ANNUAL PROGRAM STATEMENT (APS) NUMBER : APS-386-13-000004

STRENGTHENING RMNCH THROUGH INDIAN HEALTH PROFESSIONAL ASSOCIATIONS AND SCALING UP UPTAKE OF HEALTH, EDUCATIONAL, SOCIAL PROTECTION AND WELFARE INTERVENTIONS AMONG CHILDREN AFFECTED BY HIV/AIDS

Issuance Date of Draft APS:	April 10, 2013
Deadline for Questions:	April 23, 2013
Concept Papers Due:	May 14, 2013 midnight, India time
Full Applications Requested:	May 31, 2013 (by invitation only)
Full Applications Due:	July 12, 2013 midnight, India time

This program is authorized in accordance with Part I of the Foreign Assistance Act of 1961, as amended

The United States Agency for International Development Mission India (USAID/India) seeks applications from *local organizations*[1] registered in India that are eligible to receive funding directly from USAID for "Scaling Up Interventions in Reproductive, Maternal, Neonatal, and Child Health;" and "Scaling Up Interventions for HIV/AIDS Orphans and Vulnerable Children" Projects. This APS provides prospective Applicants an opportunity to submit applications to USAID/India for a range of programs and services for women and children, especially vulnerable populations.

This Annual Program Statement (APS) will be open for a period of up to 12 months from the issuance date of April 10, 2013, until such time as funding identified for this APS has been fully obligated. The application process is comprised of two steps: (1) concept papers are sought from prospective Applicants; and (2) full applications are requested from those Applicants with the most highly evaluated concept papers. A Cooperative Agreement will be awarded to each successful applicant.

Eligible organizations (as defined herein) are hereby invited to submit a concept paper for either one of the program components outlined in Section 1.C of the Program Description or they may submit separate concept papers for each of the two objectives outlined in Section I.C of the Program Description. Concept papers must be received by the closing date and time specified in this cover letter. **Facsimile submissions are not authorized and will not be accepted.** Concept papers must be received by the closing date and time specified in this cover letter. **Facsimile submissions are not authorized and will not be accepted.**

Pursuant to 22 CFR 226.81, it is USAID policy to not award fee or profit under assistance instruments. As such, any for-profit organization receiving an award under this APS will not be eligible for fee or profit; however, all reasonable, allocable, and allowable expenses, both direct and indirect, that are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal

[1] *Be organized under the laws of the recipient country;*
- *Have its principal place of business in the recipient country;*
- *Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and*
- *Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.*

Acquisition Regulation (FAR) Part 31 for-profit organizations) may be recognized.

USAID reserves the right to make a single award, make multiple awards, fund parts of an application, or not to make any awards at all. Issuance of this APS does not constitute an award commitment on the part of the U.S. Government (USG), nor does it constitute a commitment to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant Agreement cannot be made until funds have been fully appropriated, allocated, committed and obligated through internal USAID procedures, on which condition this APS is issued. While it is anticipated that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for award and that Applicants will not be compensated for any proposal preparation and submission costs. The USG reserves the right to reject any or all applications received. This APS may be amended at the discretion of USAID.

The preferred method of distribution of USAID procurement information is via www.Grants.gov on the World Wide Web (www). This APS and any future amendments can be downloaded from the Agency website. To access the Agency website from Grants.gov: Click "Find Grant Opportunities," then click "Browse by Agency" and choose "Agency for International Development." If you have difficulty registering or accessing the Grants.gov website, please contact the Grants.gov Contact Center at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance. Receipt of this APS through Grants.gov must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the application document to ensure that it has been received from Grants.gov in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

POINT OF CONTACT

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SECTION I
PROGRAM DESCRIPTION

A. BACKGROUND

A.1 Overview of Health 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 [2]. 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). For example, there is an increase in the proportion of institutional-based deliveries through demand-side financing, and for the second consecutive year there hasn't been a single case of polio where previously India was 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 to 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[3] due to variable capacity of states, districts, blocks and facilities in planning

[2] 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.

[3] 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 implementation. For the private sector to scale up high-impact RMNCH interventions, commercial viability is a pre-requisite. Civil society provider networks cover a small proportion of women and children and many lack resources or incentives for scaling up.

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. Activities funded under this APS will respond to: 1) the Government of India's Call to Action for Child Survival and Development, and, 2) USAID's global goals to end preventable maternal and child deaths and to create an AIDS-free generation.

At the highest goal level, activities funded under this APS will make a substantial contribution 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

HIV/AIDS
- Reduction in new infections in high and low prevalence states

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)

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.

- Percentage women who had four or more antenatal care visits
- Mothers who received postnatal visits within 10 days of delivery

Child and Newborn Health and Wellbeing

- 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)
- Children affected by AIDS enrolled and retained in schools
- Children affected by AIDS and their families accessing health and social welfare schemes

Family Planning/ Reproductive Health

- Currently married women (15-49 years) currently 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 generally 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 for each of the Program Components are outlined in Section C.

Geographic Focus

It is envisaged that for both Program Components (1. Strengthening RMNCH through Indian health professional associations and 2. Scaling up uptake of health, educational, social protection and welfare interventions among children affected by HIV/AIDS) the successful applicant/s will work at both the national level and in a minimum number of districts spread over several states.

B.2 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 significantly 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 improvements (not incremental ones), in addressing health challenges. Innovation could help produce significant health outcomes more effectively, more cheaply, more sustainably, that reach more beneficiaries, and in a shorter period of time.

Strengthening Health Systems: The chances for innovations and proven high impact innovations being implemented at scale and have lasting health impact, improve significantly with strong health systems.

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.

C. PROGRAM COMPONENTS

PROGRAM AREA #1: Strengthening RMNCH through Indian Health Professional Associations	
Value of Awards:	Up to $3.65 million
Implementation Period:	4 years

Many women and children are not benefiting from proven, high-impact RMNCH interventions at health facilities due to a lack of skills and knowledge among health professionals[4] who are primarily serving the bottom three quintiles of India's population, both in the public and private sector. The private sector providers pose an additional challenge since the sector is fragmented and largely unregulated. National professional associations representing health providers could influence providers' skills, knowledge, and practices. Presently, however, these associations focus primarily on tertiary-level procedures and techniques and seldom promote implementation of proven, high-impact RMNCH interventions at preventive and primary care levels that serve the bottom three quintiles of India's population. In addition, there are governance challenges surrounding regulation, accreditation, and certification of health care providers, and many health care interventions are not practiced according to international quality of care guidelines - a fact borne out through various GOI common review missions and independent reports.

[4] The term "health professionals" refers to members of the national professional associations (for example, nurses, midwives, and medical doctors), both from the public and private sector.

Goal: Improved quality of health services through implementation of proven, high-impact RMNCH interventions.

Purpose: To promote implementation of proven, high-impact RMNCH interventions among the bottom three quintiles of India's population, and according to international quality of care standards, through national health professional associations.

Approach: The Survive and Thrive Global Development Alliance[5] offers an innovative platform that links health professional associations in the United States (U.S.) with counterpart institutions in India. Members of U.S. professional associations comprise highly trained and skilled clinicians, many with significant experience in preventive and primary care interventions addressing the health of women and children. Through this APS, a local organization will be selected to strengthen national health professional associations in India to promote implementation of proven, high-impact RMNCH interventions among the bottom three quintiles of India's population. USAID/Washington's Maternal and Child Health Integrated Program (MCHIP) is the global implementing partner for the Survive and Thrive Global Development Alliance; they will provide technical expertise and support to the selected local Indian organization through September 2014 to augment their capacity to strengthen India's national health professional associations. U.S. health professional associations will be tapped to enable, for example, an exchange of technical expertise, programs promoting the delivery of high quality care among members, and effective organizational governance structures and practices for professional associations.

Result 1: Members of India's health professional associations aware of the effectiveness of proven, high-impact RMNCH interventions when implemented according to international quality of care standards. (estimated level of effort 25%)

There are needs to raise awareness among India's professional health cadres of the effectiveness of proven, high-impact RMNCH interventions. Awareness, however, may be insufficient to ensure that they are put into practice. Additional measures are needed to mobilize and incentivize India's health professionals to implement proven, high-impact RMNCH interventions.

Result 2: Programs and incentives to 1) raise awareness, 2) build skills for, 3) expand knowledge of, and 4) promote implementation of, proven high-impact RMNCH interventions according to international standards of quality of care are instituted by health professional associations. (estimated level of effort 75%)

There are many different approaches to incentivizing implementation of proven, high-impact RMNCH interventions, including but not limited to, continuing education programs, requirements for licensure, certification and/or accreditation as RMNCH professionals, and branding competent providers to verify a health professional's credentials with the public to build demand for their services. Studies of motivation have demonstrated that enhanced remuneration is not necessarily what will improve performance. Other rewards, such as recognition, are important motivators and can help ensure that health professionals are incentivized to implement proven, high-impact RMNCH interventions according to international standards of care and among target populations.

[5] This Global Development Alliance (GDA) is a mechanism to address jointly defined business and development objectives. Alliances are co-designed, co-managed, and leverage resources across various stakeholders.

PROGRAM AREA #2: Scaling Up Uptake Of Health, Educational, Social Protection And Welfare Interventions Among Children Affected By HIV/AIDS	
Value of Awards:	Minimum US $4 million to a maximum of US$8 million
Implementation Period:	4 years
Geographic Priorities:	National and up to 40 districts with the highest concentration of children affected by HIV/AIDS [6]

The National AIDS Control Organization (NACO) launched the Children Affected by AIDS (CABA) pilot scheme in May, 2010, with progress demonstrated in some of 10 pilot districts. The review of the pilot scheme conducted in January 2011 by NACO highlighted several examples of effective interventions, such as linking children affected by HIV/AIDS with government cash transfer schemes in the states of Tamil Nadu and Karnataka; formation of district-level coordination committees that conducted monthly reviews of services for children affected by HIV/AIDS by the District Commissioner; and training of school teachers on the needs of, and services for, children affected by HIV/AIDS. *The key lesson learned from this pilot scheme was that there is a need for effective coordination of the Departments of Health, Women and Child Development, Social Justice and Empowerment, and Education to ensure that children affected by HIV/AIDS were effectively mainstreamed into health, education, social protection and welfare services.*

Similarly, the Integrated Child Protection Scheme (ICPS) was launched by the GOI in 2009. This nationally sponsored scheme aims to build a protective environment for vulnerable children, including children affected by HIV/AIDS. The specific objectives of the scheme are to institutionalize essential health and social services for vulnerable children and to strengthen these services at the state, district, and community levels. NACO has clearly articulated the critical need for children affected by HIV/AIDS to benefit from governmental health, educational, social protection and welfare services under this scheme in the National AIDS Control Program-Phase IV.

Program Goal: Increased access to priority health, educational, social protection and welfare services by children affected by HIV/AIDS

Program Purpose: GOI scales up implementation of the Integrated Child Protection Scheme to address the needs of children affected by HIV/AIDS in at least 40 districts with the greatest numbers of children affected by HIV/AIDS in India

Result 1: Data on the profile and needs of, and the uptake of services among, children affected by HIV/AIDS ensures ICPS services benefit children affected by HIV/AIDS (estimated level of effort 20%)

There is a paucity of data on children affected by HIV/AIDS, for example, including better estimates of the total numbers, the family structures in which they live, and whether or not they access health, educational, social protection, or welfare services. There is a need to generate such data and a system for regular updates and their dissemination. Availability does not always ensure that data or information is used, and systems to ensure that such data informs program planning, budgeting, and implementation are also lacking.

Result 2: Increased uptake of health and education services for children affected by HIV/AIDS (estimated level of effort 50%)

[6] NACO, in 2012, published data on the 48 districts in India where antenatal HIV prevalence has remained at 1% or more during at least three out of six rounds of HSS from 2004 to 2011. The targeted 40 districts for program intervention will likely be selected from these 48 districts.

Many factors are likely to deter or prevent children affected by HIV/AIDs from benefiting from essential health care. For example, anecdotal reports of discriminatory attitudes and practices by health providers, limited financial support for preventive and primary care, and poorly developed referral systems may deter children affected by HIV/AIDS from using proven, high-impact health interventions. Ways to identify and address deterrents of health care will be essential if children affected by HIV/AIDS are to benefit from essential child health care interventions.

Because there is reported discrimination of children affected by HIV/AIDS by teachers and classmates[7], reducing educational disparities and barriers to accessing educational opportunities among school-age children affected by HIV/AIDS will be critical if this generation is to grow into productive members of society. There are needs to work closely with Education Departments to track enrollment, retention, and absenteeism among children affected by HIV/AIDS. More importantly will be the identification of effective solutions to ensure their enrollment, retention and reduced absenteeism.

Result 3: Increased uptake of social protection and welfare services by children affected by HIV/AIDS and their families or caretakers (estimated level of effort 30%)

India has a range of social protection policies and programs that have not been fully accessed by children affected by HIV/AIDS and their families. These schemes are aimed at reducing poverty, vulnerabilities, and social inequalities. Examples of such schemes include, but are not limited to, the National Rural Employment Program for family members; the Public Distribution System for rice, wheat, and edible oils to families below the poverty line; and the Widow Pension schemes for mothers who have lost their husbands could benefit children affected by HIV/AIDS and their families.

D. GENDER

Each concept paper should clearly answer the following three questions:

- Are women, including girls, and men, including boys, involved and benefiting equally at different levels (effort, decision-making, etc.) or affected differently by the proposed intervention?
- Do the opportunity costs of participation differ between men and women (including girls and boys)?
- 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

[7] A study by UNICEF reported discrimination of OVC by teachers. The HIV-affected children are made to sit separately, get less attention than their classmates, and indicated that their parent's illness is used to humiliate them. Their classmates are told by parents not to have any contact with affected children and some schools bow to public pressure to refuse admission to HIV/affected children.

SECTION II:
APPLICATION AND SUBMISSION INFORMATION FOR CONCEPT PAPERS

A. INSTRUCTIONS TO APPLICANTS

A.1 Eligibility

USAID seeks applications from "local Organizations". Organizations registered in India, including non-governmental organizations,[8] civil society organizations, universities or institutes, para-statal organizations, or for-profit organizations. While both for profit, as well as not-for-profit organizations are eligible to submit applications under this Annual Program Statement (APS); for-profit institutions will not be eligible for fee or profit. Illustrative Indian organizations may include, but not be limited to:

- non-government organizations (NGOs) including any non-profit or voluntary organizations
- faith-based groups
- labor unions
- academic institutions
- consulting firms
- research institutions
- For-profit private companies

Indian organizations should preferably meet the following criteria:

- Have a minimum of 3 years of experience implementing programs of similar scope and complexity
    - Organizations with less than 3 years of experience **may apply** but will need to demonstrate capacity to implement an activity of the proposed scope and complexity.
- Demonstrate institutional/management capacity to manage donor funds, for example:
    - Board of directors
    - Mission statement
    - Personnel, procurement and administrative systems
    - Financial management capacity utilizing an accounting system
    - Appropriate infrastructure to implement proposed program
- Have in place monitoring and evaluation systems (capacity to collect, enter, store, and report on program data)
- Demonstrate linkages to local networks

An Indian applicant may propose an international sub-partner if the partner is providing technical assistance (TA), and;

- It is critical to the activity's success
- For a minimal period of time (a rare occurrence and time bound),
- Clearly demonstrates specific rationale and role
- Is less than 20% in the activity and budget
- Assistance represents real value for the money.

[8] NGOs include any non-profit or voluntary organizations, organized on a local or national level, duly registered with stated goals to improve the lives of Indians.

A "local organization" must,
• Be organized under the laws of the recipient country; • Have its principal place of business in the recipient country; • Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and • Not be *controlled by* a *foreign entity* or by an individual or individuals who are not citizens or permanent residents of the recipient country.

The term "*controlled by*" means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means, e.g., ownership, contract, or operation of law. "*Foreign entity*" means an organization that fails to meet any part of the "local organization" definition.

Government controlled and government owned organizations in which the recipient government owns a majority interest or in which the majority of a governing body are government employees, are included in the above definition of local organization. Support for government owned or controlled organizations will be subject to applicable USAID rules.

USAID will not accept applications from individuals. All applicants must be legally recognized organizational entities under applicable law.

A.2 Program Duration

This APS will be open for a period of up to one year or 12 months from the issuance date, which should be approximately April 1, 2014, or until such time as funding identified for this APS has been fully allocated. The duration of any proposed program implementation (life of project) may not exceed four (4) years. USAID reserves the right to incrementally fund activities over the duration of the program, if necessary, depending on program length, performance against approved program indicators, and availability of funds. Depending on the availability of funds, the APS may be extended, revised or re-issued.

A.3 Anticipated Number of Awards

Under this APS, USAID reserves the right to make a single award, make multiple awards, fund parts of an application, or not to make any awards at all. Issuance of this APS does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for any costs incurred in the preparation and submission of any application.

A.4 Substantial Involvement

USAID anticipates that grant(s) in the form of Cooperative Agreement(s) will be awarded as a result of this APS. Under a Cooperative Agreement, USAID may be substantially involved in the following areas:

- USAID approval of the recipient's Annual Work/Implementation Plans
- USAID approval of key personnel funded under the agreement (limited to five positions) USAID approval of the program's Monitoring and Evaluation (M&E) Plans, including indicators
- USAID approval of sub-recipients (sub-grants/sub-awards) and corresponding activities

A.5 Official Source Documents

This APS is the official source document for the application. Oral explanations of the Applications will not be evaluated or considered; only written applications will be evaluated. Applicants should retain for their records a copy of the application and all attachments or enclosures that accompany their application. USAID will only consider applications conforming to the prescribed format. Explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective Applicant concerning this APS will be furnished promptly, via www.grants.gov, to all other prospective Applicants as an amendment of this APS.

B.1 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

B.2 Authorized Geographic Code

Geographic Code : 937

B.3 Branding and Marking Plan

It is a federal statutory and regulatory requirement that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or subaward, must be marked appropriately overseas with the USAID Identity. See Section 641, Foreign Assistance Act of 1961, as amended; 22 CFR 226.91. Under the regulation, USAID requires the submission of a Branding Strategy and a Marking Plan, but only by the "apparent successful Recipient," as defined in the regulation. The apparent successful Recipient's proposed Marking Plan may include a request for approval of one or more exceptions to marking requirements established in 22 CFR 226.91. The Agreement Officer is responsible for evaluating and approving the Branding Strategy and a Marking Plan (including any request for exceptions) of the apparently successful Recipient, consistent with the provisions "Branding Strategy," "Marking Plan," and "Marking of USAID-funded Assistance Awards" contained in AAPD 05-11 and in 22 CFR 226.91. Please note that in contrast to "exceptions" to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers, see 22 CFR 226.91(j). Branding and marking under this Cooperative Agreement will be carried out in accordance with AAPD 05-11 http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf

C. APPLICATION PROCESS

USAID/India invites eligible organizations to submit brief concept papers of no more than five (5) pages, including an illustrative budget of no more than one (1) page, that demonstrate innovative approaches to scaling up reproductive, maternal, newborn, and child health and/or scaling up interventions for HIV/AIDS orphans and vulnerable children, including service outreach programming.

Applicants are welcome to submit more than one concept paper for each program area of the application for which they have programmatic expertise as described in Section B. Each concept paper must stand alone and only address one program area. However if an applicant wishes to combine the two program areas into one concept paper this must also be a stand-alone concept paper in addition to the individual concept paper(s) for the individual program areas.

This is a two-stage process. Applicants are required to submit short concept papers per the instructions below; concept papers need not be in the format or detail of a full proposal. The submitted concept papers will be reviewed using the criteria set forth below. The most highly rated Applicants will be invited to participate in the second stage through the submission of Full Applications per the instructions in Section III.

Deadline for Submission of Concept Paper: Concept papers for the first round of awards submitted after the **May 14, 2013 deadline** will not be considered.

Applicants interested in being considered for funding should submit a concept paper via e-mail to indiarco@usaid.gov Only those concept papers that are received by the deadlines specified above will be reviewed for responsiveness to the requirements set forth in this APS.

Applicants will be notified via email if USAID will request them to expand the concept paper into a full application. **Applicants should not prepare full applications unless specifically requested to do so by USAID/India's Office of Procurement.**

D. CONCEPT PAPER FORMAT

The concept papers must be written in English and formatted on standard A4 paper, with single space, 12 point font Times New Roman with margins no less than one inch on each border, and each page numbered consecutively. The concept paper should include three sections and total submission **should not exceed 5 pages total, including cover page, technical narrative, budget and notes**. ***Any materials beyond 5 pages will not be reviewed or considered.*** The concept papers are to be presented in the following format:

1. **Cover Page (one page)**. The cover page must include
    - The APS number,
    - The names of the organization(s) involved (with the name of the lead or primary Applicant clearly identified),
    - Authorized representatives name for the primary Applicant, title or position with the organization, mailing address, email address, telephone numbers. Application should be signed by the authorized representative who has the authority to negotiate both program issues and budget on behalf of the Applicant.
    - Type of organization and cost share, if any.

2. **Technical Narrative.** A narrative of **not more than three (3) pages** should outline the following:

- Goals – Describe the goals of the program.
- Define the problem or issues and provide analysis of the context that demonstrates understanding of the needs, the complexity of the current situation, and the challenges of programming and/or service provision in the identified geographic area and/or for the targeted audience.

- Describe the technical approach to be used to achieve the goal, purpose and results with the program area in line with USAID's new strategic direction and assistance approaches, general sequencing, and roles and responsibilities of partners and stakeholders. Describe how activities will link into and complement existing programs. Explain how or why the proposed approach will be more successful or effective than other approaches and be appropriate to effective scale up. If the Applicant is proposing capacity building of Indian organizations, describe what areas are targeted (i.e. strategic planning, business development, quality assurance, etc.) and how the capacity building will be delivered.

- Sustainability – Describe how ownership, leadership and program management will build on existing programs and resources and will be sustained, post-USAID funding. The technical discussion should include proposed partners and arrangements for effective and complimentary operations among partner organizations, including linkages to existing networks, structures, and resources.
- Expected Results – Outline the expected results and how results will be measured (including mechanisms of measurement) for progress, benchmark achievements, and greater sustainability. Results must be measureable on an annual basis as well as over the life of the award.
- Organizational Capacity – Describe technical, senior management and capacity-building expertise and capabilities with regards to project implementation and quality assurance. If applicable, describe how the approach will strengthen the capability of the Applicant.

3. **Budget.** Provide a **one page** budget that clearly identifies the major cost line items, such as personnel, travel, training, program activities, sub-awards, commodities, etc., by year, for the full program period. Applicants are encouraged to focus resources on project implementation rather than salaries, equipment and supplies and must demonstrate growing cost-effectiveness over the life of the award. The proposed costs and budget aspects of applications will be reviewed for cost realism to evaluate the relationship between the proposed costs and proposed program as well as the likelihood for success. Cost share contribution if any, should also be reflected separately. Cost-share could contribute to the achievement of the results of this funding opportunity and is highly encouraged

E. TECHNICAL EVALUATION CRITERIA FOR CONCEPT PAPERS (Step 1)

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). In addition, the panel will determine whether the approach described reflects the new strategic direction of USAID and its health programs.

Concept papers deemed to be within the competitive range will move on to Step 2, where the full application will be submitted and evaluated. ***Concept papers that are outside of the competitive range will be not move on to Step 2. In these cases, the full applications will not be evaluated.***

All concept papers included in the competitive range after Step 1 will then be move to Step 2, where the full application will be requested and evaluated based on the following technical evaluation criteria. The relative scoring weights of the criteria are listed below, so that applicants will know which areas require emphasis in the preparation of information

SECTION III
APPLICATION AND SUBMISSION INFORMATION FOR FULL APPLICATIONS

A. TECHNICAL 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:

1. Technical Evaluation:

	EVALUATION CRITERIA	MAXIMUM SCORE
i.	Technical Approach	35
ii.	Key Personnel	30
iii.	Management Plan	15
iv.	Past Experience	10
v.	Past Performance	10
	TOTAL SCORE	**100**

i. Technical Approach 35 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.

ii. Key Personnel 30 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 15 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 10 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.

v. Past Performance 10 points

USAID will evaluate the quality of the applicant's past performance. The assessment of the applicant's past performance will be used to evaluate the relative capability of the applicant to successfully carryout the program. Past performance of significant and critical subs and other types of partnership in applications will be considered to the extent warranted by their involvement in the proposed effort.

Applicants will be evaluated for demonstrated successful past Performance in previous and/or existing projects for the following:
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.

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.]

B. REVIEW AND EVALUATION PROCESS

Application which is deemed to offer the best overall value and meet USAID objectives will be selected for award. The Technical Evaluation Committee (TEC) will evaluate the technical/programmatic merit of each application as measured against the evaluation criteria mentioned above.

Once an "apparent successful applicant" is identified, additional information and discussion may occur between the applicant and USAID Agreement Officer, before the final funding decision is made. The "apparent successful applicant" means the applicant recommended for an award of a component after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. "Apparently successful applicant" status confers no right and constitutes no USAID commitment to an award.

The recommendation or selection of an application for award does not in any way guarantee an award. The USAID Agreement Officer must be fully satisfied that the applicant has the capacity to adequately perform in accordance with standards established by USAID and the Office of Management and Budget (OMB). This issue of organizational capability is generally referred to as a pre-award "responsibility determination." The Agreement Officer must also complete any other necessary pre-award arrangements.
Details on USAID pre-award responsibility determination policy and procedure can be found on our agency website, in its automated directive system (ADS) chapter 303, section 303.3.9: http://www.usaid.gov/policy/ads/300/303.pdf.

USAID/India intends to make this award without any discussion. To the extent that they are necessary, negotiations will be conducted with the applicant(s) whose application(s), has or have a reasonable chance of being selected for award. The final award decision will be made by the Agreement Officer, with consideration of the Technical Evaluation Committee recommendations.

Other areas of review and discussion will vary according to the circumstances pertaining to the application. The following areas commonly require discussion and agreement prior to award:

A. Branding Strategy and Marking Plan. In accordance with ADS 303.3.6.3.f and 22 CFR 226.91, the apparently successful applicant must submit a Branding Strategy and a Marking Plan for evaluation and approval by the Agreement Officer before an award under this solicitation will be made. "Marking Plan" and "Marking of USAID-funded Assistance Awards" are contained in **AAPD 05-11** and in **22 CFR 226.91**. Please note that in contrast to "exceptions" to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers, see **22 CFR 226.91(j)**. USAID approved Branding Strategy and Marking Plan is required for award execution.

B. Final program and budget plans.

C. Payment terms.

D. Procedures concerning administrative reporting and logistical requirements for program including training components.

E. Other award terms including audit, special provisions and/or special award conditions.

All other factors being technically equal, USAID/India reserves the right to ensure geographic diversity in applications selected for award.