Terms of Reference
Evaluating the Performance and Impact of Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS)

A. Background

The Government of India is implementing the National Health Insurance Scheme called Rashtriya Swasthya Bima Yojana (RSBY), targeted at Below Poverty Line households and defined 11 categories of unorganized workers. The objective of RSBY is to reduce catastrophic health expenditures of these groups and provide access to quality healthcare for those otherwise excluded from healthcare services.

A cover of Rs. 30,000 per family per year with a limit of five members per family is provided to the beneficiaries. Beneficiaries can access RSBY after paying a nominal fee of 30 INR. Every beneficiary family is provided with a smart card that is used to provide cashless health insurance in any empaneled private and public hospitals across the country. It is paperless in order to make it suitable for the non-literate population.

In addition, a separate cover of Rs. 30,000 per senior citizen per year in the form of the Senior Citizens Health Insurance Scheme (SCHIS) is provided to RSBY-beneficiaries. The SCHIS is being implemented from April 2016 in 8 states. Gujarat, Kerala and Meghalaya are states where RSBY and SCHIS are both implemented and therefore can both can be studied together.

As of March 2017, more than 3.63 crore households have been enrolled under RSBY with more than 1.5 crore hospitalizations since the inception of the scheme.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH is a federal enterprise owned by the Federal Republic of Germany. For over 60 years, GIZ has been working jointly with partners in India for sustainable economic, ecological and social development. The Indo-German Social Security Programme (IGSSP) is part of GIZ. IGSSP supports the MoHFW and state governments with the design and implementation of RSBY.

B. Rationale

Over the last 9 years, RSBY has evolved to be one of the largest health insurance schemes in terms of beneficiaries. Data on different aspects of RSBY and SCHIS is not systematically available. It is therefore important to generate robust evidence regarding performance, outcome and impact of RSBY through an evaluation in several states. The study shall support decision making processes of the public sector and create scientifically robust results by performing a counterfactual evaluation (treatment groups vs. control group). It shall also assess the impact of the SCHIS.

C. Objectives

The objective of RSBY is twofold:

a. To provide financial protection against catastrophic health cost through reducing out of pocket expenditure for hospitalization.
b. To provide access to quality health care for below the poverty line households and other vulnerable groups in the unorganized sector.

The proposed study shall take up these objectives and assess to what extent they are met. In addition to the objectives of RSBY, insights shall be gained about the impact of RSBY on health seeking-behavior.

The study shall assess the current state of play of RSBY and SCHIS in comparison to their objectives and will measure the impact on out of pocket expenditure, access to quality healthcare and health seeking behavior through a counterfactual evaluation. It will provide data on the impact that RSBY and SCHIS have had at household level.

The focus areas of the assignment are as follows:

1. RSBY and SCHIS implementation experience and awareness among beneficiaries

The agency shall assess to what extend RSBY and SCHIS are reaching beneficiaries and to collect data on the understanding, knowledge and experience about RSBY and SCHIS.

RSBY related data to be collected:

- Understanding of the concept and benefits of RSBY (awareness about RSBY)
- Experience of RSBY at the time of enrolment
- Experience of RSBY at the time of hospitalization
- Experience at the Kiosk
- Reason for the selection of private vs. public hospitals
- Effectiveness of awareness methods for RSBY (IEC material)
- Experience of grievance redressal
- Perception of RSBY
- Satisfaction with RSBY

SCHIS related data to be collected:

- Understanding of the concept and benefits of SCHIS (awareness about SCHIS)
- Experience of SCHIS at the time of hospitalization
- Experience at the Kiosk
- Reason for the selection of private vs. public hospitals
- Effectiveness of awareness methods for SCHIS (IEC material)
- Experience of grievance redressal
- Perception of SCHIS

- Satisfaction with SCHIS

2. Financial protection, out-of-pocket expenditure, catastrophic health expenditure

Health expenditure can encompass a considerable share of total household expenditure. The agency shall assess whether expenditure patterns in people enrolled with RSBY are different than people not enrolled in RSBY and how far this change can be attributed to RSBY.

If a households spends 40% of their income on health expenditure, it is considered as a catastrophic health expenditure.

Data to be collected:

- Household health expenditure, total amount and share of total household expenditure
- Patterns of health expenditure: occurrence of catastrophic health expenditure, expenditure for primary or other healthcare services (not covered by RSBY or SCHIS)
- Debt patterns related to health expenditure, coping strategies for catastrophic health expenditure
- Out of pocket expenditure/direct payments for hospitalization
- Share of out-patient cost related to total health expenditure

3. Access to health care

Access to quality healthcare is based on a multidimensional concept, encompassing accessibility, availability, acceptability and affordability of health care as well as the quality of the services provided. The agency shall assess the quality of services through the eyes of the patients, not only tackling the quality of treatment but also addressing discrimination (positive and negative) of patients in the lower socio-economic segment of the population.

Areas of investigation include (where appropriate, a comparison of experiences of respondents for hospitals empaneled in RSBY/ SCHIS and those not empaneled shall be carried out):

- Accessibility: to what extend are health services obtained (e.g. geographical location of hospitals), what infrastructure is required in order to reach the hospitals, waiting times, etc.
- Availability: range of available services (primary, secondary and tertiary care) or lack thereof as well as availability of skilled health care providers (male and female), medicines, diagnostic and other services and facilities.
- Acceptability: refers to the health seeking behavior of beneficiaries despite cultural and social aspects like gender, caste, income, literacy etc. and the acceptance of formal health care services in public and private hospitals over informal or unqualified providers. Acceptability also refers to the perspective of beneficiaries regarding the behavior of health care providers (public and private) on receiving and treating RSBY/ SCHIS patients.

- Affordability: this includes direct costs of seeking health care (e.g. out of pocket expenditure for treatment fees, upfront payments, medicines etc.) as well as indirect costs (e.g. time spend in and money spend for transportation, time spend in hospitals and loss of time for income producing activities)

4. Health seeking behavior

Literature suggests that access to a health insurance impacts the health seeking behavior in terms of treatments received as well as frequency of health service utilization. The agency shall analyze what effects RSBY has on the patterns of health service consumption, e.g. increased consumptions of health services, increased preference for hospitalization over primary care, frequency of OPD and IPD treatments among RSBY beneficiaries and non-beneficiaries.

Areas of investigation include:

- Frequency of consumption of health care services (both OPD and IPD) in public and private hospitals compared to self-treatment or informal health institutions.
- Reasons for selecting private or public hospital for the treatment
- Utilization patterns: Types of treatment and their costs involved (secondary data available) over the years
- Share of hospitalization among all treatments received

5. Understanding of insurance

The agency shall assess whether the enrolment/ non-enrolment in RSBY and the information provided has impacted the general understanding of insurance principles and the image of insurance.

- Familiarity of the household with insurance products/ schemes (other than RSBY)
- Understanding of the concept and principles of insurance
- Perception and image of insurance (+/-)
- Perception of private vs. public insurance

D. Research methodology

The research methodology shall be developed in detail and provided by the agency in close consultation with GIZ. The research methodology depicted in the Technical Proposal should include of the following:

- Study design,
- Sampling,
- Techniques of data collection,
- Selection of districts,
- Selection of beneficiaries,
- Development of data collection tools

- Data Collection Process,
- Data Analysis,
- Quality Assurance Mechanism- Monitoring and supervision activities,

After the selection of the agency, the methodology can be fine-tuned and finalized in close consultation with GIZ.

A mixed methods approach should be adopted. The majority of this study will focus on quantitative data collection with a family survey (household survey) undertaken as the primary activity. This evaluation shall be carried out in seven Indian states. The agency must put a special focus on the development of the sampling strategy and counterfactual design in order to assess the attribution of RSBY on the 5 focus areas of this assignment.

To supplement that quantitative survey rounds, the agency shall carry out qualitative FGDs with beneficiaries, non-beneficiaries in order to gain a deepened understanding of the underlying factors of RSBY utility for the beneficiaries, their awareness of the scheme and perception of its impact on them.

In addition, the agency shall carry out qualitative interviews with other stakeholders.

If deemed necessary and appropriate, the agency may propose other methods of qualitative data collection to GIZ.

1. **Sampling**

   The study shall be designed as a cross-sectional study. The sample shall be drawn from 7 states, 2 districts from each state based on the following points:

   The agency shall carry out the study in the following states:

   - North India: Himachal Pradesh,
   - East India: Bihar, Uttar Pradesh
   - Northeast India: Meghalaya
   - West India: Gujarat
   - South India: Kerala
   - Central India: Chhattisgarh

   A sample shall be drawn from 2 districts per state. For selecting the districts, some criteria are the following (further criteria can be added by the agency):

   - Conversion rate of enrolment of families in RSBY/ SCHIS
   - Hospitalization rate in RSBY/ SCHIS
   - Backward district, socio-economic status of beneficiaries

The agency shall propose districts based on certain criteria. The final decision on the selected districts shall be taken in consultation with GIZ and MoHFW. The agency is requested to provide a sound sampling strategy and rationale for the selected districts.

2. Source of data collection:

The quantitative and qualitative data collection shall be carried out in rural and peri-urban households residing in the states/ districts mentioned above.

The agency shall prepare the data collection tools for the quantitative and qualitative surveys in consultation with GIZ. These shall be shared with GIZ and approved by GIZ before the data collection starts.

Quantitative section of the study: The quantitative section of the study shall focus on the collection of data among households eligible for RSBY/ SCHIS in order to generate evidence which is counterfactual in nature. The quantitative data collection (by filling out questionnaires) shall be conducted with the following four groups:

- households eligible for RSBY/ SCHIS, but not enrolled
- households eligible for RSBY/ SCHIS, not enrolled in the schemes, but utilizing hospitalization services
- households eligible for RSBY/ SCHIS, enrolled in the schemes but no utilization of services
- households eligible for RSBY/ SCHIS, enrolled in the schemes and utilizing services

The agency shall develop separate questionnaires (sections of questionnaire) for each of the four groups.

Within each district, approx. 1000 households shall be included in the survey (total amount of approx. 2000 households per state). The agency is requested to provide a sound sampling strategy for the inclusion/ selection of households.

Qualitative section of the study: the qualitative section of the study shall comprise 2 lines of enquiry namely focus group discussions (FGD) and key informant interviews (KIIs) with experts:

- Focus group discussions: FGDs shall only be carried out with RSBY eligible families. The agency shall put a particular emphasis on including MGNREGA workers in the FGDs wherever possible. At least 10 FGDs with a group size of 5-10 persons shall be carried out in each district (approx. 140 FGDs).

- Qualitative interviews: In each district, approx. 20 interviews have to be carried out with the following persons/ stakeholders:
  - 2 officials at the State Nodal Agency,
  - 2 officials at district level,
  - 3 functionaries at a public hospital
  - 3 functionaries at a private hospital
  - 1 official at an insurance company active in RSBY
  - 1 employee of a TPA involved in RSBY
  - 3 field level functionaries
  - 5 other relevant persons

E. Tentative task to be performed by the agency

The following tasks are indicative and should be completed and elaborated upon by the agency in the technical proposal.

- Overall work plan
- Selection of districts as per the criteria provided
- Literature review and study of background (desk review)
- Development of research methodology and data collection tools
- Carry out household survey for evaluation (quantitative)
- Carry out qualitative interviews and focus group discussions (FGD) and KIIs
- Provide state-wise analytical and combined analytical report
- Hand over the filled-in questionnaires in the format in which the data was collected (soft copy)
- Provide clean raw data/ datasets codified in electronic format (excel and SPSS)
- Provide transcripts of qualitative interviews and FGD in the regional language and translated into English in electronic format

F. Deliverables

The following deliverables shall be provided:

S. No.	Deliverable	Timeline
1.	Inception report with detailed methodology, review, work plan, timelines, outline of final report etc.	Start of contract + 1 month
2.	Interim report with results of the quantitative study incl. tables, cross tabs, etc.	Start of contract + 5 months
3.	Draft report in specified outline (outline to be decided with GIZ)	Start of contract + 6.5 months
4.	Summary Report (with main findings) and	Start of contract + 8

	Detailed Final Report along with data	months

All reports shall be written in English and provided in an electronic format.

The Summary Report shall be of 15-20 pages without annexures and shall include all major findings and recommendations.

The Detailed Final Report shall include an overall analysis (general) and state-wise analysis (separate chapters for each state). The report shall include the analysis, literature review, methodology, findings, recommendations and conclusions.

G. Duration, travel and other costs

Duration of the assignment:

The overall contract period shall be for 8 months.

Travel:

Accommodation, travel and other costs will be paid against proof of performance as specified in the Contract. This means the submission of datasets, interim and final reports. The datasets have to include all the details of the households interviewed like name of state, district, block, village, head of household, address of the household, telephone number (if any), etc.

The agency has to submit datasets in excel and SPSS as proof of performance for travel.

Other costs:

Proof of performance for other costs such as printing, transcriptions etc. means submission of soft copies of finalized translated questionnaires, interviews and FGDs.

International travel is not foreseen.

H. Profile of the agency and experts

1. Profile of the agency

To conceptualize and conduct the panel study at hand, GIZ IGSSP is requesting proposals from Indian organizations such as private companies, research institutes, universities, foundations and the like with a strong background in the design and implementation of impact evaluations, statistical methods and a profound understanding of health insurance.

In case the research agency has already existing tie-ups/ collaborations/ partnerships with Indian and/ or international universities, other research agencies etc., this arrangement may be used for this assignment or they can create new partnerships with clearly defined role upfront. This information and proposal on the division of work shall be included in the technical proposal.

- Previous experience in conducting large scale household surveys, evaluation studies
- Proficiency in both quantitative and qualitative research methods
- Research experience on specific areas of health insurance, health financing and impact evaluations in India is desirable.
- Strong background of social health protection/health financing
- Leading investigator preferably be a Health Economist and/ or PhD.
- Good grasp and in-depth knowledge of discussions related to health financing in India
- Tie-up with reputed international research organization is an asset

2. Profile of the experts

Core team:

The overall number of members in the team should be such as to complete the tasks in the specified time limit. The agency should have the following full-time personnel as per specified eligibility criteria available throughout the assignment period. This team shall serve as the core team throughout the completion of this assignment. The tasks of the team include – but is not limited to - design of survey, investigation tools, data collection techniques, data analysis, report writing and other aspects related to overall methodology of the study.

Proficiency in written and spoken English is required for all members of the core team. The team members should have prior work experience in India, preferably in some of the seven states in which this evaluation is carried out.

S. No.	**Designation** (tentative number of working days)	**Educational Qualification**	**Professional Experience.**	**Additional Requirement**
1.	Lead Investigator (60)	PhD or equivalent in empirical/ social science/ research discipline.	8-10 years of managing large household surveys.	Knowledge of Health Insurance, government health schemes and prior experience of government projects and public policy is highly desirable.
2.	Quantitative Principal Investigator (90)	Masters in statistics/ demography/ economics/ public	6-8 years of experience of large scale survey, data analysis, report	Sound research experience and knowledge in health/ social projects/ welfare

		health/ empirical social science.	writing and research work.	schemes and quantitative surveys.
3.	Qualitative Principal Investigator (100)	Masters in social sciences/ social work/ sociology/ anthropology.	6-8 years of experience in qualitative research in research organisations, agencies, government bodies, foundations etc.	Sound research experience and knowledge in qualitative research methodologies in the area of health/ social science.
4.	Research Coordinator (90)	Masters in management/ social work/ health/ social sciences.	5-6 years of work experience in large scale surveys/ research projects. Implementation and field experience in national/ state level government or CSR projects.	Prior work experience with central/state government department/ agencies is mandatory.
5.	Statistician (100)	Masters in statistics	5 years of experience in research and evaluation studies, such as design, data analysis in the area of health insurance, health finance.	Sound knowledge of development of data collection tools, data analysis plan, usage of statistical packages. Must have performed analysis of data in at least 3-4 large scale surveys.

Field team:

For the field work, a data collection team is necessary, which has to be trained and which should be deployed in sufficient numbers for a sufficient time period so that the survey can be completed within stipulated time. It is desirable, if the agency has an existing in-house team which is already trained and has experience in collecting household level quantitative and qualitative data in the field. However, it is allowed to outsource or hire additional workforce to carry out the field work.

In general, the data collection team has already/ has to be trained in competence to carry out data collection, needs to have the ability to work with suitable technology and needs to be fluent in the respective local languages.

The agency must pay sufficient attention to have support staff and arrangements to help in mobility, safety and logistic purposes necessary to carry out the tasks.

In case the agency needs to hire a field team and in case the details of the field team are not yet available at the time of bidding, the agency must provide the following details to GIZ at least one week before the start of the field work: details of team members, source of hiring, qualification and experience of team members, tentative route plan, work plan, etc. This has to be approved in writing by GIZ before the start of the field work.

The agency has to provide the structure and composition of the field team including tentative number of working days as part of the bid.

I. Additional information and requirements:

- GIZ in consultation with MoHFW will provide necessary coordination arrangements for the interaction of the agency and any of its staff with the required central and state governmental departments and ministries.
- The ownership of the survey tool and data shall lie with the GIZ-IGSSP. Research agency will not be allowed to use data or results for any publication. In special case research agency may be allowed to use results of the study after prior consent of GIZ-IGSSP.