcare in India faces significant challenges related to quality, accessibility, and inclusiveness. Despite various government initiatives, large sections of the population, particularly in rural and underserved areas, continue to struggle with limited access to primary healthcare services. This is of special relevance in view of Universal Health Coverage (UHC), a Sustainable Development Goal Target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all). This entails that reforms focus on strengthening PHC to ensure equity and cost containment. This proposal aims to examine the impact of recent healthcare policies on improving the quality of care, increasing access, and ensuring inclusivity across diverse populations. **Background:** India's healthcare system, comprising both public and private providers, continues to experience gaps in reaching marginalized communities. Disparities exist in access between urban and rural populations, and among different socioeconomic groups. Recent policies, such as Ayushman Bharat and the National Health Policy of 2017, have been introduced to address these issues, but the real impact of these reforms remains varied across regions and demographic groups. Specifically, Ayushman Bharat aims to strengthen comprehensive primary health care (CPHC) services by providing free drugs and diagnostics, and reducing out-of-pocket expenses. This study seeks to evaluate whether these initiatives are genuinely addressing the barriers to quality care and inclusiveness. **Policy Context:** Over the past decade, healthcare reforms in India have focused on financial protection, improved access, and better service quality. Policies like Ayushman Bharat, which aims to provide health coverage to low-income families, and the National Health Policy, which focuses on strengthening the quality and reach of healthcare services, are at the core of this transformation. At the same time, the National Urban Health Mission (NUHM) is mandated to redesign urban healthcare systems that are tailored to each town/city's unique needs. However, practical challenges in implementation often limit the effectiveness of these reforms. The study aims to assess how well these policies are being translated into action, particularly for underserved populations in low-income urban settlements. **Objectives:** This study has three primary goals for underserved populations living in low-income urban settlements, across representative categories of towns and cities: 1. **Analyzing Healthcare Models:** Examine how public and private healthcare systems have adapted to policy changes and whether these adaptations have improved healthcare delivery. 2. **Evaluating Access to Care:** Assess whether healthcare services have become more accessible, especially for rural, low-income, and marginalized populations. 3. **Measuring Quality of Care:** Investigate whether the quality of healthcare services, particularly in terms of patient outcomes and care delivery, has improved following policy changes. 4. **Ensuring Inclusiveness:** Examine whether recent healthcare reforms are truly inclusive, with a focus on women, rural populations, and economically disadvantaged groups. **Methodology:** The study will adopt a mixed-methods approach to provide a comprehensive assessment of healthcare policy impacts. • **Data Collection:** Quantitative data will be gathered on healthcare access, quality indicators, and patient outcomes from various regions, focusing on differences between rural and urban areas. This will help highlight areas where healthcare services have improved and where significant gaps persist. • **Policy Review:** An in-depth analysis of policies such as Ayushman Bharat and the National Health Policy will be conducted to evaluate their practical implementation and the outcomes they have achieved. The review will highlight specific successes and challenges encountered in different regions. • **Case Studies:** Detailed case studies of healthcare settings in both rural and urban

areas will be undertaken to understand how healthcare providers have responded to policy changes. These case studies will highlight specific barriers faced by healthcare workers and patients, offering practical insights into the realities on the ground.

- **Interviews:** Engaging with healthcare workers, patients, and policymakers will provide qualitative insights into how these policies are being experienced in practice. These interviews will help identify both the direct and indirect impacts of reforms on access, quality, and inclusiveness.

Practical Implications:

The findings of this study will have several practical applications:

1. **Policy Recommendations:** The study will provide evidence-based recommendations for improving healthcare policies, focusing on practical steps to enhance access, quality, and inclusiveness.
2. **Implementation Insights:** Identifying gaps between policy intent and on-the-ground implementation will help inform better resource allocation and planning.
3. **Strategic Interventions:** Insights gained will guide interventions that can be prioritized to address the most pressing challenges faced by underserved populations.

Conclusion:

This study is designed to offer a clear, practical understanding of how recent healthcare policies are influencing quality, access, and inclusiveness in India. By analyzing both data and real-world experiences, the study aims to identify areas where healthcare delivery can be strengthened and made more equitable. The findings will inform policy revisions and interventions that can inform and strengthen comprehensive primary health care services for the urban underprivileged,.

Ph.D. Supervisors

Role	Name of Faculty	Academic Unit in IITD/Institute/University	Email ID (Official) & Contact Number
Supervisor 1	Sanjay Dhir	Department of Management Studies, IITD	sanjaydhir@dms.iitd.ac.in,
Supervisor 2	Rajib Dasgupta	Centre of Social Medicine & Community Health, JNU	rdasgupta@mail.jnu.ac.in, dasgupta.jnu@gmail.com,

Project requirements (Student qualifications, experience required, etc)
***The candidate will be shortlisted based on common shortlisting criteria decided by ScRC (SIRe)**

- MBA, MPH equivalent with knowledge of both quantitative and qualitative methodologies 60% through the career

Source of fellowship/funding
(CSIR/UGC/DBT/ICMR/ICAR/NEET-PG/DST-INSPIRE/IRD/FITT Project details, if any)

Student with his own fellowship/Part Time

Role of Faculty Members involved:

Supervisor-1	Will lead the strategic and policy evaluation component of the project, drawing upon expertise in management, systems thinking, and implementation science. He will guide the development of analytical frameworks for assessing policy effectiveness, support data interpretation related to healthcare delivery models, and ensure that the recommendations align with organizational strategy and public policy dynamics.
Supervisor-2	Will provide critical inputs from a public health and social epidemiology perspective. He will guide the design and execution of the fieldwork, including community-level data collection and qualitative research. His role will be central in interpreting the socio-political and structural determinants of health inequalities, ensuring that the study maintains public health rigor and contextual depth.