



Technical Application for RFA #2019-020

Digital Financial Services on Health Outcomes and Health Systems

20th December 2019

Submitted To: PATH



Submitted by:



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To,

Jackie Clark

Email: jclark@path.org

Subject: Submission of 'Technical Application for RFA #2019-020 Digital Financial Services on Health Outcomes and Health Systems

Dear Sir,

We, the undersigned, hereby offer to provide professional services for the RFA #2019-020 Digital Financial Services on Health Outcomes and Health Systems.

IQVIA has been operational for more than 20 years in South Asia, Middle east and Africa and has been successfully delivering assignments of multiple nature including large scale training and capacity building programs, public health project implementation, M&E, assessment studies and data analytics.

We believe, we are ideally suited in supporting you for this project.

With availability of full-time in-house **researchers, public health experts, instructional designers, SMEs, trainers, support team and management team**, we can deploy the team and initiate discussion within one week of being awarded the contract.

We very much look forward to working with you on this prestigious program.

We remain,

Yours sincerely,




Lokesh Sharma

Sr. Principal and Practice Leader– Public Health and Government Solutions

IQVIA Consulting and Information Services India Pvt. Ltd.

2nd Floor, Sood Tower, 25 Barakhamba Road, New Delhi 110 001

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Executive Summary

1.0 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

IQVIA will perform two phased secondary research to achieve best results. In this we will do secondary research via reviewing existing case studies and parallel schemes. Further, we will study micro and macro level requirements, challenges and benefit of each schemes in the area of Universal Insurance Scheme and TB programmes.

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.

In module II, IQVIA will collect data from various stakeholders to achieve desired results and to validate the secondary research. To collect data from field, IQVIA is planning to develop field team, and provide all the supporting material and tools to conduct the field work.

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.

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.



Consortium & Objective

2.0 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).

3.0 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

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 it's 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.

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.

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.

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.

Relevance of Specialized Knowledge and Experience in India on Similar Project like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana:

IQVIA is the selected Program Management Unit to support the National Health Authority for implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

IQVIA at NHA

- **Team of 30 Members** deployed at NHA working across **10 strategic, operational and implementation workstreams**
- **Policy & Guidelines** Support for Capacity Building, **Direct Benefit Transfer**, Fraud control, M&E, Grievance Redressal, etc.
- **Operational Management and Execution** of protocols involving Medical packages, Hospital Empanelment, Quality Assurance
- **Functional support** for internal NHA functions such as Legal, Finance, Procurement, HR & Administration
- **PAN India Implementation** support through State teams, supporting every aspect of on-ground implementation

Our involvement

State Coordination

Launch, pilot support, hand holding, package review, fund transfer and hospital empanelment

Capacity Building

Trainings to SHAs and State officials, Design user manuals, need assessment and feedback monitoring

Monitoring & Evaluation

Manual, Guidelines, dashboards and indicators for Monitoring of the scheme on a periodic basis

Adjudication and Medical Audit

Guidelines for Adjudication and Medical audits – Concept design to implementation plan

Medical packages

Package review and standardization for all member states and Union Territories

Policy and Guideline Support

Draft, Review, Update policy regarding DBT, Quality, Tariff Packages etc.

Grievance Redressal & Legal

Design of portal, webpage & mechanism for reporting & resolution. Support in response to RTIs & queries

Hospital Empanelment

Gap assessment in demand / supply, Dashboard & trackers, Campaigns and IEC material for encouraging empanelment

Relevance of Specialized Knowledge and Experience in Dubai on Similar Project with Dubai Health Authority:

Digitization of Healthcare Services (RCM, Integrated Health Insurance Platform, Training Services), Dubai Health Authority

Client Situation

Size/Coverage: 4 DHA's Hospitals, 14 Primary Health Centre(s) and 7 Specialty Centre(s) covering ~2100 beds

Project Duration: May 2016 to Sep 2020, **Delivery Locations:** Dubai, UAE

Key Services Offered

- Gap Analysis
- Solution Development and maintenance
- Customization,
- Implementation of integrated suite of Healthcare applications
- Technology Support
- User trainings

Development, Customization, UAT and Implementation and ongoing maintenance of the following suite of Healthcare applications

1. **MyCare RCM** (Revenue Cycle Management): Automated Patient Billing Application system, Praecepta® - Rules Engine + Antara® – Integration Engine, Business Intelligence system
2. **Integrated Health Insurance and Transaction Exchange Platform** connecting 3000+ healthcare providers and 70+ insurance companies and TPAs. Following modules have been implemented:
Information Exchange Portal for all stakeholders (payers, providers, regulators, patients etc.)
Applications: ePrescription, eAuthorization, eReferral, eClaim, submitting the claim request to the insurance companies and get the responses
Post office: for all data storage,
Infohub and Registries: Member registries, payer registries and provider registries, intermediary registries
3. **Technology Support:** 24*7*365 for ongoing incident management, service request, routine maintenance services, and resolve reported defects and outages for myCARE RCM
4. **Training Services:** 21,000+ person were trained to use the system on various solutions, including eligibility, authorizations, claims, e-prescriptions, e-referral and other related aspects

Value Delivered

Decrease in out of pocket expenditure for healthcare from 80% to 5%

Centralized data, standard unified health language, communication schema, enabled decision support systems, and shared health records across all stakeholders by implementing a central post office and portal for all insurance related transactions. This has resulted in faster claims processing and reduction of error, fraud, waste and abuse thus leading to significant cost savings and revenue generation

Enforcement of mandatory health insurance law (in phases) to assure coverage to all individuals and dependents with a minimum government regulated access to benefits and services within Dubai, resulting in 93% of healthcare coverage financed by the private sector with 100% of population with access to quality healthcare services



About IQVIA

4.0 About IQVIA (formerly IMS Health)

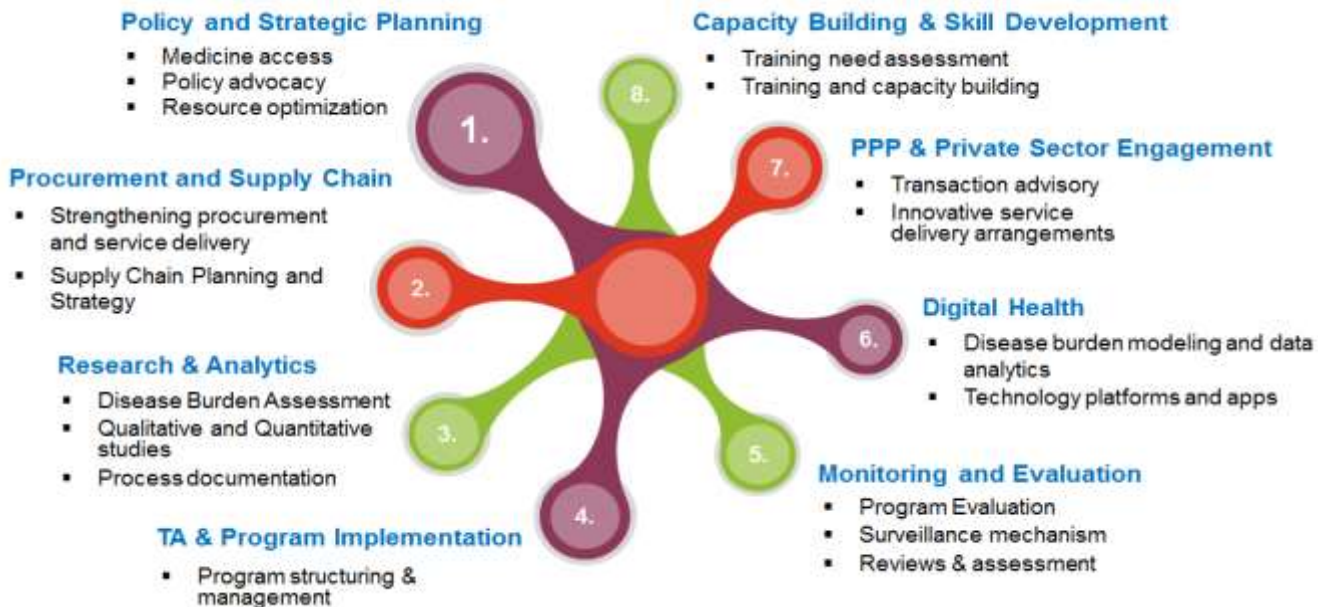
IQVIA is a global leader in **providing healthcare data and intelligence and technology services** with **over 60 years of experience**. IQVIA operate in over 100 countries and serve over 5,000 healthcare customers across 6 continents. IQVIA serves **key healthcare organizations and decision makers around 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.

Range of IQVIA offerings:



IQVIA Public Health Offerings

IQVIA has one of the largest public health practices devoted to the public sector and an internal structure to support and enhance our services to **Governments and multi-lateral funding agencies such as The Global Fund, UN Agencies and UNICEF**. IQVIA has significant experience in advising Governments across the world in areas ranging from healthcare financing, access and household, quantitative & qualitative surveys to technology to transformational insights. The key public health service offerings we provide across the world and in **Nigeria** and other countries in Africa include:



4.1 IQVIA 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 offices in Ahmedabad, Gurgaon, Mumbai, Delhi, Bangalore, Hyderabad, Coimbatore, Kolkata, Pune and Noida with total employee strength of over 12,000. Our 250+ field and project teams have experience of working across 50 cities in India with state government, NGOs and funding agencies.

20,00,000+
citizens, service providers, beneficiaries surveyed in last 5 years

11,00,000+
service delivery sites assessed in last 3 years

1,00,000+
citizens feedback conducted with over the last 2 years

7000+
cities surveyed in the last 1 year

7,800+
field investigators deployed over last 1 years for social survey



Dedicated solution for **social listening** for gathering trends and feedback

1,200+
In-house technology experts

In-house team of **statisticians, data scientists, WASH experts**

Field offices across **60+** cities across India

35
States/UTs covered over the last 1 year

16+ Years of operations in India. Offices in Gurgaon, Mumbai, Delhi & Bangalore	14,000+ People working with IQVIA across the country	5,000+ Ready to deploy pool of experienced field resource with social surveys experience
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We have a strong focus on the Government and Public sector (GPS) 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 International donor Agencies including MoHFW, State Health Departments of Andhra Pradesh, Tamil Nadu etc., The World Bank, UNDP, UNICEF, CHAI, JSI, USAID Deliver, NPPA, DoP, Niti Aayog, PSI, BMGF, DFID, Pharmexcil, UPHSSP, Tata Trusts.**



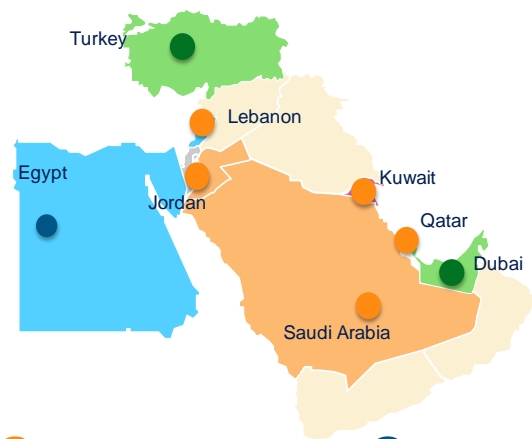
4.2 IQVIA's Presence in Middle East

IQVIA has office presence in **Cairo, Jeddah, Doha, Riyadh, Dubai, Ankara, Beirut, Kuwait & Amman** with a total of **400+** staff members spread over **9** offices, extensive field staff through partners and networks. Regional presence across **Egypt, Saudi Arabia, UAE, Jordan, Lebanon, Kuwait, Qatar, Turkey.**

IQVIA is primarily involved in strategic advisory engagements and large-scale implementation projects for government clients such as conducting feasibility study for Saudi Commission for Health Specialties, **Pilot project for National Health Insurance with MoH Egypt, Health IT implementation projects for Dubai Health Authority and Hamad Medical Corporation (Qatar), etc.**

Strong experience in **Public Health, Pharma Access, Regulatory and Quality Control, Commercial strategy and forecasting 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.



- 10,000+**
Households surveyed across UAE in last 1 year
- 6,300+**
Public & Private health facilities covered across KSA in last 1 year
- 400+**
Staff members spread over 9 offices





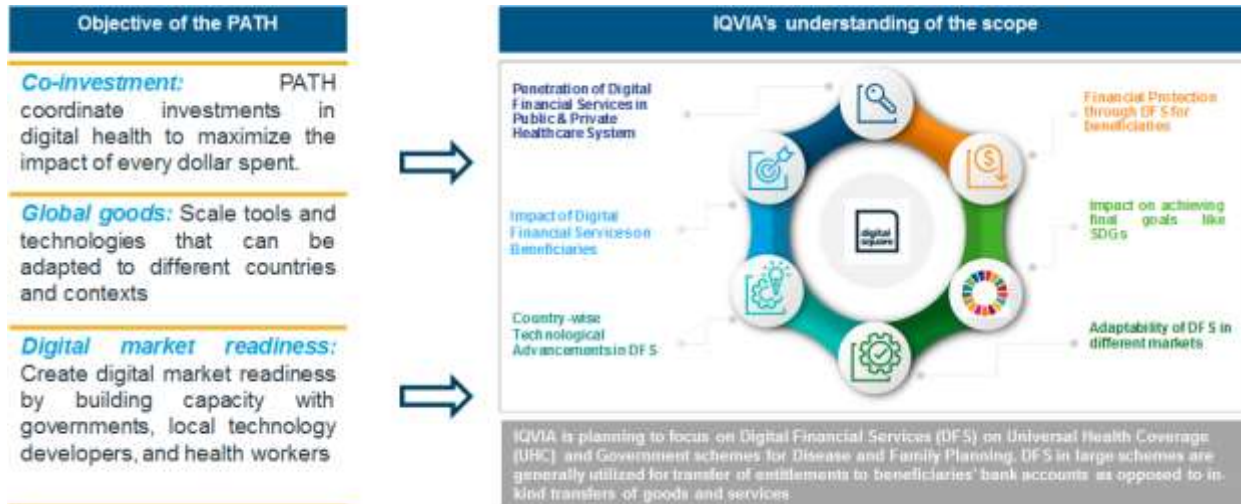
Our Understanding

3.1 Our understanding of the context

PATH is the leader in global health innovation. Through Digital Square, company is trying to help audiences understand the factors (beyond digitization) that make Digital Financial Services solutions successful and the role that digitization can play in enhancing and leveraging these factors.

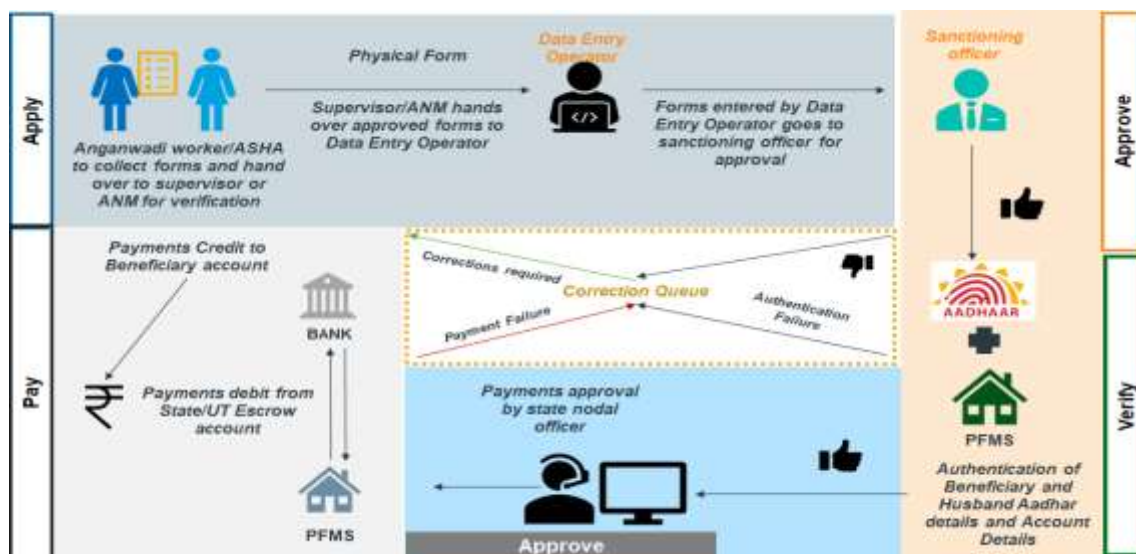
Through this assessment may seek to understand the following questions:

1. The extent of the digital financial services in low-resource health systems
2. Implementation considerations like; challenges, adaptation, critical factors for implementation etc.



This assessment fundamentally aims to understand whether digital financial solutions can enhance the impact of Health System Strengthening (HSS) activities, and in what contexts.

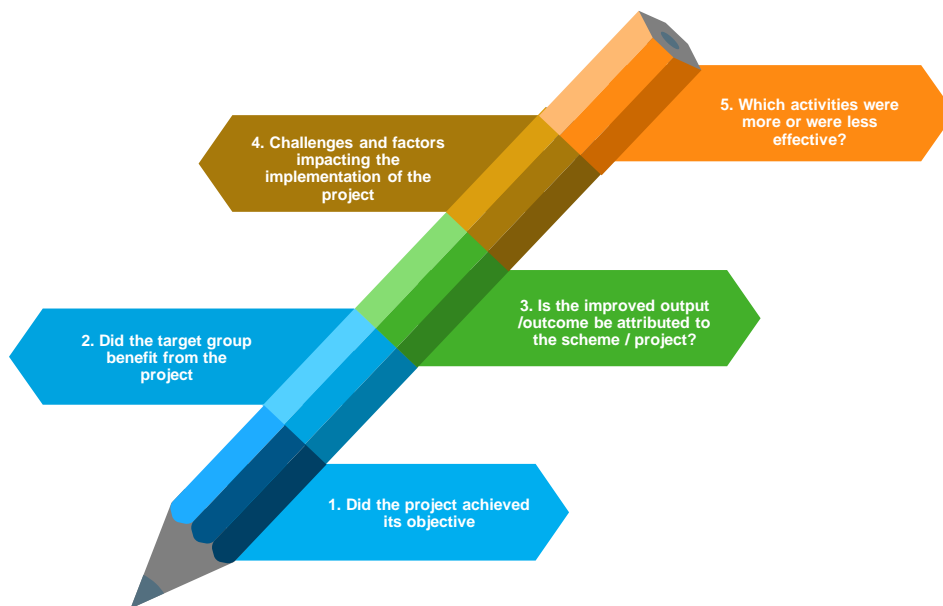
IQVIA is planning to understand DFS / DBS (Direct Benefit Transfer) in various project and its impact on beneficiaries, the challenges or outcome of implementing the digital financial services. IQVIA will conduct secondary and primary research to conduct a landscaping assessment of the role of digital financial solutions (DFS) in the context of efforts both to advance financial protection in accessing health services and to support improved health system performance



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

Major questions:



Based on the above major questions IQVIA will find answers of:

- Number of beneficiaries registered
- Mapping of location of the beneficiaries (how the present system is trying to do?)
- Funds for beneficiaries are maintained in dedicated Account? Amount of DBT
- Areas of bottleneck on fund transfer and solutions for same
- Are funds transferred through DBT directly in the account of beneficiaries? If yes, then what are the implications, benefits etc. of same
- How beneficiaries get identified?
- Benefits of DBT, like: Reduction in Out of pocket expenses, health system improvement, reduction in financial burden on beneficiaries etc.
- Critical Success factors
- Challenges received during and after implementation and areas of improvement
- Success stories which can be case studies for other projects / schemes

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's Relevant Experiences

4.0 IQVIA's Prior Experiences in Health Insurance: (Details are in Annexure)

Sl. No	Project Name	Client name & Reference Contact Details	Brief Description
1	Consultancy on Program Design, Strategic Plan and Implementation Plan for the National Insurance Program in Egypt	Ministry of Health and Population, Egypt Dr. Ahmed ElSobky Email id: ahmedelsobky@mohp.gov.eg	The objective of the assignment help MOHP Egypt in transforming Egypt's healthcare insurance system. Successful implementation of this project involved: <ul style="list-style-type: none"> Developing a master plan for the roll-out of the pilot and scale-up Conduct a facility assessment by doing Primary and Secondary Research to understand the need-gap Develop policies, processes and procedures to help in standardizing the operations. Pilot launch and support activities Monitoring and Evaluation of the scheme Facilitating the successful roll-out of the insurance scheme by supportive improvement by doing the Primary and Secondary Survey. Develop the scheme scale-up plan
2	Project Management Consultant for AYUSHMAN BHARAT National Health Protection Mission (ABNHPM)	National Health Authority Bal Krishna Datta General Manager, NHA Email id – bk.datta@nic.in Mob- No- +91-9811398269	Government of India conceived an ambitious Universal health Coverage scheme, 'Ayushman Bharat Yojana-National Health Protection Scheme' under National Health Authority (NHA) to ensure complete and efficient healthcare services to its people. To provide technical assistance to the NHA, the project management unit (PMU) is providing support for the implementation of NHPM goal and objectives in: <ul style="list-style-type: none"> Operations Hospital Network and Quality Assurance, Patient Safety & Standards Information systems and National Health Network Monitoring, Research and Evaluation State support, Coordination and convergence Capacity building Awareness Generation and Grievance redressal
2	Development and Installation of Actuarial Model for NHIA, Ghana (National Health Insurance Authority)	National Health Insurance Authority, Ghana (Funded by Results for Development Institute, Inc) Ms. Tamara Chikhradze, R4D Senior Program Officer Email: tchikhradze@r4d.org Tel: +1 (202) 255 1418	The objective of this consultancy was to provide technical support to the Ghana National Health Insurance Authority (NHIA) with the development of an actuarial model for review and evaluation of the Ghana National Health Insurance Scheme (NHIS) , including the proposed benefit package redesign by doing Primary and Secondary survey on Health Outcomes . The outcomes of the assignment were:

			<ul style="list-style-type: none"> Actuarial model developed and installed (at Actuarial Directorate) for the review and evaluation of the National Health Insurance Scheme (NHIS) Cost implications of potential policy options on the sustainability of the NHIS until 2034 evaluated. Cost implications of proposed policy options quantified for the management of the NHIA and all other stakeholders
3	Creation of a Health Information Exchange (eClaimLink) for Dubai Health Authority	<p>Creation of a Health Information Exchange (eClaimLink) for Dubai Health Authority, Dubai</p> <p>Dr. Haidar Al Yousef, Director of Health Funding Tel No – 04-2194066 Email id – HHAIYousuf@dha.gov.ae</p>	eClaimLink is the Health Insurance Claim Project of the Dubai Health Authority with the objectives of establishing a unified standard healthcare language communicated across the emirate, implementing a unified structured communication schema, providing a centralized health data tracking system, facilitating eClaim financial and clinical information and Digital Financial Services between payers, providers, patients & authorities. Empowering the Dubai Health Authority with the needed information to organize, strategize, and optimize the healthcare setting in Dubai.
4	A full-fledged Economic Assessment: Jordanian Pharmaceutical Sector Contribution to Jordan's Economy, Investment Climate and Health Expenditure Cost Savings	<p>Jordanian Association of Pharmaceutical Manufacturers (JAPM)</p> <p>Hanan Sbouh, Secretary general</p>	<p>The objective of this study is to assess the Jordanian pharmaceutical sector's contribution to the economy, investment climate and health expenditure cost savings by analyzing key macro-economic trends by Conducting Primary and Secondary Survey on health sector outcomes. The aim of this report was also to collect and compile updated and relevant data on the Jordanian pharmaceutical sector and its contribution from reliable Government sources, and make it available in a format that can be used by the beneficiaries of this study.</p> <p>The outcomes of the assignment were:</p> <ul style="list-style-type: none"> Quantified the role of the local pharmaceutical industry in Jordan in terms of monetary savings and Health outcomes due to the generics industry and contribution to the overall economy of the country Gained good understanding of the local pharma contribution to the market and the economy, and its public health impact at large
5	Hospital Survey on Quality of Health Care and AB-PMJAY implementation	<p>Heidelberg Institute of Global Health and GIZ GmbH</p> <p>Dr. Nishant Jain Tel - 011 49495353 Email id - nishant.jain@giz.de</p>	<p>The objective of the assignment was to carry out a cross-sectional survey in hospitals on assessment of quality of care and implementation experience of health insurance mechanisms in hospitals in the 7 states in India.</p> <p>The activities performed in the assignment were:</p> <ul style="list-style-type: none"> Conducted focus group discussions with ABNHPM beneficiaries highlighting the what and why of demand side factors like

			<p>awareness, Out of pocket expenditure, access to healthcare, health seeking behavior, health outcomes.</p> <ul style="list-style-type: none"> • Interviews with stakeholders implementing ABNHPM about their perspective on community attitudes, practices regarding health insurance and challenges faced in implementation and recommendations for community and systems. • Conducted a hospital visit observation memorandum focusing on general observations of the hospital setting, number of patients covered under ABNHPM/state insurance in comparison to total number of patients.
6	Hospital Survey on Quality of Health Care and RSBY/SCHIS Implementation.	<p>GIZ GmbH</p> <p>Dr. Sharmishtha Basu Ph. No. - +919868492880</p>	<p>The objective of the assignment were:</p> <ul style="list-style-type: none"> • Carry out cross-sectional survey in hospitals with focus on quality of health care and RSBY/SCHIS implementation experiences among public and private empaneled and nonempaneled hospitals. • Evaluation of quality of health care in 3 states with RSBY implementation experiences. • Development of a quality grading system for hospitals and mechanism to incentivize hospitals to move to a higher quality rank.

4.1 IQVIA's Relevant Experiences in India:

Sl. No	Project Name	Client name & Reference Contact Details	Brief Description
1	Situation Analysis of Pneumonia in India	<p>Save The Children</p> <p>Dr. Shahab Ali Siddiqui Email:shahab.siddiqui@saveth echildren.in</p>	<p>Comprehensive evaluation by conducting primary and secondary research of 5 high burden states of India on burden of morbidity and mortality, enablers and barriers for under five pneumonia states.</p> <p>The services provided within the assignment were:</p> <p>Data Collection:</p> <ul style="list-style-type: none"> • Quantitative survey – <ul style="list-style-type: none"> ○ Household survey covering 6930 households. ○ Infrastructure assessment of 90+ facilities including Sub-Centers, CHCs, PHCs, District hospital and Medical Colleges using checklists. • Qualitative survey covering 240+ stakeholders including: <ul style="list-style-type: none"> ○ Focused Group Discussions with ANM (Auxiliary Nurse Mid-Wife) and community members (mother of children under 5 years of age) ○ Interviews with State and District officials; implementation partners; private pediatricians; administrative staff and Clinical staff of the public health facilities.

			<ul style="list-style-type: none"> • Data Analysis: <ul style="list-style-type: none"> ○ Analysis framework was based on Global Action Plan for Pneumonia and Diarrhoea ○ Statistical analysis using SPSS for quantitative and narrative and thematic analysis using ATLAS.ti for qualitative data.
2	Polling Booth Surveys (PBSs) (outcome evaluation) to improve quality of maternal, infant and young child nutrition (MIYCN) practices in India	<p>The World Bank</p> <p>Ms. Mohini Kak Email id: mkak@worldbank.org</p>	<p>Integrated Child development Scheme (ICDS) system strengthening and nutrition improvement plan (ISSNIP) is a result-based financing project which aims at strengthening the ICDS policy framework, systems and capacities, and facilitating community engagement.</p> <p>The purpose of the PBS is to assess the level of achievement of the ISSNIP objectives, and to improve the availability of real time information for State officials about the effectiveness of the ISSNIP-funded community-based events and incremental learning training in nutrition practices.</p> <p>Coverage: Approx. 8502 ICDS officials at state, district, block level and approx. 56857 community members including Pregnant and Lactating women along with their in-laws and husbands in 162 highly malnutrition districts of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh</p>
3	Techno-economic assessment of electronic Vaccine Intelligence Network (eVIN) under universal immunization program (UIP) in India across 15 states over 1200+ health facilities	<p>JSI, India</p> <p>Pritu Dhalaria Email: Pritu_dhalaria@in.jsi.com</p>	<p>To assess and visualize the benefits and challenges of this innovation in the wider context of UIP and vaccine supply chain management by comparing the status of vaccine supply chain in non-eVIN states.</p> <p>Total sample of 944 Cold Chain Points (CCPs) from 44 districts was selected for the assessment across 12 eVIN and 3 non-eVIN state.</p>
4	Operational Research to Review of the processes involved in providing incentives to ASHA for the immunization services and identify potential areas to be addressed for increase in the proportion of fully immunized children.	<p>John Snow India Pvt. Ltd (JSI)</p> <p>Mr Sanjay Kapur Email Id- jsinfo@jsi.com</p>	<p>Systematically review the mechanisms and existing practices related to documentation, disbursement, claim and verification of ASHA incentives for immunization in states and districts with major discrepancies in terms of expenditure incurred and coverage achieved; and identify/ document operational challenges, gaps, opportunities and best practices among them.</p> <p>Coverage: 150 stakeholders groups covering health officials, front line workers (ANM & ASHA) and beneficiaries comprising of 792 respondents at State, District, Block, Sub Centre and Village level in 24 Blocks under 12 Districts of 6 States covering– Bihar, Haryana, Madhya Pradesh, Maharashtra, Rajasthan, Tripura in India</p>
5	Preparation of Model Plans with Cost Estimates & Designing of Labour Rooms and WASH in Health Facilities in keeping with the 'Clean and Green' Concept & "LaQshya"	<p>UNICEF</p> <p>Dr Pratibha Singh Email id- prsingh@unicef.org</p>	<p>The purpose of this assignment is to support in development of cost estimates plan for WASH in Health Facilities and support to the development of suitable designs for Labour room organization and restructuring as well as indicative costing of Labour rooms for medical Colleges under LaQshya implementation in keeping with the "Clean and Green" concept launched in India in 2015 and Labour room strengthening initiative – LaQshya of the MoHFW.</p>

			<p>Coverage: For WASH: Delhi, Madhya Pradesh, Odisha, India For Clean and Green: Gujarat and Chhattisgarh, India</p>
6	Preparatory Assessment for Electronic Vaccine Intelligence Network (eVIN) in Multiple States of India (Phase I - Bihar, Chhattisgarh, Gujarat, Jharkhand and Orissa) India.	<p>United Nations Development Programme (UNDP)</p> <p>Dr. Shalini Verma Email: shalini.verma@undp.org</p>	<p>Preparatory Assessment for launch of proposed e-Vaccine Intelligence Network across 5 states including Bihar, Chhattisgarh, Gujarat, Jharkhand and Orissa covering 4412 health facilities. Assessed the entire supply chain at all levels of vaccine stores – State, Regional, Divisional, District vaccine stores CHCs, PHCs and SC and GPS mapping including session sites</p>
7	Preparatory Assessment for Electronic Vaccine Intelligence Network (eVIN) in Multiple States of India (Phase II - Assam, Manipur, Nagaland) India.	<p>United Nations Development Programme (UNDP)</p> <p>Dr. Shalini Verma Email: shalini.verma@undp.org</p>	<p>Preparatory Assessment for launch of proposed e-Vaccine Intelligence Network across 3 states including Assam, Manipur, Nagaland covering 976 health facilities. Assessed the entire supply chain at all levels of vaccine stores – State, Regional, Divisional, District vaccine stores CHCs, PHCs and SC and GPS mapping including session sites. Data collection from vaccines stores in all districts through structured interviews, observations, physical inventory counts, assessment of facility records, and interviews with facility personnel</p>
8	Establishment of Technical PMU for program management and conducting a Census of all healthcare establishments (Public and Private) in the country for creation of National Health Resource Repository (NHRR)-MoHFW	<p>Ministry of Health and family Welfare, MoHFW, New Delhi.</p> <p>Dr.Madhu Raikwar Email id - dircbhi@nic.in</p>	<p>Providing consultancy services for Enhancing the coordination between central and state government for optimization of health resources and health outcomes</p> <p>Coverage of 20 Lakh Enumeration blocks (Ebs) Comprehensive data collection of > 1400 variables and via > 4000 Field Investigators.</p>
9	Supply Chain assessment and public health facility evaluation of over 70 facilities for developing strategies for vaccine management for Govt of Meghalaya and Nagaland India	<p>The World Bank</p> <p>Mr. Bathula Amith Nagaraj Email: bnagaraj@worldbank.org</p>	<p>Analyzed end-to-end vaccine supply chain processes and storage facilities for around 70 facilities to understand their current drug and consumables needs as well as future projections in Meghalaya and Nagaland.</p> <p>Observational and structured interview-based data collection at District warehouses, district hospitals, CHC, PHC and Sub Centers on PSCM of key drugs</p> <p>Developed a five-year strategy, plan and budget estimates for design and development of supply chain management systems and capacity.</p>
10	Supporting health centers in high priority districts (Bijapur and Dantewada, Chhattisgarh) for improving infection control through improved water, sanitation, and hygiene facilities (WASH).	<p>UNICEF</p> <p>Dr. Ajay Trakroo Email - atrakroo@unicef.org</p>	<p>The objective of the project was to</p> <ul style="list-style-type: none"> Review and streamline existing facility-based WASH plans. To Conduct rapid WASH assessment, planning and handholding of facilities in Bijapur and Dantewada Identify bottlenecks related to improving and operationalizing WASH resources in health centers. Gap analysis, drafted capacity building plan and conducted trainings to improve WASH in facilities <p>Coverage: Bijapur and Dantewada, Chhattisgarh, India</p>

11	Assessment and evaluation of RMNCH+A commodities focusing on supply chain, HR and infrastructure availability in Public Health facility in Haryana and Jharkhand covering 749 facilities.	USAID Deliver with JSI Ariella Bock Email: abock@jsi.com	Evidence-based independent assessment of supply chain performance of Essential Drugs to help determine future priorities using facility level stock status and logistics assessment of 749 Public Health establishments in Haryana and Jharkhand in India.
12	Technical Support for 5 years for reducing maternal and neonatal with the goal of reducing the Maternal & Neonatal Mortality rate across the state of Andhra Pradesh – Andhra Pradesh Medical Services & Infrastructure Development Corporation (APMSIDC under DoHFW)	APMSIDC Dr. G Savitri Email id - Addldirchfw@gmail.com	Setting up of state Maternal and Newborn Health (MNH) program management and monitoring select high load secondary and tertiary public health facilities across AP and Telangana. Aim was to accelerate reduction of maternal and new born deaths in Andhra Pradesh between 2018-2022 One of the main outcomes was 3% reduction in preventable maternal mortality per quarter.
13	Providing consultancy services as Independent Verification Agency (IVA) for assessing Disbursement Linked Indicators (DLIs)	Tamil Nadu Health System Reform Project	Large scale verification engagement of disbursement link indicators associated with Tamil Nadu Health System Reform Project (TNHSRP) funded by World Bank. Detailed verification and authentication of progress made by the state against defined 8 DLIs and 8 non DLIs.
14	National Family Health Survey-5 in the State of Meghalaya	International Institute for Population Sciences	IQVIA is the survey agency for National Family Health Survey -5, a large-scale survey covering 9,240 households (respondents > 5000) for all the 11 districts of Meghalaya, India.
15	Independent Verification of Disbursement Linked Indicators (DLI's) and Process Documentation (process evaluation) of implementation activities of ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) across 8 States of India	The World Bank	Large scale verification by conducting Primary and secondary survey engagement of disbursement link indicators (DLIs) associated with ISSNIP funded by the World Bank. The engagement covered 10,000 respondents (respondents > 5000) for thorough and comprehensive verification of documents reports and physical verification of various elements of DLI milestones of ISSNIP

4.2 IQVIA's Relevant Experiences in Egypt & UAE:

Sl. No	Project Name	Client name & Reference Contact Details	Brief Description
1	Consultancy on Program Design, Strategic Plan and Implementation Plan for the National Insurance Program in Egypt	Ministry of Health and Population, Egypt Dr. Ahmed ElSobky Email id: ahmedelsobky@mohp.gov.eg	The objective of the assignment help MOHP Egypt in transforming Egypt's healthcare insurance system. Successful implementation of this project involved: <ul style="list-style-type: none"> • Developing a master plan for the roll-out of the pilot and scale-up • Conduct a facility assessment by doing Primary and Secondary Research to understand the need-gap • Develop policies, processes and procedures to help in standardizing the operations. • Pilot launch and support activities • Monitoring and Evaluation of the scheme • Facilitating the successful roll-out of the insurance scheme by supportive improvement by doing the Primary and Secondary Survey.
2	Identification of top pharmaceutical companies providing antimicrobials in low- and middle-income countries.	Access to Medicine Foundation Ms Jay Iyer Email id - jjiyer@accesstomedicinefoundation.org	The ATM foundation prepared a report on antimicrobials in low- and middle-income countries (LMICs). For this purpose, it had asked IQVIA for help in identifying the largest R&D based pharma and generic companies supplying antimicrobials in LMICs. The objective of this study was to: <ul style="list-style-type: none"> • Identify the top 10 R&D based pharma and top 10 generic companies selling antimicrobials considering, <ul style="list-style-type: none"> ○ Overall volume and value sales in LMICs in 2017 ○ Volume and value sales in select large LMICs (depending on data availability) • Provide the names of companies as well as 2017 volume sales in SUs as well as value sales in US\$ in 2017. Coverage: For the select large LMICs, the scope included China, India, Brazil, Mexico, South Africa, Egypt , Indonesia, Philippines and Argentina.

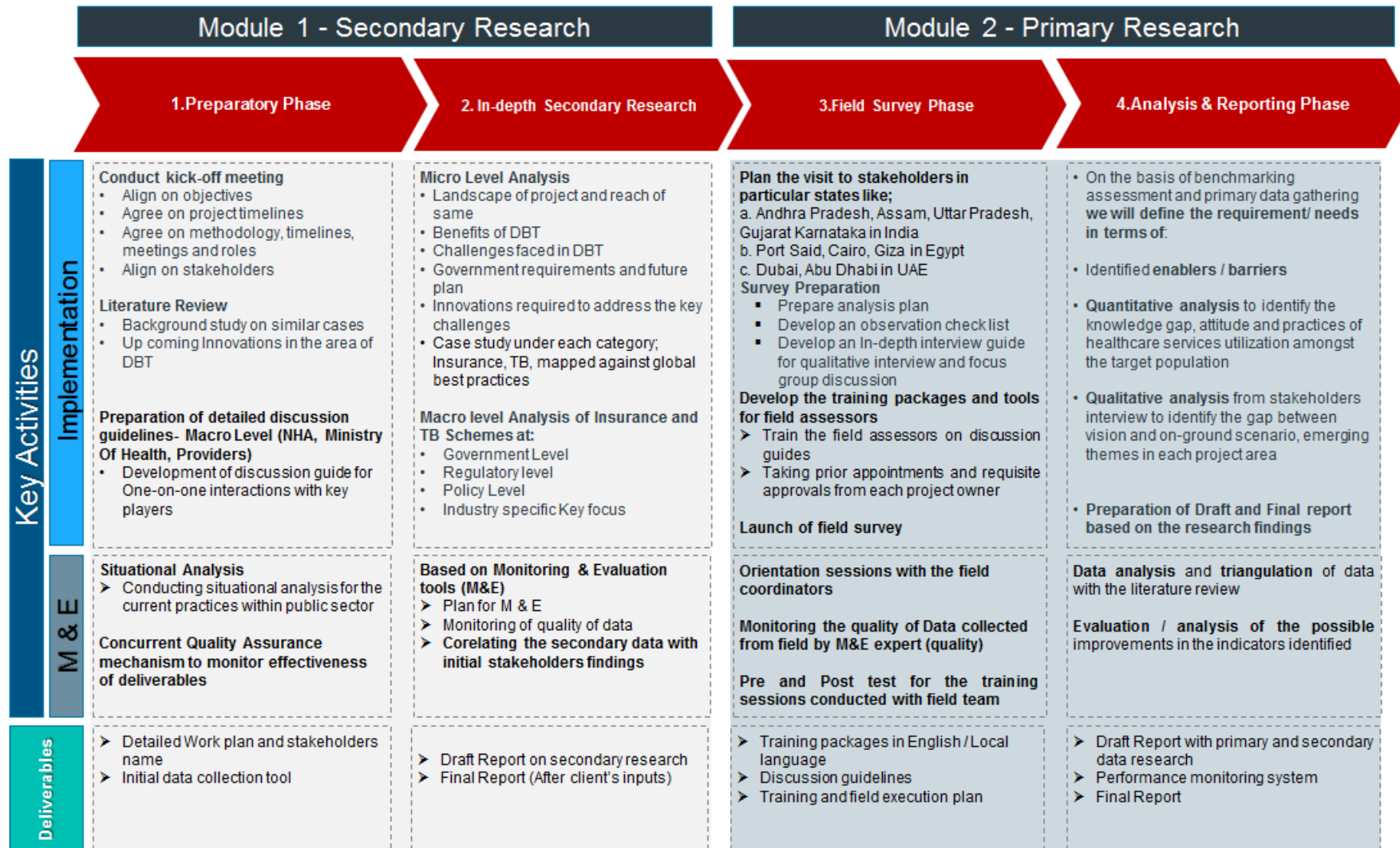
2	Creation of a Health Information Exchange (eClaimLink) for Dubai Health Authority	<p>Creation of a Health Information Exchange (eClaimLink) for Dubai Health Authority, Dubai</p> <p>Dr. Haidar Al Yousef, Director of Health Funding Tel No – 04-2194066 Email id – HHAIYousuf@dha.gov.ae</p>	<p>eClaimLink is the Health Insurance Claim Project of the Dubai Health Authority with the objectives of establishing a unified standard healthcare language communicated across the emirate, implementing a unified structured communication schema, providing a centralized health data tracking system, facilitating eClaim financial and clinical information and Digital Financial Services between payers, providers, patients & authorities. Empowering the Dubai Health Authority with the needed information to organize, strategize, and optimize the healthcare setting in Dubai.</p>
3	Installation of Patient Level Costing System- Dubai	Dubai Health Authority	<p>Installation of QuintilesIMS Patient Level Costing Software for Dubai Health Authority.</p> <p>The services provided in the assignment:</p> <ul style="list-style-type: none"> • Project Scope included 4 Hospitals and 20 Primary Health Centres, all of which were included in the scope • Assessed the data captured within the Health Authority for both Finance and Activity. • Created a complete healthcare costing model structure based on the information assessed • Assigned appropriate cost drivers to Financial structure to allocate costs to patients • Costing Models set up to be run with all rules built in to the system to allow the most accurate costing model to be achieved for the customer • Training included for staff within DHA in order to allow system ownership to be transferred on completion to organization

4	The World Health Survey (WHS) 2016-2017 in UAE	<p>Ministry of Health & Prevention, UAE along with World Health Organization</p> <p>Shaima Ali, Head of Research Section +971 4 230 1000 Shaima.Ahli@moh.gov.ae</p>	<p>Ministry of Health and Prevention, UAE in collaboration with WHO wanted to develop/ enhance its strategies for providing quality healthcare delivery in UAE focusing on quality of care, health care reform, community mobilization, women’s health, child survival, family planning, environmental health etc. by conducting World Health Survey (WHS)</p> <p>The primary objective of the survey is to:</p> <ul style="list-style-type: none"> • Measures of knowledge, attitudes, behaviors related to individual’s health competency and their trends across time • Quantifiable indicators of current health status and clinical, anthropometric and biochemical markers • Information on national health behavior and service utilization indicators <p>Coverage: 10,000 households across 7 emirates in UAE.</p>
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Our Approach & Methodology

5.0 Our Approach and Methodology:



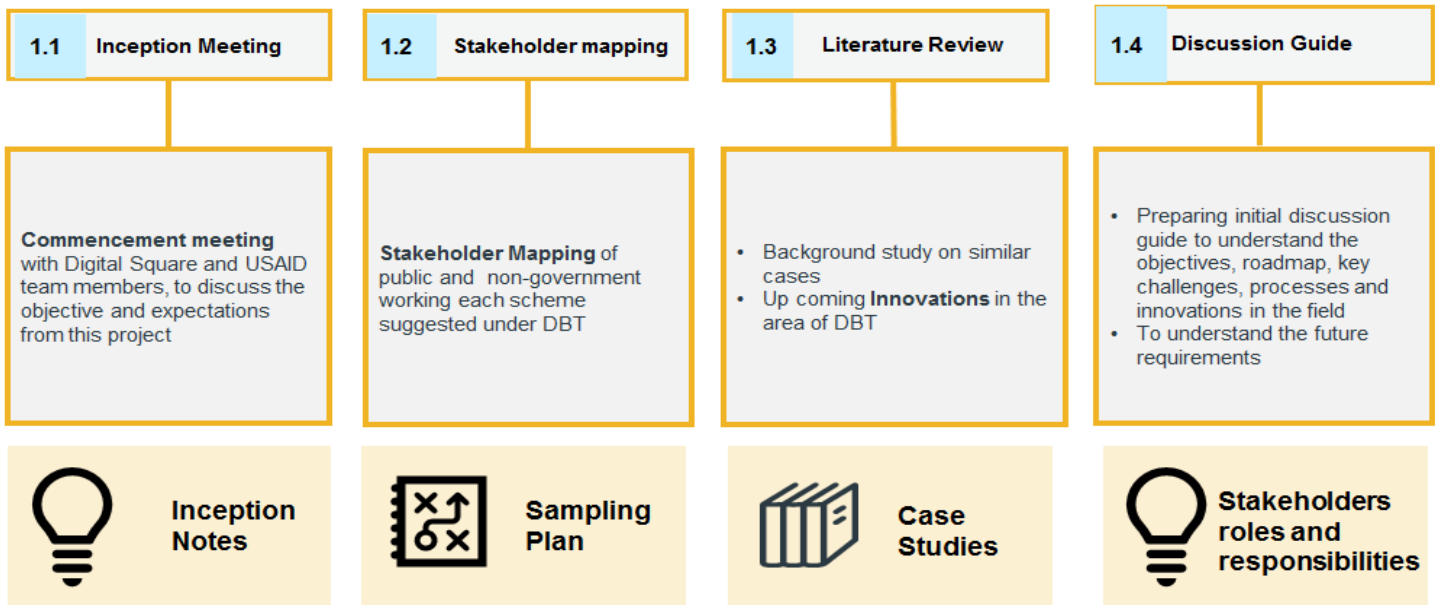
5.1 Module – I: Secondary Research

Step 1: Preparatory Phase

1

Planning and Preparatory Phase

Objective : To gather insights from stakeholders to understand their objective for the project



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

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.

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.

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.

Desk Review

- 1 | **Observational studies** to identify factors associated with conditional cash benefit schemes
- 2 | **Process Evaluation** studies designed to evaluate any intervention to increase demand, uptake or coverage
- 3 | **Awareness and Behavioral Change** study on similar intervention
- 4 | **DBT studies for evaluation of immediate outputs** from identified references
- 5 | **Review of records and PMJAY, TB Schemes, Egypt Insurance Scheme etc.** pertaining to beneficiaries and service delivery

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

Discussion Guide

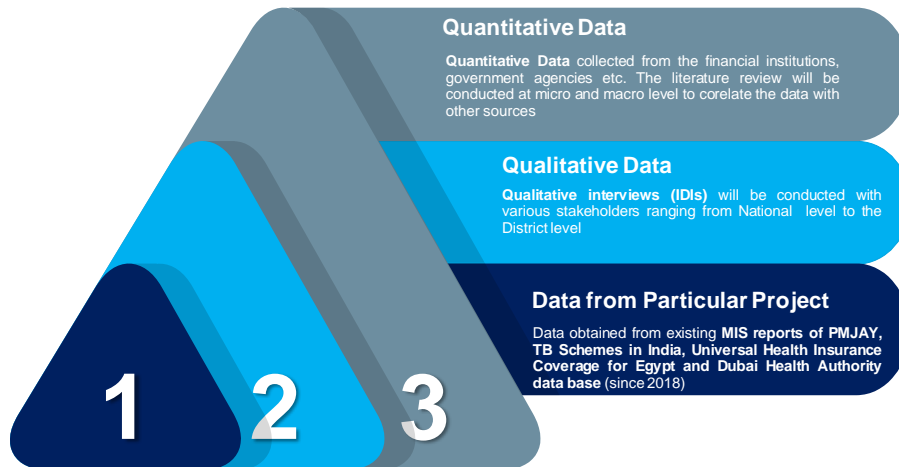
Considering the best practices in survey designs and our prior experience in conducting similar studies, the discussion guidelines will be designed for each category of respondent. The draft discussion guidelines would go through a process of rigorous internal validation by subject matter experts in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

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

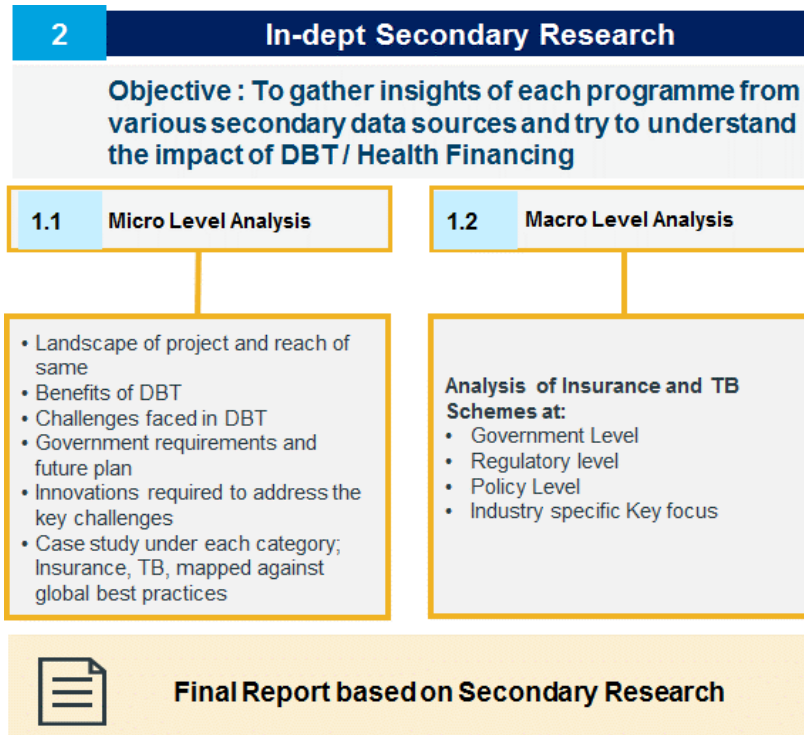
- Interview Guides** to conduct key informant in-depth interviews of CEOs, Dy. CEOs, Administrators, Insurance Providers, IT enablers, Managers for Fraud management etc.

Methodology of Data Collection

It's a cross-sectional study using mixed methodology for data collection:

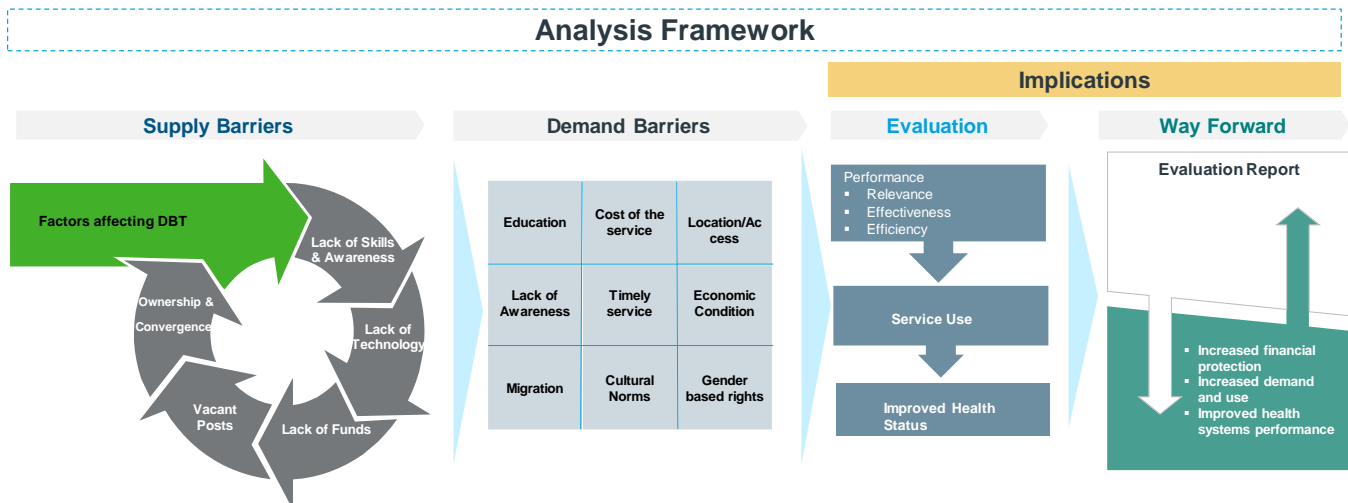


Step 2: In-depth Secondary Research



Develop Analysis 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.



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.

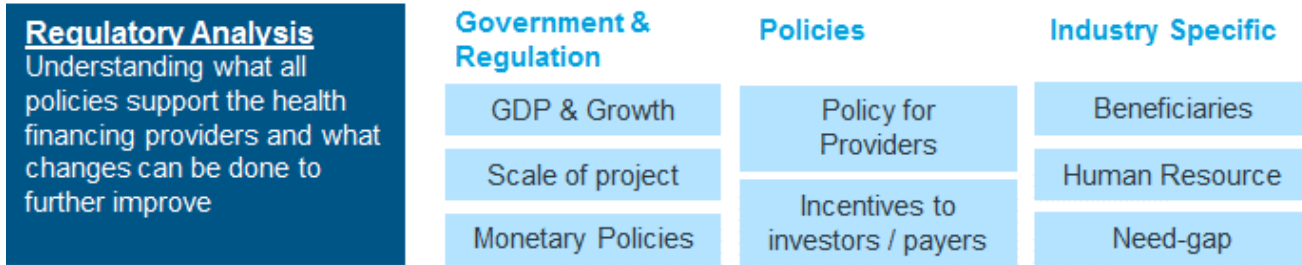
We will also be taking consideration of various case studies implemented in different countries which impacts the digitization in Health System Strengthening:

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.

Macro Level Analysis

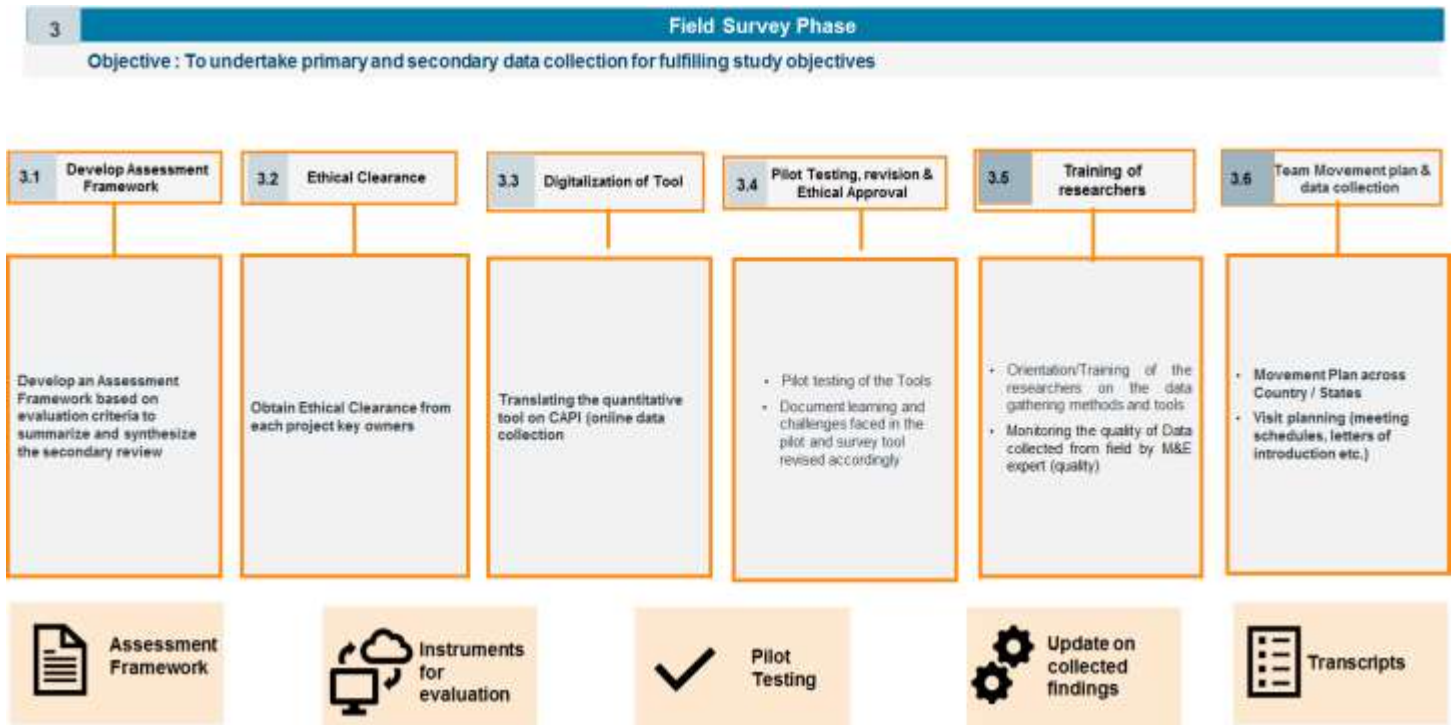
Sector Assessment: Regulatory Mapping and Assessment

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.



5.2 Module – II: Primary Research

Step 3: Field Survey Phase



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.

Ethical Clearance

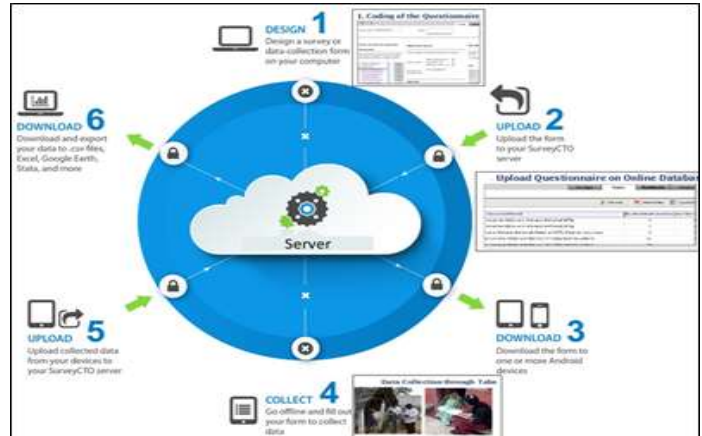
An application will be sent to the key stakeholders review with summary of proposed research, specific objectives, description of participants, risks and benefits of participating in the study, informed consent document, and the study tools for obtaining ethical approval. The ethical approval will be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

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

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



Training of Field Team

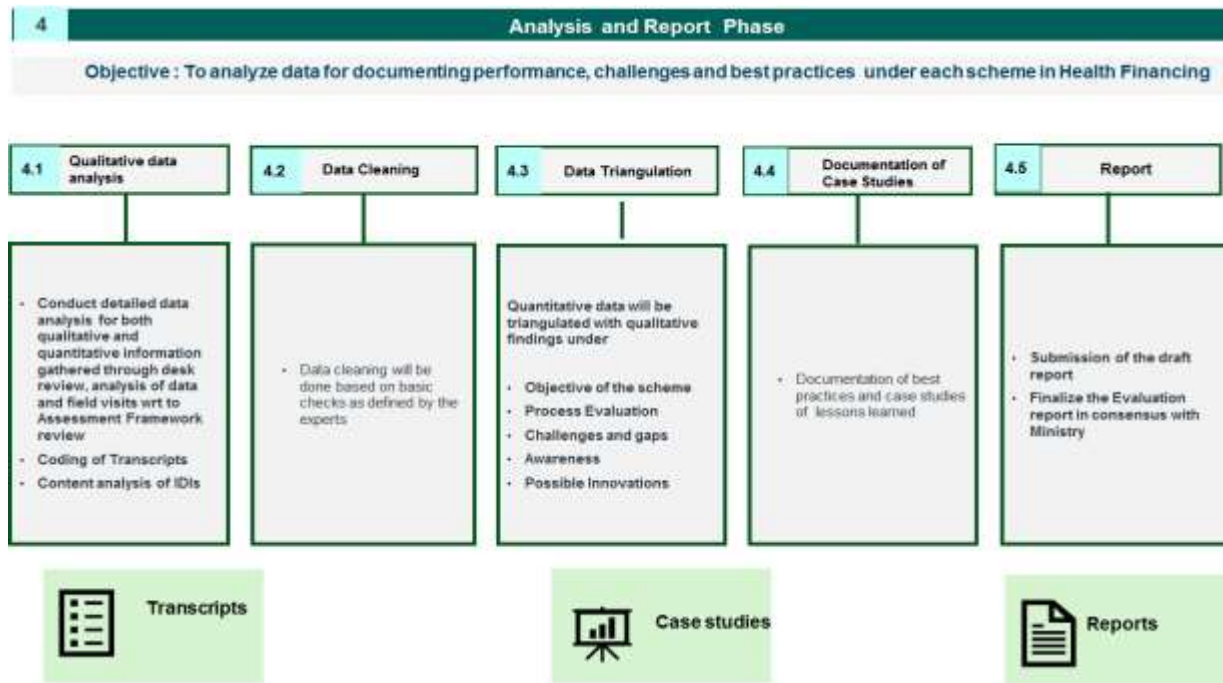
To ensure a comprehensive training plan for all the level of team members is developed, different training material or documents shall be developed for different interviews (like FGD, One-on-one Interactions). Considering all the phase of this assignment, IQVIA's team will conduct trainings.

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

Step 4: Analysis and Reporting Phase



Conduct Data Analysis and Report Writing

Final phase of this evaluation will be focusing on analysing the data for documenting state performance, challenges and best practices under each scheme.

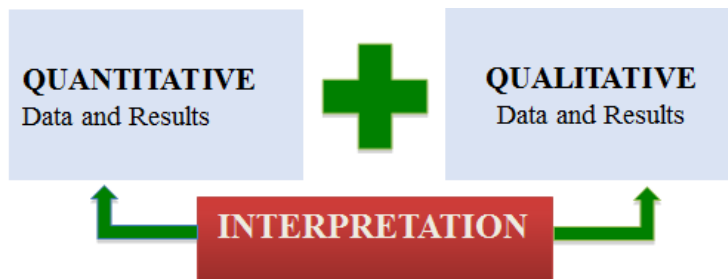
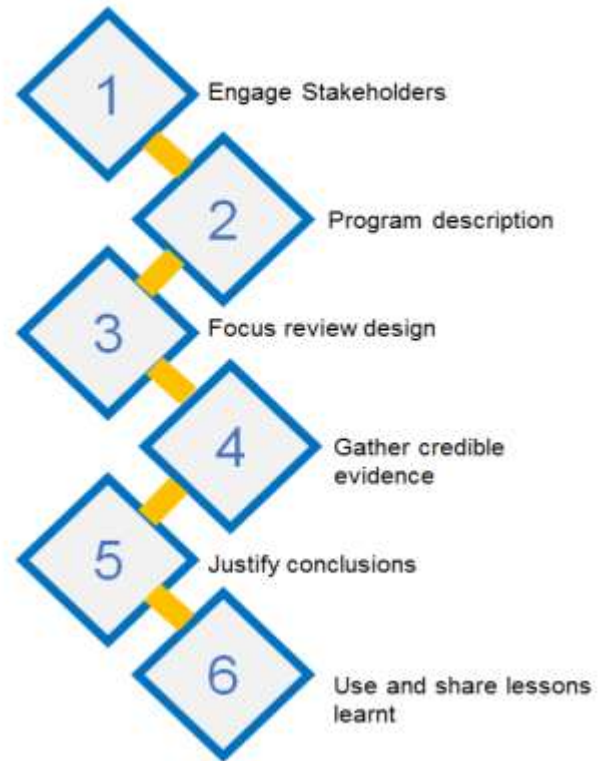
Multiple levels of analysis of the data and insights captured during the quantitative and qualitative assessments will be triangulated to arrive at a comprehensive evaluation of the lessons learned since inception of schemes in India, Egypt and Dubai and particularly highlighting lessons learned from more innovative interventions managed by implementing ministries across the country.

Data collectors will have a clear understanding of the objectives of the project, including why it is being done, by whom, and how regarding scheme across nations. Data compilation will begin once information are delivered from the field and all necessary checks and corrections have been made. Upon concluding data collection at each data point, research associates will share their data.

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.

Data Analysis Indicators



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.

5.3 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.
- Data Backup: Due to limited network coverage in few areas, some teams might not be able to upload directly to the server while out in the smaller locations; however, every team will be required to back up their data so that no data is lost.
- Inbuilt validations in the tool will prevent any mistakes. If there is any mistake found the data would be crosschecked from the field investigators on the same day so that form can be rectified or filled again.
- All completed forms would undergo 100% scrutiny and quality checks



Risk Mitigation

8.0 Risk Mitigation plan

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



Workplan and Timelines

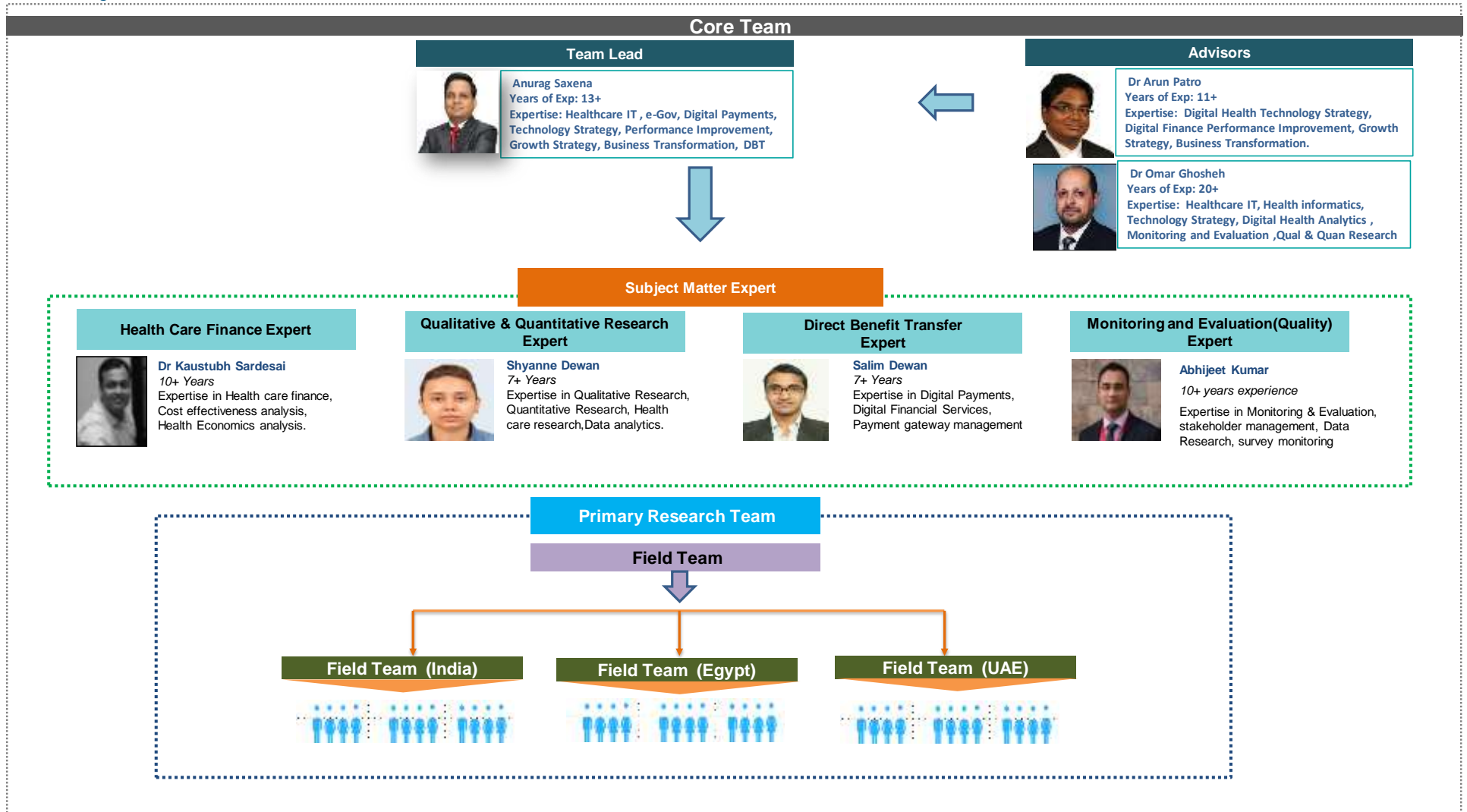
6.1 Detailed Work Plan

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	Initial Data Collection Tool																										
Literature Review; Background Study etc.																											
Preparation of Discussion Guidelines				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																										



Team Composition

7.0 Project Team Structure:



7.1 CVs of Advisors & Experts:

Arun Chandra Patro

Role: Advisor

Profile



- Arun has over 11 years of experience in government consulting, large & small corporates, and research. He specializes in developing scalable, cost-effective analytics & tech-solutions.
- He was a Senior Consultant with NITI Aayog, heading the Strategy & Convergence wing of the Health & Nutrition Department and a Fellow at the Chief Secretary's Office in Chhattisgarh
- A PhD scholar, Arun has presented policy papers in Education, Entrepreneurship & Health to various international think-tanks. He has also headed large-scale, multi-million dollar surveys across continents.

Qualification

Arun holds Master's degrees in Strategic Research and Business Management from Duke University- The Fuqua School of Business and Xavier Institute of Management, Bhubaneswar. He has multiple publications in strategy, and analytics

Relevant experience

- Developed strategic plans for higher education in Chhattisgarh
- Assisted the District Administration in improving various district action plans, SDG Plans and in data collection
- Built Analytical Dashboards and Tech Platforms for Governance
- Supported G2C initiatives like Jan Samvaad and SKY
- Established multiple business incubators across India in partnership with the Government (PPP). Over 2500 companies incubated to date.
- Led large scale Education Ventures such as Pearson Education and set up schools in Karnataka & Andhra Pradesh

Key Experience Area

-  Digital Health Technology Strategy
-  Digital Finance performance Analysis
-  Financial & Economic Modeling
-  Public Private Partnerships

Dr. Omar Ghosheh

Role: Advisor



Current responsibility

- Founder and CEO of Dimensions Healthcare (acquired by IMS Health in February 2016) with 20 years of experience in the healthcare and IT sectors during which he managed the development and implementation of numerous health informatics solutions projects including e-Claim solutions, e-Prescribing solutions, Medical Coding and Information Systems for hospitals, clinics & pharmacies, and Pharmacy Benefit Management systems.

Profile overview

- Established Dimensions Healthcare, and lead it to be ranked #1 in Dubai SMEs 100 out of 72,000 SMEs in 2011 (ranked by Dubai Government) and one of Arabia 500 fastest growing companies the year after.
- Developed Business Concepts of Dimensions Solutions; mainly in Health Insurance and Pharmacy related.
- Establishing successful connected communities for health insurance with Dubai Health Authority and eRx/PBM in UAE, expanding the concepts to the region
- Authored 27 international publications including 2 patents

Education

- PhD, Pharmaceutical Sciences (2000 Univ. of Kentucky, USA)
- Masters, Pharmaceutical Sciences (1998 Univ. of Kentucky, USA)
- BSC in Pharmacy (1995 Alisraa University, Jordan)

Areas of expertise

- Leadership, Team Building, Time Management, Project Management, Project Planning, Strategic Planning, Business Planning, Financial Planning, Financial Modelling, Proposal Writing, Resource Development, Solution Design, Business Development, Corporate Governance, Pharmaceutical Research, Drug Discovery, Clinical & Efficiency Indicators Development

Anurag Saxena**Role: Team Lead****Current responsibility**

- Leading the project PHCPI Primary Health Care Vital Sign profile for Sri Lanka under Ministry of Health, Nutrition and Indigenous Medicine, Govt of Sri Lanka.
- He heads teams across key geographies that support customers across IQVIA's portfolio of Consulting, Services and Digital Health Technology.

Profile overview

- Anurag is a Principal in IQVIA's Public Health practice in New Delhi. Anurag has nearly 13 years of experience in Management Consulting and Technology Industry. He has been responsible for building new businesses from scratch and managing Public Sector business in his previous stints.
- He worked as a Director - Digital Government at SAP, India and Senior Manager – Strategy and Operations Consulting at Deloitte.
- He headed the Strategy and Business Development Team at NEC for Key Businesses in India.

Areas of expertise

- Health care IT
- E-Gov
- Digital payments
- Digital Technology Strategy
- Business Transformation
- Direct Benefit Transfer

Education

- MBA - International Management Institute, New Delhi
- Bachelor of Information Systems - Indraprastha University, Delhi

Dr Kaustubh Sardesai**Role : Health Care Finance Expert****Profile**

- Dr. Kaustubh Sardesai has Commendable experience of more than 10 years in Healthcare management. Holds specialization in health care through Healthcare project consulting, Organization Assessment Audit, Business development, financial analysis, Quality Assessment Consulting and Feasibility analysis.
- Has completed more than 60 projects in India and international in Public and Private domain

Qualification

- He is BDS (from Manipal University) with PG Diploma in Business Management from ITM, Mumbai

Relevant experience

- Revamping of 41 District level hospitals and for Project Management Consulting Services in Uttar Pradesh
- Feasibility study for 'National Center for Accreditation, Training and Assessment for Postgraduate Health Specialties' - Saudi Arabia
- Nagaland Health Project - Advisory Services, Construction Supervision and Management of Medical College, Nursing Schools at Kohima for World Bank as Consultant
- Africa (Djibouti) Market research for setting up a 150- 200 bedded super speciality hospital
- Upgradation of existing multispeciality hospital in Myanmar for setting up a 150- 200 bedded super speciality hospital and creating business plan for Victoria Hospital, Myanmar
- Organizational Assessment Audit for Medical Colleges, Nursing Colleges & Hospitals in K J Somaiya, Wardha, UP Hospitals etc.
- Performance Audit & Financial Review of medium scale hospital in Surat
- Derived Cost centres for the hospital, based on revenue and expense centres. Derived logic of distribution or apportionment of the each component (fixed and variable) as per the cost centre

Area of Expertise

-  Health care Finance
-  Market Research
-  Financial Feasibility
-  Cost Analysis
-  Commissioning Assistance
-  Stakeholder Engagement

Salim Dewan

Direct Benefit Transfer Expert

Profile



- Salim Has 7+ years of professional experience in Government and Private Sector practices. He was associated with various National Program Management as a consultant with various **Ministries** and **State Governments**. He has been associated with the conceptualization and design of large Government programs in areas such as Sanitation, Solid Waste Management, and e-Governance, Public Health. The representative clients he was associated were **Medical Council of India**, **Ministry of Housing & Urban Affairs**, **Ministry of Electronics & Information Technology**, **Ministry of Textile**, **National Informatics Center(NIC)**, **Bureau of Pharma PSUs of India (BPPI)**, **State government of Sikkim**, **Nagaland**, **Municipal Corporation of Delhi**.

Qualification

- He is a Graduate in Electronics from Gauhati University and MBA (Finance) from ICFAI Business School, Ahmedabad.

Relevant experience

- He was associated with Medical Council of India (MCI) as a Consultant for assessment of Medical Colleges across the country.
- He was associated with Swachh Bharat Mission(Urban) National PMU under Ministry of Housing & Urban Affairs as a Consultant and looked after 12 States (NE states, West Bengal, Maharashtra, Puducherry, Kerala).
- He was associated with the team as a consultant at **World Bank PMU** under Ministry of Electronics & Information Technology for rolling out of e-Governance projects across India.
- He helped the team as a consultant at e-Gov Appstore under National Informatics Center for mapping of ICT Projects.
- He assisted the team as a consultant at e-District MMP under Ministry of Electronics & Information Technology.
- He assisted State Government of Sikkim for formulating the strategies for promotional activities of Textile products in NE States under Ministry of Textile.

Area of Expertise

- Program Management
- Digital Payment
- Direct Benefit Transfer
- Digital Financial Services
- Digital Technology Strategy
- Stakeholder Engagement

Abhijeet Kumar

Monitoring and Evaluation Expert

Profile



- He is having 10 years of professional experience, worked with multilateral/ bilateral agencies on planning, designing, development, training and implementation of health information solutions in various state health departments and at international level.

Education

- He is MBA in Hospital and Health Administration from Sikkim Manipal University with PG Diploma in Information Technology and Management from FBMIT.

Relevant experience

- Extensively engaged in revised National HMIS Implementation Program under NRHM across different Indian states on HMIS-Portal Software training and implementation through NHSRC, MoHFW, GOI.
- Execution and operations lead, technology components for development of an Integrated Learning and Collaboration Platform, for UNDP- ADP project. Its development, implementation and strengthening the overall system functionalities.
- Worked as a technical consultant HMIS, on DHIS 2 system study, training and implementation of National Health Information Systems in Lebanon with WHO- EMRO.
- Engagements in development & implementation of RHIS- PRISM tool in Punjab (pilot project), MEASURE Evaluation, USAID project.
- Engagement in system study and pilot implementation of Mother and Child tracking system in Begusarai, Bihar. BMGF funded project through Care India.
- Engagement in different Health MIS software's training and implementation, mostly open source technology product in countries like Nepal, Indonesia, Lebanon, Sri Lanka, Kenya, with PATH International, WHO, IPPF SEARO.

Key Experience Area

- Monitoring and Evaluation
- Data research
- Training and capacity Building
- Project Management
- Stakeholder Engagement
- Digital Learning

Ms. Shyanne Dewan**Qualitative & Quantitative expert****Profile**

- Ms. Shyanne Dewan has 4 years of professional experience in the healthcare sector across various organizations. She has worked with the WHO as a consultant, followed by various roles in the pharmaceutical sector.
- She also has experience in content development for healthcare communication and has contributed largely to digitalization efforts in her previous job roles.
- Her expertise include data analysis, reporting, operational management and providing high standards of deliverables
- Additional language skills include the ability to speak and write fluently in Nepalese
- She is a B. Sc. in Biomedical Science and holds an M.Sc. In International Health Policy with a focus on eHealth: Policy, Strategy and Systems

Qualification**Relevant experience**

- Currently working as a Consultant – Public Health with the Digital Health Team at IQVIA
- Authored a report on the use of Blockchain Technology in the Indian Pharmaceutical Supply Chain for NITI Aayog
- Developed digital communication material for various pharmaceutical clients as part of their sales & marketing efforts
- Conducted healthcare market research in South-East Asia based on epidemiological trends, market sizing, go-to-market strategies, operational management, environmental scanning and Net Promoter Score.
- Analysed and developed resource mobilization strategies for official development assistance related to healthcare projects across the world via multilateral organizations
- Advisor for digitalization of data through development of an in-house mobile application focused on resource mobilization
- Experience in data analysis and development of analytical dashboards for project monitoring

Skill badges

- Public Health Research
- Healthcare market research
- Quantitative Research
- Health Financing
- Qualitative Research
- Report Writing



Financial Budget

9.0 Financial Budget

Budget for RFA on DFS on Health Outcomes								
Remuneration								
	Name of Resources	Role	Hrs per week*	Total no of week	Hourly Rate (USD)**	Total Hours	Total Cost (USD)	
Module I (Secondary Research)	Anurag Saxena	Team Lead	3	12	295	36	10620	
	Kaustubh Sardesai	Healthcare Finance Expert	32	12	38	384	14592	
	Salim Dewan	DBT Expert	32	12	38	384	14592	
	Shyanne Dewan	Reseracher (Qual & Quan)	30	12	21	360	7560	
	Abhijeet Kumar	M&E expert	30	12	38	360	13680	
	Dr. Omar Ghosheh	Advisor	2	12	295	24	7080	
	Arun Patro	Advisor	2	12	295	24	7080	
	Total							75204
	Travel, Lodging & Boarding							
	Expenses	Rate (USD)	Number of visits	Number of persons				Total Cost
Flights (to and Fro)	200	10	1				2000	
Hotel (per day for accomodation only)	70	10	1				1400	
Food (Per person per day)	14	10	1				280	
Taxi (Per day utilization)	20	10	1				400	
Miscellaneous (@5%)						5%	204	
Total							4284	
Total Cost for Module I							79488	

Note:

***Man-hour Assumptions:** The total man-hours are taken as per lump-sum calculation. The team lead or Principal Consultant or advisors will only supervise the project as and when required and so the weekly engagement for them is minimum for this project. Further the consultants will be engaged on the project for more than 80% and so the weekly engagement is higher.

****Man-hour Rate Assumptions:** The man-hour rate taken for the project is based on the World Bank or WHO format or approved as per the internal approved rates of the company

Travel Assumptions: It is assumed that, minimum 1 consultant will visit to 10 or more places within country for industry expert consultation. Along with online secondary research, team will also try to gather data from other agencies or state level government bodies. For same, consultants may have to visit to different locations

1. **Assumptions for Flight tickets:** The origin of flight is taken from IQVIA Public Health Office of that particular country to the place/s or state/s needs to be visited for secondary data research or for industry consultation (if required) The cost taken for to and fro visit is based on lump-sum amount

2. **Hotel (for accomodation) per person:** Hotel rates are taken as per 3or 4-star hotel accomodation rates available online.

3. **Food (per person per day):** The amount taken as per three course meal cost

4. **Taxi (per day utilization):** Based on the requirement for traveling within the city or outside, as per the requirement

Remuneration								
	Name of Resources	Role	Hrs per week	Total no of week	Hourly Rate (USD)	Total Hours	Total Cost (USD)	
Module II (Primary Research)	Anurag Saxena	Team Lead	2	12	295	24	7080	
	Kaustubh Sardesai	Healthcare Finance Expert	25	12	38	300	11400	
	Salim Dewan	DBT Expert	25	12	38	300	11400	
	Shyanne Dewan	Researcher(Qual & Quan)	25	12	21	300	6300	
	Abhijeet Kumar	M&E expert	25	12	21	300	6300	
	Field Team 1 (India)	Field Data Collection	40	4	20	160	3200	
	Field Team 2 (UAE)	Field Data Collection	40	4	20	160	3200	
	Field Team 3 (Egypt)	Field Data Collection	40	4	20	160	3200	
	Dr. Omar Ghosheh	Advisor	1	12	295	12	3540	
	Arun Patro	Advisor	2	12	295	24	7080	
	Total							62700
	Travel, Lodging & Boarding							
Expenses	Rate	Number of visits	Number of persons				Total Cost	
Flights	150	5	3				2250	
Hotel	50	5	3				15000	
Food	14	5	3				4200	
Taxi	15	5	3				4500	
Miscellaneous (@7%)						7%	1816.5	
Total							27766.5	
Total Cost for Module II							90466.5	
Grand Total (Module I+Module II)							169954.5	

Note:

***Man-hour Assumptions:** The total man-hours are taken as per lump-sum calculation. The team lead or Principal Consultant or advisors will only supervise the project as and when required and so the weekly engagement for them is minimum for this project. Further the consultants will be engaged on the project for more than 60% and so the weekly engagement is higher. While the field officers or field data surveyors are key personnel required to collect on ground primary data based on the questionnaire drafted by the consultants. The time utilization for field surveyors are 100% for 1 month period.

****Man-hour Rate Assumptions:** The man-hour rate taken for the project is based on the World Bank or WHO format or approved as per the internal approved rates of the company

Travel Assumptions: It is assumed that, minimum 2 consultants will visit to 5 or more places within country for industry expert consultation. Along with online secondary research, team will also take data from ground where ever necessary. The duration of the visit is based on the assumption that each field officer / surveyor will stay at required place for 5-6 days collect the sample data

1. **Assumptions for Flight tickets:** The origin of flight is taken from IQVIA Public Health Office of that particular country to the place/s or state/s needs to be visited for stakeholders interview. The cost taken for to and fro visit is based on lump-sum amount

2. **Hotel (for accommodation) per person:** Hotel rates are taken as per 3or 4 star hotel accommodation rates available online.

3. **Food (per person per day):** The amount taken as per three course meal cost

4. **Taxi (per day utilization):** Based on the requirement for traveling within the city or outside, as per the requirement



Annexure

Annexure

Detail Past Experiences of Consultants’:

1	Assignment name: Consultancy on Program Design, Strategic Plan and Implementation Plan for the National Insurance Program in Egypt	
1.1	Description of Project: The objective of the assignment help MOHP Egypt in transforming Egypt’s healthcare insurance system. Successful implementation of this project involved: <ul style="list-style-type: none"> • Developing a master plan for the roll-out of the pilot and scale-up • Conduct a facility assessment to understand the need-gap • Develop policies, processes and procedures to help in standardizing the operations • Pilot launch and support activities • Monitoring and Evaluation of the scheme • Facilitating the successful roll-out of the insurance scheme by supportive improvement • Develop the scheme scale-up plan Coverage: Port Said Governorate in Egypt	
1.2	Approx. value of the contract (in Rupees):	INR 20,627,688 (USD 2,98,952)
1.3	Country:	Egypt
1.4	Location within country:	Port Said
1.5	Duration of Assignment (months):	6
1.6	Name of Employer:	Ministry of Health and Population
1.7	Address:	Ministry of Health and Population 3 Magles El Shaab street- Cairo — Egypt. G. Wael El saey (0202)-27944384
1.8	Total No of staff-months of the Assignment:	24
1.9	Start date (month/year):	July 2019
1.10	Completion date (month/year):	January 2020
1.11	Name of associated Consultants, if any:	NA
1.12	No of professional staff-months provided by associated Consultants:	NA
1.13	Name of senior professional staff of your firm involved and functions performed.	Deepak Batra, Arun Patro, Sahil Mahajan, Sherif Said
1.14	Name and telephone no. of client’s representative:	Dr. Ahmed EISobky Email id - ahmedelsobky@mohp.gov.eg
1.15	Description of actual Assignment provided by your staff within the Assignment: Following were the deliverables made to the Ministry of Health and Population: <ul style="list-style-type: none"> • Collecting all information, data and documents on status of UHI scheme from MOHP • Alignment across Centre, Directorate and Facility level: <ul style="list-style-type: none"> ○ Alignment on the vision of UHI and role of primary health care in UHI ○ Alignment on the scheme design with each vertical head – operation room, technical department, health department 	

	<ul style="list-style-type: none"> ○ Alignment with the pillar heads – Human resource and training, Public awareness and communication, infrastructure and equipment, quality, Field and IT transformation ● Drafting a scheme design and operational Plan which included study methodology, assessment tool, data analysis. ● Facility readiness assessment on the key themes – patient flow and experience, infrastructure and facility management, human resources, quality of care, data recording and reporting, technology readiness and facility supplies ● Workshop with the directorate heads and facility directors on current state, areas for improvement and way forward (supportive improvement) ● Develop operational guidelines, processes, standard procedures for key thematic areas such as patient journey and referral mechanism, Procurement and Supply chain management, Training and Capacity Building, Grievance redressal, Monitoring and Evaluation, Risk Management, etc. ● Supportive improvement – working back with each facility, directorate and centre to bridge the gaps and help in a successful pilot roll-out of the scheme in Port Said ● Weekly Monitoring Report and documents on key learning, challenges, and outcomes ● Develop roadmap for the scale up of the scheme
1.16	<p>Outcomes of the assignment:</p> <ul style="list-style-type: none"> ● A master plan that shall encompass the larger plan for roll-out across 14 years ● A current state assessment of the facilities ● Key tangible and intangible improvements in the facilities and the scheme roll-out ● A scale-up plan for other directorates
1.17	<p>Value Addition to the Client:</p> <ul style="list-style-type: none"> ● Developed a real-time dashboard for mapping the current state for each facility ● Conducted supportive improvement by working closely with different stakeholders across different levels in order to successfully implement the scheme

2	Assignment name: Project Management Consultant for AYUSHMAN BHARAT National Health Protection Mission (ABNHMP)	
2.1	<p>Description of Project: The Government of India conceived an ambitious medical scheme, 'Ayushman Bharat Yojana-National Health Protection Scheme' under National Health Authority (NHA) to ensure complete and efficient healthcare services to its people. To provide technical assistance to the NHA, the project management unit (PMU) is providing support for the implementation of NHMP goal and objectives in:</p> <ul style="list-style-type: none"> ● Operations ● Hospital Network and Quality Assurance, Patient Safety & Standards ● Information systems and National Health Network ● Monitoring, Research and Evaluation ● State support, Coordination and convergence ● Capacity building ● Awareness Generation and Grievance redressal <p>Coverage: PAN India</p>	
2.2	Approx. value of the contract (in Rupees):	INR 18,30,99,622
2.3	Country:	India
2.4	Location within country:	PAN India
2.5	Duration of Assignment (months):	36 months
2.6	Name of Employer:	National Health Authority
2.7	Address:	7th & 9th Floor, Tower-I, Jeevan Bharati Building,

		Connaught Place, New Delhi - 110001
2.8	Total No of staff-months of the Assignment:	980
2.9	Start date (month/year):	29 th Aug 2018
2.10	Completion date (month/year):	Sep 2021
2.11	Name of associated Consultants, if any:	NA
2.12	No of professional staff-months provided by associated Consultants:	NA
2.13	Name of senior professional staff of your firm involved and functions performed.	Dr. Bharat Bhushan S Powdwal – Team Leader Dr. Satya Bhushan- Lead, Operations Dr.Sonali Daniel – Coordinator cum Deputy Team Leader
2.14	Name and telephone no. of client’s representative:	Bal Krishna Datta General Manager, NHA Email id – bk.datta@nic.in Mob- No- +91-9811398269
2.15	<p>Description of actual services provided by the organization within the assignment: Key Deliverables of the project includes:</p> <ul style="list-style-type: none"> • Prepared information and marketing collateral on ABNHPM services/ initiatives to solicit attention and interest from States. • Prepared State-specific outreach – including high-level vision and intent of the ABNHPM, articulating value proposition to States through this project and benefits of implementing a structured Centre-State collaborative approach for health insurance. • Shortlisted initiatives under ABNHPM for priority implementation through subsequent phases of this assignment. • Developed NHA engagement models with the States – articulating roles and responsibilities of States and NHA, governance structure, funding mechanism, review mechanism, working model, success and key outcome parameters in line with States’ aspirations for transforming the sector etc. • Analyse the current situation of the States’ health care and insurance system. • Supporting NHA in rolling out of the following: <ul style="list-style-type: none"> ○ Hospital Empanelment ○ Package module with flexibility to States ○ IT System Testing ○ Grievance Redressal for beneficiaries & hospitals ○ Payment system through PFMS ○ Audit & Fraud detection ○ Protocols for portability of entitlement across States & transfer of payment across states • Understand and analyse previous/current initiatives undertaken by the State for health sector or insurance improvement. • Understand roadblocks/key challenges faced by various stakeholders 	
2.16	<p>Outcomes of the assignment:</p> <ul style="list-style-type: none"> • Draft, review and update on all policy documents & guidelines which govern the operations of scheme • Supported launch, Beneficiary identification, Transaction management, Health Benefit Package design, Fund transfer and hospital empanelment among other things • Supported trainings to Arogya Mitras, State officials, ISAs and Other relevant stakeholders • Devised Manual, Guidelines, Dashboards and Indicators for Monitoring of the scheme on a periodic basis • Framed guidelines for Claims Adjudication and Medical audits – Concept design & implementation 	

	<ul style="list-style-type: none"> Supported design of portal, webpage & mechanism for reporting & resolution of grievances Support in response to Right to Information queries Supported in expansion of Hospital Network and facilitated onboarding of Hospitals from PSUs Development of dashboards & standards for quality of care for the beneficiaries of the scheme Functional support in areas of Legal, HR, Finance, Administration and Procurement
2.17	<p>Value Addition to the Client:</p> <ul style="list-style-type: none"> More than 3 million beneficiaries avail services More than 9 crore e-card issued 33 States and UTs onboarded under the scheme Claims worth INR 31 crore approved More than 15,000 functionaries and field operatives trained Over 1,500 Government & Program officials trained Over 16,085 Hospitals empaneled to the scheme

3	Assignment name: Development and Installation of Actuarial Model for NHIA, Ghana (National Health Insurance Authority)	
3.1	<p>Description of Project: The objective of this consultancy was to provide technical support to the Ghana National Health Insurance Authority (NHIA) with the development of an actuarial model for review and evaluation of the Ghana National Health Insurance Scheme (NHIS), including the proposed benefit package redesign.</p> <ul style="list-style-type: none"> A “Core NHIS benefit package” to consist of the primary care services, as well as first referral and District Hospital level services An “Enhanced Benefit Package” consisting of health care delivered at higher levels of the health system (secondary and tertiary care) that will be offered to the current beneficiaries. <p>Coverage: Accra</p>	
3.2	Approx. value of the contract (in Rupees):	INR 24,116,400 (\$330,000)
3.3	Country:	Ghana
3.4	Location within country:	Accra
1.5	Duration of Assignment (months):	7 months
3.6	Name of Employer:	Results for Development Institute, Inc. (R4D)
3.7	Address:	1111 19th Street, NW, Suite 700 Washington, DC 20036 Email: procurement@r4d.org
3.8	Total No of staff-months of the Assignment:	
3.9	Start date (month/year):	1st November 2018
3.10	Completion date (month/year):	31st May 2019
3.11	Name of associated Consultants, if any:	NA

3.12	No of professional staff-months provided by associated Consultants:	NA
3.13	Name of senior professional staff of your firm involved and functions performed.	Peter Stephens (Project and Technical Lead), Enyonam Nudo (Relationship management), Divya Sarwal (Project Management), Deepak Batra
3.14	Name and telephone no. of client's representative:	Ms. Tamara Chikhradze, R4D Senior Program Officer Email: tchikhradze@r4d.org Tel: +1 (202) 255 1418
3.15	Description of actual Assignment provided by your staff within the Assignment:	
	<p>This Project include following deliverables from IQVIA:</p> <ul style="list-style-type: none"> • Inception Report: An inception report that includes, at minimum, information on: provisional methodology and key agreed-upon definitions which will impact development of model, activity chart and associated timelines. • Progress report including Qualitative Systems Model: A mid-term narrative report that includes, at minimum, information on: data used or being collected, assumptions used in the model, results of stakeholder consultations. This report includes a draft of the preliminary "Systems Model". • Draft of actuarial model, draft financing model and the draft actuarial analysis of the proposed NHIS benefits package redesign: The report described the final "Systems model", the draft "actuarial model" (including data and assumptions used) and the draft results of quantitative data analysis and qualitative data analyses, draft alternate scenarios of costs and revenues and sensitivity analysis. • Installation of Actuarial Model: Actuarial model to be installed at NHIA. • Report on workshop held to formulate recommendations and a way forward based on the results of the actuarial analysis, and the final actuarial model: NHIA, R4D and IQVIA will convene a workshop ("Official Forum") of Government of Ghana stakeholders to discuss the recommendations and feedback and a way forward based on the findings of the analysis. 	
3.16	Outcomes of the assignment: <ul style="list-style-type: none"> • Actuarial model developed and installed (at Actuarial Directorate) for the review and evaluation of the National Health Insurance Scheme (NHIS) • Cost implications of potential policy options on the sustainability of the NHIS until 2034 evaluated • Cost implications of proposed policy options quantified for the management of the NHIA and all other stakeholders 	
3.17	Value Addition to the Client: <ul style="list-style-type: none"> • Staff of NHIA trained on use of the actuarial model; Detailed user manuals for operating the actuarial model created and submitted to the NHIA for future use 	

4	Assignment name: Creation of a Health Information Exchange (eClaimLink) for Dubai Health Authority	
4.1	Description of Project: <ul style="list-style-type: none"> • eClaimLink is the eClaim project of the Dubai Health Authority with the objectives of establishing a unified standard healthcare language communicated across the emirate, implementing a unified structured communication schema, providing a centralized health data tracking system, facilitating eClaim financial and clinical information between payers, providers, patients & authorities. Empowering the Dubai Health Authority with the needed information to organize, strategize, and optimize the healthcare setting in Dubai. • eClaimLink today connects more than 3000 healthcare providers and more than 60 payers and third party administrators together. The established connectivity through different modules improves quality of care, enhances efficiency, and reduces mistakes, fraud and abuse in healthcare transactions in Dubai. • Coverage: Across Emirates of Dubai 	
4.2	Approx. value of the contract (in Rupees):	57.81 Crores
4.3	Country:	United Arab Emirates
4.4	Location within country:	Across Emirates of Dubai
4.5	Duration of Assignment (months) :	Ongoing
4.6	Name of Employer:	Dubai Health Authority
4.7	Address:	Dubai Health Authority Building, Al Maktoum Bridge Street, Bur Dubai Area 4545, UAE.
4.8	Total No of staff-months of the Assignment:	36
4.9	Start date (month/year):	3 rd May, 2015
4.10	Completion date (month/year):	1 st oct, 2015
4.11	Name of associated Consulting Firm/Agency's, if any:	NA
4.12	No of professional staff-months provided by associated Firm/Agency's:	NA
4.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Omar Atiyeh and Yousef Ghosheh
4.14	Description of actual Assignment provided by your staff within the Assignment: <ul style="list-style-type: none"> • Following modules has been designed developed for the eClaimLink project: <ul style="list-style-type: none"> ○ MIS/Dashboard and Reports. ○ ePrescription: electronic prescribing of medication to the patients. ○ eAuthorization: submitting authorization request to the insurance companies and get the responses. ○ eReferral: referring by one doctor to another. ○ eCiam: submitting the claim request to the insurance companies and get the responses. ○ Post office (PO): where all the Data is stored. 	

5	Assignment name: Jordanian Pharmaceutical Sector Contribution to Jordan's Economy, Investment Climate and Health Expenditure Cost Savings	
5.1	Description of Project: <ul style="list-style-type: none"> The objective of this study is to assess the Jordanian pharmaceutical sector's contribution to the economy, investment climate and health expenditure cost savings by analyzing key macro-economic trends. The aim of this report was also to collect and compile updated and relevant data on the Jordanian pharmaceutical sector and its contribution from reliable Government sources, and make it available in a format that can be used by the beneficiaries of this study Coverage: Jordan's entire pharmaceutical sector 	
5.2	Approx. value of the contract (in USD):	70,000
5.3	Country:	Jordan
5.4	Location within country:	Jordan
5.5	Duration of Assignment (months) :	6 Months
5.6	Name of Employer:	Jordan Association of Pharmaceutical Manufacturers (JAPM) and USAID
5.7	Address:	JAPM- Khalda, Yazan Aranki Street, villa no.1 behind the Montessori Schools, P.O. Box 5382 Amman, 11953 Jordan
5.8	Total No of staff-months of the Assignment:	NA
5.9	Start date (month/year):	April 2017
5.10	Completion date (month/year):	Sep 2017
5.11	Name of associated Consulting Firm/Agency's, if any:	NA
5.12	No of professional staff-months provided by associated Firm/Agency's:	NA
5.13	Name of senior professional staff of your firm involved and functions performed.	Divya Sarwal, Ritu Bhardwaj, Tariq Al Tayeb, Rana Madanat.
5.14	Description of actual Assignment provided by your staff within the Assignment: The project objective will be achieved through 4 specific reports as agreed upon below: <ol style="list-style-type: none"> Assess the Value Creation to Jordan's economy by the Jordanian Pharmaceutical Industry & Their Economic Performance for three years Some of the key outputs of this objective include: <ul style="list-style-type: none"> Direct Contribution of the pharmaceutical sector to the Gross Domestic Product (GDP) in currency (JOD) and percentage (%) values; Direct Contribution of the pharmaceutical sector to the trade balance including total exports and exports destinations; Contribution of the pharmaceutical sector to the tax system Contribution of the pharmaceutical sector to innovation in Jordanian economy Assess and quantify the contribution of local generic medicines to government expenditure for three years. Some of the key outputs of this report include: <ul style="list-style-type: none"> Total governmental spending on medicine Domestic Generics Drug Savings by therapy area Economic model using a time series showing the reduction in price of originator products following 1) local manufacturing and 2) introduction of domestic generics; Impact of pharmaceutical tenders with solo bidders and no bidders Areas of interest that locals should invest in based on above analysis 	

	<p>3. Assess the Local Private Market Size for three years and distribution of market share. The outputs of this report include:</p> <ul style="list-style-type: none"> • Share of Local Generics and Imported Generics pharmaceuticals in Jordan (Volume & Value) • Multinational (Originator) share (Volume & Value) • Other Generics Share (Volume & Value) / generic country origin • Generic Drug Savings by therapy areas, areas of interest for domestic companies to invest in <p>4. Assess the Jordanian Pharmaceutical Industry contribution to the employment and labor market for three years – Percentage & Value. The outputs of the report include:</p> <ul style="list-style-type: none"> • Overall Direct contribution of the pharmaceutical industry within Jordan and outside Jordan (MENA region) labor market, including assessment of male-female contribution and level of education • Indirect job generation - supporting industries (distribution, transportation, insurance, CROs) and their employment contribution • Yearly jobs created • Effect on the employment rate % as well as contribution to the annual tax revenue
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6	Assignment name: Hospital Survey on Quality of Health Care and AB-PMJAY implementation	
6.1	<p>Description of Project:</p> <ul style="list-style-type: none"> • The objective of this assignment is to carry out a cross-sectional survey in hospitals which focuses on assessment of quality of care and implementation experience of health insurance mechanisms in hospitals of selected states. The results, conclusions and recommendations from the study shall ultimately be fed into and inform policy and decision-making processes on quality of health care & implementation of health insurance of hospitals at state level in India. The study will cover empaneled as well as non-empaneled hospitals in the states. Furthermore, the results shall function as a midline for AB-PMJAY on assessment of hospitals. Moreover, the results may also support the development of a quality grading system for hospitals and a mechanism to incentivize hospitals to move to a higher quality rank over time. • Coverage: 7 States of India 	
6.2	Approx. value of the contract (in Rupees):	27,500,000
6.3	Country:	India
6.4	Location within country:	7 States (Bihar, Chhattisgarh, Gujarat, Karnataka, Meghalaya, Tamil Nadu, Uttar Pradesh)
6.5	Duration of Assignment (months) :	16 months
6.6	Name of Employer:	GIZ GmbH and Heidelberg Institute of Global Health (HIGH)
6.7	Address:	Paschim Marg, Vasant Vihar, New Delhi & Im/ Neuenheimer Feld 672, 69120 Heidelberg, Germany
6.8	Total No of staff-months of the Assignment:	NA
6.9	Start date (month/year):	November 2018
6.10	Completion date (month/year):	February 2020
6.11	Name of associated Consulting Firm/Agency's, if any:	Sole consultant

6.12	No of professional staff-months provided by associated Firm/Agency's:	NA
6.13	Name of senior professional staff of your firm involved and functions performed.	Sahil Mahajan, Ashutosh Chakraborty, Sukhvinder Kaur
6.14	Name and telephone no. of client's representative:	Dr Manuela De Allegri, Fund Manager, HIGH, University of Heidelberg
6.15	<p>Description of actual Assignment provided by your staff within the Assignment:</p> <ul style="list-style-type: none"> Stakeholder coordination with Heidelberg Institute of Global Health (HIGH), GIZ, MoHFW and other stakeholders to finalize the detailed work plan with planned methodology, timeline, etc. Preparation and finalization of research tools (research instruments for the hospital study) for the qualitative surveys in consultation with HIGH & GIZ Prepared a data mask in Excel/SPSS with assigned variable labels and value labels for the quantitative analysis Pre-testing of the quantitative and qualitative research tools according to scientific standards. Prepared the report on the results of the pre-tests of the research instruments. Prepared an outline and time plan of the training of the field team Conducted training of the field researchers and other personnel involved in the collection of data. Following was included in the training: <ul style="list-style-type: none"> Recruitment strategies (e.g. asking persons to participate in the study) Mock interviews Research instrument training to foster a basic understanding of what is being measured and why Data storage (i.e. how and where is the collected data secured) Communication/ behaviour/ research ethics (basic understanding of the do's and don'ts in research and the dealings with sensitive interview contents) <p>Field work phase:</p> <ul style="list-style-type: none"> Collected cross-sectional data on the quality of health care (services) and AB-PMJAY implementation experiences among public and private empanelled and non-empanelled hospitals to allow for an evaluation of quality of health care in 7 states with RSBY implementation experiences. Perspective of the patients and AB-PMJAY beneficiaries: The perspective of the hospital staff (e.g. medical, administrative) and hospital (process) data (e.g. number of beds, specialities available etc.) Assessed the performance and progress of health care system Quality Assessment of health care services: Assessed the quality of care, availability of services, quality of supervision, and measured the perception of clients and communities. Assessed the Knowledge and practices of the service providers. Analysed and assessed the client satisfaction from the services provided. <p>Analysis and reporting phase:</p> <ul style="list-style-type: none"> Analysis: Outputs from statistical and qualitative analysis: e.g. in SPSS. Drafted summary report comprising of main findings and recommendations, with detailed outline Drafted detailed report consisting of an overall analysis and state-wise analysis, with detailed outline <p>Stakeholder coordination with HIGH, GIZ, MoHFW and other stakeholders to finalize the detailed proposal (work plan) with planned methodology, desk review, timeline, etc.</p>	

7	Assignment name: Hospital Survey on Quality of Health Care and RSBY/ SCHIS implementation	
7.1	<p>Description of Project:</p> <ul style="list-style-type: none"> The objective of this assignment is to carry out a cross-sectional survey in hospitals which focuses on assessment of quality of care and implementation experience of health insurance mechanisms in hospitals of selected states. The results, conclusions and recommendations from the study shall ultimately be fed into and inform policy and decision-making processes on quality of health care & implementation of health insurance of hospitals at state level in India. The study will cover empaneled as well non-empaneled hospitals in the states. Furthermore, the results shall function as a baseline for upcoming Ayushman Bharat - National health protection program on readiness of hospitals and infrastructure availability to implement the AB-NHPM. Moreover, the results may also support the development of a quality grading system for hospitals and a mechanism to incentivize hospitals to move to a higher quality rank over time. <p>Coverage: 3 States of India</p>	
7.2	Approx. value of the contract (in USD):	Rs 38,89,634
7.3	Country:	India
7.4	Location within country:	3 States of India
7.5	Duration of Assignment (months):	6 months
7.6	Name of Employer:	GIZ GmbH
7.7	Address:	Paschimi Marg, Vasant Vihar, New Delhi
7.8	Total No of staff-months of the Assignment:	NA
7.9	Start date (month/year):	April 2018
7.10	Completion date (month/year):	September 2018
7.11	Name of associated Consulting Firm/Agency's, if any:	NA
7.12	No of professional staff-months provided by associated Firm/Agency's:	NA
7.13	Name of senior professional staff of your firm involved and functions performed.	Nilesh Maheshwari, Kapil Dev Singh, Hari Charan, Ani Jacob Mathew
7.14	Name and telephone no. of client's representative:	Mr Sanjay Dhar
7.15	<p>Description of actual Assignment provided by your staff within the Assignment:</p> <p>Design and preparatory phase:</p> <ul style="list-style-type: none"> Literature review and study of background Stakeholder coordination with GIZ, MoHFW and other stakeholders to finalize the detailed proposal (work plan) with planned methodology, desk review, timeline, etc. Preparation and finalization of data collection tools (research instruments for the hospital study) for the qualitative surveys in consultation with GIZ. Prepared a data mask in Excel/SPSS with assigned variable labels and value labels for the quantitative analysis, Pre-testing of the quantitative and qualitative research tools according to scientific standards. Prepared the report on the results of the pre-tests of the research instruments. Prepared an outline and time plan of the training of the field team. 	

	<ul style="list-style-type: none"> Conducted training of the field researchers and other personnel involved in the collection of data. Following was included in the training: Recruitment strategies (e.g. asking persons to participate in the study) Mock data collection interviews Research instrument training to foster a basic understanding of what is being measured and why Data storage (i.e. how and where is the collected data secured) Communication/ behaviour/ research ethics (basic understanding of the do's and don'ts in research and the dealings with sensitive interview contents) <p>Data collection phase:</p> <ul style="list-style-type: none"> Collected cross-sectional data on the quality of health care (services) and RSBY/ SCHIS implementation experiences among public and private empanelled and non-empanelled hospitals to allow for an evaluation of quality of health care in 3 states with RSBY implementation experiences. Perspective of the patients and RSBY/ SCHIS beneficiaries: The perspective of the hospital staff (e.g. medical, administrative) and hospital (process) data (e.g. number of beds, specialities available etc.) Assessed the performance and progress of health care system Quality Assessment of health care services: Assessed the quality of care, availability of services, quality of supervision, and measured the perception of clients and communities. Assessed the Knowledge and practices of the service providers. Analysed and Assessed the client satisfaction from the services provided. <p>Analysis and reporting phase:</p> <ul style="list-style-type: none"> Analysis: Outputs from statistical and qualitative analysis: e.g. in SPSS. Drafted summary report comprising of main findings and recommendations, with detailed outline Drafted detailed report consisting of an overall analysis and state-wise analysis, with detailed outline Stakeholder coordination with GIZ, MoHFW and other stakeholders to finalize the detailed proposal (work plan) with planned methodology, desk review, timeline, etc.
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8	Assignment name: Situation Analysis of Pneumonia in India	
8.1	<p>Description of Project: The primary objective of this project is to generate evidence on enablers and barriers for reducing preventable pneumonia deaths in India through a situational analysis, including an in-depth assessment of high burden states and the secondary objectives are:</p> <ul style="list-style-type: none"> To use the evidence generated for doing evidence informed advocacy To generate evidence with a potential for scaling up <p>Coverage: India: 5 high burden states (Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Rajasthan)</p>	
8.2	Approx. value of the contract (in Rupees):	72,53,460
8.3	Country:	India
8.4	Location within country:	
8.5	Duration of Assignment (months):	4 months
8.6	Name of Employer:	Save the children

8.7	Address:	Bal Raksha Bharat, 1st & 2nd Floor, Plot No. 91, Sector – 44 Gurgaon (Haryana) - 122003, India
8.8	Total No of staff-months of the Assignment:	NA
8.9	Start date (month/year):	October 2018
8.10	Completion date (month/year):	Ongoing
8.11	Name of associated Consulting Firm/Agency's, if any:	NA
8.12	No of professional staff-months provided by associated Firm/Agency's:	NA
8.13	Name of senior professional staff of your firm involved and functions performed.	Dr Sonali Daniel, Nilesh Maheshwari, Sukhvinder Kaur
8.14	Name and telephone no. of client's representative:	Dr Rajesh Khanna Email id- r.khanna@savethechildren.in Tel No – 0124-4752000
8.15	<p>Description of actual Assignment provided by your staff within the Assignment:</p> <p>a) Situation Analysis of the country (in line with Prevent, Protect and Treat framework)</p> <p>b) In-depth assessment (mixed method study) in 5 high burden states (Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Rajasthan) for state specific:</p> <ul style="list-style-type: none"> ▪ Burden of morbidity and mortality ▪ Enablers and barriers for pneumonia key interventions (in line with Prevent, Protect and Treat framework) ▪ Understand community needs, behaviour and perception ▪ Explore various factors of both demand and supply side affecting care seeking ▪ Assess the preparedness of health systems for providing pneumonia care, including HR availability, capacity, logistics, drugs & equipment, referral etc. ▪ Areas of further operational research and recommendations ▪ Development/ designing of detailed fact sheets with robust info graphics <p>The study have a mixed method design including both quantitative and qualitative methods. A stratified random sampling was done to select the health facilities in the selected better performing and poor performing districts. The information was collected using participatory, inclusive and gender sensitive techniques that lead to an understanding of public & Private health system from the perspective of all key stakeholders including government authorities (State & City Govt.), service providers (facility in-charge & nursing staff at all level of public health facilities and private service providers), frontline service providers (ANM, ASHAs & AWWs) and beneficiaries.</p> <p>Quantitative and qualitative tools are being used for data collection:</p> <ul style="list-style-type: none"> ▪ Key Informant interview guides to interview representatives from MOHFW, UNICEF, WHO, Divisional/District level of MoHFW managers, Local NGO bodies, Professional bodies like IAP, NNF, key cadre of staff at public healthcare facilities and private physicians etc ▪ Semi Structured Questionnaire for conducting facility survey ▪ FGDs with FLHWs and community groups • Semi Structured Questionnaire for conducting household survey 	

9	Assignment name: Polling Booth Surveys (PBSs) (outcome evaluation) to improve quality of maternal, infant and young child nutrition (MIYCN) practices in India	
9.1	Description of Project: <ul style="list-style-type: none"> Integrated Child development Scheme (ICDS) system strengthening and nutrition improvement plan (ISSNIP) is a result-based financing project which aims at strengthening the ICDS policy framework, systems and capacities, and facilitating community engagement. IMS is implementing India's first Nutrition Polling Booth Surveys amongst stakeholders in the eight project states in 3 rounds to track population-level service coverage of the various ISSNIP interventions or other outcome level indicators such as behavior change. The purpose of the PBS is to assess the level of achievement of the ISSNIP objectives, and to improve the availability of real time information for State officials about the effectiveness of the ISSNIP-funded community-based events and incremental learning training in nutrition practices. Coverage: Approx. 8502 ICDS officials at state, district, block level and approx. 56857 community members including Pregnant and Lactating women along with their in-laws and husbands in 162 highly malnutrition districts of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh 	
9.2	Approx. value of the contract (in Rupees):	31,055,300
9.3	Country:	India
9.4	Location within country:	India
9.5	Duration of Assignment (months):	2 years
9.6	Name of Employer:	The World Bank
9.7	Address:	70, Lodhi Estate, New Delhi-110003
9.8	Total No of staff-months of the Assignment:	100
9.9	Start date (month/year):	April 2017
9.10	Completion date (month/year):	June 2018
9.11	Name of associated Consulting Firm/Agency's, if any:	NA
9.12	No of professional staff-months provided by associated Firm/Agency's:	NA
9.13	Name of senior professional staff of your firm involved and functions performed.	Nilesh Maheshwari, Priyanka Joshi Roy, Apoorva Mahajan and Sachin Bhokare
9.14	Name and telephone no. of client's representative:	Ms. Mohini Kak Email id: mkak@worldbank.org
9.15	Description of actual Assignment provided by your staff within the Assignment: A polling booth survey (PBS) is a group interview method, where the individuals give their responses through a ballot box and where the individual responses are anonymous and unlinked, and where feedback as to learning is immediately given back to participants as participatory learning. Following are the activities completed for holistic assessment, reporting and outcome evaluation. <ul style="list-style-type: none"> Stakeholder Coordination and Management: <ul style="list-style-type: none"> Stakeholder coordination with national, state and district governments for authorization letters for conducting PBS across 162 districts of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh and finalization of field plan. 	

- **Stakeholder Consultation** with the World Bank, MWCD officials and state officials to build consensus on understanding and finalization of:
- **Sampling strategy:** All the participant members for PBS were randomly sampled for 8 states.
- **PBS tools and response cards:** Different tools and response cards for all stakeholders were finalized with translation in Hindi, Marathi and Telugu language.
- **Standard operating procedures (SOPs):** Different SOPs for for all stakeholders were finalized with translation in Hindi, Marathi and Telugu language.
- **Pilot testing plan:** Pilot testing plan was executed to validate PBS tools along with assessment of adequacy and functioning of the proposed method.
- **PBS data collection and Field implementation plan:** The implementation plan consist of field work plan for 8 states
- **Data analysis plan:** Descriptive statistics, analytical approach and knowledge about MIYCN variable will be carried out to assess outcome indicators.
- **Training plan:** The training plan consists for the PBS process will be in two parts: (i) Training of Trainers (ToT) and (ii) Training of field team
- **Quality assurance and reporting mechanism:** Multi-pronged approach will be used to ensure quality along with reporting mechanism which will be used to monitor the progress of field activities in the PBS process
- **Finalization of the survey questionnaires and training of data collectors**
 - Development of research tools, **supervisor checklists, SOPs, sampling strategy, customization of survey tools, data reporting template and finalization of survey plan along with its implementation plan** with inputs from the World Bank, MWCD and other stakeholders
 - Conducted **3 days training workshop** for TOTs on ISSNIP project, tools, SOPs, sampling strategy survey implementation, assessment protocol, data base management, back checking and tool and behavior aspect
 - Conducted **5 days training workshop** for data collectors and supervisors on ISSNIP project, tools, SOPs, sampling strategy, survey implementation, assessment protocol, data base management, back checking and tool and behavior aspect
 - Pilot testing of the tool to assess the time taken to fill the data, the quality of data and ease of use of the application
 - Use of **mobile based software** for data collection and conducted **pilot testing** of the survey tool to check its **validity and reliability**
- **Polling Booth Survey Implementation:**
 - **Assessed and analyzed the nutritional practices among the community and frontline workers covering all ICDS officials.**
 - **Assessed community Knowledge, Aptitude and Practices maternal, infant and young child nutrition.**
 - **Assessed the performance and progress of ICDS Scheme and MIYCN practices along with auditing program's physical outputs.**
 - **In 3 rounds of 10,000 PBS, approx. 1,00,000 beneficiaries** including Anganwadi workers, Pregnant and Lactating women along with their in-laws and husbands will be covered in 162 districts of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh
 - In **first PBS round**, managed 3233 polling booth surveys (outcome evaluation) in 122 blocks in 33 districts across 8 states of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh through pooling booth survey. Coverage of approx. 4035 ICDS officials at state, district, block level and approx. 28557 community members in 1418 anganwadi centers to **evaluate and assess maternal, infant and young child nutrition (MIYCN) practices in India**

	<ul style="list-style-type: none"> ○ In second PBS round, managed 3228 polling booth surveys (outcome evaluation) in 109 blocks in 35 districts across 8 states of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh through pooling booth survey. Coverage of approx. 4467 ICDS officials at state, district, block level and approx. 28300 community members in 1416 anganwadi centers to evaluate and assess maternal, infant and young child nutrition (MIYCN) practices in India ● Data Management and Quality Assurance Strategy to ensure quality and project timelines are met at regular intervals <ul style="list-style-type: none"> ○ Performed 30% of PBS accompaniments with the field staff ensuring accountability and accuracy of data collected ○ A robust quality assurance mechanism was followed to ensure quality data, incorporating 100% back check to all PBS conducted, integrated data quality check, photographic documentation, accompaniment, etc. ● Field Reporting and Management <ul style="list-style-type: none"> ○ Provided timely weekly reports to clients addressing status, progress, target achievement against defined milestones, mitigation plan, challenges etc. ● Final data analysis and report: <ul style="list-style-type: none"> ○ Analysis and presentation of the results, conclusions, and recommendations from the assessment to all stakeholders. ○ Recommendations on assessing the level of achievement of the ISSNIP objectives, and to improve the availability of real time information for State officials about the effectiveness of the ISSNIP-funded community based events and incremental learning training in nutrition practices. ○ Recommendations around outcome evaluation on population-level service coverage of the various ISSNIP interventions or other outcome level indicators such as behavior change.
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10	Assignment name: <i>Techno-economic assessment of electronic Vaccine Intelligence Network (eVIN) in India</i>	
10.1	Description of Project: <ul style="list-style-type: none"> ● To evaluate the programmatic benefits of eVIN implementation, in areas including but not limited to inventory holding times, inventory holding costs, on-time and in-full deliveries, vaccine wastage, vaccine availability, level of effort for completing reporting requirements, timeliness of reporting, data accuracy, and data visibility for management decision-making. ● To document the program benefits and challenges of eVIN implementation, in contributing to system effectiveness and efficiencies. ● Coverage: different vaccine store levels in eVIN and non eVIN states 	
10.2	Approx. value of the contract (in Rupees):	72,31,320
10.3	Country:	India
10.4	Location within country:	18 States
10.5	Duration of Assignment (months):	7 months
10.6	Name of Employer:	JSI
10.7	Address:	55-Lodhi Estate, New Delhi-110003
10.8	Total No of staff-months of the Assignment:	NA
10.9	Start date (month/year):	March 2018

10.10	Completion date (month/year):	October 2018
10.11	Name of associated Consulting Firm/Agency's, if any:	NA
10.12	No of professional staff-months provided by associated Firm/Agency's:	NA
10.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Nilesh Maheshwari, Dr Abhay Saraf, Rahul Jain, Manjari etc
10.14	Name and telephone no. of client's representative:	Mr Sanjay Kapur Managing Director, JSI Tel No- 011-48685050
10.14	Description of actual Assignment provided by your staff within the Assignment:	<ul style="list-style-type: none"> • Undertaken an environmental scan to understand the current system of supply chain logistics for immunization in eVIN and non-eVIN systems in India including, but not limited to inventory holding times, inventory holding costs, on-time and in-full deliveries, vaccine wastage, vaccine availability, level of effort for completing reporting requirements, timeliness of reporting, data accuracy, and data visibility for management decision-making to identify appropriate study design in evaluating programmatic benefits of eVIN. The environmental scan will include literature review, development of structured interviews with relevant stakeholders and preliminary data collection activities to supplement existing knowledge. • Finalization of the survey questionnaires and training of data collectors <ul style="list-style-type: none"> ○ Developed qualitative and quantitative survey tool for health facility data collection, interview health staff. ○ Standard operating procedures, study design, research tool, methodology and data collection tools were developed based on the finalized study protocol. pre-testing of the questionnaires was undertaken. ○ A 3-4 days of training workshop was organized for data collection and field officers to train on data collection tools before the commencement of main field survey. • Techno-economic assessment Data collection and Implementation: <ul style="list-style-type: none"> ○ Evaluated the programmatic benefits of eVIN implementation, in areas including but not limited to inventory holding times, inventory holding costs, on-time and in-full deliveries, vaccine wastage, vaccine availability, level of effort for completing reporting requirements, timeliness of reporting, data accuracy, and data visibility for management decision-making. ○ Assessed the performance and progress of supply chain logistics for immunization. ○ Conducted data collection across different vaccine store levels in eVIN and non eVIN states of comparable beneficiary load, vaccine consumption and geographic constraints. • Data Management and Quality Assurance Strategy to ensure quality and project timelines are met at regular intervals <ul style="list-style-type: none"> ○ A robust quality assurance mechanism was followed to ensure quality data, incorporating 100% back check to all surveyed facilities, integrated data quality check, photographic documentation, accompaniment, etc. • Field Reporting and Management <ul style="list-style-type: none"> ○ Provided timely weekly reports to clients addressing status, progress, target achievement against defined milestones, mitigation plan, challenges etc. • Final data analysis and report: Outcomes <ul style="list-style-type: none"> ○ Analyzed data for a comparison between eVIN and non-eVIN states by the agency and report will be required by ITSU. ○ Based on data collected and the results of the environmental scan, a detailed study protocol was prepared including study objectives and detailed methodology, components on study design, sample area selection including comparison areas of non-eVIN states, sample size estimation, identification of metrics, and mechanism for quality control and

	<p>data analysis plan. This evaluation aims to collect representative sample from each of the 12 eVIN states and two non-eVIN states for comparison.</p> <ul style="list-style-type: none"> Submitted draft report highlighting key findings of the techno-economic assessment study, conclusions, important emerging areas as well as list of key indicators and recommendations based on the survey. Participated in the dissemination meeting of findings of evaluation study organized for Government counterpart and other stakeholders.
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11	Assignment name: Operational Research to Review of the processes involved in providing incentives to ASHA for the immunization services, and identify potential areas to be addressed for increase in the proportion of fully immunized children	
11.1	Description of Project: <ul style="list-style-type: none"> Systematically review the mechanisms and existing practices related to documentation, disbursement, claim and verification of ASHA incentives for immunization in states and districts with major discrepancies in terms of expenditure incurred and coverage achieved; and identify/document operational challenges, gaps, opportunities and best practices among them Coverage: 150 stakeholders groups covering health officials, front line workers (ANM & ASHA) and beneficiaries comprising of 792 respondents at State, District, Block, Sub Centre and Village level in 24 Blocks under 12 Districts of 6 States covering– Bihar, Haryana, Madhya Pradesh, Maharashtra, Rajasthan, Tripura 	
11.2	Approx. value of the contract (in Rupees):	33,08,000
11.3	Country:	India
11.4	Location within country:	India
11.5	Duration of Assignment (months) :	3 months
11.6	Name of Employer:	John Snow India Pvt. Ltd (JSI)
11.7	Address:	JSI India, B-6-7/19, Safdarjung Enclave, DDA local Shopping Complex, New Delhi - 110029
11.8	Total No of staff-months of the Assignment:	NA
11.9	Start date (month/year):	November 2016
11.10	Completion date (month/year):	March 2017
11.11	Name of associated Consulting Firm/Agency's, if any:	NA
11.12	No of professional staff-months provided by associated Firm/Agency's:	NA
11.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Nilesh Maheshwari, Kapil Dev Singh
11.14	Name and telephone no. of client's representative:	Mr Sanjay Kapur Managing Director, JSI Tel No- 011-48685050
11.15	Description of actual Assignment provided by your staff within the Assignment: <ul style="list-style-type: none"> Conducted qualitative research with 150 stakeholders groups covering health officials, front line workers (ANM & ASHA) and beneficiaries. Stakeholder engagement to identify states and districts with major variations in incentive distribution vs. evaluated coverage, discussion on the inception report, tools and data management processes including field visit and data analysis plan. 	

	<ul style="list-style-type: none"> Undergone field level review of processes involved in documentation, disbursement, claim and verification of ASHA incentives for immunization in selected states through in depth interviews of different stakeholders involved. Developed tools for in-depth interviews and focus group discussions customized for different groups of stakeholders to be included in the review. Conducted field level review in selected states as per the sample size identified among different target groups. Compiled and analyzed information collected through interviews and discussions and practices observed in the field, and document relevant findings in term of ongoing practices, operational gaps, extrinsic and intrinsic challenges, opportunities and best practices related to ASHA incentives for immunization. Consolidated set of data and observations (state, district and stakeholder wise), and raw data collected (in-form of notes from in-depth interviews, voice recordings, transcripts etc.) Documented with evidence and details about current practices, operational gaps, challenges (extrinsic and intrinsic), opportunities and best practices related to ASHA incentives for immunization; and suggestions and recommended processes to streamline the system covering other potential gaps that need to be plugged for reaping maximum gains from ASHA incentives in terms of improved immunization coverage and possible layout of recommended process for streamlining the system.
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12	Assignment name: Preparation of Model Plans with Cost Estimates & Designing of Labour Rooms and WASH in Health Facilities in keeping with the 'Clean and Green' Concept & "LaQshya"
12.1	<p>Description of Project: The purpose of this assignment is to support in development of cost estimates plan for WASH in Health Facilities and support to the development of suitable designs for Labour room organization and restructuring as well as indicative costing of Labour rooms for medical Colleges under LaQshya implementation in keeping with the "Clean and Green" concept launched in India in 2015 and Labour room strengthening initiative – LaQshya of the MoHFW.</p> <p>Coverage: For WASH: Delhi, Madhya Pradesh, Odisha, For Clean and Green: Gujarat and Chhattisgarh</p>
12.2	Approx. value of the contract (in Rupees): 31,57,500
12.3	Country: India
12.4	Location within country: For WASH: Delhi, Madhya Pradesh, Odisha, For Clean and Green: Gujarat and Chhattisgarh
12.5	Duration of Assignment (months) : 5 Months
12.6	Name of Employer: UNICEF India Country Office
12.7	Address: United Nations Children's Fund United Nations Children's 73 Lodi Estate New Delhi 110003 India.
12.8	Total No of staff-months of the Assignment: NA
12.9	Start date (month/year): Feb 2019
12.10	Completion date (month/year): Aug 2019
12.11	Name of associated Consulting Firm/Agency's, if any: All work delivered by IQVIA

12.12	No of professional staff-months provided by associated Firm/Agency's:	NA
12.13	Name of senior professional staff of your firm involved and functions performed.	Nilesh Maheshwari, Kapil Dev Singh, Vinayak Sarolia, Thirumalai Narayanan, Praheli Bhowmik, Sukhdeep Kaur
12.14	Description of actual Assignment provided by your staff within the Assignment:	
	<p>a) The objectives of the assignment are:</p> <ul style="list-style-type: none"> • To review the existing norms, standards and model action plans with cost estimates for WASH facilities in PHCs, CHCs, SHCs. • To assist in development of model action plans with cost estimates for strengthening the WASH component of the “Clean and Green Health Facilities” for all categories of health facilities at the SHCs, PHCs, CHCs and for District Hospitals. • To assist the MoHFW in developing model action plan with cost estimates of suitable designs for restructuring and reorganizing labour rooms in 3 categories (<10,000 deliveries per year, 10,000-25,000 deliveries per year and >25,000 deliveries per year) to support the labour room strengthening (LaQshya). <p>b) Review the existing costed model action plans for WASH facilities in PHCs, CHCs, SHCs based on field level experiences of UNICEF in Rajasthan, Gujarat, Madhya Pradesh and Chhattisgarh</p> <p>c) Review of the existing norms and standards for WASH in Health Facilities.</p> <p>d) Preparation of costed model action plans with suitable designs adapted to the National Labor room guidelines for labour room strengthening (LaQshya) with focus on medical college hospitals.</p> <p>e) Preparation on model action plans with cost estimates for “clean and green Health Facilities” based on guidelines named “Standard for Green and Clean Hospitals”.</p>	

13	Assignment name: Preparatory Assessment for Electronic Vaccine Logistics Management System (eVIN) in Multiple States of India (Phase I)	
13.1	Description of Project:	
	<ul style="list-style-type: none"> • Systematically perform assessment and evaluate the public health facilities to establish the preparedness and make functional eVIN in multiple states of India, where we conducted census of all Cold Chain Points at all levels– state, regional, divisional, district, CHCs and PHCs. • Coverage: All Cold Chain Points across 130 districts of multiple states (Phase I) including Bihar, Chhattisgarh, Gujarat, Jharkhand and Odisha. 	
13.2	Approx. value of the contract (in Rupees):	1,52,94,200
13.3	Country:	India
13.4	Location within country:	Bihar, Chhattisgarh, Gujarat, Jharkhand and Odisha
13.5	Duration of Assignment (months) :	7 months
13.6	Name of Employer:	United Nations Development Programme (UNDP)
13.7	Address:	55-Lodhi Estate, New Delhi-110003
13.8	Total No of staff-months of the Assignment:	NA
13.9	Start date (month/year):	Feb 2016
13.10	Completion date (month/year):	Sep 2016
13.11	Name of associated Consulting Firm/Agency's, if any:	NA

13.12	No of professional staff-months provided by associated Firm/Agency's:	NA
13.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Nilesh Maheshwari, Hemant Chaudhry, Sanjay Bhardwaj, Apoorva Jain, Kishan Swaroop
13.14	Name and telephone no. of client's representative:	Dr Shalini Verma National Programme Officer(M&E) Tel No: 011-46532333 Email Id- Shalini.verma@undp.org
13.15	Description of actual Assignment provided by your staff within the Assignment:	<ul style="list-style-type: none"> • Stakeholder Coordination and Management: <ul style="list-style-type: none"> ○ Stakeholder coordination with national, state and district governments for authorization letters for conducting census of all cold chain points across 130 districts of Bihar, Chhattisgarh, Gujarat, Jharkhand and Odisha and finalization of field plan. ○ Stakeholder workshop and interviews with the MD State Health Mission, State Immunization Officer, Divisional and District Immunization officers to assess the existing capacity, IT infrastructure, policies and procedures, human resource and infrastructure in the state for launch of the e-Vaccine system • Finalization of the survey questionnaires and training of data collectors <ul style="list-style-type: none"> ○ Developed qualitative and quantitative survey tool for health facility data collection, interview health staff. ○ Conducted 4 days training workshop for data collectors and supervisors on survey implementation, assessment protocol, data base management, back checking and tool and behavior aspect ○ Pilot testing of the tool to assess the time taken to fill the data, the quality of data and ease of use of the application ○ Use of mobile based software for data collection and conducted pilot testing of the survey tool to check its validity and reliability • Data collection and cleaning <ul style="list-style-type: none"> ○ Conducted census in all vaccines stores and cold chain points 130 districts across 5 states through structured interviews, observations, physical inventory counts, assessment of facility records, and interviews with facility personnel ○ Coverage of 4694 health establishments at all levels - state, regional, divisional, district, CHCs and PHCs on the key aspects including technology orientation of states, human resource capacity, physical infrastructure equipment availability, etc. ○ GIS mapping of the entire immunization cold chain vaccine network including CCP's and session sites was also conducted. ○ Performed facility visits with the field staff ensuring accountability and accuracy of data collected ○ Data cleaning based on skip patterns, filters and validation rules on daily basis. • Data Management and Quality Assurance Strategy to ensure quality and project timelines are met at regular intervals <ul style="list-style-type: none"> ○ A robust quality assurance mechanism was followed to ensure quality data, incorporating 100% back check to all surveyed facilities, integrated data quality check, photographic documentation, accompaniment, etc.. • Field Reporting and Management <ul style="list-style-type: none"> ○ Provided timely weekly reports to clients addressing status, progress, target achievement against defined milestones, mitigation plan, challenges etc. • Final data analysis and report: <ul style="list-style-type: none"> ○ Analysis and presentation of the results, conclusions, and recommendations from the assessment to all stakeholders. ○ Recommendations on the implementation of the eVIN

	<ul style="list-style-type: none"> ○ Implementation plan for integration of eVIN with temperature loggers installed in cold chain equipment at all the levels for real time temperature monitoring ○ Capacity building of the states in terms of technology orientation of stores, understanding human resource, Infrastructure, & Equipment Availability, etc. ○ Recommendations regarding enhancing IT capacity pertaining to cold chain
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14	Assignment name: Preparatory Assessment for Electronic Vaccine Logistics Management System (eVIN) in Multiple States of India (Phase II)	
14.1	Description of Project: <ul style="list-style-type: none"> • Systematically perform assessment and evaluate the public health facilities to establish the preparedness and make functional eVIN in multiple states of India, where we conducted census of all Cold Chain Points at all levels– state, regional, divisional, district, CHCs and PHCs. • Coverage: All Cold Chain Points across 54 districts of multiple states (Phase II) including Arunachal Pradesh, Assam, Manipur and Nagaland 	
14.2	Approx. value of the contract (in Rupees):	53,90,000
14.3	Country:	India
14.4	Location within country:	Arunachal Pradesh, Assam, Manipur and Nagaland
14.5	Duration of Assignment (months) :	7 months
14.6	Name of Employer:	United Nations Development Programme (UNDP)
14.7	Address:	55-Lodhi Estate, New Delhi-110003
14.8	Total No of staff-months of the Assignment:	NA
14.9	Start date (month/year):	Feb 2016
14.10	Completion date (month/year):	Sep 2016
14.11	Name of associated Consulting Firm/Agency's, if any:	NA
14.12	No of professional staff-months provided by associated Firm/Agency's:	NA
14.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Nilesh Maheshwari, Hemant Chaudhry, Sanjay Bhardwaj, Apoorva Jain, Kishan Swaroop
14.14	Name and Telephone no of Client's Representative	Dr Shalini Verma National Programme Officer(M&E) Tel No: 011-46532333 Email Id- Shalini.verma@undp.org
14.15	Description of actual Assignment provided by your staff within the Assignment: <ul style="list-style-type: none"> • Stakeholder Coordination and Management: <ul style="list-style-type: none"> ○ Stakeholder coordination with national, state and district governments for authorization letters for conducting census of all cold chain points across 54 districts in Arunachal Pradesh, Assam, Manipur and Nagaland and finalization of field plan. ○ Stakeholder workshop and interviews with the MD State Health Mission, State Immunization Officer, Divisional and District Immunization officers to assess the existing capacity, IT infrastructure, policies and procedures, human resource and infrastructure in the state for launch of the e-Vaccine system • Finalization of the survey questionnaires and training of data collectors <ul style="list-style-type: none"> ○ Developed qualitative and quantitative survey tool for health facility data collection, interview health staff. 	

	<ul style="list-style-type: none"> ○ Conducted 2 days training workshop for data collectors and supervisors on survey implementation, assessment protocol, data base management, back checking and tool and behavior aspect ○ Pilot testing of the tool to assess the time taken to fill the data, the quality of data and ease of use of the application ○ Use of mobile based software for data collection and conducted pilot testing of the survey tool to check its validity and reliability ● Data collection and cleaning <ul style="list-style-type: none"> ○ Conducted census in all vaccines stores and cold chain points in 54 districts across 4 states districts through structured interviews, observations, physical inventory counts, assessment of facility records, and interviews with facility personnel ○ Coverage of 1189 health establishments at all levels - state, regional, divisional, district, CHCs and PHCs on the key aspects including technology orientation of states, human resource capacity, physical infrastructure equipment availability, etc. ○ GIS mapping of the entire immunization cold chain vaccine network including CCP's and session sites was also conducted. ○ Performed facility visits with the field staff ensuring accountability and accuracy of data collected ○ Data cleaning based on skip patterns, filters and validation rules on daily basis. ● Data Management and Quality Assurance Strategy to ensure quality and project timelines are met at regular intervals <ul style="list-style-type: none"> ○ A robust quality assurance mechanism was followed to ensure quality data, incorporating 100% back check to all surveyed facilities, integrated data quality check, photographic documentation, accompaniment, etc. ● Field Reporting and Management <ul style="list-style-type: none"> ○ Provided timely weekly reports to clients addressing status, progress, target achievement against defined milestones, mitigation plan, challenges etc. ● Final data analysis and report: <ul style="list-style-type: none"> ○ Analysis and presentation of the results, conclusions, and recommendations from the assessment to all stakeholders. ○ Recommendations on the implementation of the eVIN ○ Implementation plan for integration of eVIN with temperature loggers installed in cold chain equipment at all the levels for real time temperature monitoring ○ Capacity building of the states in terms of technology orientation of stores, understanding human resource, Infrastructure, & Equipment Availability, etc. ○ Recommendations regarding enhancing IT capacity pertaining to cold chain
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15	<p>Assignment name: Establishment of TPMU and Conducting a Census of all healthcare establishments (Public and Private) in the country and overall programme management</p>
15.1	<p>Description of Project:</p> <ul style="list-style-type: none"> ● Healthcare resource enumeration carried out to obtain data from all public and private Healthcare Establishments of 29 States and 7 Union Territories concurrently and mapping all healthcare establishments in all districts across the country under two phases – line listing and enumeration. All the Healthcare Establishments shall be geo-referenced using GPS coordinates. Census to be conducted using mobile application. To ensure complete coverage by use of Census Enumerated Block Layout Maps. <ul style="list-style-type: none"> ○ Planning and Project Management ○ Stakeholder Engagement ○ Training content development ○ Training delivery

	<ul style="list-style-type: none"> ○ Awareness creation ○ Implementation Support ○ Quality Control and Back Check ○ Quality and Risk Management ○ Reporting ○ Knowledge Transfer <ul style="list-style-type: none"> ● Coverage: All States & UTs in India
15.2	Approx. value of the contract (in Rupees): 86,53,53,384
15.3	Country: India
15.4	Location within country: India
15.5	Duration of Assignment (months) : 24 months
15.6	Name of Employer: Central Bureau of Health Intelligence, Directorate General of Health Services, Ministry of Health and Family Welfare
15.7	Address: 404A, Nirman Bhawan, New Delhi
15.8	Total No of staff-months of the Assignment: NA
15.9	Start date (month/year): May 2017
15.10	Completion date (month/year): May 2019
15.11	Name of associated Consulting Firm/Agency's, if any: NA
15.12	No of professional staff-months provided by associated Firm/Agency's: NA
15.13	Name of senior professional staff of your firm involved and functions performed. Lokesh Sharma, Nilesh Maheshwari, Kapil Dev Singh, Sahil Mahajan
15.14	Name and telephone no. of client's representative: Dr.Madhu Raikwar Email id - dircbhi@nic.in Tel no: 011-23063175
15.15	<p>Description of actual Assignment provided by your staff within the Assignment:</p> <ul style="list-style-type: none"> ● Technical Assistance: <ul style="list-style-type: none"> ○ Designing, Project Planning and Development of elaborate implementation pathway for on-ground roll out ○ Technical inputs for the finalization of the data collection schedule to be used to develop the Tablet application for data collection during Line listing and enumeration phase of NHRR both in the Pilot and the main NHRR census of Healthcare establishments. ○ Defining Technical Requirement for designing of the Tablet application and Web platform to the technology partner, ISRO (Indian Space Research Organization) and conducting the User Acceptance Testing (UAT) of the developed application ○ Training Content Development to deliver standard training to 3000+ Field Investigators and supervisors. Standardization and uniformity in content delivery across all the training batches ensured through trained master trainers. ● Program Management <ul style="list-style-type: none"> ○ Formulation of the governance structure and core NHRR Program management team with experts from Public Health and IT experts ○ Regular review and update meetings with the working group to monitor and take the program in the planned direction meeting all timelines

	<ul style="list-style-type: none"> ○ Selection and procurement of NHRR Program related paraphernalia (Tablets, SIM cards, charger, battery banks, etc.) to support the program ○ Developed detailed stakeholder engagement plan for increased participation from both the public and private sector through the programme in a phased manner according to the potential role in various phases. ● Brand Communication <ul style="list-style-type: none"> ○ Development of logo, tagline and overall color schema for NHRR brand positioning ○ Stakeholders engagement by creating awareness to align perspectives and interests, relationships to the project objectives, while identifying issues that need to be addressed ○ Reaching out to various stakeholders via multiple channels including online, social media, television, radio, and other collaterals used during workshops, conferences and exhibitions. ● Census <ul style="list-style-type: none"> ○ Screening of Field teams ○ Field deployment plan and day-wise work allocation ○ Multi-stage monitoring by supervisor, Field survey units (CBHI) and sample verification of the data collection process by PMU to ensure seamless conduct of the NHRR activities in the field as planned and ensure quality data collection. ○ Real-time back-checks by Back Check team to keep a close watch in the quality and comprehensiveness of data and information collected ○ Independent inspection and super checks by supervisors of the healthcare establishments in each of the covered geographic areas. ○ Accompaniments by supervisors, regional coordinators and PMU members to ensure quality during the data collection and regular mentoring of field teams ● Training <ul style="list-style-type: none"> ○ Training plan: Creation of a detailed and effective training strategy, user groups and classifications, training plan and guidelines, detailed training material, training program designed their delivery to the target groups. ○ Training of Master Trainers: Creation of a pool of national trainers ○ Training of Trainers and Field Investigators: conduct of the trainings including arrangement of venue and related logistics. ● Knowledge Management <ul style="list-style-type: none"> ○ Capacity building of CBHI, other Ministries, FSUs, Regional Directorate, State Officials and Programme Management Unit to equip the users and other stakeholders of NHRR with the right skills, and knowledge to optimally use NHRR and achieve its objectives in terms of enhancing outcomes in planning and core functions
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16	Assignment name: Assessment and evaluation of drug procurement & supply chain management in public health facilities and development of strategies, SoPs and plans for improving drug service delivery quality for Nagaland and Meghalaya	
16.1	Description of Project: <ul style="list-style-type: none"> ● The objective of this assignment was to support the Meghalaya and Nagaland government in developing strategies and plans for improving systems and capacity for drug procurement and supply chain management. The recommended strategies will support state in decreasing lead-time for supplies from provided to end user ● Coverage: Meghalaya and Nagaland 	
16.2	Approx. value of the contract (in Rupees):	~49,99,990

16.3	Country:	India
16.4	Location within country:	Meghalaya and Nagaland
16.5	Duration of Assignment (months) :	7 months
16.6	Name of Employer:	World Bank with Govt. of Nagaland and Meghalaya
16.7	Address:	70, Lodhi Estate, New Delhi-110003
16.8	Total No of staff-months of the Assignment:	2 full time members for 7 months
16.9	Start date (month/year):	February 2014
16.10	Completion date (month/year):	August 2014
16.11	Name of associated Consulting Firm/Agency's, if any:	NA
16.12	No of professional staff-months provided by associated Firm/Agency's:	NA
16.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Nilesh Maheshwari, Maulik Chokshi, Mohit Agarwal, Dr. Akash Gupta
16.14	<p>Description of actual Assignment provided by your staff within the Assignment:</p> <ul style="list-style-type: none"> • Comprehensive Situation Analysis of Institutional Capacity of MoHFW, Govt. of Meghalaya and Nagaland in terms of Drug Procurement Cycles and Supply Chain Management Systems • Development of a draft five-year strategy, action plan and budget estimates for design and development of Supply Chain Management IT System and associated Capacity Building • Development of Procurement and Supply Chain Toolkit including SoPs for supply chain processes (procurement inventory management, warehouse, distribution, quality control etc.), Trainer's Manual, Guidelines etc. • Recommendations to strengthen the Supply Chain Management including requirement of infrastructure, technology solutions, and Human Resource with specific roles and responsibilities at all levels of supply chain management • Developed a Strategic Action Plan with short-term and mid-term timelines for establishment of infrastructure, transportation, capacity building and quality control • Forecasted Budget Estimates for strengthening and efficient management of procurement supply chain e.g. Nodal warehouse, QC labs etc. • Capacity Building and sensitization of the officials in terms of Procurement & Supply Chain Management <p>Outcomes</p> <ul style="list-style-type: none"> • Strategic Action Plan with short-term and mid-term timelines for establishment of infrastructure, transportation, capacity building and quality control • Sensitization of Stakeholders at all levels: Mission Directors, state health officers, procurement officers, CMOs, MOICs and pharmacists • Forecasted Budget Estimates for strengthening and efficient management of procurement supply chain e.g. Nodal warehouse, QC labs etc 	

- Developed SOPs for all procurement processes and produced site reports for each of the facilities visited

17	Assignment name: Assessment and evaluation of RMNCH+A commodities focusing on supply chain, HR and infrastructure availability in Public Health facility in Haryana and Jharkhand covering 749 facilities	
17.1	Description of Project: Evidence-based independent assessment of supply chain performance of Essential Drugs to help determine future priorities using facility level stock status and logistics assessment of 749 Public Health establishments in Haryana and Jharkhand Coverage: 749 Public Health establishments in Haryana and Jharkhand	
17.2	Approx. value of the contract (in Rupees):	70,86,547
17.3	Country:	India
17.4	Location within country:	Haryana, Jharkhand
17.5	Duration of Assignment (months) :	9 Months
17.6	Name of Employer:	USAID deliver and JSI (Beneficiary agency- Govt. Of Jharkhand and Haryana, India)
17.7	Address:	USAID Deliver Project
17.8	Total No of staff-months of the Assignment:	36
17.9	Start date (month/year):	April 2014
17.10	Completion date (month/year):	December 2014
17.11	Name of associated Consulting Firm/Agency's, if any:	NA
17.12	No of professional staff-months provided by associated Firm/Agency's:	NA
17.13	Name of senior professional staff of your firm involved and functions performed.	Nilesh Maheshwari, Mohit Agarwal, Deepak Batra and Kishan Swaroop
17.14	Name and telephone no. of client's representative:	Mr Sanjay Kapur Managing Director, JSI Tel No- 011-48685050
17.15	Description of actual Assignment provided by your staff within the Assignment:	
	<ul style="list-style-type: none"> • Stakeholder Coordination and Management: <ul style="list-style-type: none"> ○ Stakeholder coordination with national, state and district governments for authorization letters for conducting census and finalization of field plan. • Assessment and evaluation Study design, Sample methodology, survey questionnaires, training materials and training of data collectors 	

- Developed **interview tool** for patient, store manager, health staff for RMNCH+A commodities.
- Pilot testing of the tool to assess the time taken to fill the data, the quality of data and ease of use of the application
- **Conducted one-week training** for data collectors and supervisors on survey implementation, assessment protocol and tools
- **Prepared risk management plan** for workforce security
- **Assessment and evaluation of RMNCH+A commodities**
 - **Data collection from ~749 public health establishments in Jharkhand and Haryana** through structured interviews, observations, physical inventory counts, assessment of facility records, and interviews with facility personnel.
 - **Coverage of all district Hospitals and select CHCs, PHCs and Sub Centers in all districts**
 - Performed **patient exit interview and conducted audit of over 50 RMNCH+A commodities** over 749 facilities in Haryana and Jharkhand states
- **Data Management and Quality Assurance Strategy to ensure quality** and project timelines are met at regular intervals
 - Incorporated **back check** to all surveyed facilities, integrated data quality check, photographic documentation, accompaniment, etc.
 - Performed facility visits with the field staff ensuring **accountability and accuracy of data collected**
- **Field Reporting and Management**
 - Provided timely **weekly reports** to clients addressing status, progress, target achievement against defined milestones, mitigation plan, challenges etc.
- **Final Assessment and evaluation analysis and report**
 - Analysis and presentation of the results, conclusions, and **recommendations from the assessment to all stakeholders**
 - **Current Processes and Capacity Assessment** of Department of H&FW in terms of record keeping, logistics management information system, storage, transportation, and supervision
 - **Determination of stock availability** of 42 key RMNCH+A drugs including Vaccines and HIV/AIDS tracer commodities
 - The insights provided by IMS has supported JSI / USAID Deliver Project in implementing replicable **strategies of RMNCH+A based on evidence-based independent assessment** of supply chain performance, thus, determining future priorities using facility level stock status and logistics assessment in Haryana and Jharkhand
- **Outcomes**
 - State specific findings for Jharkhand and Haryana on supply chain components related to Family Planning, HIV/AIDS and STI, Vaccines and essential medicines
 - Enhanced availability and use of information for supply chain planning and monitoring
 - Actionable insights for strengthening of Supply Chain Management System of essential medicines

18	Assignment name: Accelerate Reduction in Maternal Deaths, Stillbirths and Neonatal Deaths in Andhra Pradesh	
18.1	Description of Project: The overall aim of the assignment is to accelerate reduction of maternal and newborn deaths in Andhra Pradesh between 2018 and 2022. Specifically, the project will focus on improving maternal and neonatal outcomes in select high load secondary and tertiary public health facilities. <ul style="list-style-type: none"> • 3% reduction in preventable neonatal mortality per quarter, from quarter – 3 onwards after commencement of the contract • 3% reduction in preventable maternal mortality per quarter, from quarter – 3 onwards after commencement of the contract • Coverage: AP, India 	
18.2	Approx. value of the contract (in Rupees):	17.8 million USD
18.3	Country:	Andhra Pradesh
18.4	Location within country:	India
18.5	Duration of Assignment (months) :	5 years
18.6	Name of Employer:	Andhra Pradesh Medical Service Infrastructure Development Corporation
18.7	Address:	Autonagar, Mangalagiri, Andhra Pradesh 522503
18.8	Total No of staff-months of the Assignment:	NA
18.9	Start date (month/year):	September 2018
18.10	Completion date (month/year):	Ongoing
18.11	Name of associated Consulting Firm/Agency's, if any:	NA
18.12	No of professional staff-months provided by associated Firm/Agency's:	NA
18.13	Name of senior professional staff of your firm involved and functions performed.	Dr Satya Bhushan Agarwal, Nilesh Maheshwari
18.14	Name and telephone no. of client's representative:	Dr. G Savitri Email id -Adddirchfw@gmail.com
18.15	Description of actual Assignment provided by your staff within the Assignment: <ul style="list-style-type: none"> ○ Capacity building for clinical knowledge and skills for essential obstetric and newborn care with focus on management of common maternal complications in antenatal wards and labour rooms, and newborns in labour rooms ○ Capacity building for using standard treatment protocols in SNCUs ○ Rapid assessment of labour rooms, and preparing action plans for standardizing the labour rooms of the intervention facilities. ○ Develop plan for model labour rooms and High Dependency Units in select facilities ○ Development of referral communication and management collaborative ○ Development of mechanism for postnatal and post SNCU discharge follow-up ○ Conduct periodic audits for assessment of quality of services provided ○ Facilitate development of IT based system supporting the MNH program management unit for decision making ○ Regular review and monitoring, facilitating state MNH program management unit ○ Sensitization of private sector professionals 	

19	Assignment name: 'Providing consultancy services as Independent Verification Agency (IVA) for assessing Disbursement Linked Indicators (DLIs) - TN	
19.1	Description of Project: <ol style="list-style-type: none"> 1. Inception report comprising verification protocols, DLI implementation plan and verification report template. 2. Report submission on Checklists verification conducted for each DLI milestone which includes: <ol style="list-style-type: none"> a. Data collection of program's components b. Development of verification checklist and questionnaires for 8 DLIs and Non- DLIs 3. Submit report on verification visits conducted in various district, health facilities, beneficiaries etc. <p>Verification report on achievements of DLI milestones</p> <p>Coverage: Tamil Naidu</p>	
19.2	Approx. value of the contract (in Rupees):	5 Crores
19.3	Country:	India
19.4	Location within country:	Tamil Nadu
19.5	Duration of Assignment (months)	<ul style="list-style-type: none"> • Phase I: 6 weeks • Phase II: 1-2 weeks • Phase III: 1-2 weeks
19.6	Name of Employer:	Tamil Nadu Health System Reform Project
19.7	Address:	Tamil Nadu Medical Services Corporation Limited CIN: U85110TN1994SGC027939, GSTIN: 33AAACT3400E1Z4 No. 417, Pantheon Road, Egmore, Chennai - 600 008, India.
19.8	Total No of staff-months of the Assignment:	<ul style="list-style-type: none"> • Months: 2 months and 3 weeks • Staff: Total 11 (4 key experts, 4 Non-Key experts and 5 Resident project management team)
19.9	Start date (month/year):	June/ 2019
19.10	Completion date (month/year):	5 years
19.11	Name of associated Consulting Firm/Agency's, if any:	NA
19.12	No of professional staff-months provided by associated Firm/Agency's:	NA
19.13	Name of senior professional staff of your firm involved and functions performed.	<ul style="list-style-type: none"> • Hemant, Nilesh
19.14	Description of actual Assignment provided by your staff within the Assignment: Project objective:	

	<ul style="list-style-type: none"> • To conduct a thorough, transparent and periodic independent verification of achievement of achievement of the DLIs as agreed under the World bank supported by TNHSRP • Verification of documents and formal reports and physical verification of various elements of milestones to determine achievement and progress made by state against defined 8 DLIs under three Phases of project. • Phase I: Verification of protocols; Phase II: Undertaking milestone verification, Phase III: Data analysis and verification report submission • Phase I <ul style="list-style-type: none"> ○ Inception meeting with GoTN and the World Bank team to build consensus on verification framework, support required such as administrative approvals, work plan, timelines and deliverables. ○ Development and Finalization of verification framework: a) Verification protocols for individual DLI b) Verification checklist and questionnaires for 8 DLIs and 8 Non-DLIs c) DLI implementation plan d) Verification reporting template ○ Training and orientation of researchers on Program background, verification protocols, checklists and field implementation plan. • Phase II <ul style="list-style-type: none"> ○ Verification Visit Planning and Team Deployment ○ Milestone Verification visits ○ Concurrent Quality Assurance mechanism and Data Management • Phase III Conducting data analysis and report submission (Key Findings and Insights from Analysis, Verification report submission on achievements of DLI milestones)
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20	Assignment name: Installation of Patient Level Costing System- Dubai	
20.1	Description of Project:	
	<ul style="list-style-type: none"> • Installation of QuintilesIMS Patient Level Costing Software for Dubai Health Authority • Coverage: 4 Hospitals and 20 Primary Health Centres 	
20.2	Approx. value of the contract (in Rupees):	NA
20.3	Country:	Dubai
20.4	Location within country:	NA
20.5	Duration of Assignment (months) :	NA
20.6	Name of Employer:	Dubai Health Authority – United Arab Emirates
20.7	Address:	Dubai Health Authority Building, Al Maktoum Bridge Street, Bur Dubai Area 4545, UAE
20.8	Total No of staff-months of the Assignment:	NA
20.9	Start date (month/year):	Jan 2016
20.10	Completion date (month/year):	Ongoing
20.11	Name of associated Consulting Firm/Agency's, if any:	NA
20.12	No of professional staff-months provided by associated Firm/Agency's:	NA
20.13	Name of senior professional staff of your firm involved and functions	NA

	performed.	
20.14	Description of actual Assignment provided by your staff within the Assignment: <ul style="list-style-type: none"> • Project Scope included 4 Hospitals and 20 Primary Health Centres, all of which were included in the scope • Assessed the data captured within the Health Authority for both Finance and Activity • Created a complete healthcare costing model structure based on the information assessed • Assigned appropriate cost drivers to Financial structure to allocate costs to patients • Costing Models set up to be run with all rules built in to the system to allow the most accurate costing model to be achieved for the customer • Training included for staff within DHA in order to allow system ownership to be transferred on completion to organization 	

21	Assignment name: The World Health Survey (WHS) 2016-2017 in UAE	
21.1	Description of Project: Ministry of Health and Prevention, UAE in collaboration with WHO wanted to develop/ enhance its strategies for providing quality healthcare delivery in UAE focussing on quality of care, health care reform, community mobilization, women's health, child survival, family planning, environmental health etc. by conducting World Health Survey (WHS) The primary objective of the survey is to: <ul style="list-style-type: none"> • Measures of knowledge, attitudes, behaviors related to individual's health competency and their trends across time • Quantifiable indicators of current health status and clinical, anthropometric and biochemical markers • Information on national health behavior and service utilization indicators Coverage: 10,000 households across 7 emirates in UAE	
21.2	Approx. value of the contract (in USD):	1.5 million
21.3	Country:	UAE
21.4	Location within country:	7 emirates in UAE
21.5	Duration of Assignment (months) :	12 months
21.6	Name of Employer:	Ministry of Health & Prevention, UAE along with World Health Organization
21.7	Address:	WHO HQ- Geneva, Switzerland
21.8	Total No of staff-months of the Assignment:	NA
21.9	Start date (month/year):	May 2017
21.10	Completion date (month/year):	November 2017
21.11	Name of associated Consulting Firm/Agency's, if any:	NA

21.12	No of professional staff-months provided by associated Firm/Agency's:	NA
21.13	Name of senior professional staff of your firm involved and functions performed.	Lokesh Sharma, Dr. Sangameshwar Mahagaonkar, Divya Sarwal, Dr. Tripti Bajaj
21.14	<p>Description of actual Assignment provided by your staff within the Assignment:</p> <p>The World Health Survey (WHS) is a large-scale, multi-round survey conducted in a representative sample of households in about 70 member countries of the World Health Organization. The WHS is a collaborative project between the World Health Organization and respective Ministries of Health in these 70 countries.</p> <p>The Federal Ministry of Health & Prevention of UAE in partnership with QuintilesIMS is now implementing the 3rd round of the WHS, retaining objectives as previous rounds with some additional objectives. Following are the activities completed for holistic assessment, reporting and outcome evaluation.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> • Stakeholder consultations: Consultation to be organized with the MOHP, UAE and other key stakeholders to build consensus on understanding, tools , work plan and timelines. • Development of tools: development of checklists, customization of survey tool, data reporting template and finalization of survey plan • Data collection and analysis: training and orientation workshop for field team, verification survey planning and team deployment, state visits for verification surveys etc. <ul style="list-style-type: none"> ○ Conducting survey of 10,000 (ten thousand households) spread across the 7 emirates in UAE. This sample will also include interviews of 1000 inmates of labour camps as well as 1000 elderly people aged 60 years and above from the households • Final analysis – statistical reports with clean data, insights and analysis 	

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