USAID | INDIA
FROM THE AMERICAN PEOPLE

September 3, 2013.

SUBJECT : ANNUAL PROGRAM STATEMENT (APS) No: APS-386-13-000006, Amendment#02

PROJECT NAME : HEALTH SYSTEMS STRENGTHENING, QUALITY IMPROVEMENT, AND RMNCH+A SCALE-UP

This Amendment No. 2 to subject APS is hereby issued to make following changes:

1) To revise submission dates;
2) To Modify Program Description;
3) To Insert "Full Application Format"; and
4) To modify the "Evaluation Criteria".

Accordingly, the Subject APS is modified as follows:

1. To add second round of concept paper submission date as below:

a. Concept Papers Due (2nd round) : January 31, 2014. Midnight, India time

USAID reserves the right to review the concept papers before or after the "Concept Papers Due" date and request the shortlisted organizations to submit their full application till the funding is available.

2. Modify Program Description in Section I, Program Description as below:

SECTION I
PROGRAM DESCRIPTION

A. BACKGROUND

A.1 Overview of Health Systems Challenges and Opportunities in India

India is a country of contrasts. As a rising economy, it has become a defining force in geopolitics and the global economy, and is South Asia's dominant regional power. It has the world's fourth largest economy in purchasing power parity terms, helping to lift millions of Indians out of poverty. Yet, there are many significant development challenges on the horizon for India. With one-sixth of the world's population and one-third of the world's poor, equitable economic and social progress in India is critical to achieving the Millennium Development Goals (MDGs). Despite India's sufficient food grain stocks, it ranks 65th out of

79 countries in the Global Hunger Index[1]. And, while the economy continues to grow, human rights and the ability of vulnerable populations to access services continues to be weak.

Approximately 1.9 million children die before their fifth birthday every year in India. The sex ratio at birth and gender differential in under-five mortality continues to be skewed against girls. About 67,000 mothers die each year due to complications during pregnancy and childbirth. About 30 million couples have an unmet need for contraception. Nearly half of all Indian children are undernourished. Tuberculosis (TB) remains the most common disease in India, killing more than 1,000 people a day. India's urban poor are exceptionally vulnerable to many health risks as a consequence of appalling living conditions, which lead to poor health indicators. Some of the children who are particularly vulnerable in the Indian context are the approximately four million children affected by HIV/AIDS.

There have been some notable areas of progress in particular areas of reproductive, maternal, newborn, and child health (RMNCH); particularly increasing the proportion of institutional-based deliveries through demand-side financing, and also in reducing the incidence of polio, having completed a second year without a single case of polio after being one of the major contributors to the global polio case count. In spite of these significant achievements, India still faces significant challenges in achieving MDGs 4 and 5, related to maternal and child health. The major challenge pertains to reducing the Infant Mortality Rate (IMR) from 44 (SRS 2011) to less than 30 and the Maternal Mortality Ratio (MMR) from 212 (SRS 2007–2009) to less than 100 by 2015.

The size and magnitude of India's health problems make partnerships with Indian organizations to end preventable maternal and child deaths and create an AIDS-free generation, critical U.S. Agency for International Development (USAID)/India priorities. These priorities are also core goals for the Government of India (GOI) as outlined in initiatives such as the National Rural Health Mission (NRHM). The original focus of the NRHM on rural populations has resulted in strengthening program management structures and implementation of new activities and schemes at the state and district levels. In addition to this, numerous civil society and private sector organizations have intensified their efforts for developing and implementing innovative health pilots, some of them demonstrating impressive success, albeit at a limited scale at which most of these are implemented. The limited impact of these interventions can be attributed to the fact that pilots are often not scaled up to their full potential. The GOI faces numerous challenges in scaling up proven high-impact RMNCH interventions[2] due to variable capacity of states, districts, blocks and facilities in planning and implementation. For the private sector to scale up high-impact RMNCH interventions, commercial viability is a pre-requisite. Civil society networks cover a

[1] The Global Hunger Index (GHI) is a multidimensional statistical tool that describes the state of countries' hunger situation. The 2012 GHI was calculated for 120 developing countries and countries in transition. 79 countries were ranked and their food security situation was compared to 1990 levels. The remaining 41 countries had a 2012 GHI of under 5 ("low hunger") and were not included in the ranking.

[2] *Proven, high-impact RMNCH interventions are many, for example including a mix of adolescent girl and maternal health, newborn health, child health, family planning, and cross-cutting facility-based interventions. These might include, but are not limited to, basic and comprehensive emergency obstetric and newborn care, immediate essential new born care, newborn resuscitation, management of preterm/low birth weight newborns, newborn screening and management, case management of pneumonia and diarrhea, post-partum family planning spacing methods, and prevention and management of healthcare-acquired infections.*

very small proportion of women and children and many lack resources or incentives for scaling up. And, the success of these interventions to be implemented at scale meeting desired quality standards is largely dependent on important health systems components, such as an effective health workforce, appropriate engagement of the private sector, financial access to healthcare, and use of reliable data for decision making at all levels.

B. GOAL, OVERALL APPROACH, AND RESULTS

B.1 USAID/India's Health Sector Priorities

The health system in India is highly complex and is at a cross-road. On the one hand, India's health system continues to respond to preventable infections, pregnancy and childbirth, and under-nutrition, while on the other hand, it increasingly must address the enormous burden of non-communicable diseases such as heart diseases, diabetes, and mental illness. The focus of USAID/India's support is to catalyze India's effort to complete the primary and preventive health care agenda and reduce morbidity and mortality in support of India's efforts toward Millennium Development Goals (MDGs) 1, 4, 5, 6 and 7. This Annual Program Statement (APS) is USAID/India's invitation to local Indian organizations to identify and suggest ways to catalyze, facilitate, and support interventions, development solutions, innovations, and partnerships to support improvements in the health of vulnerable populations in India. Specifically, this APS is to improve specific critical elements of the health system to increase access to and quality of priority reproductive, maternal, new-born and child health (RMNCH) services at scale to respond to: 1) the Government of India's Call for Action Child Survival and Development to accelerate child survival and development, and, 2) USAID's global goals to end preventable maternal and child deaths.

Activities funded under this APS will support system improvements to make substantial contributions to:

Maternal Health
- Reduction in maternal mortality ratio
- Reduction in anemia among girls (15-19 years)

Child and Newborn Health
- Reduction in under-5 mortality rate
- Reduction in infant mortality rate
- Reduction in neo-natal mortality rate
- Reduction in stunting among children under three years of age

Family Planning / Reproductive Health
- Reduction in total fertility rate (TFR)
- Reduction in percentage of women 15-49 years who had first sexual intercourse by 15 years
- Reduction in percentage of pregnant women aged 15-49 who are anemic

Tuberculosis (TB)
- Prevalence rate associated with TB
- Mortality rate associated with TB

More immediate objectives that activities under this APS are expected to contribute to include, but are not limited to:

Maternal Health

- Births assisted by doctor/nurse/Lady Health Visitor (LHV)/Auxiliary Nurse Midwife (ANM)
- Percentage women who had four or more antenatal care visits
- Mothers who received postnatal visits within 10 days of delivery

Child and Newborn Health

- Children 12-23 months fully immunized (BCG, measles, and 3 doses each of polio/DPT)
- Children exclusively breastfed till six months of age
- Newborns receiving three or more post natal checkups within 10 days after birth
- Children (<five years) with diarrhea in the last 2 weeks who received Oral Rehydration Salts (ORS) packets
- Children (<five years) who had symptoms of acute respiratory infection in preceding two weeks received antibiotics
- Children (<five years) who had symptoms of acute respiratory infection in the last two weeks for whom treatment was sought from a health facility or provider (excluding pharmacy, shop, and traditional practitioner)

Family Planning/ Reproductive Health

- Currently married women (15-49 years) using any modern methods of contraception
- Currently married women (15-49 years) with unmet need (total) for family planning
- Currently married women (15-49 years) with unmet need (spacing) for family planning
- Women (15-19 years) receiving Iron Folic Acid (IFA)
- Women delivering in previous 12 months consumed 100 or more IFA during pregnancy

Target Population

This APS targets India's vulnerable, marginalized, and underserved populations spread across rural areas, urban slums, and tribal pockets – including those currently outside the realm of effective service provision for reasons related to economics, gender, and social inclusion (notably females across the life cycle). Specific target populations are identified for each of the Program Components outlined in Section C.

Geographic Focus

It is envisaged that for the six Program Components outlined under this APS, the successful applicant(s) will work at both the national level and in a minimum of 30 districts spread over at least six states.

C. PROGRAM AREAS

PROGRAM AREA #1: Human Resources for Health (HRH)	
Value of Awards	Up to $ 12 million (in total)
Implementation Period:	4 years

USAID/India's Strategic Direction and Overall Approaches

USAID India's Country Development Cooperation Strategy (CDCS) for the period 2012-2017 recasts the USAID-India relationship from a traditional donor-recipient relationship to a peer-to-peer partnership for addressing Indian and global development challenges. USAID recognizes that different solutions and approaches are needed to truly effect the significant magnitude of change required to meet the challenges outlined above in a cost-effective and sustainable manner. These might include:

Building Locally-Led Alliances and Multi-Stakeholder Platforms: Locally-led alliances and multi-stakeholder platforms have the potential to enable public and private sector partners to collaborate and contribute significant shared resources to identify, diffuse, and scale-up "game-changing," proven, high-impact interventions. Successful scale up will be measured by widespread improvements in health outcomes that can only be achieved by significant, widespread uptake of key services and interventions.

Establishing Linkages with Priority National Programs: USAID seeks to further the goals and objectives of national programs implemented and funded by the GOI, for example the National Health Mission and National AIDS Control Program.

Promoting Game-Changing Innovations and Proven High Impact Solutions: USAID defines innovations as those interventions that introduce novel business or organizational models; operational or production processes; or products or services that lead to dramatic (not incremental) improvements in addressing health challenges. Innovation could help produce significant health outcomes more effectively, more cheaply, more sustainably, reaching more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: Capitalizing on opportunities to promote innovations and implementation of proven high-impact interventions at scale will have lasting health impact. Success will depend, in part, on strong health systems. The program components outlined under this APS directly contribute to the health systems strengthening assistance objective and the five intermediate results outlined in Health Partnership Program Agreement that was signed between the Governments of India and the United States of America on September 30, 2010. The five intermediate results include: i) Increased access to quality services; ii) Strengthened policy and regulatory environment; iii) Increased healthy behaviors, iv) Increased use of data for decision making; and; v) Increased private sector engagement in quality health services.

Utilizing Appropriate Frameworks and Tools for Reaching Scale: Successful applicant/s will function primarily as "intermediary organizations," meaning that they will work closely with national and selected state governments and private sector partners to: 1) identify potentially effective and scalable approaches, global best practices, technologies, etc., and 2) develop and implement scale-up plan(s) in selected districts and states, partly by establishing pre-conditions for scale up, building capacity for scale up and facilitating implementation of scale up by public and/or private sector partners. Successful applicant/s must demonstrate the use of robust internationally recognized and appropriate tools and frameworks or approaches to facilitate the scale up of proven, high-impact interventions through the public and/or private health care systems. Some examples of proven approaches include: 1) the Scaling-Up Management (SUM) Framework developed and field-tested by Management Services International (MSI), 2) the positive deviance approach that can help communities to discover desired behaviors demonstrated by a few within the community and promoting their adoption by all, and 3) market shaping approaches and tools to create sustainable health markets to deliver appropriate, high quality, and affordable health outcomes at scale.

Background: Health service provision in India, especially for priority RMNCH and tuberculosis services is seriously affected by a shortage of health care providers. There is also a serious problem with geographic distribution, as there is little incentive for health providers to work in rural areas, where housing, schools, and general infrastructure are unsatisfactory. According to recent studies, 75% of doctors work in urban areas, catering to 25% of the population. The GOI has introduced wide-ranging measures to promote greater availability of human resources especially in rural and underserved areas. However, the government at both the national and state levels continues to face numerous challenges associated with the HRH shortfall, including needs for successful recruitment, effective performance monitoring, long term retention, and greater productivity.

Program Area Goal: Increased access to priority RMNCH+A and tuberculosis services by ensuring availability of health workers.

Program Purpose: Facilitate implementation of proven high impact RMNCH+A and tuberculosis interventions by skilled providers to serve India's rural and urban poor.

Result 1: Enhanced institutional capacity at national and state level to accelerate adoption and scale up of HRH interventions for recruitment, performance management, retention, and productivity of doctors, nurses, auxiliary nurse midwives (ANMs), and ASHAs in rural and underserved areas.

There are several specific HRH challenges that need to be addressed. The first is recruiting new health care providers; second is effectively deploying staff to health facilities that address large unmet need for health services in rural and underserved areas; third is ensuring health care providers are motivated to perform their roles and responsibilities; fourth is developing a real-time human resource information system for effective workforce planning and management; and fifth is establishing a system for performance monitoring for optimum productivity. There are several potential HRH approaches and interventions that are being implemented albeit on a small scale in different states. However, there is a need to map and

evaluate these existing HRH approaches and interventions for effectiveness as well as potential scale, either within the originating state or across states in India.

The applicant shall provide a credible plan to assess, adapt, promote and facilitate scale up of proven high impact HRH interventions in the areas of recruitment, performance management, retention, and productivity of health workers, especially in rural and underserved areas for improved RMNCH and tuberculosis outcomes and impact. As part of the plan, the applicant shall propose strategic and creative approaches, partnerships to work with national and select state governments and other relevant stakeholders. The applicant shall function primarily as an 'intermediary organization and utilize appropriate frameworks and tools for reaching scale. The adoption and scale up of HRH interventions is expected to reduce vacancies and improve retention, reduce absenteeism and increase productivity of health personnel in rural and underserved areas. The successful applicant may be provided with time-bound international technical assistance through other USAID Projects.

Result 2: Effective technical assistance provided at national and select state level on HRH planning and management to support implementation of the GOI's RMNCH+A strategic approach with a focus on strengthening the nursing and midwifery cadre.

The GOI's RMNCH+A strategic approach lays emphasis on augmentation of human resources and HRH policy reforms to ensure adequate skilled human resources. The strategy outlines broad range of actions needed to address challenges related to recruitment, strengthening sub-centers through additional human resources, rational deployment of available human resources, multi-skilling of the health workforce, creation of public health cadre, task-shifting, development of career pathways, performance appraisal, strengthening of pre-service education and training, competency based internship and certification and strengthening of training institutions. The GOI has also initiated a national program, currently being implemented in 10 high focus states of Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Uttar Pradesh, Uttarakhand, Chhatisgarh, Orissa, Assam and Jammu and Kashmir for strengthening the quality of pre-service education at the General Nurse Midwifery (GNM) schools and ANM training centers. It has brought out operational guidelines for strengthening pre-service education for the nursing and midwifery cadre in India.

While the technical and management capacity of personnel who plan and manage RMNCH program is increasing, there are still gaps. Development and implementation of a robust need-based technical assistance plan to support implementation of the RMNCH+A strategy with a focus on nurses and midwives will provide critical assistance in facilitating the scale up of effective HRH interventions.

The applicant shall provide a credible plan to provide technical assistance at national and state level on HRH policy, planning and management challenges for nurses and midwives to address recruitment, rational deployment, task shifting, performance management systems, creation of new cadres and career development pathways. As part of the plan, strategic and creative approaches to meet the gaps and scale-up high impact interventions, partnerships to work with national and select state governments, private sector and civil society partners and other relevant stakeholders are needed. It is important to avoid duplication of technical

support, and put in place a robust capacity transfer and sustainability plan. Provision of technical support is expected to support the GOI's efforts to empower the nursing and midwifery workforce, thereby contributing towards improved RMNCH+A outcomes and impact. The successful applicant may be provided with international technical assistance through other USAID Projects.

PROGRAM AREA #2: Health Care Financing	
Value of Awards	Up to $ 8 million (in total)
Implementation Period:	4 years

USAID/India's Strategic Direction and Overall Approaches

USAID India's Country Development Cooperation Strategy (CDCS) for the period 2012-2017 recasts the USAID-India relationship from a traditional donor-recipient relationship to a peer-to-peer partnership for addressing Indian and global development challenges. USAID recognizes that different solutions and approaches are needed to truly effect the significant magnitude of change required to meet the challenges outlined above in a cost-effective and sustainable manner. These might include:

Building Locally-Led Alliances and Multi-Stakeholder Platforms: Locally-led alliances and multi-stakeholder platforms have the potential to enable public and private sector partners to collaborate and contribute significant shared resources to identify, diffuse, and scale-up "game-changing," proven, high-impact interventions. Successful scale up will be measured by widespread improvements in health outcomes that can only be achieved by significant, widespread uptake of key services and interventions.

Establishing Linkages with Priority National Programs: USAID seeks to further the goals and objectives of national programs implemented and funded by the GOI, for example the National Health Mission and National AIDS Control Program.

Promoting Game-Changing Innovations and Proven High Impact Solutions: USAID defines innovations as those interventions that introduce novel business or organizational models; operational or production processes; or products or services that lead to dramatic (not incremental) improvements in addressing health challenges. Innovation could help produce significant health outcomes more effectively, more cheaply, more sustainably, reaching more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: Capitalizing on opportunities to promote innovations and implementation of proven high-impact interventions at scale will have lasting health impact. Success will depend, in part, on strong health systems. The program components outlined under this APS directly contribute to the health systems strengthening assistance objective and the five intermediate results outlined in Health Partnership Program Agreement that was signed between the Governments of India and the United States of America on September 30, 2010. The five intermediate results include: i) Increased access to quality services; ii) Strengthened policy and regulatory environment; iii) Increased healthy behaviors, iv)

Increased use of data for decision making; and; v) Increased private sector engagement in quality health services.

Utilizing Appropriate Frameworks and Tools for Reaching Scale: Successful applicant/s will function primarily as "intermediary organizations," meaning that they will work closely with national and selected state governments and private sector partners to: 1) identify potentially effective and scalable approaches, global best practices, technologies, etc., and 2) develop and implement scale-up plan(s) in selected districts and states, partly by establishing pre-conditions for scale up, building capacity for scale up and facilitating implementation of scale up by public and/or private sector partners. Successful applicant/s must demonstrate the use of robust internationally recognized and appropriate tools and frameworks or approaches to facilitate the scale up of proven, high-impact interventions through the public and/or private health care systems. Some examples of proven approaches include: 1) the Scaling-Up Management (SUM) Framework developed and field-tested by Management Services International (MSI), 2) the positive deviance approach that can help communities to discover desired behaviors demonstrated by a few within the community and promoting their adoption by all, and 3) market shaping approaches and tools to create sustainable health markets to deliver appropriate, high quality, and affordable health outcomes at scale.

Background: Making the health care system more accessible and responsive to the needs of vulnerable populations requires that they have access to health financing. India's health indicators mask inequities in service utilization and resulting health outcomes across income quintiles. For example, children from the poorest communities are three times more likely to die before they reach the age of five than those from high income groups.

In India, Government funding for health remains comparatively low at 1.04 percent of the Gross Domestic Product (GDP). The lack of adequately funded public sector health services pushes large numbers of people to incur heavy out-of-pocket expenditures on services purchased from the private sector, placing a very high financial burden on families who experience severe illness. Private out-of-pocket expenditures on health are among the highest in the world. High out-of-pocket spending is a major barrier to accessing quality health care by the rural and urban poor; it is also a major cause of indebtedness and impoverishment.

Better data on health expenditure and utilization will be key to designing and funding comprehensive and sustainable health care financing programs for vulnerable populations.

Program Area Goal: Increased access to health financing for priority RMNCH+A and tuberculosis related services among India's rural and urban poor.

Program Purpose: To identify and expand coverage of equitable, evidence-based, and cost-effective health financing for the urban and rural poor, especially women, infants and children.

Result 1: Systems for generating health expenditure and other health financing data to better inform programs and policies for the rural and urban poor.

Analyses of health care spending and sources of financing are critical for making equitable and efficient allocation of health resources. National Health Accounts (NHA) are standard international tools used to track financial resources from the government, households, employers, and donors to health care service providers.

India has done two rounds of NHA - one in 2001-02 and another in 2004-05. The NHA is of limited use for policy making because: (a) it is not comprehensive; and (b) it is not produced on a regular and systematic basis. A comprehensive NHA should be able to answer questions such as: What is the current level of funding for child health? What is out-of-pocket spending on child health by income quintiles? How much money households from the poorest quintile spend on preventive care and curative care? What is the break-down between drug, inpatient and outpatient services? There is a strong need for regular production of NHA that is comprehensive and aligned with the international standards to strengthen information and research-based decision making and implementation in the government.

There is need to provide technical support to the Ministry of Health and Family Welfare (MoHFW) to: (a) Develop a system for routinely generating the NHA using the internationally accepted health accounting framework; and (b) Analyze the health expenditure data and develop and disseminate evidence-based policy relevant briefs. In addition, the successful applicant will also promote actionable research on health economics topics such as health care costs and inflation, and efficiency, effectiveness, value and behavior in the production and consumption of health care.

Result 2: Health financing schemes identified, adapted, tested, scaled-up and integrated into the mainstream health system.

Most of the current health financing schemes, targeted at India's rural and urban poor, focus on in-patient secondary and tertiary care. For example, in the absence of any child-specific and cashless health financing schemes for preventive and primary care, the parents of newborns from vulnerable populations tend to access health services from the informal sector (including self-medication, tradition healers, and quacks). For these parents, out-of-pocket spending is often the only source of financing. This deters families from seeking timely health care and has serious implications on child morbidity and mortality.

The successful applicant will identify financing schemes that already exists and adapt and harmonize these to make them more comprehensive and user-friendly for the rural and urban poor to improve maternal, child, and tuberculosis health outcomes. The local organization will work within selected states to build capacity in the entire gamut of health financing functional areas such as mobilization and pooling of financial resources, purchasing of quality health care services, monitoring and evaluation to scale-up these schemes. The lowering of financial barriers to accessing health care is expected to increase the utilization of maternal and child health services, reduce out-of-pocket payments for accessing these services, and result in improved health outcomes for the rural and urban poor.

PROGRAM AREA #3: Engaging the Private Sector in Reproductive, Maternal,

New-born, Child, and Adolescent Health (RMNCH+A) Care	
Value of Awards	Up to $ 5 million (in total)
Implementation Period:	4 years

USAID/India's Strategic Direction and Overall Approaches

USAID India's Country Development Cooperation Strategy (CDCS) for the period 2012-2017 recasts the USAID-India relationship from a traditional donor-recipient relationship to a peer-to-peer partnership for addressing Indian and global development challenges. USAID recognizes that different solutions and approaches are needed to truly effect the significant magnitude of change required to meet the challenges outlined above in a cost-effective and sustainable manner. These might include:

Building Locally-Led Alliances and Multi-Stakeholder Platforms: Locally-led alliances and multi-stakeholder platforms have the potential to enable public and private sector partners to collaborate and contribute significant shared resources to identify, diffuse, and scale-up "game-changing," proven, high-impact interventions. Successful scale up will be measured by widespread improvements in health outcomes that can only be achieved by significant, widespread uptake of key services and interventions.

Establishing Linkages with Priority National Programs: USAID seeks to further the goals and objectives of national programs implemented and funded by the GOI, for example the National Health Mission and National AIDS Control Program.

Promoting Game-Changing Innovations and Proven High Impact Solutions: USAID defines innovations as those interventions that introduce novel business or organizational models; operational or production processes; or products or services that lead to dramatic (not incremental) improvements in addressing health challenges. Innovation could help produce significant health outcomes more effectively, more cheaply, more sustainably, reaching more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: Capitalizing on opportunities to promote innovations and implementation of proven high-impact interventions at scale will have lasting health impact. Success will depend, in part, on strong health systems. The program components outlined under this APS directly contribute to the health systems strengthening assistance objective and the five intermediate results outlined in Health Partnership Program Agreement that was signed between the Governments of India and the United States of America on September 30, 2010. The five intermediate results include: i) Increased access to quality services; ii) Strengthened policy and regulatory environment; iii) Increased healthy behaviors, iv) Increased use of data for decision making; and; v) Increased private sector engagement in quality health services.

Utilizing Appropriate Frameworks and Tools for Reaching Scale: Successful applicant/s will function primarily as "intermediary organizations," meaning that they will work closely with national and selected state governments and private sector partners to: 1) identify potentially effective and scalable approaches, global best practices, technologies, etc., and 2) develop and

implement scale-up plan(s) in selected districts and states, partly by establishing pre-conditions for scale up, building capacity for scale up and facilitating implementation of scale up by public and/or private sector partners. Successful applicant/s must demonstrate the use of robust internationally recognized and appropriate tools and frameworks or approaches to facilitate the scale up of proven, high-impact interventions through the public and/or private health care systems. Some examples of proven approaches include: 1) the Scaling-Up Management (SUM) Framework developed and field-tested by Management Services International (MSI), 2) the positive deviance approach that can help communities to discover desired behaviors demonstrated by a few within the community and promoting their adoption by all, and 3) market shaping approaches and tools to create sustainable health markets to deliver appropriate, high quality, and affordable health outcomes at scale.

Background: In its twelfth Five-year Plan 2012-2017, the Government of India (GOI) has set an ambitious goal to ensure universal access to healthcare, particularly for impacting India's maternal and child health indicators. Global evidence indicates that broader coverage and improvements in these indicators are possible by partnering with the private sector. Engagement of private sector is now being seen as an important opportunity to improve access to quality, proven high impact RMNCH+A services for the rural and urban poor. Yet, the GOI's experience in engaging the private sector in this area has shown that the GOI's capacity to design, negotiate and manage these partnerships could be more effective.

Program Area Goal: GOI's engagement with India's private sector increased access to RMNCH+A services for the urban and rural poor.

Program Purpose: To strengthen Governmental stewardship capacities for successful engagement of the private sector in RMNCH+A care.

Result 1: Strengthened knowledge management of proven private sector engagement in health programs.

National and state governments have in the past engaged the private sector for supporting critical health priorities. These partnerships have mostly focused on contracting the private sector for mobile health, diagnostic services, emergency transportation, health care financing, and support services such as laundry and catering services. Currently, there are no dedicated systems to periodically assess, document and disseminate the success, experiences, challenges, lessons, and management expertise of engaging private sector in prevention and primary care. This information will provide important insights for policy makers and the public sector to engage the private sector in preventive and primary care. There are needs to: a) develop an inventory of major private sector initiatives in RMNCH+A care; b) periodically evaluate, document and disseminate private sector efforts in RMNCH+A care; c) constitute high-level private sector partnership working groups to develop white papers, policy briefs on private sector engagement in RMNCH+A care; and d) provide guidance on scaling-up proven private sector initiatives in RMNCH+A care.

Result 2: Robust due-diligence and rational costing systems for private sector partnerships in RMNCH+A programs established.

Limited promotion of private sector partnership opportunities; inadequate consultations with private sector on costing and incentive schemes; and lack of standardized tools and systems to assess due diligence of partnering private sector organizations have influenced the success and number of private sector partnerships in RMNCH+A care. There are needs to: a) develop outreach strategies to promote RMNCH+A care opportunities to the private sector; b) analyze costs of different RMNCH+A care services in private and public health care settings; c) evolve rationale and market-based incentive structures for the private sector to provide a range of RMNCH+A care services to rural and urban poor; d) administer standardized tools and guidelines on due diligence for partnering with private sector organizations in select states; and e) evaluate the impact of due-diligence and rationale costing, incentive structures on program outcomes and on continuity of partnerships by the private sector.

Result 3: Strengthened national and state systems for public sector stewardship of private sector engagement in RMNCH+A care.

The lack of dedicated management systems at national and state level to, a) conceptualize opportunities for private sector participation in RMNCH+A care; b) systematically dialogue and engage with the private sector; c) adapt existing schemes and develop new models of private sector participation; and d) provide supportive supervision for private sector engagement in RMNCH+A care, is a major gap, and has impacted private sector partnerships in RMNCH+A programs. Few states have engaged an interface agency to help coordinate logistics and supplies, demand creation, capacity building, quality assurance, reporting and incentive management functions for effective engagement of the private sector. In most states there are no dedicated staff for overseeing private sector partnerships in RMNCH+A care.

There are needs to: a) develop a leadership forum at the national and state levels to provide strategic roadmaps for engaging the private sector in RMNCH+A care; b) assess effectiveness of interface agencies and dedicated public-private partnership units/staff; c) establish systems for periodic government and private sector dialogue on RMNCH+A care; d) develop systems to promote and manage private sector partnerships in RMNCH+A care; and e) strengthen capacities of public sector officials to design, implement, regulate and effectively monitor private sector programs in RMNCH+A care.

PROGRAM AREA #4: Quality Data for Decision Making (QDDM)	
Value of Award	Up to $ 9 million (in total)
Implementation Period	4 years

USAID/India's Strategic Direction and Overall Approaches

USAID India's Country Development Cooperation Strategy (CDCS) for the period 2012-2017 recasts the USAID-India relationship from a traditional donor-recipient relationship to a peer-to-peer partnership for addressing Indian and global development challenges. USAID recognizes that different solutions and approaches are needed to truly effect the significant

magnitude of change required to meet the challenges outlined above in a cost-effective and sustainable manner. These might include:

Building Locally-Led Alliances and Multi-Stakeholder Platforms: Locally-led alliances and multi-stakeholder platforms have the potential to enable public and private sector partners to collaborate and contribute significant shared resources to identify, diffuse, and scale-up "game-changing," proven, high-impact interventions. Successful scale up will be measured by widespread improvements in health outcomes that can only be achieved by significant, widespread uptake of key services and interventions.

Establishing Linkages with Priority National Programs: USAID seeks to further the goals and objectives of national programs implemented and funded by the GOI, for example the National Health Mission and National AIDS Control Program.

Promoting Game-Changing Innovations and Proven High Impact Solutions: USAID defines innovations as those interventions that introduce novel business or organizational models; operational or production processes; or products or services that lead to dramatic (not incremental) improvements in addressing health challenges. Innovation could help produce significant health outcomes more effectively, more cheaply, more sustainably, reaching more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: Capitalizing on opportunities to promote innovations and implementation of proven high-impact interventions at scale will have lasting health impact. Success will depend, in part, on strong health systems. The program components outlined under this APS directly contribute to the health systems strengthening assistance objective and the five intermediate results outlined in Health Partnership Program Agreement that was signed between the Governments of India and the United States of America on September 30, 2010. The five intermediate results include: i) Increased access to quality services; ii) Strengthened policy and regulatory environment; iii) Increased healthy behaviors, iv) Increased use of data for decision making; and; v) Increased private sector engagement in quality health services.

Utilizing Appropriate Frameworks and Tools for Reaching Scale: Successful applicant/s will function primarily as "intermediary organizations," meaning that they will work closely with national and selected state governments and private sector partners to: 1) identify potentially effective and scalable approaches, global best practices, technologies, etc., and 2) develop and implement scale-up plan(s) in selected districts and states, partly by establishing pre-conditions for scale up, building capacity for scale up and facilitating implementation of scale up by public and/or private sector partners. Successful applicant/s must demonstrate the use of robust internationally recognized and appropriate tools and frameworks or approaches to facilitate the scale up of proven, high-impact interventions through the public and/or private health care systems. Some examples of proven approaches include: 1) the Scaling-Up Management (SUM) Framework developed and field-tested by Management Services International (MSI), 2) the positive deviance approach that can help communities to discover desired behaviors demonstrated by a few within the community and promoting their adoption

by all, and 3) market shaping approaches and tools to create sustainable health markets to deliver appropriate, high quality, and affordable health outcomes at scale.

Background: The Ministry of Health and Family Welfare (MOHFW) is committed to enhancing the use of quality data to improve the status of RMNCH+A. In 2005, along with the launch of the National Rural Health Mission, a need was felt to strengthen the health management information systems (HMIS) to facilitate availability of good quality data for efficient program planning. In recent years, a great deal of effort has been made to improve the quality and use of HMIS data. During the Call to Action for Child Survival and Development, the GOI established a system to track progress at the national and state level through a National Child Survival and Development Score Card and a National Dashboard (developed using HMIS and survey data respectively) for key RMNCH+A health indicators along the continuum of care – pre-pregnancy, pregnancy, childbirth, postnatal, early childhood, and adolescence. States are encouraged to introduce State Dashboards to monitor health in districts. In the past, various policy and planning documents (Working Group Papers, Records of Proceedings, Program Implementation Plans, District Health Action Plans, etc.) have used data (HMIS, survey, surveillance, Sample Registration System, Census, etc.) for planning purposes but such use of data is yet not optimum.

Evidently, HMIS data quality and use has improved over the years, however, both the quality and use especially at district and facility level has scope for improvement. MOHFW intends to strengthen health information systems and enhance use of good quality data (from various sources) to inform program planning. Specifically, validity and accuracy of HMIS data needs to be improved.

Program Goal: Increased access to quality, proven high impact RMNCH+A services by improving data quality and enhancing evidence-based decision-making.

Program Purpose: To facilitate evidence-based decision-making using improved quality of and use of data.

Result 1: Quality of HMIS data and maternal and child health tracking system (MCTS) improved in minimum 30 high priority districts across select states.

The quality of HMIS data and MCTS has not been assessed. There is need to: a) use internationally recognized standardized tool to assess HMIS data quality and MCTS system; b) develop a roadmap for improvement of data quality especially the validity of the HMIS data, and strategies to strengthen the MCTS system, c) help establish annual targets for data quality improvement, d) provide support to implement the road-map for data quality improvement, and, e) develop and implement strategies for replication and scale-up.

Result 2: Evidence-based decision-making enhanced in minimum 30 high priority districts across select states.

HMIS data as well as data from various other sources needs to be used for program planning, budgeting, prioritization, monitoring, and evaluation. There is need to: a) assess use of data

for evidence-based decision-making in various policies and planning documents at national, state, and district level; b) develop plans to effectively use data from various sources to improve evidence-based decision-making at various levels including district specific Child Survival and Development Score Card and Dashboards; c) demonstrate enhancement in evidence-based decision-making; and; d) develop and implement strategies for replication and scale-up.

One of the important tools that has been recently introduced is the Maternal and Child Health Tracking System (MCTS). This could potentially have a substantial impact on improving utilization of key maternal and child health services. The selected organization will work in select districts to assess the current implementation of MCTS and will help in strengthening the maternal and child health tracking.

PROGRAM AREA #5: Scaling Up Interventions in Reproductive, Maternal, Neonatal, Child, and Adolescent Health	
Value of Awards:	Minimum US $10 million and Maximum $25 million
Implementation Period:	4 years
Geographic Priorities:	National level and specifically at least 30 priority districts in selected states

USAID/India's Strategic Direction and Overall Approaches

USAID India's Country Development Cooperation Strategy (CDCS) for the period 2012-2017 recasts the USAID-India relationship from a traditional donor-recipient relationship to a peer-to-peer partnership for addressing Indian and global development challenges. USAID recognizes that different solutions and approaches are needed to truly effect the significant magnitude of change required to meet the challenges outlined above in a cost-effective and sustainable manner. These might include:

Building Locally-Led Alliances and Multi-Stakeholder Platforms: Locally-led alliances and multi-stakeholder platforms have the potential to enable public and private sector partners to collaborate and contribute significant shared resources to identify, diffuse, and scale-up "game-changing," proven, high-impact interventions. Successful scale up will be measured by widespread improvements in health outcomes that can only be achieved by significant, widespread uptake of key services and interventions.

Establishing Linkages with Priority National Programs: USAID seeks to further the goals and objectives of national programs implemented and funded by the GOI, for example the National Health Mission and National AIDS Control Program.

Promoting Game-Changing Innovations and Proven High Impact Solutions: USAID defines innovations as those interventions that introduce novel business or organizational models; operational or production processes; or products or services that lead to dramatic (not incremental) improvements in addressing health challenges. Innovation could help produce

significant health outcomes more effectively, more cheaply, more sustainably, reaching more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: Capitalizing on opportunities to promote innovations and implementation of proven high-impact interventions at scale will have lasting health impact. Success will depend, in part, on strong health systems. The program components outlined under this APS directly contribute to the health systems strengthening assistance objective and the five intermediate results outlined in Health Partnership Program Agreement that was signed between the Governments of India and the United States of America on September 30, 2010. The five intermediate results include: i) Increased access to quality services; ii) Strengthened policy and regulatory environment; iii) Increased healthy behaviors, iv) Increased use of data for decision making; and; v) Increased private sector engagement in quality health services.

Utilizing Appropriate Frameworks and Tools for Reaching Scale: Successful applicant/s will function primarily as "intermediary organizations," meaning that they will work closely with national and selected state governments and private sector partners to: 1) identify potentially effective and scalable approaches, global best practices, technologies, etc., and 2) develop and implement scale-up plan(s) in selected districts and states, partly by establishing pre-conditions for scale up, building capacity for scale up and facilitating implementation of scale up by public and/or private sector partners. Successful applicant/s must demonstrate the use of robust internationally recognized and appropriate tools and frameworks or approaches to facilitate the scale up of proven, high-impact interventions through the public and/or private health care systems. Some examples of proven approaches include: 1) the Scaling-Up Management (SUM) Framework developed and field-tested by Management Services International (MSI), 2) the positive deviance approach that can help communities to discover desired behaviors demonstrated by a few within the community and promoting their adoption by all, and 3) market shaping approaches and tools to create sustainable health markets to deliver appropriate, high quality, and affordable health outcomes at scale.

Background: While there have been several efforts to expand activities aimed at improving coverage of RMNCH+A services nationally and in the high burden states, the scale has not been enough to demonstrate impact in several priority areas. The institutional delivery rate has increased remarkably through the Janani Suraksha Yojana, yet the exclusive breast feeding rates continue to be less than 30 percent in most places. Rates of immunization coverage vary from 70 percent to 30 percent across districts. On the other hand, India has not seen a new case of Polio for over two years. The Infant Mortality Rates have unacceptably high variance ranging from rates comparable to developed countries (19 per thousand live births) in some districts of India to being among the lowest in the world (103 per thousand live births) in others. The use of simple solutions of reducing child mortality such as use of oral rehydration salts during diarrhea ranges from 18 percent to 94 percent and zinc usage is very low.

A credible plan to implement and scale up proven high-impact RMNCH+A interventions that have been tested and demonstrated globally/nationally to demonstrate improved health outcomes and impact is needed. Strategic and creative approaches, unconventional

partnerships, to both create and strengthening platforms to work with the Government and the private sector - the two main providers of health services - to scale up proven RMNCH interventions will be required.

Program Goal: Effective RMNCH+A solutions, scaled to achieve significant reductions in preventable morbidity and mortality among women and children.

Purpose: GOI and private sector scale up proven high-impact RMNCH+A interventions.

Result 1: Enhanced institutional capacity of GOI and private sector networks to scale up proven high-impact RMNCH+A interventions.

There are several factors which impede the scale up of RMNCH+A services in India. There is variable capacity of the states both in terms of technical capacity and absorptive capacity of the funds, systemic inefficiencies, frequent changes in the leadership, delays in procurements and several others. The private sector although interested in the public good, must ensure that the scale up is commercially viable for them. There are issues related to co-financing between the public and private sector. The health impact will be seen if there is scale-up of RMNCH services both by the public and the private sector.

Result 2: Effective technical assistance provided though a national technical support unit and quick response team.

India is a large and complex country with specific state specific issues including those which affect RMNCH+A outcomes. While the technical and management capacity of personnel who plan and manage RMNCH+A programs is increasing, still there are technical gaps. Development and implementation of a robust and need based technical assistance plan to the Public and private sector will provide critical assistance in facilitating the scale up of programs. It is important to demonstrate that the technical support is not duplicative, has a robust capacity transfer and sustainability plan.

PROGRAM AREA # 6 : Increased quality of RMNCH+A and tuberculosis services	
Value of Awards:	Up to $15 million (in total)
Implementation Period:	4 years

USAID/India's Strategic Direction and Overall Approaches

USAID India's Country Development Cooperation Strategy (CDCS) for the period 2012-2017 recasts the USAID-India relationship from a traditional donor-recipient relationship to a peer-to-peer partnership for addressing Indian and global development challenges. USAID recognizes that different solutions and approaches are needed to truly effect the significant magnitude of change required to meet the challenges outlined above in a cost-effective and sustainable manner. These might include:

Building Locally-Led Alliances and Multi-Stakeholder Platforms: Locally-led alliances and multi-stakeholder platforms have the potential to enable public and private sector partners to

collaborate and contribute significant shared resources to identify, diffuse, and scale-up "game-changing," proven, high-impact interventions. Successful scale up will be measured by widespread improvements in health outcomes that can only be achieved by significant, widespread uptake of key services and interventions.

Establishing Linkages with Priority National Programs: USAID seeks to further the goals and objectives of national programs implemented and funded by the GOI, for example the National Health Mission and National AIDS Control Program.

Promoting Game-Changing Innovations and Proven High Impact Solutions: USAID defines innovations as those interventions that introduce novel business or organizational models; operational or production processes; or products or services that lead to dramatic (not incremental) improvements in addressing health challenges. Innovation could help produce significant health outcomes more effectively, more cheaply, more sustainably, reaching more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: Capitalizing on opportunities to promote innovations and implementation of proven high-impact interventions at scale will have lasting health impact. Success will depend, in part, on strong health systems. The program components outlined under this APS directly contribute to the health systems strengthening assistance objective and the five intermediate results outlined in Health Partnership Program Agreement that was signed between the Governments of India and the United States of America on September 30, 2010. The five intermediate results include: i) Increased access to quality services; ii) Strengthened policy and regulatory environment; iii) Increased healthy behaviors, iv) Increased use of data for decision making; and; v) Increased private sector engagement in quality health services.

Utilizing Appropriate Frameworks and Tools for Reaching Scale: Successful applicant/s will function primarily as "intermediary organizations," meaning that they will work closely with national and selected state governments and private sector partners to: 1) identify potentially effective and scalable approaches, global best practices, technologies, etc., and 2) develop and implement scale-up plan(s) in selected districts and states, partly by establishing pre-conditions for scale up, building capacity for scale up and facilitating implementation of scale up by public and/or private sector partners. Successful applicant/s must demonstrate the use of robust internationally recognized and appropriate tools and frameworks or approaches to facilitate the scale up of proven, high-impact interventions through the public and/or private health care systems. Some examples of proven approaches include: 1) the Scaling-Up Management (SUM) Framework developed and field-tested by Management Services International (MSI), 2) the positive deviance approach that can help communities to discover desired behaviors demonstrated by a few within the community and promoting their adoption by all, and 3) market shaping approaches and tools to create sustainable health markets to deliver appropriate, high quality, and affordable health outcomes at scale.

Background: While the National Rural Health Mission (NRHM) has made considerable investments in the last few years to upgrade public sector health facilities, a lack of adoption of standard quality frameworks and continuous quality improvement (QI) efforts, has meant

that investments have not led to significant improvements in quality of services. The Government of India (GOI) is keen to enhance the quality of health services at all levels. Despite the availability of evidence-based, simple, and high-impact interventions capable of saving mothers and children's lives, many children and their mothers are not benefiting from them, partly because of poor quality in their delivery. The inadequate quality of care is evident through various parameters such as efficiency, patient-centeredness, equity, accessibility, and timeliness showing deficiencies in both the public and private sector facilities. The private sector health care delivery poses additional challenge as the private sector is fragmented and largely unregulated though it provides 70 to 80% of health care in India.

Goal: Improved quality of RMNCH+A and tuberculosis services.

Purpose: To institutionalize quality improvement systems for RMNCH+A and tuberculosis care in both the public and private health sector.

Result 1: Effective systems for quality improvement identified and assessed for potential scale-up.

This activity will strive to scale up successful quality improvement interventions to accelerate RMNCH+A and tuberculosis outcomes. In this context there is need to: a) identify potential high impact quality improvement systems and practices in primary healthcare in the public sector and the private sector (including civil society) ; b) assess the identified interventions to determine health impact, feasibility for scaling-up and cost-effectiveness; c) supplement available data on key parameters, if sufficient data is unavailable; d) develop a road-map for quality improvement at the national level, and selected states and districts; and e) provide technical support for implementation of the plan. The road-map will recognize that the context within which quality improvement activities are implemented is variable. Thus, no single approach can be successful for sustained quality improvement and an adaptive approach is more likely to have positive outcomes.

Result 2: Evidence-based schemes support quality improvement in public and private health facilities.

The quality improvement activity requires change in established practices of healthcare providers. Even though in the short-term the healthcare providers find making measurable improvements in the care of their patients to be rewarding, there is insufficient understanding of how to make quality improvement approaches sustain over the long-term. There is need to understand both the provider and client side interventions that can lead to sustained quality improvement efforts. The role that specific incentives may play for improvements in quality of care for the healthcare providers as well as the role that client information and demand for improved quality of care from the clients needs further understanding. The applicant shall identify, assess, and support the implementation of evidence based approaches in the public and private health care delivery system for sustaining quality improvement efforts.

D. GENDER

Pursuant to ADS 201.3.12.6, proposals/concept paper should clearly state the respondents' gender mainstreaming expertise and capacity, and propose meaningful approaches to address gender, clearly answering the following three questions:
(1) Are women, including girls, and men involved and benefiting equally at different levels (effort, decision-making, etc.) or affected differently by the proposed intervention?
(2) Do the opportunity costs of participation differ between men and women (including girls)?

- If either (1) or (2) are affirmative, what is the difference and magnitude and how will the proposed intervention mitigate these differences to ensure sustainable and appropriate program impact?

3. Insert "A. Full Application Procedures" in Section III, Application and Submission Information for Full Applications as below :

SECTION III
APPLICATION AND SUBMISSION INFORMATION FOR FULL APPLICATIONS

A. FULL APPLICATION FORMAT (Step 2)

Only submit a full application if requested to do so by USAID/India. Full Applications (if invited) shall be submitted in an original and four (4) hard copies as well as submitted electronically to **indiarco@usaid.gov** in two separate volumes: (a) technical and (b) cost application. The e-mails must contain unzipped attachments and the size of each e-mail submission along with the attachments must not exceed 10MB. If necessary, send separate e-mails in order to stay within the 10MB size limit. The electronic version of the cost application must be prepared using Microsoft Excel with workable calculations shown in the spreadsheet along with a detailed narrative explaining the costs in Microsoft Word.

Courier Address:
USAID/India
Regional Acquisition and Assistance Office
American Embassy, Shantipath
Chanakyapuri, New Delhi 110021
India
Tel: +91-11-24198796

e-mail address:
indiarco@usaid.gov

Late applications will not be accepted. Acceptance is upon receipt of the hard copy **NOT** the electronic copy.

The formats for the Full Application which would be split into two separate parts: (1) Technical Application; and (2) Cost Application are set forth below:

A.1 Technical Application Format

The technical application must be:
a) A maximum of 30 pages in length;
b) Typed, singled space on letter size, not legal size, paper;
c) 12 point font Times New Roman; charts, tables and spreadsheets may be not less than 10 font;
d) Written in English in Word or Adobe PDF format;
e) Spreadsheets must be in MS Excel or tables that are compatible with MS Word;
f) All pages except for the cover page must be numbered

The 30 page limit does not include the cover page; and past performance and institutional capabilities. The attachments must be concise and not a continuation of the 30 page main content.

The attachments should include the following, apart from other relevant information: Relevant information on past performance and institutional capabilities (for main applicant and key partner organizations)

The technical application should include the following components and be organized according to the outline below.

1. ***Cover Page***
   a. USAID APS # APS-386-13-000006
   b. Name and address of organization
   c. Contact person (lead contact name; telephone number, fax and e-mail)
   d. Signature of authorized representatives of the applicant

2. ***Executive Summary***
   The executive summary must summarize the key elements of the Applicant's technical application, including, but not limited to, the technical approach (see following section), and cost-sharing and/or public-private partnership leveraging, if applicable.

3. ***Technical Approach***
   Use clear logic describing the links between the context analysis, program hypothesis, the objectives, methods, and anticipated results. The technical approach section should contain the following subsections in demonstrating a clear understanding of the key issues identified in the Program Description (Refer to Section I, Program Description, "C. Program areas" for technical approaches to be addressed):
   a. **Situation Analysis**: Describe the specific development context. Include relevant background information and analysis of the problem, demand for a solution, opportunity or challenge in the proposed sector or value chain. Describe the innovation to be shared and proof of its success;
   b. **Program Hypothesis and Theory of Change**: Include a program hypothesis that clearly explains the theory or theories of change that underlie the approach of the proposed innovation. The program hypothesis should describe the link between the proposed activities and their intended impact on the problem, opportunity, challenge, and demand identified in the situation analysis.
   c. **Program Goals and Objectives**: List the goals(s) of the proposed program. Include clear, measureable program objectives that will contribute to achieving the stated goal. Include an explanation of why the stated objectives represent the most appropriate response to the problem, opportunity, and/or challenge presented in the situation analysis.
   d. **Methods**: Describe the methods and activities the program will utilize to achieve the stated objectives. Include a brief description of the human, financial, technical, and material resources that will be applied to achieve the objectives including the roles and responsibilities of the applicant and partners, if any. If partnerships are proposed, discuss how these will be managed. Discuss alternative methods considered and reasons that the selected approach was chosen to transfer the innovation over alternative pathways and approaches.

e. **Outcomes/ Results**: State the anticipated outcomes that result from the proposed methods/activities and how they will contribute to the overall FTF goals in the country where the innovation will be shared.
f. **Sustainability**: Describe the strategies that will be employed to sustain the activities beyond USAID funding for these activities as well as the potential for scaling up to achieve broad based impact where possible and appropriate.
g. **Risk Analysis**: Describe the risks associated with the proposed methods that are likely to affect the program outcomes. Include factors that are both within and outside of the Applicant's control. List strategies the Applicant will utilize to reduce risk and ensure proposed results are achieved.

4. ***Project Management Approach and Implementation Plan***

The project management approach should include the following components:

a. Applicant's program management plan;

b. Respective roles, responsibilities, and accountability of the applicant and its partners, including roles and responsibilities of key staff;

c. Description of the management systems in place, if applicable;

d. Implementation plan that outlines activities, inputs, outputs, outcomes, indicators, and a breakdown showing the responsibilities of partners, if applicable. The implementation plan should have two components:
   i. Proposed first-year work-plan that is presented in a matrix format that includes proposed activities and when they will take place for the timeframe indicated. Identify partners for activities where appropriate. The first year work plan, inputs, outputs, and outcomes should be realistic and achievable within proposed budget and timeframe and reflect a grasp of the necessary steps to ensure efficient, effective execution of program activities.
   ii. The proposed life of the project implementation plan that outlines a timeline for phasing of interventions. This plan should contain inputs, outputs, and present outcomes per year that are realistic and achievable within the proposed budget and timeframe and reflect a grasp of necessary steps to ensure rapid, effective execution of the program activities. Provide indicators that are clear and measurable.
   The organizational structure of the program implementation will be proposed by the applicants.

5. ***Past Performance and Institutional Capabilities***

Applicants shall include the following information on performance of relevant current programs or those completed during the past three years. This section should include:

a. A description of the applicant's institutional capacity to manage (technically, administratively, and financially) the proposed program in a technically and culturally appropriate fashion;

b. A list of key staff and their qualifications with respect to the project goals and objectives as well as language capabilities where appropriate (qualifications can be included as attachments. If attached, include reference here to location of this attachment)

c. Concise description of the Applicant's, as well as prospective or existing partners' previous work and experience relative to the activities being proposed during the past three years. For each award, include a brief statements about:
   i. The relevance of the Applicant's past development work to the program being proposed;
   ii. Results achieved;
   iii. Duration, size, and value of the project;
   iv. List of references with contact numbers & e-mail addresses; and information such as location, award numbers if available, brief description of work performed, and contact information with current email addresses and telephone numbers;
   v. Include a copy of the final evaluation if one was done within the past five years.

6. ***Cost Share***

While not mandatory, cost share is expected. It is expected that the proposed budget will be generated from both USG funding plus non-USG funding through cost share from the applicants for the proposed program. The cost share may be a combination of cash and in-kind. Actual and/or expected sources and amounts of the cost-share amount from all sources (other donors, community members, business, etc.) must be stipulated.

Criteria for acceptance and allowability for the non-U.S. federal contributions are set forth in 22 CFR 226 (Copies of 22 CFR 226 may be obtained from http://transition.usaid.gov/policy/ads/cfr.html

A.2 Cost Application Format

The Cost or Business Application is to be submitted under separate cover from the technical application. There is no page limitation on the Cost Application.

The following sections describe the documentation that applicants must submit to USAID/India with their application. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

1. A detailed budget with an accompanying budget narrative that provides in detail the rationale for proposed costs. The budget narrative should provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, vendor quotes, etc.).
In addition to the detailed budget, a summary of the budget must be submitted using the following Standard Forms, which can be downloaded from

https://apply07.grants.gov/apply/FormsMenu?source=agency:

a) Form SF-424, Application for Federal Assistance;
b) Form SF-424A, Budget Information – Non-construction Programs;
c) Form SF-424B, Assurances – Non-construction Programs; and
d) Pre-award certifications, assurances, and other statement of recipients (available at http://transition.usaid.gov/policy/ads/300/303mav.pdf)

2. The cost/business application should contain the following budget categories:

a. Direct Labor – Direct salaries, wages and annual increases for all personnel proposed under the application shall be in accordance with the applicant's established personnel policies. To be considered adequate, the policies must be in writing, applicable to all employees of the organization, is subject to review and approval at a high enough organizational level to assure its uniform enforcement, and result in costs which are reasonable and allowable in accordance with applicable cost principles. The narrative should include a level of effort analysis specifying personnel, rate of compensation, and amount of time proposed. Anticipated salary increases during the period of the agreement should be included.
b. Supplies and Equipment - Differentiate between expendable supplies and nonexpendable equipment (note: Equipment is defined as tangible nonexpendable personal property including exempt property charged directly to the award having a useful life of more than one year and an acquisition cost of $5,000 or more per unit, unless the applicant's established policy establishes nonexpendable equipment anticipated to be required to implement the program, specifying quantities and unit cost.)
c. Allowances- Allowances must be broken down by specific type and by person and must be in accordance with the applicant's established policies.
d. Travel and Per Diem - The narrative should indicate number of trips, domestic and international, and the estimated unit cost of each travel in accordance with the technical application. Proposed per diem rates must be in accordance with the applicant's established policies and practices that are uniformly applied to federally-financed and other activities of the applicant.
e. Other Direct Costs - This could include any miscellaneous costs such as office rents, communications, transportations, supplies and utilities, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than the applicant's normal coverage), etc. The narrative, or supporting schedule, should provide a complete breakdown and support for each item of other direct costs.
f. Proposed Sub-contracts/agreements - Applicants who intend to utilize sub-contractors or sub recipients should indicate the extent intended and a complete cost breakdown, as well as all the information required herein for the applicant. Sub-contract/agreement cost applications should follow the same cost format as submitted by the applicant.
g. Indirect costs are not allowed for awards to indigenous organizations (see Implementing Partner Notice IPN 08-006 at http://transition.usaid.gov/in/working_with_us/ipn.html).
h. Applicants should submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility.

The information submitted should substantiate that the applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award;
2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental;
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and
5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., FCRA).

Please note that applications that do not follow the instructions above may not be considered.

3. Revise the "Evaluation Criteria for Full Application(s)" in Section III, Application and Submission Information for Full Applications as below :

SECTION III
APPLICATION AND SUBMISSION INFORMATION FOR FULL APPLICATIONS

B. EVALUATION CRITERIA FOR FULL APPLICATION(S) (Step 2)

The criteria presented below have been tailored to the requirements of this APS. Applicants

should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants are requested to organize the narrative sections of technical applications according to the technical application format set forth below.

The specific evaluation criteria are as follows:

B.1 Technical Evaluation:

	EVALUATION CRITERIA	MAXIMUM SCORE
i.	Technical Approach	40
ii.	Key Personnel	25
iii.	Management Plan	20
iv.	Past Experience and Past Performance	15
	TOTAL SCORE	**100**

i. Technical Approach **40 points**

A technical approach that is well-conceived, technically sound, result-oriented, feasible, and sustainable, which demonstrates a clear understanding of the key issues identified in the Program Description. Refer to Section I, Program Description "C. Program Areas" for technical approaches to be addressed.

ii. Key Personnel **25 points**

Individuals proposed as key personnel will be evaluated based on their sector specific qualifications, professional competence, relevant academic background, demonstrated success in carrying out proposed activities, experience.

iii. Management Plan **20 points**

The Management Plan will be evaluated based on its ability to support the achievement of results. The Management Plan must consist of a clear and concise description of how internal management plans, organizational structures, lines of communication and authority, and partnerships are conducive to effective project implementation.

iv. Past Experience and Past Performance **15 points**

Past experience managing or implementing similar programs or partnerships that involved elements of strategic partnership and advocacy; supporting and scaling successful and innovative education projects; and knowledge management. USAID

will also examine the quality of the applicant's past performance to list the projects by name, sponsoring agency or firm and person to contact.

Applicants will be evaluated for demonstrated successful past performance in the following for the projects they list for Past experience:

a. The overall quality of the product /services provided
b. Cost control performance,
c. timeliness of performance,
d. End-user /customer satisfaction with the performance; and
e. Performance of key personnel.

B.2. Cost Evaluation:

Points will not be awarded for cost. Cost will primarily be evaluated for reasonableness, realism, allowability and the applicant's understanding of the work to be performed. Effective cost saving measures to improve cost efficiency of the program will also be considered. Given the nature of this activity, USAID/India will weigh carefully potential benefits from the proposed staffing plans and level of effort**.**

[Note: Applications that do not present realistic costs may risk not being considered for award.]