Frequently Asked Questions

For the project "Optimising adherence to Iron and Folic Acid supplements among women of reproductive age and adolescents in Uttar Pradesh

12th September 2022

The Uttar Pradesh Behavioural Insights Unit (UP BIU) floated an RfP in August 2022, to identify a consortium of service providers who collectively can design, pilot and evaluate behavioural science interventions to improve uptake and adherence to IFA supplements among women of reproductive age and adolescents in Uttar Pradesh, as well as generate implementation knowledge on how to successfully and feasibly deliver those strategies at scale in the government system.

This FAQ document provides responses to common questions submitted by organizations interested in the RfP. Over 30 organisations submitted these questions, and we list here the responses, topic-wise, to resolve all the queries we have received.

1. Proposal Scope

1.1 Is it possible to submit a single proposal to design and evaluate multiple interventions, for multiple cohorts?

Answer: Yes.

1.2 Should we determine a single target population by focusing on pregnant women, non-pregnant women, or adolescent girls, or can we take a broader approach and target all women of reproductive age?

Answer: The proposal should target women of reproductive age, including pregnant and lactating women, and adolescents.

1.3 Although the call is specifically for behaviour change interventions, is there still some scope for incorporating some system-strengthening intervention to ensure sustained supply and availability?

Answer: No.

1.4 Is the UP BIU open to receiving proposals that address only a part of the SoW identified (eg. only research and HCD leading to design of interventions, but not implementation and evaluation)?

Answer: No.

1.5 Are there any age groups that are the focus within the target cohorts?

Answer: No.

1.6 Do adolescents include both boys and girls?

Answer: Yes.

1.7 Is there a socio-economic segment that is of interest, say urban or rural or both?

Answer: No. However, it is advised to focus on diverse segments within the target cohorts as this project should inform a statewide scale-up.

1.8 What are the UP BIU's goals/expectations for this project?

Answer: The Provider should:

a. test a suite of integrated interventions to increase consumption and adherence to IFA supplements for women of reproductive age, including pregnant and lactating women, and adolescents for scale-up;

b. generate implementation knowledge on how to successfully and feasibly deliver those strategies at scale in the government system (this may include using digital platforms which are being piloted in UP); and
c. suggest strategies that preferably reduce gender barriers affecting access and adherence to IFA supplements.

2. Eligibility and Selection Criteria

2.1 Are international organisations eligible to apply?

Answer: International Foundation for Research and Education (IFRE) will enter into a service agreement with the selected Provider; any organisation (national and international) is eligible.

2.2 What are the eligibility criteria for applying to this RFP?

Answer: The Provider needs to bring expertise in design, implementation and evaluation.

2.3 Could there be a scope in the response content for the evaluation of Providers who are able to contribute in design and creative terms rather than research?

Answer: Yes, the design skills will be given due weightage. The Provider may give necessary details of design work in the proposal.

2.4 An organization forms a consortium with say an implementation partner and an MLE partner, and then submits a proposal. What if the Selection Committee prefers one consortium partner over another? Will the current consortium be broken and constituents allowed to partner with another partner of your choosing?

Answer: Such a situation will not arise as the Selection Committee will evaluate each proposal submitted by consortia as a whole. It will not evaluate specific components of the proposals individually.

2.5 By when will the selection criteria be released?

Answer: The selection criteria are given in the RfP (Page 22).

3. Consortium Formation

3.1 Will the UP BIU help organizations connect with other organizations to consider forming consortia?
Answer: Yes, names of interesting organisations to partner with will be shared upon request, and the UP BIU team will make introductions by email as needed to initiate the connection.

The consortia should appoint a lead organisation and point of contact for the submission of the proposal.

3.2 Can organizations form consortia themselves and submit a holistic proposal?
Answer: Yes.

3.3 Is it mandatory to apply as a consortium or is there an equal preference for single organizations demonstrating capacity and experience in managing design, implementation and MLE for the intervention?
Answer: The preference is for the strongest team, it is important for the proposal to clearly state the expertise of the team (whether it is from a single organisation or a Consortium).

4. Intervention Design

4.1 Will the design of interventions be defined during the project with HCD, or do we have to provide design ideas in the proposal?
Answer: Proposals with greater details will be considered stronger. However, if the innovation is yet to be studied, broad design ideas are acceptable at this stage.

4.2 The RfP mentions that around four-six interventions are sought. Can the interventions be theoretically similar and delivered as four instruments or are four to six theoretically independent interventions expected?
Answer: This is the choice of the Provider.

4.3 Can primary evidence be generated (eg. determinants of IFA consumption)?
Answer: Yes.

4.4 How many research questions or objectives can be combined in this proposal?
Answer: The Provider should decide, as per the project objectives and budget available.

4.5 Are you specifically looking for greenfield research interventions?
Answer: No.

4.6 Would four interventions targeting two target cohorts be as preferable as four interventions targeting all target cohorts?
Answer: Both options are acceptable, and give a rationale for why narrowing down on some of the cohorts would be helpful to include in the proposal.

4.7 Will it be ok if design/intervention areas and design levers are shared in the proposal and the Provider fleshes out the intervention through an actual HCD process on the ground?
Answer: Yes.

4.8 Can the pilot be implemented in a manner that is insulated from the constraints of the government system in the near term but accounts for these in the long term especially when it comes to scaling up?
Answer: Yes.

4.9 Whether a pilot is recommended to be constituted and tested, or is it better to propose a scale-up project involving much larger geography?
Answer: This project is for a pilot and evaluation. Scale-up plans will be considered by the government based on the research findings.

4.10 Given the time period of three years, large impact-size behavioural change may not be expected. Is there an equal appetite for interventions targeting changes in output and outcome level?
Answer: Yes.

5. Contract

5.1 Is the entity signing the contract from the UP BIU's side based in India or abroad?
Answer: IFRE will be the signing authority from the UP BIU's side. It is a private limited company domiciled in India and incorporated under Section 25 of the Companies Act,

1956 (comparative section 8 of Companies Act, 2013). IFRE has set up the Ashoka University of which the CSBC is a centre and the UP BIU is a CSBC project.

5.2 Can the contract be signed with either a foreign-based entity or is it mandatory to have an India-based subsidiary entity?

Answer: The service contract can be signed with a foreign-based entity irrespective of the presence of a subsidiary in India. However, the entities will be subject to domestic taxation rules such as GST, TDS or other taxes as per the prevailing tax laws in India.

6. Budget

6.1 Can we submit a combined budget for multiple interventions?

Answer: Yes.

6.2 How is funding determined for providers that propose multiple interventions tested through one multiple-arm study?

Answer: The Provider should plan how to best use the available budget to produce research findings to inform a government scale-up.

6.3 An organization that forms a consortium with say an implementation partner and an MLE partner, and submits the proposal. In that case, the budget submitted will be significantly higher than other agencies who might be providing a single service, will this count against the latter?

Answer: No, as only those proposals will be considered for evaluation that covers all three aspects of the project, i.e., design, implementation and evaluation. Such a service may be provided by a consortium (strongly preferred) or an individual entity.

6.4 Please confirm if the indicated budget ceiling is inclusive or exclusive of the GST.

Answer: The indicated budget ceiling of USD 1.4 million is all-inclusive.

6.5 Are there any Budgetary guidelines to write this proposal?

Answer: No, but the format is provided in the RfP (Page 32 and 33).

6.6 How many interventions do the award amount aim to cover? Is there a set budget for every intervention?

Answer: The Provider needs to plan and budget for around four to six interventions and the exact number of interventions and budget distribution would depend on the implementation and research methodology proposed.

There is no set budget for each intervention.

6.7 Who will be responsible for procuring the IFA supplements? Should the Provider include the cost of procurement in the overall budget or will UP BIU/Government be procuring it?

Answer: The IFA supplements are supplied by the Government to the target segments. Hence, the Provider may not be required to bear this responsibility. However, if the proposed intervention needs a very large quantity of IFA supplements then the applicants need to include its cost in the proposal.

6.8 In the overall budget ceiling, could a sub-ceiling for MLE components be made?

Answer: This is the choice of the Provider: you should plan to use the available funds in an optimal manner for the project objectives.

7. Fund Disbursement

7.1 Will fund disbursement happen separately to each constituent of the selected consortium?

Answer: Yes, this is possible. However, the selected Provider must appoint a lead from among its constituents and appoint a Point of Contact with whom the UP BIU will coordinate for project management and reviews.

7.2 Will the disbursement of funds be tied to specific deliverables?

Answer: Yes.

7.3 What is the nature of dependency, if any, on other partners for financial payouts over the three years?

Answer: This is a collaborative project. Hence, all the constituents of the consortium need to fulfill their responsibilities for the overall success of the project. Inertness on any constituent may lead to overall delay/derailment of the project. Since payments to each constituent will be made against the deliverables, it is important that they track each other's performance.

The selected Provider must appoint a lead from among its constituent and appoint a Point of Contact with whom the UP BIU will coordinate for project management and reviews.

7.4 Please confirm whether FCRA is applicable to UP BIU and if it has relevant certification

Answer: Yes, IFRE has an FCRA certificate. However, it will be entering into a service agreement with the Provider.

8. Applicable Taxes

8.1 What will be the tax percentage if a contract is signed with a foreign-based entity?

Answer: The foreign entity has to provide mandatory documents such as their tax registry certificate, permanent establishment undertaking, and other documents as per the country norms. Depending on their organisational character, there will be TDS deducted at the rate of 10% plus surcharges, cesses, etc., as applicable. However, entities having a permanent establishment in India will have different tax rates under the prevailing tax laws of India.

8.2 What will be the tax percentage if a contract is signed with an Indian entity?

Answer: The Indian entity has to pay GST at the rate of 18% depending on its organisational character. However, entities registered as section 8 companies, societies or trusts will have tax rates depending on the respective exemption limits provided under the relevant tax laws of India.

9. Government approvals and clearances

9.1 Does the three-year project duration include the time required for registering the trial and obtaining the ethics approval from a local IRB followed by approval from the Health Ministry's Screening Committee (HMSC) of ICMR?

Answer: Yes.

9.2 Would the partner be responsible for the IRB Clearance or would UP BIU take care of the same?

Answer: The Provider will be responsible for taking all the necessary approvals and clearances. The UP BIU may facilitate and provide necessary support wherever it can.

9.3 Does Ashoka University have an IRB? Do you have a University ethics committee?

Answer: Ashoka University's ethical clearances are not advisable as its staff will not be the principal investigator.

9.4 When and from where should we obtain the ethical clearance?

Answer: Ethical clearance is needed after the formation of the consortium from state government and ethical committee. Depending upon the intervention proposed, even the HMSC approval may be needed.

Please note: Foreign investigators/PIs need to get ethical clearance from their own ethics committee to apply for the HMSC clearance.

10. UP BIU role and Government Partnership

10.1 What role(s) would UP BIU have in the process of designing, piloting, and evaluating the impact of the interventions by the bidder?

Answer: UP BIU will oversee the project through periodic reviews and handhold wherever needed.

10.2 Will the UP BIU aid intervention the Provider with government stakeholder engagement?

Answer: Yes but the Provider will have to take the lead. The UP BIU will support in the introduction of the Provider to concerned government agencies and may join for the initial meetings.

10.3 What is the extent of collaboration with the state government? Can the Provider work with the government to organize activities that are not currently covered by any existing schemes (for example, organizing Complete Blood Count testing at a PHC/CHC level for all women)?

Answer: The UP BIU is a partner to the GoUP. The Provider is free to request permission from the government to organize new activities. The UP BIU will make introductions to government agencies and join the initial meetings. However, the Provider will have to lead and be responsible for the communications with the government.

10.4 What is the nature of collaboration that is envisaged with GoI vis-a-vis GoUP?

Answer: After the project research insights are available,, the UP BIU will undertake advocacy efforts with the GoUP for statewide scale-up and through the National BIU, advocacy efforts will be undertaken for scale-up in the Aspirational Districts that are outside UP.

11. Timeline

11.1 The RfP outlines that the project should be planned for a period of three years (2022-2024), but the project does not have an estimated start date until the end of 2022. Will the proposed period be extended to 2025 to reflect this late start?

Answer: An extension will be considered towards the end of the current grant period. The Provider should plan activities for the full three years and submit this in the proposal.

11.2 What kind of a timeline is the UP BIU looking at for the research, design and development phase of the project? How long should the implementation phase be?

Answer: This work is planned for a maximum period of three years and UP BIU aims to support the development and testing of interventions with a strong design process to develop scalable behaviourally informed intervention design. The Provider should test a suite of integrated interventions for scale-up. The exact period of implementation for the interventions will be collectively decided by the Provider and the UP BIU on the basis of the nature of the interventions.

11.3 What would be the total project period with the months in which it is expected to begin and end?

Answer: The project will tentatively begin in December 2022 and continue for a maximum period of three years.

12. Intellectual Property

12.1 Who will own the copyright in case of non-software work products?

Answer: All Non-Software Work Products utilized in this project, including prior content, enhancements, and newly developed materials will be released publicly under an Open Source Initiative, Creative Commons or equivalent approved license for the benefit of the general public. The Non-Software Work Products can be copied, modified and used by any person or organization. Existing open source code and

application content from prior work may be included in the final product and may be copyrighted by other parties.

12.2 Who will own the copyright in the case of the software work products?
Answer: For all software developed, the complete source code will be available under an open-source licensing system approved by the Open Source Initiative. The software can be copied, modified and used by anybody in accordance with the open source license. Existing open source code from prior work will be included in the final product and may be copyrighted by other parties.

13. Monitoring, Learning and Evaluation (MLE)

13.1 Can the Provider evaluate primarily concepts related to positive deviance in the reference to adherence to IFA consumption?
Answer: The Provider should decide, as per the project objectives and budget available.

13.2 What sort of evaluation is expected post the pilot of the 4-6 interventions, is it light touch or impact assessment?
Answer: All interventions will be tested by the MLE provider using rigorous methods (including Randomised Control Trials) to measure impact and cost-effectiveness. In addition, an assessment of scalability through the government system or non-government systems should be produced.

13.3 Is there any sampling plan in place?
Answer: No. This is the choice of the Provider.

13.4 Who is going to conduct the pilot? Will it be the same partner agency that conducts the pilot as well as evaluates it?
Answer: The Provider will conduct the pilot.

13.5 Is there any prior database for the baseline evaluation?
Answer: No, the selected provider is expected to conduct it.

13.6 Are RCTs a necessary evaluation methodology or can the Provider recommend other equally appropriate evaluation strategies backed by rationale and approach?
Answer: Yes, the Provider may decide.

13.7 In the proposal is it necessary to give the study sites, or is it sufficient to give the numbers of villages, sub-districts and districts that we plan to include?

Answer: Proposals with greater detail will be considered to be stronger proposals.

13.8 How will the districts and blocks be selected?

Answer: The Provider may decide the site/s within UP after considering the project objectives.

14. Operational Details

14.1 Who will bear the user-operational costs?

Answer: The Provider should manage all project costs with the available funds, and the UP BIU or IFRE will not consider involvement in project activities, this includes hosting/subscription to communication platforms.

14.2 The white paper identifies a few platforms like schools and Anganwadi Centers for the implementation of the interventions. Does the UP BIU intend to focus on only these platforms or is it open to identifying more such platforms like the SHG network?

Answer: Yes, the UP BIU is open to the identification of additional implementation platforms.

14.3 Do the final interventions have to be either entirely physical or digital solutions? Can they be a mix of both?

Answer: The final solutions could either be entirely physical or digital or a combination of the two.

15. Miscellaneous

15.1 Do you have a preferred Provider already?

Answer: No, the Provider will be selected through a competitive process.

15.2 Are there any premeditated collaborations that the UP BIU will be seeking for post-project implementation and scaling? By extension, what are some implications for the project?

Answer: There are no such plans as of now.

15.3 For the project duration, would the UP BIU allow its office space to be used

by the Provider during field visits?
Answer: The UP BIU has limited space, and cannot accommodate the Provider regularly. Short-term visits may be considered when the UP BIU office is not at full occupancy.

15.4 Is there an expectation for Provider staff to be located in UP during the project?
Answer: Yes.

15.5 Are there any guidelines on who should be given the supplements? Should healthy individuals with HB>12 mg/dl be given the supplements?
Answer: The Provider is expected to adhere to all the statutory guidelines and orders, as prescribed by the government from time to time, for the same.

15.6 If anyone is anaemic at the start of the program, but through supplementation has HB>12 during the course of the program, should we continue to give them the supplements?
Answer: The Provider is expected to adhere to all the statutory guidelines and orders, as prescribed by the government.

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