Expression of Interest
Call for Research Proposals
(Pakistan only)

Health Systems Research on the Social Health Protection Initiatives in Pakistan

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Health Services Academy

Chack Shahzad, Islamabad, Pakistan

Introduction

In Pakistan public sector funded social health protection initiatives have to date enrolled over 9 million poorer, vulnerable and marginalized Pakistani families and been responsible for reimbursing approximately half a million hospitalization cases is a cornerstone of Pakistan's move towards Universal Health Coverage (UHC). In terms of coverage of beneficiaries, financial depth of coverage, services offered, and providers empaneled across the country, including private providers, it represents a major effort to facilitate access to hospital care for poorer Pakistanis. More information on the social health protection initiatives in Pakistan is available at https://www.pmhealthprogram.gov.pk/.

The Alliance for Health Policy and Systems Research - WHO HQ is engaging with the Pakistan Ministry of National Health Services, Regulation and Coordination (MNHSRC) to support the development of a series of health systems research studies to examine early implementation experiences of the public sector social health protection initiatives and to inform its ongoing implementation, including through strengthening policies, guidelines and practices.

In line with the aim of this research program to be driven by policymaker and implementer demand and to be responsive to their knowledge needs, **four broad thematic areas for research** were identified in a meeting with stakeholders engaged in social health protection initiatives design and implementation in March 2020. These four areas are:

1. **Enhancing beneficiary enrolment and information provision**
2. **Benefit package amount, claims processing and engaging public hospitals**
3. **Improving grievance redressal processes and mechanisms**
4. **Improving the inpatient care model**

Details around each of the four areas are spelt out in Annexes 1-4.

Research teams are invited to submit proposals responding to one or two of these thematic areas. Please read the Annexes for details on each of the four thematic areas. These include a) the problem that the particular study is expected to address, b) study aim and objectives, c) tasks envisioned, d) deliverables and e) budget.

The programme's implementers are the principal audience of the knowledge products generated as a result of this research. The research teams carrying out these projects are expected to actively engage with designated members from the team implementing the social health protection programs throughout the research process, which is expected to be completed within eight months.

To help execute this initiative, the Alliance is working closely with Health Services Academy, Islamabad, which is serving as a mentor institute based in Pakistan. Health Services Academy will thus work with selected Pakistan based research teams to a) make grants proposals based on the priorities identified, b) provide continuous technical assistance and quality assurance through the research process, c) organize workshops for protocol

development, and for research utilization, and d) together with the Alliance, ensure the production of knowledge outputs including policy briefs and journal articles.

Applications in response to this Expression of Interest for research:

1) Teams could apply for funding in all thematic areas.

2) A maximum of **two of the four thematic areas** can be contracted to any one team as identified above and described in Annexes 1-4.

3) It's a prequalification of research teams

4) Assessment of the applications will be based upon:

   a) Research team composition with their experience in the field

   b) Proposed study/research design

   c) Concept note

5) The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

6) **Refer to the relevant Annexes for all details.**

7) Only shortlisted teams / firms / organizations will be requested to develop technical and financial proposals to compete.

TOR Annex 1

"Enhancing beneficiary enrolment and information provision"

The problem

A major early implementation challenge to public sector social protection initiatives is to a) enroll all those eligible for the scheme, and b) equip them with the knowledge to be able to access the hospital services that they are entitled to. The programme has taken several measures towards both facilitating enrollment as well as providing information to beneficiaries about exercising their entitlements. These include a) having a well-defined process to validate enrollee data, b) defined processes for enrolling beneficiaries through a combination of outreach beneficiary enrollment centers as well as more permanent enrollment centers, that in addition to enrolment will also provide information on the programme itself, c) engaging NGOs and other local influences to inform people about the enrolment procedures. However, in spite of all these efforts, there remain gaps in people's knowledge as well as deficiencies in procedures around enrollment and information provision that may serve as significant barriers to accessing hospital care in spite of being entitled to do so. A study examining implementation of the programme in Punjab province revealed that nearly half of the respondents were unaware of who was eligible for the programme and a quarter of respondents wrongly stated that the programme included both inpatient and outpatient care. With respect to processes around enrolment, over 75% of beneficiaries reported not receiving instructions about the programme during enrolment and nearly 40% were not informed that their entire families were covered under the programme.

There is thus a need to better understand how the processes put in place from the stage of validation of enrollee data to actual enrolment and information provision have played out on the ground as opposed to what was envisioned and why this is the case. This is important to inform the design and implementation of improved procedures and strategies that are vital to achieve the complete registration of eligible beneficiaries and they are being empowered to access the hospital care that they are entitled to.

Aim- The study aims to understand the barriers of those who are entitled to the public sector social protection initiatives, face to registering with the scheme and physically accessing hospital care. This is, in turn essential to improve guidelines and policies to facilitate registration and empower beneficiaries with the knowledge needed to be able to access the care that they are entitled to.

Objectives- In line with the aims described above, the study will:

1. Provide a summary of federal policies and guidelines (and any province al adaptations if applicable) around a) beneficiary enrollment, including processing of data for enrollment, b) efforts to make beneficiaries aware of the public sector social protection initiatives.
2. Assess how these guidelines and policies have translated into practice, including through a) assessing levels of awareness about different aspects of the Sehat Sahulat programme, understanding the contribution of different sources of communication,

reasons for non-enrolment and/or non-utilization, b) direct observation of beneficiary enrollment processes in a sample of beneficiary enrollment centers, c) interviewing key stakeholders at community, district, provincial and national levels.

3. Based on the findings, identify strategies to increase scheme awareness, registration as well as knowledge.

Tasks envisioned

1. Systematic examination of policies and guidelines around beneficiaries enrolment and service delivery, identifying the role of each stakeholder from the initial processing of the data to the beneficiary receiving their Sehat cards.
2. Engaging with stakeholders at NADRA, national, provincial, and district levels of the programme, NGOs and insurance companies to understand relevant challenges, measures to overcome them, and how processes could be improved related to:
    a. Data validation processes
    b. Initial preparation for registration
    c. Engagement of local partners for registration
    d. Establishment and functioning of the Beneficiary Enrollment Centers
    e. Distribution of cards to beneficiaries
3. Direct observation of a sample of Beneficiary Enrollment Centers (both mobile BECs at village level as well as permanent BECs) to examine for:
    a. Infrastructure and whether this correspond to guidelines.
    b. Processes and how these are being implemented as opposed to what is outlined in the guidelines.
    c. Understanding why these deviations come about and what this can do to inform the improvement of guidelines.
4. Identifying in collaboration with the public sector social protection initiatives at the federal and provincial level, clusters of eligible beneficiaries for household interviews.
5. Carrying out household surveys of those entitled to benefit, to help understand:
    a. Levels of awareness of the public sector social protection initiatives.
    b. How they became aware- whether through one mode or multiple modes, what was the mode that came first to their mind.
    c. If aware but not registered, why they are not registered, this includes understanding challenges with respect to having name included in the master database, availability of supporting documents and challenges of physical access to the BEC, etc.
    d. If aware and registered, challenges to registration, if any, and how these were overcome.
    e. Extent of knowledge regarding the programme, this includes knowledge regarding the cashless nature, benefits package, and range of providers covered.
    f. Gathering data regarding the household, its characteristics, and scheme registration information (date of last registration, number of families included, number of members registered, etc.) against that available in the HMIS database

to understand the completeness and accuracy of the latter and the most common data errors to be able to strengthen the database.

6. Based on information obtained from all the sources, provide suggestions on how to improve processes and guidelines related to beneficiary enrollment and information provision, including the need if any to change the role of different stakeholders and need to explore alternative channels for information provision.
7. Development of knowledge products targeted at programme implementers. This will include the development of policy briefs providing clear options for action based on study findings. It will also entail attending meetings to engage with public sector social protection initiatives implementers on the study findings and how findings can inform programme implementation going ahead.

Deliverables- all to be completed within six months of start of the contract

1. Complete study protocol, including literature review, research questions, and proposed data sources and methods (within 1 month of the contract starting date)
2. Comprehensive mapping of the enrollment processes (within 2 months of the contract starting date)
3. Draft report bringing together data from direct observation, key informant interviews, and household interviews (within 4 months of the contract starting date)
4. Final report after review (within 5 months of the contract starting date)
5. Development of policy paper providing options for action and presentation of findings at dissemination event (within 6 months of the contract starting date)

Proposal / Concept Note:

- The Expression of Interest & Concept note and all correspondence and documents relating thereto shall be prepared and submitted in the English language.
- All proposals / concept note (along with enclosed soft copy in CD) must reach to **"Coordinator – Health System Research"** at Health Services Academy, Chackshahzad, Islamabad on or before 11:30 AM on **Wednesday 25th November 2020** with the subject line **"Health System Research Expression of Interest – Call for Proposal – Awareness"**.
- Late proposals will not be accepted.

The proposal should be concisely presented and structured to include the following information:

- The concept note of up to 5 pages- This should provide information on how the team will address the TORs including data sources, sampling strategy or plan, methods to be used, preliminary analysis plan, proposed deliverables in lines with aims and objectives laid out in the TORs and dissemination strategy.

- Summary details of the research team including the position and qualifications of the Principal Investigator and other team members. The description of the team should also give an indication of the team's capacity for health systems research, particularly in the area of health financing.
- CV of members of the proposed research team
- Timeline

Eligibility of Study Team

- Researchers based in Pakistani institutions/firms / organizations only are eligible to apply.
- The research team should have experience both in the topical areas of health financing and health systems, as well as in methodologies needed to carry out the research proposed (expertise in process mapping, carrying out in depth interviews, and carrying out household surveys). In line with the aim of the research to inform implementation, the team must also have engaged with implementers during previous research.
- Publication history is an asset.

TOR Annex 2

"Benefit package amount, claims processing and engaging public hospitals"

The problem:

The success of a hospital-based insurance programme in public sector *Social Health Protection initiatives* is contingent on having in place a wide network of providers to ensure that hospitals are physically accessible to a majority of the population. While empaneling a sufficient number of widely dispersed providers is necessary, this alone will not be sufficient to maintain interest particularly in the case of private hospitals. It is equally important that providers perceive that a) package rates are fair and consistent and enable them to cover their costs and make a reasonable profit, b) claims are addressed in time and according to processes that are not perceived to be burdensome, while ensuring that abuses if any are penalized. Among public hospitals, on the other hand, there is a need to address the challenge that they face in not being able to utilize Sehat Sahulat funds on account of public finance rules and regulations.

There is thus a need to better understand from the perspective of both insurers and providers a) what particular challenges they face with respect to establishing rates and accepting these package rates and how this can be mitigated and b) the functioning of claims processes as well as disciplinary processes and how these can be improved. There is also a need to examine what changes need to be brought about in public financial rules and regulations, at national, provincial and district levels to enable public hospitals to utilize the funds received under public sector *Social Health Protection initiatives*, an essential step to using insurance funds to strengthen public hospitals.

Aims and Objectives: In line with the problem identified above, this study has several aims:

1. To better understand provider expectations of what they regard as appropriate package rates, to improve the attractiveness of the programme to hospital providers.
2. To use analysis of secondary data as well as interviews with key stakeholders to examine how guidelines and processes related to claims processing are functioning in light of what was originally envisaged. Through this, we seek to both understand how guidelines and procedures, have (or not) translated into practices at the level of day to day implementation, identify bottlenecks to their effective implementation and potential ways to overcome these bottlenecks.
3. To examine how public sector *Social Health Protection initiatives* funds can be utilized by public hospitals, including through an analysis of needed changes in public finance rules and regulations.
4. Based on the findings put forth options for action for policymakers at federal and provincial levels.

Tasks Envisaged:

Towards Objective 1

1. Work with stakeholders from the public sector *Social Health Protection initiatives* and the partner insurance companies in Pakistan to develop a list of conditions that account for a) most number of claims, b) largest amount of claims.
2. Identify hospitals with diversity in a) size, b) level of specialty, c) urban/rural location, d) province to engage with stakeholders including hospital managers and administrators to understand challenges with existing package rates as well as their expectations around package rates based on the list of conditions mentioned above.
3. Analyze the variations in expectations around package rates across hospitals and compare this to existing package rates in place.

Towards Objective 2:

1. Describe the claims management process as designed, from the time a claim is made by an empaneled provider to the provider receiving the payment, including a description of how claims are investigated if needed, as well as the use of the appeals process to adjudicate claims that are disputed, as well as disciplinary actions against providers, including the role of the programme in this.
2. How disputes in the claim are addressed both at the insurance company end and hospital end.
3. Conduct in depth interviews with those involved in the claims process including DMO, project office as well as stakeholders at provincial and national level, to understand the claims processes in practice, including challenges to processing claims, causes of rejections and delays, as well as disciplinary actions against hospitals as implemented and how these deviate from guidelines. More specifically, areas for inquiry include:
    a. Pre-authorization procedures
    b. information technology systems
    c. completeness of supporting documents
    d. need for further investigation prior to releasing payments
    e. appeals process and how this works in practice
4. Analyze quantitative data relevant to the claims process, including but not limited number of claims managed, time to process claims, % of claims undergoing further investigation, % claims rejected, % claims going into appeal, % appeals decisions in favor of insurer as opposed to provider
5. Conduct in depth interviews with select hospital providers as well as representatives of insurance companies at various levels to understand capacities needed to be built or strengthened for more effective implementation of the insurance programme; these include both human resource capacities as well as information technology capacities that can facilitate this process.

Towards Objective 3:

1. Engage with public sector social health protection initiatives stakeholders to identify 4-5 autonomous public hospitals that have implemented the programme. Hospitals should provide for variation across provinces, level of specialty and if possible urban/rural location.
2. Examine:
    a. Financial rules and regulations that these facilities are bound by.
    b. Processes and practices that they have put in place to utilize the funds, including if any staff incentives have been put in place.
3. Examine existing rules and regulations that limit public hospitals from utilizing public funds and suggest changes to public financial rules and regulations to enable them to use funds and establish processes and practices as in place in autonomous hospitals.

Development of knowledge products targeted at programme implementers. This will include the development of policy briefs providing clear options for action based on study findings. It will also entail attending meetings to engage with public sector *Social Health Protection initiatives* implementers on the study findings and how findings can inform programme implementation going ahead.

Deliverables- all to be completed within six months of awarding

6. Complete study protocol, including literature review, research questions, and proposed data sources and methods (within 1 month of contract start date)
7. Draft report bringing together data from secondary analysis and interviews (within 3 months of contract start date)
8. Final report after review (within 5 months of contract start date)
9. Development of policy paper providing options for action and presentation of findings at dissemination event (within 6 months of contract start date)

Proposal:

- The Expression of Interest & Concept note and documents relating thereto shall be prepared and submitted in the English language.
- All proposals / concept note (along with enclosed soft copy in CD) must reach to **"Coordinator – Health System Research"** at Health Services Academy, Chackshahzad, Islamabad on or before 11:30 AM on **Wednesday 25th November 2020** with the subject line **"Health System Research Expression of Interest – Benefit Package"**.
- Late proposals will not be accepted.

The proposal should be concisely presented and structured to include the following information:

- The concept note up to 5 pages this should provide information on how the team will address the TORs including data sources, sampling strategy or plan, methods to be

used, preliminary analysis plan, proposed deliverables in lines with aims and objectives laid out in the TORs and dissemination strategy.

- Summary details of the research team, including the position and qualifications of the Principal Investigator and other team members. The description of the team should also give an indication of the team's capacity for health systems research, particularly in the area of health financing.
- CV of members of the proposed research team
- Timeline

Eligibility of Study Team:

- Researchers based in Pakistani institutions / firms / organizations only are eligible to apply
- The research team should have experience both in the topical areas of health financing and health systems, as well as in methodologies needed to carry out the research proposed (expertise in process mapping, carrying out in depth interviews, and carrying out household surveys). In line with the aim of the research to inform implementation, the team must also have engaged with implementers during previous research.
- Publication history is an asset.

TOR Annex 3

"Improving grievance redressal processes and mechanisms"

The problem

The development of people centered health systems requires having in place programmes and policies that are both accountable and responsive to citizen's needs. This includes having as part of their design, well-functioning mechanisms for people to raise concerns, provide suggestions and make complaints, that in addition to enhancing accountability and responsiveness are critical to improved programme functioning. This is a particularly important area for governments to give attention to in an insurance programme within an LMIC context such as Pakistan where a) people are often unfamiliar with the concept of insurance and procedures entailed by an insurance programme, as well as b) the power differentials between beneficiaries and providers which remain significant.

Recognizing this, the public sector *Social Health Protection initiatives* have put in place a well-defined complaint redressal mechanism. Allowing beneficiaries to lodge complaints through a variety of mechanisms including by email, through a helpline, in person and through a complaint box, the system provides for a stepwise escalation of complaints from the district to national level with defined turnaround time for complaint resolution at each stage, as well as a mechanism to provide the outcome of the complaint to beneficiaries. The programme also requires the State Life Insurance to provide a detailed monthly complaint report for review.

While this system has been put in place, there are several prerequisites to its effective implementation. These include beneficiaries empowered to make complaints, stakeholders at each level of the complaint resolution mechanism including providers who are responsive, as well as mechanisms in place to allow for punitive action in the case of repeated complaints. There is thus a need to better understand how the current complaint redressal mechanism is functioning based on a) secondary analysis of the centralized complaints database, b) the perspective of a range of stakeholders, that taken together will shed much light on how best to improve the system.

Aim- In line with the problem identified above, the study aims to examine the functioning of the complaint redressal process bringing together analysis of secondary data and the perspectives of relevant stakeholders. Through this, we seek to both understand how guidelines around the complaint redressal mechanism, have (or not) translated into processes and practices at the level of day to day implementation as well as identify bottlenecks to their effective implementation. This will be useful in informing the improvement of guidelines and processes as implementation proceeds further.

Objectives- In line with the aims described above, the study will:

1. Describe in depth, the processes laid out as part of the complaint redressal mechanism, identifying the role of various stakeholders.
2. Seek to understand the actual functioning of the complaints redressal mechanism as implemented.

3. Identify challenges faced in implementing processes as originally envisaged, steps taken by them to overcome these challenges and perceptions of changes required in policies and guidelines to smoothen day to day implementation.
4. Based on the findings put forth options for action for policymakers at the federal and provincial level.

Tasks Envisaged

1. Developing an in-depth description of the complaint redressal mechanism, mapping out roles and responsibilities of different stakeholders.
2. Systematically analyzing the centralized complaints database to better understand a) main causes of complaints and their evolution over time, b) sources of complaints (provincial, urban/rural, level of facility, public/private facility), c) channel used to make complaints (email, website, in person etc.), d) functioning in terms of fidelity to established turn around times to settle complaints or escalate to a higher level, d) feedback provided to beneficiaries.
3. Interviewing selected beneficiaries drawn from the database to understand the functioning of the complaints redressal mechanism from their perspective in light of what is recorded in the database. This includes:
    a. Verification of key information included in the database
    b. Beneficiary perspectives regarding
        i. Ease of registering a complaint and the process that this entailed
        ii. Turn around time
        iii. Understanding how their complaint was resolved
        iv. Their satisfaction or lack of it with how the complaint was resolved
4. Conducting in depth interviews of key stakeholders including at hospital, district, provincial and national levels to understand:
    a. Challenges faced in addressing complaints
    b. Potential improvements that could be made to the complaint redressal system, including through an examination of the roles of different stakeholders and potential conflicts of interest.
    c. Capacity of health care facility to manage complaints.
5. Systematically examining the forms used for data exchange within the complaints redressal mechanism and seeing how these could be improved in light of challenges faced by stakeholders and suggestions made by them.
6. Examining the monthly reports provided by the insurer to the programme on the grievance redressal in light of findings from the analysis of the secondary data as well as in depth interviews, including how these could be improved and made more comprehensive.
7. Development of knowledge products targeted at programme implementers. This will include the development of policy briefs providing clear options for action based on study findings. It will also entail attending meetings to engage with public sector social health protection program implementers on the study findings and how findings can inform programme implementation going ahead.

Deliverables- all to be completed within seven months of start of the contract.

10. Complete study protocol, including literature review, research questions and proposed data sources and methods (within 1 month from contract start date)
11. Comprehensive mapping of complaints redressal process and in depth analysis of secondary database (within 2.5 months of the contrat start date)
12. Draft report bringing together data from secondary analysis and interviews (within 4.5 months of contract start date)
13. Final report after review (within 6 months of contract start date)
14. Development of policy paper providing options for action and presentation of findings at dissemination event (within 7 months of contract start date)

Proposal / Concept Note

- The Expression of Interest & concept note and all correspondence and documents relating thereto shall be prepared and submitted in the English language.
- All proposals/concept note (along with enclosed soft copy in CD) must reach to **"Coordinator – Health System Research"** at Health Services Academy, Chackshahzad, Islamabad on or before 11:30 AM on **Wednesday 25th November 2020** with the subject line **"Health System Research Expression of Interest – Grievance"**.
- Late proposals will not be accepted.

The proposal should be concisely presented and structured to include the following information:

- Concept note up to 5 pages. This should provide information on how the team will address the TORs including data sources, sampling strategy or plan, methods to be used, preliminary analysis plan, proposed deliverables in lines with aims and objectives laid out in the TORs and dissemination strategy.
- Summary details of the research team, including the position and qualifications of the Principal Investigator and other team members. The description of the team should also give an indication of the team's capacity for health systems research, particularly in the area of health financing.
- CV of members of the proposed research team
- Timeline

Eligibility of Study Team

- Researchers based in Pakistani institutions/firms/organizations only are eligible to apply.
- The research team should have experience both in the topical areas of health financing and health systems, as well as in methodologies needed to carry out the research proposed (expertise in process mapping, carrying out in depth interviews and carrying out household

surveys). In line with the aim of the research to inform implementation, the team must also have engaged with implementers during previous research.

- Publication history is an asset.

TOR Annex 4

"Improving the inpatient care model"

The problem

Having in place an insurance programme with a well-defined benefits package is on its own insufficient to take us closer to the ultimate objective of the health system in terms of improving health and providing financial risk protection to the population. It is equally important that people are able to actually exercise their entitlements to care when they need treatment and that the treatment provided is of good quality. However, this needs to be balanced with ensuring that the programme doesn't result in unnecessary treatment, that is detrimental both from an economic standpoint as well as from the perspective of well being of beneficiaries.

Recognizing this, the *Public Sector Social Health Protection Inititiatives* have put in place procedures to be followed from the moment a beneficiary presents at the hospital to the post discharge period, including immediate post discharge care. These include procedures around beneficiary verification, eligibility for treatment, monitoring of ongoing treatment, preparation of patients for discharge and post discharge procedures. Having comprehensive and well-defined procedures is an important step towards ensuring that the insurance programme and hospital can be held to account for their actions and also towards reducing variability in how the programme is implemented in different hospitals, districts and provinces.

While well-defined procedures are necessary, they alone are not sufficient. The translation of these procedures into day to day implementation practice requires the active cooperation of a range of stakeholders including beneficiaries, hospital providers, the insurance company and their representatives and the programme itself. There is thus a need to examine how these procedures are being followed based on a) direct observation of a sample of hospitals, b) getting the perspectives of a range of stakeholders including beneficiaries, hospital staff in empanelled hospitals, representatives of insurance companies including those who are posted at hospitals, and relevant stakeholders within the public health system.

Aim- In line with the problem identified above, the study aims to examine through both direct observation and interviews of key informants how the inpatient model under the Public Sector Social Health Protection Initiatives are functioning in light of what was envisaged. Through this, we seek to both understand how guidelines and procedures, have (or not) translated into practices at the level of day to day implementation, identify bottlenecks to their effective implementation and potential ways to overcome these bottlenecks. This will be useful in informing the improvement of the care model going ahead.

Objectives- In line with the aims described above, the study will:

5. Describe in depth, the guidelines and processes that have been laid out as part of the inpatient model from the moment a beneficiary arrives at a hospital to the post discharge period, including identifying the envisaged role of each of the stakeholders.
6. Seek to understand how the guidelines and processes have translated into actual practice in terms of day to day implementation.

7. Identify challenges faced in implementing guidelines and processes as originally envisaged, steps taken by them to overcome these challenges and perceptions of changes required in policies and guidelines to smoothen day to day implementation.
8. Based on the findings put forth options for action for policymakers at federal and provincial level.

Tasks Envisaged

1. Working with designated individuals from the Public Sector Social Health Protection Initiatives team to identify 7-10 hospitals to serve as case studies. The following dimensions should be considered when selecting hospitals:
    a. Range of provinces
    b. Size of hospital and specialities that hospital offers
    c. Public or private nature
    d. Differing levels of utilization
2. Mapping processes associated with a hospitalization event from the time an individual entitled to hospitalization under Sehat Sahulat arrives at the hospital to the time of discharge and completion of post discharge activities as outlined in the guidelines. This will entail a mixture of observation and interviewing of staff at hospitals including HFOs, DMOs, as well as staff directly employed by hospitals. It is important that processes actually carried out be compared and contrasted with what is mentioned in policies and guidelines as the basis for in-depth interviews to understand the rationale for any modifications.
3. Carrying out direct observation of procedures on managing program beneficiary patients including at the entrance help desk, through the treatment period and discharge (over 4 days in each hospital).
4. Conducting in-depth interviews with hospital staff engaged with Social Health Protection Initiatives to better understand:
    a. Challenges in beneficiary identification and eligibility procedures and how to overcome these.
    b. Procedures to check if patients have requisite balance; how issues of insufficient balance are addressed, including those of Excess / Over Excess of Loss Coverage.
    c. Challenges faced during the validation, follow up and spot check, how to overcome these and potential suggestions on streamlining and improving these processes can be streamlined and improved.
    d. Challenges faced during the discharge.

5. Understanding knowledge and awareness among relevant hospital stakeholders of different facets of the programme in light of training received and making suggestions on potentially improving this training.
6. Systematically analyzing the post hospitalization phone call database for completeness and trends with respect to the seven questions asked in the post hospitalization phase.
7. Identifying a sample of beneficiaries who have utilized services at hospitals examined in the past two months (these should be ideally beneficiaries for whom data is also available from the post discharge call database).
8. Carrying out household interviews with beneficiaries discharged to identify among other issues:
    a. Information received at the help desk and any other challenges in being accepted at hospital.
    b. Questions to assess fidelity to processes- for instance, whether card was returned or not to patient, whether they were informed of the balance available on their card, whether time to admission was less than 30 minutes, whether they were visited by the DMO and HFO, whether the DMO provided the discharge plan, whether the transportation allowance was reimbursed.
    c. Whether the follow up phone call was received and then ask the same seven questions.
    d. Identify any other grievances in the inpatient experience.
9. The research team is also expected to systematically identify potential overlaps and redundancies in processes in place as well as identify potential alternatives. For example, the potential role of standard treatment guidelines in reducing the intensity of DMO and HFO involvement in treatment.
10. Development of knowledge products targeted at programme implementers. This will include the development of policy briefs providing clear options for action based on study findings. It will also entail attending meetings to engage with Social Health Protection Initaitives implementers on the study findings and how findings can inform programme implementation going ahead.

Deliverables- all to be completed within seven months of start of contract.

15. Complete study protocol, including literature review, research questions and proposed data sources and methods (within 1 month of start of contract)
16. Comprehensive mapping of the inpatient model (within 2 months of start of contract)
17. Carrying out hospital visits for direct observation, as well as interviews with hospital stakeholders, identifying beneficiaries for household interviews (within 4 months of start of contract)
18. Draft report bringing together data from secondary analysis and interviews (within 5 months of start of contract)

19. Final report after review (within 6 months of start of contract)
20. Development of policy paper providing options for action and presentation of findings at dissemination event (within 7 months of start of contract)

Proposal / Concept Note

- The Expression of Interest & Concept note and all correspondence and documents relating to it shall be prepared and submitted in the English language.
- All proposals / concept note (along with enclosed soft copy in CD) must reach to **"Coordinator – Health System Research"** at Health Services Academy, Park Road, Chak Shahzad, Islamabad on or before 11:30 AM on **Wednesday 25th November 2020** with the subject line **"Health System Research Expression of Interest – Call for Proposal – Hospitals"**.
- Late proposals will not be accepted.

The proposal should be concisely presented and structured to include the following information:

- The concept note up to 5 pages- This should provide information on how the team will address the TORs including data sources, sampling strategy or plan, methods to be used, preliminary analysis plan, proposed deliverables in lines with aims and objectives laid out in the TORs and dissemination strategy.
- Summary details of the research team including the position and qualifications of the Principal Investigator and other team members. The description of the team should also indicate the team's capacity for health systems research, particularly in the area of health financing.
- CV of members of the proposed research team
- Timeline

Eligibility of Study Team

- Researchers based in Pakistani institutions/firms/organizations only are eligible to apply.
- The research team should have experience both in the topical areas of health financing and health systems, as well as in methodologies needed to carry out the research proposed (expertise in process mapping, carrying out in depth interviews and carrying out household surveys). In line with the aim of the research to inform implementation, the team must also have engaged with implementers during previous research.
- Publication history is an asset.