USAID | INDIA
FROM THE AMERICAN PEOPLE

September 17, 2014.

SUBJECT: ANNUAL PROGRAM STATEMENT (APS) No: APS-386-14-000002, Amendment#01

PROJECT NAME : Quality Data for Decision Making (QDDM)

Dear Applicants,

This Amendment No. 1 to subject APS is hereby issued to post Answers to Questions received through e-mail :

Question 1(a): Page 7 of the APS states that "applicants will work both at the national level and in a minimum of 30 districts spread over at least six states." Is the geographic focus the 6 USAID designated states, or are there other focus states we should consider? Are all applicants required to propose a concept that will work in a minimum of 30 districts and six states or is this a collective USAID goal for all selected applicants combined?
Question 1(b): Should the 30 high priority districts belong to the 6 USAID led states or can be from any other state in India?
Answer : The geographic focus is the six USAID RMNCH+A priority states (Delhi, Punjab, Haryana, Jharkhand, Himachal Pradesh, and Uttarakhand). Other focus states will be identified in consultation with the Ministry. Yes, all applicants are required to propose a concept that will work in a minimum of 30 districts spread across USAID priority states.

Question 2. What level of the health system should activities be focused on? Are you looking for data use to increase at the community, facility, block, district, state or national level?
Answer : The applicant needs to specify the technical approaches that will help to meet the expected results and provide a logframe that outlines the expected results.

Question 3. Which health system functionaries do you think it is most important to empower with decision making support?
Answer : The applicant needs to articulate this in the submission.

Question 4. Is there a specific impact USAID has in mind for increased data use? (accountability, improved quality of care, resource allocation, improved outreach, decentralization). We understand data use has many potential systems benefits, but we are curious to know if you have a specific outcome/impact in mind.
Answer : USAID is interested to support approaches that will help to accelerate RMNCH+A outcomes through improved utilization of quality HMIS and MCTS systems particularly.

Question 5. Many data quality improvement efforts focus on rationalizing data collection formats and indicators. Within this project, do we have the option of reducing the number of data elements to be collected for MCTS and HMIS?

Answer : The applicant is expected to support and accelerate the efforts made by GOI. A feasible and sustainable strategy need to be proposed that reflects support from critical stakeholders.

Question 6. Is incorporating the data from the Rashtryia Bal Swasthiya Karyakram a priority or interest for USAID? Or should we focus on MCTS and HMIS? What about integration of other vertical program information systems such as NIKSHAY?
Answer : The focus is on MCTS and HMIS.

Question 7. Page 7 of the APS states that the implementation period is 4 years. Are applicants able to propose a concept that will be implemented for a period of time that is less than 4 years? Are all activities required to have a four year implementation period?
Answer : We recommend an overall four year implementation plan. However, for various activities the applicant needs to determine the suitable time period for each activity.

Question 8. Are applicants encouraged and/or allowed to collaborate with Government of India institutions? Are there any restrictions on allocation of financial resources to Government of India institutions?
Answer : Applicants are allowed and strongly encouraged to collaborate with Government of India institutions in developing an application. However, to the extent that the application contemplates that the government would be managing project funds, such an arrangement would need to be analyzed and approved by USAID to ensure that appropriate financial and other management systems can be put in place between the applicant and the government.

Question 9. Page 16 of the APS states that the review panel "will determine whether the approach described reflects the new strategic direction of USAID and its health programs." Please confirm that the current USAID/India CDCS reflects the Mission's new strategic direction? If not, then we would appreciate if USAID would provide additional information the new strategic direction and how it may differ with the current CDCS.
Answer : Yes, the current USAID/India CDCS reflects the Mission's new strategic direction.

Question 10: Are there specific indicators under Results 1 and 2 that USAID would want to be tracked?
Answer : The applicant will propose indicators to measure the results.

Question 11: On page 12, section F1, it says, "The proposed recipient cost share for the four-year, with the budget of up to U.S.$6 million Quality Data for Decision Making Project should be 10%." It also says that "Actual and/or expected sources and amounts of the cost-share amount from all sources (other donors, community members, business, etc.) must be stipulated."
Is it okay, if we share the 10% in form of professional fees out of the total budget and request for only 90% of the total fund budgeted.
Answer : Quality Data for Decision Making Project would be an assistance award and in accordance with 22 CFR 226.81, "Prohibition Against Profit," profit, which is any amount

in excess of allowable direct and indirect costs, is not allowed for recipients of USAID assistance awards.

Question 12: Currently, five pages permitted for the concept includes 1st page for Cover Page, 2nd to 4th for technical narrative and 5th for budget. Can the 5 pages note be exclusive of covering details and budget?
Answer : No, the five pages need to include all the details required for the concept note.

Question 13: On page 9 the RFP specifically calls out 2 results, ie: Result 1: Quality of HMIS data and mother and child tracking system (MCTS) improved in minimum 30 high priority districts across select states, and Result 2: Evidence-based decision-making enhanced in minimum 30 high priority districts across select states. However, on page no 16, Section, it says "For all concept papers meeting the basic eligibility requirements, a technical evaluation panel will evaluate the concept paper to determine the application's relevance to improving either: 1) reproductive, maternal, newborn, and child health or 2) health and social services for HIV/AIDS orphans and vulnerable children (depending on which program area the application addresses)." This may be further clarified, whether the concept has to focus on the results or the thematic areas. Also we could not find connection with the issue of HIV/AIDS and vulnerable children under this assignment.
Answer : The QDDM results need to be achieved in the context of #1 (reproductive, maternal, newborn, and child health).

Question 14: Can we have clearly spelt out 5-6 parameters based which the concept will be evaluated in Section C?
Answer : Evaluation Criteria for Concept Papers would have the following parameters:
USAID's review of concept papers will focus on assessing the likelihood that the proposed alliance program would be successful in achieving its development objectives based on the general criteria points listed below. The eligibility and evaluation criteria to be considered include the following:
a. Demonstrated knowledge of the country and sector(s) and feasibility of proposed results.
b. Offers promise of significant development impact, as measured, for example, by the number of direct and indirect beneficiaries of the program, and/or by the potential for replication or scaling-up over time
c. Objectives, the method of approach, the amount of effort to be employed, and the anticipated results clearly defined.
d. Organizational purpose and level of experience in carrying out development programs with applicants performed in the past. Indications of excellent or exceptional performance.
e. Propose at least 10% cost share for the four-year program