Amendment #1 to Health Research Program

Achieving effective coverage of maternal, newborn and child health (MNCH) services through timely care-seeking and effective referrals to responsive health systems

Addendum #1 to
The USAID Broad Agency Announcement (BAA) for Global Health Challenges
(BAA-GLOBAL HEALTH-2017)

The purpose of this Amendment is to post responses to questions received. The responses to questions are in this document. There are two revisions to the BAA Addendum document itself, which is also posted with this Amendment.

Budget/Costs

1. **What are the allowable costs for research proposed under this Addendum? For example, could funding service delivery in the pursuit of answering the implementation research question? Or the development of technology, tools, and solutions relevant to the proposed approach?**

This Addendum seeks to leverage existing service delivery platforms. As such, support for recurring service delivery costs is outside the scope of this effort. Keeping in mind the objectives of this Addendum and estimated ceiling of $5 million per award, costs related to the development of technology, tools, and solutions would be allowable, but only as secondary supportive activities and not as ends in themselves. The emphasis should be on addressing systems barriers to timely and appropriate care-seeking, accounting for supply and demand challenges.

Also note that the type of mechanism for the award is not yet known at this time. For general reference, interested organizations may refer to the Code of Federal Regulations (CFR) and the Federal Acquisition Regulation (FAR) guidance on costs found at 2 CFR 200 Subpart E and FAR Part 31. Please note - detailed cost information is not required with the EOI submission.

2. **Please confirm if each awardee will receive between $1M to $5M over a three year period.**

USAID **estimates** that awardees will receive between $1 million - $5 million in total over the full period of performance (up to three years). Award amounts will be determined at a later stage.

3. **Do we need to provide a detailed budget? If a detailed budget is required, do you have any format?**

Budgets are **not** required with the EOI submission. Budget parameters were included in the Addendum as a guide for prospective awards. Detailed budgets will be required at a later stage in the process.

4. **Should all costs be covered within the budgeted sum, or can some costs be shared with another existing grant?**

Embedding of research activities within existing service delivery programs will be important to this effort. Additionally, cost share is welcomed in support of the proposed activities. However, as noted above, cost information is not required at the EOI stage.

5. **Can you provide an estimate of how many awards will be made?**

It is not possible to predict the exact number or dollar amount of prospective awards.

6. **What is the total funding available by all the funding partners for this BAA?**

A total funding envelope is not available. USAID anticipates that awardees will receive between $1 million - $5 million in total over the period of performance.

7. **What would be the overhead rate for non-American organisations that do not have a previously agreed NICRA with USAID?**

This will vary based on the organization and its accounting practices and will be negotiated at a later stage of the BAA process.

EOI Submissions

8. **Do we have to use any specific format for the submission of EOI?**

There is no specific template, but please follow the instructions provided in the Addendum (see Section V. Submission Instructions).

9. **Can the same organization submit more than one EOI?**

Organizations may only submit one EOI as the lead, but may participate in more than one EOI application as a supporting partner. In addition, an organization may only be implicated in one EOI per country. Per the Addendum, competitive EOIs will be developed in collaboration with relevant local stakeholders, including MOH representatives.

10. **Are multilateral organizations allowed to submit an EOI?**

As per page 7 of the Addendum, under ***Eligibility***, it states “Neither individuals nor public international organizations (also known as multilaterals) are eligible to apply”. However, we welcome the participation of international organizations and development partners as Resource Partners in support of the BAA process.

11. **Is there an award limit per country, and if so what is it?**

There is not an explicit award limit per country. However as noted in the Addendum under ***Budget Parameters*** our preference is "to issue a higher number of awards at more modest funding levels to expand the reach of this effort".

12. Would USAID consider extending the EOI submission deadline to account for Thanksgiving holiday office closures?

USAID is extending the deadline to November 30, 2017 at 12 pm (noon) EST.

13. Approximately what percentage of those invited to the co-design process will receive awards?

It is not possible to predict the proportion of workshop participants that will receive funding. However, the benefit of participation in the co-creation workshop extends beyond funding, and includes in depth exploration of promising approaches, South-to-South exchange of ideas and experiences, and constructive feedback from global technical experts.

14. Do we need to provide collaboration or support letters with the EOI submission?

As referenced on page 6 of the Addendum, "Endorsements, in the form of a letter of support from a Ministry of Health (MOH) official and/or a bilateral or multilateral program, would increase the competitiveness of an EOI submission, particularly if they indicate willingness to embed the proposed research activities into existing real-world programs or platforms." Letters of support from provincial, district, or county government entity may be submitted, particularly in support of a sub-national research effort."

15. Will an application for implementation research that includes refugees as well as host nationals be eligible, without prejudice, under this USAID BAA Addendum?

Yes, implementation research to address timely MCH care-seeking and improved referral systems for local populations (regardless of legal status) is allowable without prejudice under this Addendum.

<u>Geographic Focus</u>

16. Could the geographic delineation of the research be a health zone, a provincial division of health, or even a sub-county (consisting of a referral hospital, a network of primary health clinics, a network of community health workers, with population around 50K)?

The setting for implementation research under this Addendum could be sub-national, whether at the provincial or district/county (or comparative) level. The geographic area should have sufficient population coverage/reach such that the proposed implementation research could significantly impact service utilization/uptake of critical health services.

17. **On pg. 7 USAID states the Geographic Focus which is limited to the countries listed. In some of these countries, there are sub-regions that are a priority to USAID missions, and some that are not. Should concept notes be focused on the USAID priority sub-regions?**

Given the intent for efforts supported by this Addendum to leverage existing health systems strengthening (HSS) or quality improvement initiatives, it may make sense to align proposed research activities with USAID priority areas. However, activities funded under this Addendum may also be nested in government service delivery platforms, as well as in existing initiatives funded by other donors.

18. **On page 7 of the Addendum under *Geographic Focus*, it states that "Only single country applications are invited to apply at his time, but during the co-creation workshop, participants are free to explore various collaborative arrangements." Please clarify if, in response to this BAA, applicants may submit an EOI for implementation research at cross-border sites spanning two countries within the included countries list, e.g. sites along the border with Kenya and Uganda, or Kenya and Tanzania.**

The requirement for this Addendum is that EOIs must be focused on a single country. During the co-creation workshop, there may be an opportunity to discuss or explore cross-border or multi-country efforts.

<u>Workshop Participation</u>

19. **Kindly clarify if USAID will pay for travel, lodging, and M&IE of all participants to co-creation workshop?**

USAID has limited funding to support workshop participation - including travel costs - and will prioritize financial support for LMIC participants.

20. **What is the purpose of the co-creation workshop? At the co-creation workshop, will participants be encouraged to develop partnerships across a country's submissions?**

The co-creation workshop is an integral part of the BAA co-design process. The workshop serves to further innovative concepts to address challenges around timely care-seeking and efficient referral pathways for improved MCH outcomes. Participants are able to further refine or develop new concepts, learn from other country experiences and global experts, and potentially create new partnerships to collectively address the challenges outlined in the Addendum.

21. **Who will be in attendance at the co-creation workshop beyond applicants?**

Workshop participants will include selected EOI teams (ideally represented by a researcher, implementer and policymaker); USAID staff from Washington DC and relevant Missions; Resource Partners (currently Bill and Melinda Gates Foundation, Doris Duke Charitable

Foundation, but may also include others); and other select invitees (e.g. private sector stakeholders).

Partnering

22. Can two applicants partner together to submit ideas?

Multidisciplinary partnerships are encouraged and will likely increase the competitiveness of an EOI. As referenced on page 6 of the Addendum, "Partnerships should reflect diverse perspectives and capabilities, ideally including research, implementation and policy expertise".

23. Would it be possible for a US-based organisation with international expertise to submit an EOI in partnership with an LMIC organization, assuming roles are complementary and clearly described in the EOI?

It is permissible for a US-based organization to partner with local entities for the purposes of responding to this Addendum. Note on page 7 of the Addendum the following statement, "Where feasible, we encourage the designation of a LMIC partner as the Project Manager/ Principal Investigator". Roles and responsibilities of the respective partners should be clearly articulated in the EOI.

24. Could you clarify the role of USAID Missions in this effort?

USAID Missions will play a critical role in validating the feasibility of proposed implementation research approaches as well as identified service delivery programs and platforms. USAID will invite and encourage participation of a Mission representative in the co-creation workshop in February 2018.

25. In case we don't have the right partner, can USAID connect applicants to work on a shared project?

EOI submissions are encouraged be developed in partnership with key local stakeholders, ideally reflecting "diverse perspectives and capabilities, including research, implementation and policy expertise". As such, USAID and its Resource Partners will not "connect" respondents prior to submission of EOIs. However, if respondents are selected to participate in the the co-creation workshop, there will be ample opportunities for collaboration.

Approaches

26. Would this call be open to implementing a model of interventions that have worked elsewhere?

Yes - adapting promising interventions tailored to the country context would be eligible under this Addendum.

27. **On p.4 in the Addendum, USAID indicates that proposed approaches should be "nested in an existing quality improvement or HSS initiative." Would this include previous, completed interventions, or an intervention slated to end during the timeframe of this award?**

Implementation research activities supported under this Addendum should leverage or build on existing service delivery platforms and HSS or quality improvement initiatives relates to issues of quality and sustainability. If an EOI articulates how it would address a situation such as described in this question, and ensures a minimum standard of quality of services as well as the likelihood for sustainability, this would meet the requirement.

28. **On pg. 8, the addendum states: "also expects that this work would be nested in and leverage existing interventions, to maximize cost savings/efficiencies and sustainable impact." Does this also include interventions being implemented by the applicant organization in addition to government initiatives?**

Yes, HSS or quality improvement interventions could be government, bilateral or multilateral.

29. **The solicitation states that [intervention research] "ideally be nested within existing quality improvement or health system strengthening efforts". Would there be support for IR to be nested into proposed expansion of quality improvement activities in new regions/provinces of a country?**

Implementation research efforts nested into proposed expansion of quality improvement (QI) activities would be allowable, assuming that a separate source of funding is supporting the QI expansion efforts. As noted earlier, support for recurring service delivery costs is outside the scope of this effort.

30. **The illustrative areas of interest seems to emphasize the maternal-newborn continuum. Is there a relative prioritization of MNH-focused interventions over child health specific interventions for the purpose of this solicitation?**

The continuum of care referenced in the Addendum was intended to cover child health services in addition to maternal and newborn services. This Addendum is open to innovative approaches to address care-seeking and referral challenges for maternal, newborn and child health services.

31. **Since this is a research project with the goal of demonstrating innovative and successful approaches to increase care seeking and referrals, will USAID be willing to fund research design that includes control groups since this is the most effective way to attribute population behavior change to specific interventions. It is understood that the budget in the proposal would include all such costs.**

This could be a topic for discussion at a later stage of the BAA process, i.e. during the co-creation workshop. As a general rule, complex systems interventions involving both demand and supply issues do not lend themselves to control groups.