



Preliminary Technical Application (RFA #2019-020)- Digital Financial Services on Health Outcomes and Health Systems

18th November 2019

Submitted To: Digital Square



Submitted by:



1. Executive Summary

Digital Square is aiming **to understand** whether digital financial solutions can enhance the health outcomes and efforts in health systems strengthening in countries having low resources health systems.

IQVIA is planning to focus on Digital Financial Services (DFS) on Universal Health Coverage (UHC) and Government schemes for Disease and Family Planning. DFS in large schemes are generally utilized for transfer of entitlements to beneficiaries' bank accounts as opposed to in-kind transfers of goods and services. Countries have made significant advances in the infrastructure required for direct transfers. In health, several scholarships schemes run by different ministries including Ministry of health, are being on boarded to DBT

To proceed with the scope, in **Module -I**, a **secondary research** will be conducted to understand **“Impact of Digitization in Digital Financial Services (DFS) on Universal Health Coverage (UHC) and Government schemes for Disease and Family Planning in three geographies (India, Egypt and UAE)”**

We will be collecting the data from different Ministries/ Health Departments, various stakeholders, financial service providers, financial institutions who are actively involved in health care financing. We will also be taking consideration of various case studies implemented in different countries which impacts in Health System Strengthening. The objective of the study is to analyze:

1. Reduction in Government Expenditure
2. Reduce in Out of pocket expense of beneficiaries
3. Reach Out – Increase in number of beneficiaries
4. Improved Performance of Health Systems

In **Module-II**, a **Primary Research** will be conducted in selected geographies in **India, Egypt and UAE** within span of 6 months to gauge the impact of digitization on financial health protection. The primary search will measure the impact of digitization in Digital Financial Services for UHC and TB Schemes in these countries.

IQVIA successfully executed more than **150 large scale**, health care **monitoring, evaluation** and research studies and surveys **improving quality** of care, **performance** of healthcare systems, utilization of healthcare services and digital health service provision. We will leverage our expertise in health sector through our existing client base in the areas of UHC, Government schemes associated with Disease Management and Family Planning.

2. About IQVIA (Formerly IMS Health)

IQVIA is the world's leading provider of healthcare field research/ survey, consulting & data analytics services with **over 60 years** of experience. We operate in over **100 countries and serve over 5,000 healthcare customers** across 6 continents. IQVIA serves key healthcare organizations and decision makers around the world, spanning government agencies, donor agencies, policymakers, researchers, life science and healthcare companies, consumer health and medical device manufacturers, as well as distributors, providers, payers, and the financial community.

Our global data and analytics **capabilities draw on data from 100,000+ suppliers and on insights from more than 55 billion healthcare transactions** processed annually. We connect knowledge across all aspects of healthcare to help **more than 5,000 healthcare clients globally** to improve patient outcomes and operate more efficiently. The depth of experience available through IQVIA is well-

recognized in the industry, as is the commitment to monitor and evaluate safety, benefit/risk, efficacy, effectiveness, quality of care and value.

Our highly experienced teams from our global practices bring specialist skills and insights from large national and international mandates. Our team have worked on over 200 relevant projects globally and helped some of the world's largest organizations to deliver challenging programmes and projects in the areas of life sciences, public health, private equity and hospitals. Globally, all **leading private healthcare stakeholders (payers and providers), government stakeholder and donor agencies** credence on insights provided by us for their business decisions.

2.1 IQVIA's presence in India:

In India, we have over 16+ years of experience and a **strong presence in the healthcare market across data, analytics and consulting services and is the "ONLY" integrated healthcare informatics player in India, with solutions across healthcare sector value chain.** IQVIA India has a deep heritage of providing best-in-class market intelligence to the healthcare industry stakeholders. Our range of services includes business strategy, market research, performance tracking tools, global market insights, regulatory policy support, operations improvement and allied technology solutions.

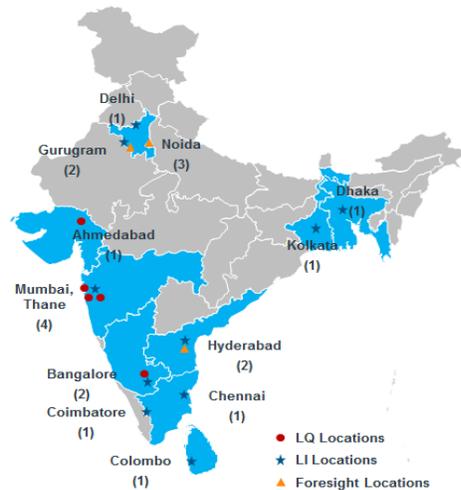
We have a strong focus on the Government and Public sector in India. Our Public Health Government Practice in India works with the key Central Ministries, State Governments and International Donor Agencies across India on significantly large mandates in various areas of Project Management Unit Support, Health Infrastructure, Health Policy & Strategic Planning, Health financing, Quality Assurance and Improvement in Health Facilities, Health and Hospital Information Systems by IT solutions, Public Private Partnerships and Monitoring & Evaluation, Drug Procurement and Supply Chain System etc. supported by Human Resource Management, Financial Management, Recruitment and Training, Field team deployment etc.

We have prior experience of working on projects funded by government and funding agencies including **NITI Aayog, Ministry of Health and Family Welfare, The World Bank, WHO, UNICEF, UNFPA, UNDP, USAID, CHAI, JSI, USAID Deliver, NPPA, DoP, Pharmexcil** etc. in the areas ranging from technical assistance for undertaking health sector reforms, healthcare infrastructure improvement, strengthening logistic and supply chain management, impact assessment and evaluation, program management, healthcare technology assessment and capacity building.

2.2 IQVIA's Presence in Middle East:

IQVIA is actively engaged with Governments, NGOs and private sector stakeholders to support evidence-based decision making and advance healthcare in Middle East. IQVIA is committed to remaining a thought leader in Middle East's healthcare industry by providing our clients with the healthcare market intelligence they need to make confident strategic decisions.

IQVIA Office Locations



3. Consortium

IQVIA is open for partnership or collaboration with the organization in digital health financial services providers for potential support in the implementation in subsequent phases of implementation for conducting Pilots (subject to budget availability).

4. Objective

The assessment would focus on the impact of digitization in the context of broader efforts in low resource settings on three areas:

1. Financial Protection
2. Demand and use of health services among clients
3. Quality and responsiveness of health service providers.

Keeping in mind the above three areas the Main objective of the study would be to analyze:

- Reduction in Government Expenditure
- Reduce in Out of pocket expense of beneficiaries
- Reach Out – Increase in number of beneficiaries
- Improved Performance of Health Systems

4.1 Reduction in Government Expenditure:

IQVIA is planning to study the impact of Digital Finance Services out of which we will focus mainly Direct Benefit Transfer (DBT) on government expenditure and its long term benefits. As per the this year's data published by Ministry of Finance - India, the government has estimated that the direct benefit transfer (DBT) scheme that it has expanded significantly has helped save around Rs 82,985 crore. Through our secondary and primary research, we would like to understand the impact of DBT in schemes like Universal Insurance Scheme, TB programme etc. in the countries like India, Egypt and UAE.

4.2 Reduction in Out of Pocket expenses of beneficiaries:

Government in all the countries has steadily expanded the scope of Direct Benefit Transfer (DBT) to onboard approximately all the schemes to increase its reach. The objective of this segment of study is to gauge real benefit received to the beneficiaries. As per some research published in India, the out-of-pocket expenditure (OOP) among those who utilised the state's health insurance scheme was Rs 40,000. On the other hand, the same was Rs 30,000 for those who did not use the health insurance schemes. These research gives another aspect of DBT, and it is essential to get the on-ground realities to understand the real benefits to beneficiary in regard to Out of pocket expenditures.

4.3 Increase Reach-out:

The most of these schemes suggest that after introducing the DBT, government is able to reach much larger population base compare to earlier.

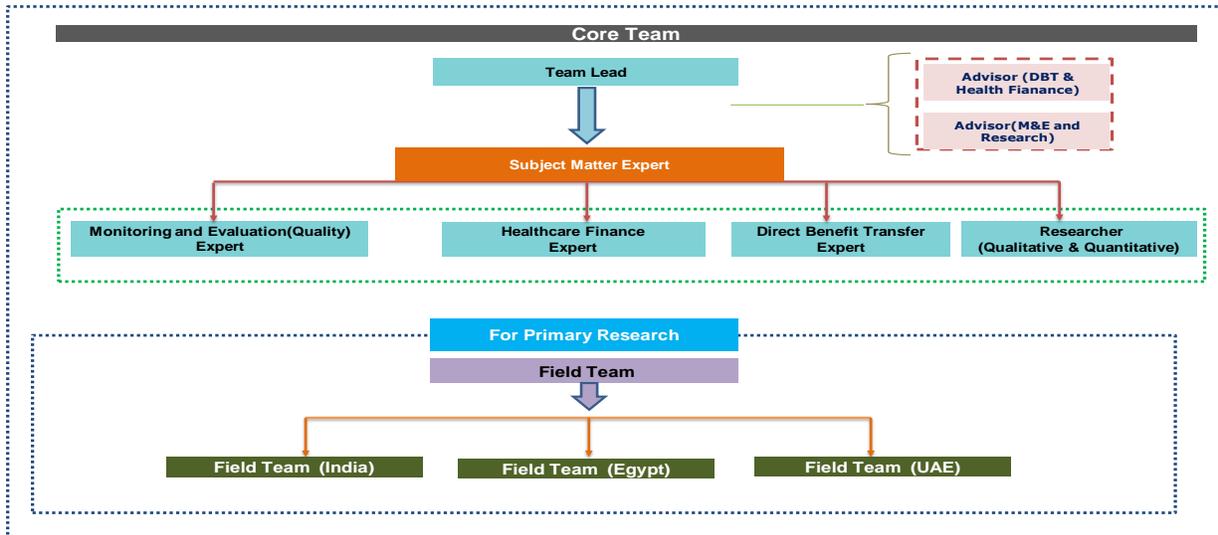
Recently, Egypt in line of India's Ayushman Bharat Scheme, is planning to launch National Health Insurance Scheme for entire Egypt population. All these schemes will utilize DBT as mode of transferring financial benefit to the beneficiaries.

4.4 Increase Performance:

By focusing on generating demand, and using DBT to eliminate leakages, and lower transaction costs, the programme improved enrolment and attendance of beneficiaries and performance and it resulted into better outcomes.

5. Team Composition

5.1 Proposed Team to conduct the assessment:



We understand the challenges presented during the project implementation. The programme will be high profile, complex and multi-faceted, and as such it contains inherent risks if not managed and monitored effectively. There is a crucial role for strong, pragmatic programme management to ensure that you release the required benefits on time, manage the multiple risks and maximise stakeholder engagement throughout – and to deliver sustainable services into the future.

We will base our approach broadly upon the norms and standards of programme and project management, project governance framework. However, we will ensure the pragmatic, robust and rigorous application of these approaches to provide an appropriate level of governance during the execution of project starting from kick off to the handing over the final report

S.no	Project Elements	Description
1	Planning	<ul style="list-style-type: none"> Robust programme work plans, agreed with all key stakeholders with inputs and commitments clear Routinely review with amendments agreed with Digital Square / USAID programme steering committee
2	Resourcing	<ul style="list-style-type: none"> Deploying the right resources as per the time commitment & expert knowledge required
3	Stakeholder Communication	<ul style="list-style-type: none"> Communications with Digital Square, USAID and other stakeholder plan will be defined and channels of communication will be agreed

4	Progress tracking	<ul style="list-style-type: none"> Agreed key outputs to monitor progress against plans with supporting information flows defined Performance 'indicator' to communicate progress and issues
5	Risk management & contingency plan	<ul style="list-style-type: none"> Risks identified in terms of data gaps, lack of data detailing, change in timelines will be assessed and mitigated; issues robustly and quickly managed
6	Managing dependencies	<ul style="list-style-type: none"> Dependency log created to capture interdependencies between IQVIA project team partners and all the stakeholders
7	Quality control	<ul style="list-style-type: none"> Ensure data quality and its control to get the real time analysis and impact for purpose to meet expectations Ensure the data should be reliable to provide authenticity of the report
8	Sharing knowledge & best practice	<ul style="list-style-type: none"> Incorporating international and national best practice, drawing on IQVIA's advisory panel and the rich pool of experts

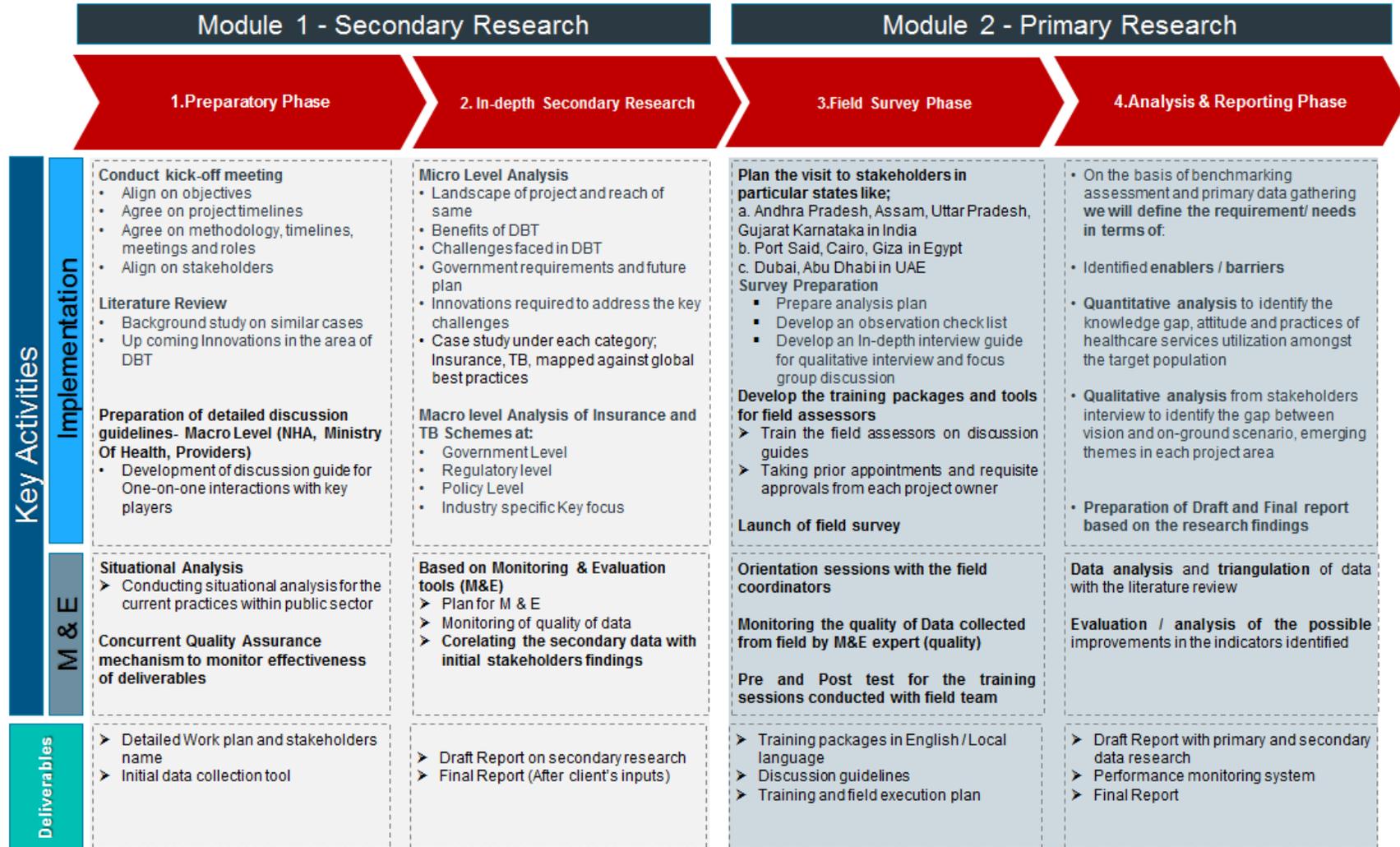
IQVIA will define the roles and responsibility of the team working on this project engagement

Sr. No	Role	Description	Required Number of Resources
1	Advisory Board	<ul style="list-style-type: none"> Providing strategic direction and advice to the project team in regard to: - On Direct Benefit Transfer and Health Finance - On Monitoring and Evaluation, and Research 	2
2	Monitoring & Evaluation Expert	<ul style="list-style-type: none"> Monitor and evaluation of the data and conduct technical review of the entire product including documentation review 	1
3	Healthcare Finance Expert	<ul style="list-style-type: none"> -Understand the schemes and analyze the same -Provide need-gap analysis -Possible new innovations in the area 	1
4	Direct Benefit Transfer (DBT) Expert	<ul style="list-style-type: none"> - Understand the modalities of DBT - Coordinating with various stakeholders to understand benefits of the same 	1
5	Researcher (Quality and Quantity)	<ul style="list-style-type: none"> - Based on the data received develop and provide analysis - Developing report based on the data received -Create a tool for data collection 	2
6	Field Team	<ul style="list-style-type: none"> - Based on the tool, field team will collect the data - Ensuring the data collected is as per the requirement 	6-8

6. Project Description

The main objective of the study is to understand “Impact of Digitization in Digital Financial Services on Universal Health Coverage (UHC) and Government schemes for Disease and Family Planning in three countries (India, Egypt and UAE).

6.1 Approach and Methodology



6.2 Module – I: Secondary Research

6.2.1 Step 1: Preparatory Phase



A) Inception meeting, finalization of Project Plan

A day consultation will be organized with the USAID and Digital Square team to build consensus on our understanding about the assignment, **the project we are planning to study, work plan, timelines and deliverables**. In addition, discussion on our research methodology and approach and what we are planning to achieve from it.

Project plan will be finalized **keeping challenges and practices of the past assignments** into due consideration so as be fully prepared with risk and mitigation strategy to handle any odd situation during the course of assignment.



- Align on objectives
- Agree on project timelines
- Agree on methodology, timelines, meetings and roles
- Align on overarching themes and criteria which will be used for the evaluation

B) Stakeholder Mapping

We will undertake a stakeholder mapping and as part of this exercise, we will identify the key actors across the country who are involved in/implementing the schemes and release of funds under each project - Various agencies and State partners, local implementing partners, M&E partners etc.

This information will help to identify the individuals to be selected for participation in the interviews and stakeholders to be engaged at different stages of the study to, data collection instruments, analyses, and findings. As depicted in the below figure, stakeholder mapping as per our understanding has been designed, which may change after discussions with respective scheme officials. This section comments on stakeholder mapping and analysis.

C) Identification of Key Stakeholders:

Stakeholders working across various levels in each project will be identified and initial discussions will be held with them to understand the requirement in each programme based on project objectives

Stakeholders for Secondary Research		
India	Egypt	UAE
<ul style="list-style-type: none"> Ministry of Health and Family Welfare National Health Authority Central TB Division Ministry of Women and Child Development Directorate of Health and Family Welfare department of Indian States. Digital Health Finance Service Providers 	<ul style="list-style-type: none"> Ministry of Health and Population Department of Health in Governorates of Egypt Digital Health finance service providers. 	<ul style="list-style-type: none"> Ministry of Health and Prevention, UAE Dubai Health Authority (DHA) Health Authority Abu Dhabi Digital Health Finance Service providers.

D) Literature Review

During this phase, we will conduct brief review of existing documents to gain contextual information about the various DBT program nationwide.

The IQVIA team will undertake a brief review and analyze data and existing information available with Ministry of Health and Ministry of Social Welfare and other implementing agencies on **AB-PMJAY, NIKSHAY, National Insurance Program etc.**

In addition, detailed literature review would be carried out on below mentioned studies/surveys/reports:

- **Observational studies** to identify factors associated with conditional cash benefit schemes
- **Process Evaluation** studies designed to evaluate any intervention to increase demand, uptake or coverage
- **Awareness and Behavioral Change** study on similar intervention
- **DBT** studies for **evaluation of immediate outputs** from identified references
- International schemes in health financing like NHS etc.

The secondary research will be conducted to assess the impacts and outcomes of Digitization on the below on-going and matured Schemes for the below 3 geographies, but not limited to these.

India	Egypt	UAE
<ul style="list-style-type: none"> Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) under National Health Authority (NHA) – At initial stage NIKSHAY – TB patient incentive, DOT provider honorarium schemes – At matured stage 	<ul style="list-style-type: none"> National Insurance Program – At initial stage National TB control program – At matured stage 	<ul style="list-style-type: none"> Basic Health Insurance Program, 2013 – At matured stage Al Thiga Plan – At matured stage

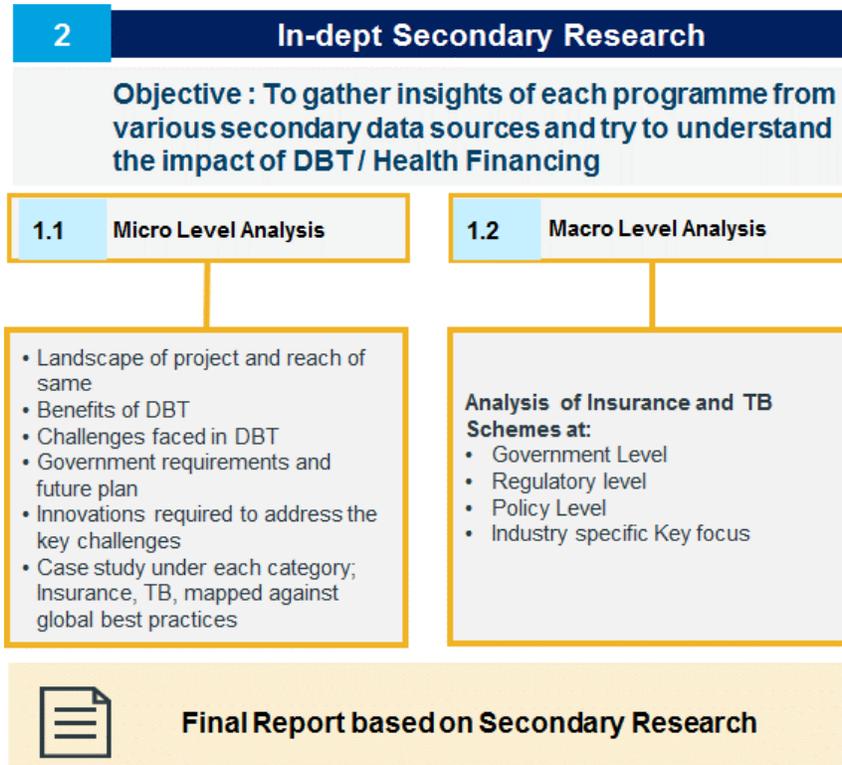
E) Discussion Guide

Considering the best practices in survey designs and our prior experience in conducting similar studies, the discussion guidelines will be designed for each category of respondent. The draft discussion guidelines would go through a process of rigorous internal validation by subject matter experts in the respective area.

Following are the list of study tools that will be designed for this study:

- Interview Guides** to conduct key informant in-depth interviews of CEOs, Dy. CEOs, Administrators, Insurance Providers, IT enablers, Managers for Fraud management etc.

6.2.2 Step 2: In-depth Secondary Research



A) Micro Level Analysis

Preliminary review of available documents or guidelines to understand present status of each scheme / programme under health financing, role of stakeholders, details of eligible beneficiaries, conditionalities related to cash transfer and expected outcome of the scheme. Under Micro Level Analysis, team will in-dept secondary research of each scheme to understand:

Assess the industry sector potential:

In this task, we will assess identify trends and various value chains that exist in each project, we will assess trends in Health financing value-chains in Insurance and TB sector. We will understand the scope of DBT is the areas of:

- a. To understand performance of the programme / scheme on the **Relevance, Efficiency and Effectiveness**, which will help in improving health financing to the beneficiary
- b. **Observational studies** to identify factors associated with conditional cash benefit schemes
- c. **Awareness and Behavioral Change** study on similar intervention eg. daily wage compensation, maternal and child nutrition, rest
- d. **DBT studies for evaluation of immediate outputs** from identified references

Assess the Operational Environment:

In this task, IQVIA will conduct assessment of operational environment and understand the constraints for Insurance providers and hospitals. The objective of this study to identify:

- a. Challenges received during and after implementation of DBT in particular programme / schemes
- b. **Process Evaluation** studies designed to evaluate any intervention to increase demand, uptake or coverage
- c. Review of records pertaining to beneficiaries and service delivery

Assess Human Resource Requirement:

IQVIA will conduct detailed desk research and some stakeholder interviews and leverage its connects in NHA, CTD, Egypt Insurance schemes in conducting detailed assessment of the current human resources in the sector. The assessment would include analyzing the human resources supply and demand of the sector and proposing recommendations to improve and increase the number of technical and other professionals in this sector.

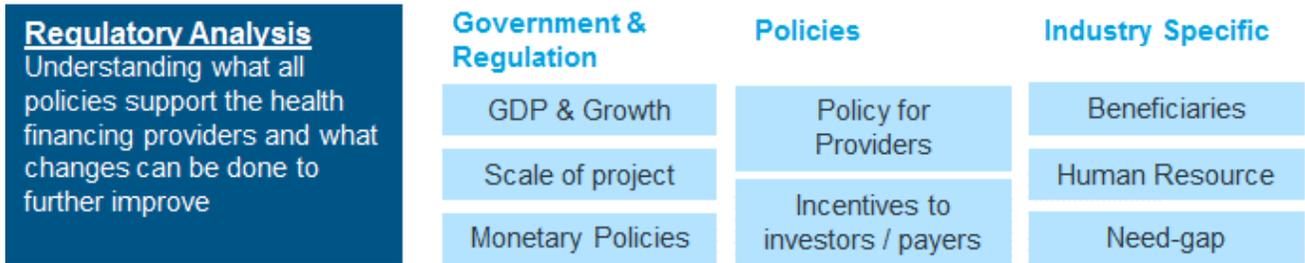
We will also be taking consideration of various case studies implemented in different countries which impacts the digitization in Health System Strengthening:

1. Digital Micro Insurance (Payment of insurance premium etc)
2. Mobile health Wallet (Save, send, receive, and pay for medical treatment through phone)
3. Digital Payment to support Human Resources (Salary Disbursement of Health workers)
4. Digital incentives and Vouchers to promote Demand for Health Services.

B) Macro Level Analysis

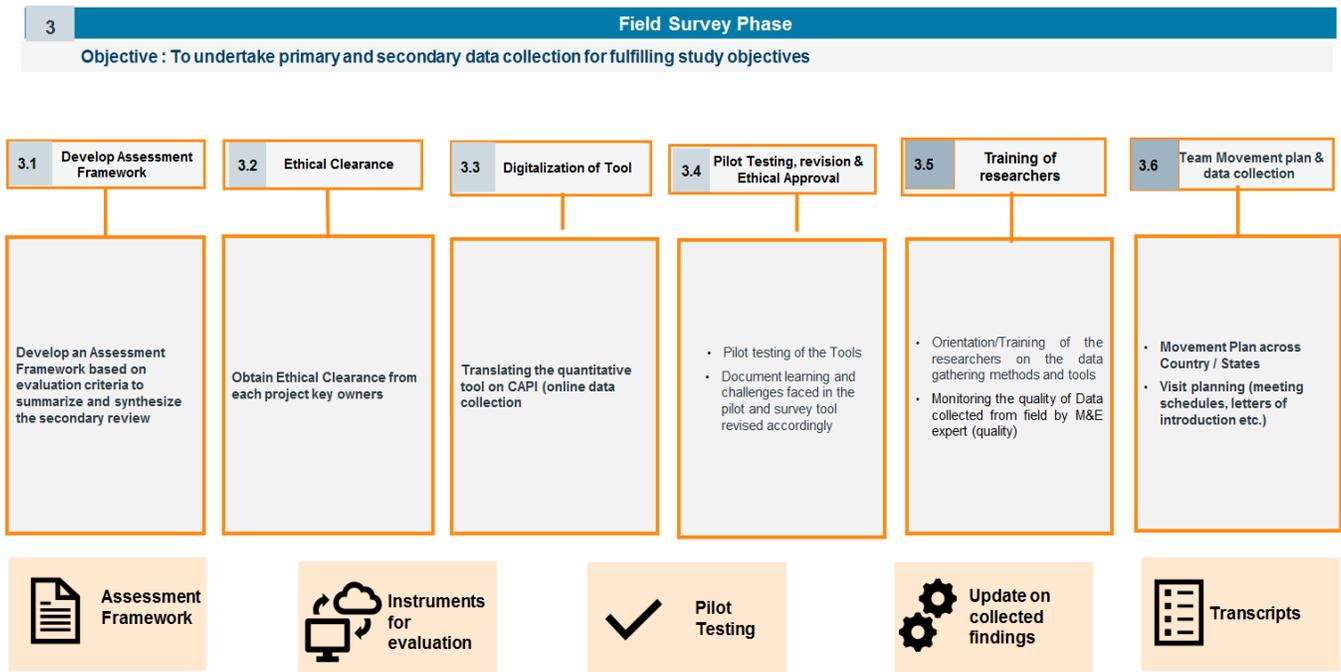
Sector Assessment: Regulatory Mapping and Assessment

We will conduct thorough regulatory assessment of regulatory policies, laws and decrees. This will be conducted to identify potential issues and challenges faced by insurance providers, DBT players, Government etc. specially in the insurance and TB programme.



Module – II: Primary Research

6.3 Step 3: Field Survey Phase



6.3.1 Develop Assessment Framework

The following is ***an overall which will support in answering the broad level research questions on Design and Outcomes, Sustainability***, Catalytic impact and lessons learned. For each of these questions and indicators, one/multiple hypothesis will be developed based on informational interviews, stakeholder mapping and document review at inception phase stage. This will help us narrow down and have a targeted approach at time of data collection to accept/discard hypothesis.

6.3.2 Ethical Clearance

An application will be sent to the key stakeholders review with summary of proposed research, specific objectives, description of participants, risks and benefits of participating in the study, informed consent document, and the study tools for obtaining ethical approval. The ethical approval will be sought after pilot testing of tools, incorporating changes of field learnings.

6.3.3 Translating the quantitative tool on CAPI (online data collection)

The data entry of quantitative tool **for identified stakeholders** will be done on a digital platform, a tablet-based **Computer Assisted Personal Interview (CAPI)**.

There will be multiple steps to ensure transparency in data collection while using CAPI. This will include:

- Specifications to finalize tablets
- User Acceptance Testing (UAT) of the mobile and web applications
- Assessment of data synchronization devices on the centralized web server
- Availability of data to Central team - data cleaning & validation
- Inputs on developing automated QA measures in mobile application- helpline calling feature, IVR system/ survey completion messages etc.

Data collection using Qualitative tools will be recorded using recorders after taking consent from the stakeholders, and recordings may be used for developing detailed transcripts

6. 3.4 Pilot testing of tools

Tools will be piloted in a nearby location with due approval of the competent authority. This phase will help us in documenting challenges with all stakeholders, hindrances and non-availability of data. Piloting of tool will also help in understanding the correctness and appropriateness of instruments as well

6.3.5 Training of Field Team

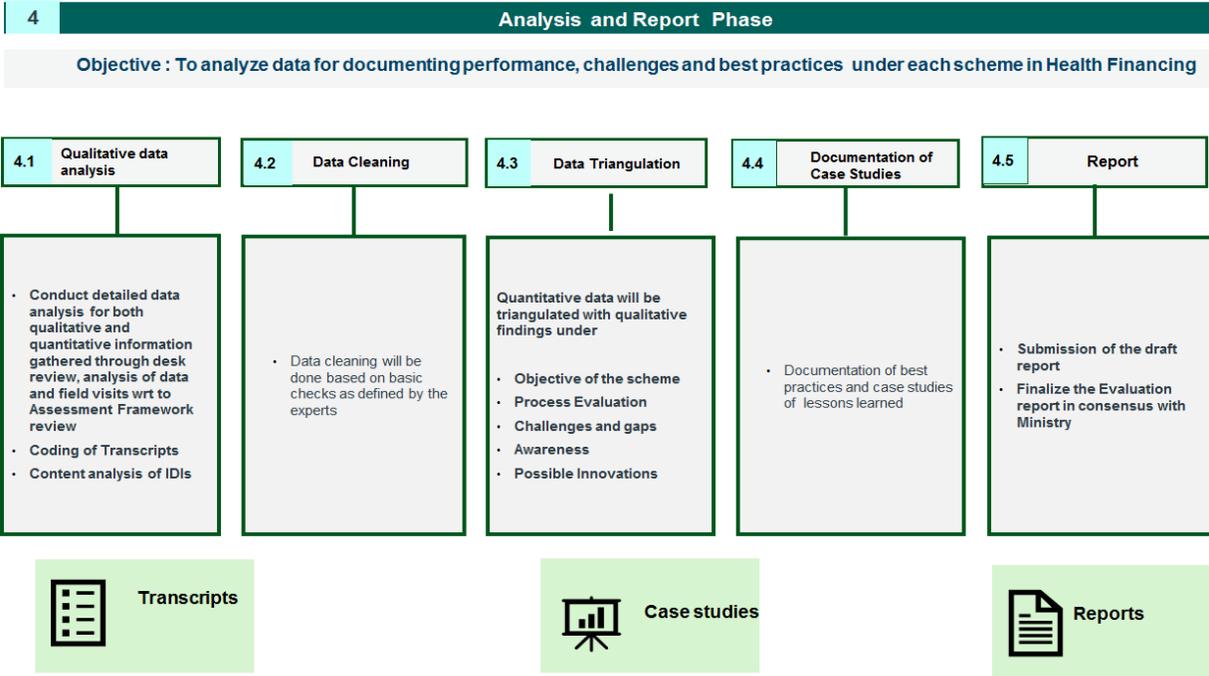
To ensure a comprehensive training plan for all the level of team members is developed, different training material or documents shall be developed for different interviews (like FGD, One-on-one Interactions). Considering all the phase of this assignment, IQVIA’s team will conduct trainings.

6.3.6 Team movement plan

A primary research will be conducted in India, Egypt and UAE. To capture enough insights from the beneficiaries and providers perspective, we wish to conduct qualitative research in 1 districts/town, one from each state as per below (This is based on the confirmation received from various stakeholders):

States for Primary Research		
India	Egypt	UAE
Andhra Pradesh, Assam, Uttar Pradesh, Gujarat Karnataka	Port Said, Cairo, Giza	Dubai, Abu Dhabi

6.4 Step 4: Analysis and Reporting Phase



6.4.1 Conduct Data Analysis and Report Writing

Qualitative data analysis tools like **Atlas.ti** will be used to analyze qualitative data; IQVIA will deploy a **dedicated qualitative data analyst for analysis and data visualization**. For quantitative data analysis findings proper tools will be utilized. Data analysis will be done as per the plan developed at the beginning of the data collection. Once data have been entered and checked for missing elements or entry errors, the data analyst shall begin to produce preliminary results using qualitative data analysis. The illustrative analysis and reports to be produced are depicted adjacent

Both data collected will be analyzed and triangulated against each indicator and conclusions will be drawn based quantitative and qualitative review of each indicator which will assist in formulation of recommendations.



In the this phase of the project, the team will compile and analyze the information collected from the various resources and through primary data collection for documenting the factors contributed to the DBT / Health Financing in India, Egypt and UAE. Based on the identified indicators, gaps, requirement, innovations and other factors, IQVIA will prepare a report. Final report after incorporating feedback from

various stakeholders will be shared. There will be a detailed analysis of the project's intervention, achievements, contributing factors and future challenges. The quality assurance team will review the findings and suggest the course correction for effective documentation of project.

We would be utilizing a qualitative data analysis program to aid us in the process of qualitative data analysis. A set of themes would be arrived at after exploring the various factors / inputs that emerge from the data that have been collected. In addition, these inputs, relevant themes would be synthesized to develop an analytic framework that would be utilized for categorization of data.

6.4.2 Monitoring & Evaluation:

Quality Assurance

As per our experiences we propose a robust and tested data quality assurance plan which includes 100 % back checks, monitoring of data collection from control room at back end for field work monitoring, real time data validation and regular reporting. Periodic internal meetings will be conducted with field team to review the progress and issues, as and when needed.

Following are the quality management approach adopted by the IQVIA:

- **Selection of well qualified team** with past experience of conducting similar studies and proficient in local language. IQVIA will deploy very strong multilevel field management network with Field team lead, and senior field officers and field officers who will be executing this project
- **Extensive Training:** IQVIA provides extensive trainings to the field researchers on project objectives and research tools to be deployed so that they understand the context and requirement of the evaluation study.
 - Training consist of practical exposure in terms of dummy entry into the mobile application, filed visit to familiarize team of the entire procedure.
 - Team is provided with all the required information such as list of facilities, details of health staff etc.
 - Teams are taught how to conduct random sampling in order to identify the beneficiaries in the field.
- **Multilevel quality checks**
 - Inbuilt validations and quality checks in the mobile applications to prevent erroneous data entry.
 - Back checks: to ensure the quality of data, IQVIA also conduct back checks of the sample of forms received on the server by calling the respondents and confirming the response of two or three basic questions, if required.

Every day the data received on the server will be subjected to various quality checks to complete one round of data cleaning. Our quality check team is headed by an M&E expert who have experience of leading quality assurance for public health program /evaluation studies. The team will closely be coordinating with Field Supervisors and Field team to conduct real time data validation and ensure that the data collected is of best quality.

- **Real time data upload:** Upon concluding data collection at each facility, field researchers will upload their data to the server.

6.5 Work Plan & Deliverables:

Activities wise time plan is tabulated below, the study will be completed within 6 months:

Key Activities	Deliverables	Month 1				Month 2				Month 3				Month 4				Month 5				Month 6				
		Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Preparatory and planning																										
Project Kick off	Inception report	D																								
Develop a thorough understanding of the project																										
Literature Review; Background Study etc.	Initial Data Collection																									
Preparation of Discussion Guidelines	Tool			D																						
In-depth Secondary Research																										
Micro Analysis																										
Landscaping of Project																										
Benefits of DBT, Challenges																										
Innovations																										
Government Requirements etc.																										
One-on-one interaction with key players									D																	
Macro Analysis of Insurance and TB Schemes																										
Government Level																										
Policy Level																										
Regulatory Level																										
Industry specific Key focus																										
Preparation of Report	Draft & Final Report																									
Field Survey																										
Visit Preparation Plan	Training and field execution plan																									
Survey tool Preparation																										
Survey Questionnaire for Beneficiaries	Discussion Guidelines																									
Structured Questionnaire for Key Stakeholders																										
Ethical clearance																										
Selection and training of team for data collection																										
Data collection																										
Analysis and Reporting																										
Data synthesis and management																										
Quantitative data analysis using tools																										
Qualitative analysis using tools																										
Data triangulation using four point ranking system	Final technical report																									
Development & submission of the final report & presentation	Case studies, Fact sheets for each strategy policy brief																									

7. Risk Mitigation

There are some external variables that are likely to be beyond the immediate control of our team. Few known risks are tabulated:

Type	Risks	Mitigation strategy
Human resource anticipated risks	 Unclear roles & responsibilities	<ul style="list-style-type: none"> • Small field team and centralized project management team • Project specific training and feedback on a periodic basis
	 Field investigators drop outs	<ul style="list-style-type: none"> • Extensive and relevant training • Engaging experienced, local speaking field team and well versed with tool application • Field team is part of core organization, so can be trained and given feedback as and when required
	 Change in team members	<ul style="list-style-type: none"> • Replacement with equivalent team members in terms (professional profile), in case required
Data related anticipated risks	 Incomplete data/ updating	<ul style="list-style-type: none"> • Real time data checks, completeness and updating
	 Prior letter of permit from required stakeholders	<ul style="list-style-type: none"> • Arrangement of authorization letters for the data collection team, before the start of data collection phase
Country specific anticipated risks	 Country related bottlenecks (monsoon/ weather)	<ul style="list-style-type: none"> • Devise and contextualize action plan for assessment as per geographic and demographic situation • Field team to follow up with relevant stakeholders twice before data collection on their availability
	 Unavailability and refusal of beneficiaries	<ul style="list-style-type: none"> • Engaging experience multilingual team with qualitative research • Gender balance team • Trained on cases with practical solutions and approaches for difficult situations • Repeat visits
Anticipated risk of available Literature on DBT	 Accessibility of secondary data	<ul style="list-style-type: none"> • Prior background study will be conducted for each scheme to understand the availability of secondary data online or at source • Internal data base available with IQVIA

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