

Request for Proposal

Project: Unpacking Citizen Experience in Mukhyamantri Ayushman Arogya Yojana

Dvara Research seeks the service of a high-quality implementation partner for a study in the state of Rajasthan. The partner will be required to carry out screening surveys and case studies to assess citizen experience of a state sponsored health insurance scheme. The background of the organization, project details, and requirements for the proposal are described below.

Applicants are requested to submit their proposal latest by 30th April 2024 to communications.dr@dvara.com.

About Dvara Research

Dvara Research is an independent, non-partisan, not-for-profit policy research institution based in India. Its mission is to ensure that every low-income household and every small enterprise has complete access to suitable financial services and social security through a range of channels that enable them to use these services securely and confidently. Dvara Research has also been a relentless advocate for improved customer protection in financial services. Through this work, it has established itself as a thought leader in the realm of customer protection in financial services. Through its Customer Protection Program (CPP), funded by the Bill & Melinda Gates Foundation, Dvara Research aims to build solutions that speak to the changing landscape of issues pertaining to financial customer protection in India. It also studies how institutional practices in customer protection can build trust and confidence to increase uptake and usage of formal financial products and services among low-income, rural, and women customers.

Project Overview

It is widely established that health shocks have serious consequences on household finances. Significant health expenditures can force households to reduce essential consumption, which then further hampers their [capability to lead economically stable and healthy lives](#), leading to a vicious cycle of poverty and poor health. Health insurance offers a mechanism for households to better manage their health expenses.

In February 2021, Rajasthan became the first Indian state to declare citizens' [right to health](#), which was later enacted into law in 2022. One of the ways in which the state is ensuring the ability to exercise this right is through a state sponsored health insurance scheme. The Mukhyamantri Ayushman Arogya Yojana (formerly *Mukhyamantri Chiranjeevi Yojana*) was made available to citizens from May 01, 2021. The scheme's objective is to provide cashless medical treatment up to Rs. 25 lakh to all families in the state. As of April 2023, [90% of the state's population has enrolled](#) in the scheme. While the scheme has laudable ambit, it appears to have certain lacunae in design and implementation that have hindered users from effective access to healthcare. Some of the issues reported include: hospital's [refusal to provide care](#), frauds at the level of [healthcare providers](#) and [last mile agents](#) (e-mitras), [technical failures](#) (server issues for instance) and [mismatch](#) between procedures needed and procedures covered by scheme. Each of these has resulted in negatively affecting citizen experience.

Through this project, we seek to study how citizens experience the scheme and investigate the broader socio-economic, political and technological factors shaping their experience.

Scope of Engagement

We envision the implementation partners role across three stages:

1. Stage 1: Screening survey- Stage 1 of the study will involve a screening survey across 5000 respondents in the state. The objective of this short survey would be to identify the different stages of the health insurance journey at which users are experiencing difficulties in access. In stage 1, the implementation partner would be required to carry out the following tasks to the satisfaction of DR:
 - a. Provide feedback on, translate and digitize the survey questionnaire drafted by DR,
 - b. Share training module with DR for approval and train enumerators,
 - c. Finalise survey plan,
 - d. Recruit respondents,
 - e. Administer survey,
 - f. Develop criteria (pre-approved by DR) to evaluate quality of collected data; draft and share detailed monitoring plan for supervisory oversight,
 - g. Share cleaned, deidentified data with DR,
 - h. Share draft findings report with DR, incorporate DR's feedback and finalise report.

2. Stage 2: Validation survey- In stage 2, 10% of the screening survey respondents (i.e., 500 respondents), will be surveyed to gather more information about their experience with the health insurance scheme. The survey will also attempt to capture socio-economic-political contextual background of respondents. In stage 2, the implementation partner would be required to carry out the following tasks to the satisfaction of DR:
 - a. Provide feedback on, translate and digitize the survey questionnaire drafted by DR,
 - b. Share training module with DR for approval and train enumerators,
 - c. Finalise survey plan,
 - d. Administer survey,
 - e. Develop criteria (pre-approved by DR) to evaluate quality of collected data; draft and share detailed monitoring plan for supervisory oversight,
 - f. Share cleaned, deidentified data with DR,
 - g. Share preliminary findings report with DR, incorporate DR's feedback and finalise report.

3. Stage 3: Case studies- From those surveyed in stage 2, specific cases will be picked up for detailed case study in stage 3. This stage will rely on a combination of semi-structured interviews and group discussions to build between 30-40 case studies. To note here is that a single case study need not pertain to a single individual/household. Rather this could be a collection of reports from a specific region or community or around a specific issue. In stage 3, the implementation partner would be required to carry out the following tasks to the satisfaction of DR:
 - a. Facilitate identification and compilation of cases,
 - b. Translate interview/discussion guides drafted by DR,

- c. Share training module for moderators with DR for approval and train moderators,
- d. Moderate interviews/discussions/any other tailored technique,
- e. Share deidentified audio recordings of interactions, field notes as well as transcripts and translations of the same with DR.

Location

The study will be conducted across multiple districts in Rajasthan. The final set of districts will be subject to the expertise and familiarity of the implementation partner and approval by DR.

Sampling

The sampling strategy in stage 1 should account for a mix of auto-enrollees (90%) and voluntary enrollees (10%) to the health insurance scheme, disaggregated across gender and location. The sampling strategy in stage 2 and 3 will be jointly decided by DR and the implementation partner.

Project timeline

Stage	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Screening survey						
Validation survey						
Case studies						

Proposal submission

Applicants are expected to include the following components in their proposals:

1. An approach note detailing the applicant’s approach and methodology. The note should include sampling strategy, recruitment plan, data quality control plan, location and detailed timeline.
2. A description of organization, general expertise and experience relevant to this project.
3. Separate budget estimates for the three stages (with different sample sizes, should the applicant desire), with a detailed breakdown of each.

Process timeline

Process	Timeline
Call for proposals	16 th April 2024
Deadline for proposal submission	30 th April 2024
Announcement of selected proposal	06 th May 2024
Signing of service agreement and commencement	15 th May 2024

Any questions about this RFP should be directed to hasna.ashraf@dvara.com