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D. Specific Objectives	7	**In addition, the End of Project Review will also assess the following objective: Examining Equity in Service Delivery:** Assess whether the project interventions have addressed gaps in healthcare access and utilization, particularly for marginalized tribal populations.	What is the expected degree of inquiry for tribal population-focused equality in healthcare delivery?	High Degree is expected as Shahdol has 45% tribal population (Census, 2011)
G. Data collection for community-based survey	9	**v. Data Analysis Plan** **All the collected data will be checked for quality issues, and after editing, it will be transferred into STATA software. For quantitative data, data will be analyzed using STATA. All the indicators for the computation of effective coverage will be computed and then configured "using machine intelligence." The trends in coverage of ANC, PNC, HRP identification, breastfeeding, KMC and the identification of newborns /sick children will be analysed from baseline till the end of project review.**	Could you please share additional information about the machine intelligence tools expected to be configured for data analysis?	This is not applicable for the agency. IHAT shall take this up separately.
H. Survey quality assurance	9	**Standardization of the interview method –** how to ask the questions and how to record the responses—through an interviewers' manual that will be used for training the field research teams.	Will IHAT provide reference training materials for the field teams, or would the agency need to develop them independently?	IHAT will provide training materials (tools/questionnaires)
Clause 11, Point 2	9	**The clause states that the financial bid must be submitted in a separate sealed envelope, and the evaluation committee reserves the right to decide whether the financial bid should be opened or not.**	Could you kindly confirm whether the financial proposal is to be submitted only as a hard copy in a sealed envelope or if it can also be sent via email? Additionally, if both options are acceptable, please specify the preferred method of submission	Financial bids should be shared to the email ID <procurement@ihat.in> with password protection. Passwords will be collected separately after review of technical proposals

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			Beyond informed consent and confidentiality, are there any additional ethical requirements, such as external ethics committee approvals?	External Institutional/Ethics committee approvals required shall be sought by IHAT.
			Considering the comprehensive nature of the report, including a comparative analysis with baseline data, would IHAT allow for an extension of the project duration by an additional week to ensure high-quality analysis and reporting?	This would depend on a lot of factors but can be considered
			1. What specific tools or formats should be used for the digital data collection and reporting? Are there any restrictions on the software used for data analysis (e.g., STATA)?	ODK Based Platform (SurveyCTO) will be used for data collection
			2. Can you provide detailed guidelines or templates for the final report submission?	Agency can use the Project's Baseline report available on the website for comparison.
			3. Are there specific training requirements for field teams beyond what is mentioned in the RFP?	No
			4. Will IHAT provide access to the baseline data for comparison, or is the agency expected to reconstruct baseline findings independently?	Agency can use the Project's Baseline report available on the website for comparison.
			5. Should the financial proposal include provisions for unforeseen costs like technical malfunctions in digital data collection devices?	No
			6. Will IHAT provide the mobile-based application for data collection, or is the agency expected to develop or arrange for one?	Yes, ODK Based Platform (SurveyCTO) will be used for data collection and will be provided by IHAT
			7. Is there any flexibility in the composition and size of the field teams based on operational efficiency?	Yes, as mentioned in the RFP document

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			8. Are there any pre-existing partnerships or collaborations in Shahdol that the agency could leverage for smoother implementation?	No
			9. Is there a preferred language for the survey tools, or are multilingual options required given the tribal population?	Preferable to have Survey Tools in Hindi & English
			10. How should the performance guarantee be handled in case of force majeure (natural disasters, political unrest, etc.)?	It will be mutually decided and defined in the contract
			Kindly confirm that as part of this study, only quantitative data will be collected from mothers who have given birth within the last six months, with a total sample size of 800.	Yes, only Quantitative data will be collected.
			Do we need to select ASHA areas ourselves or you will provide the selected list.	This information will be provided by IHAT
			1) Is there any minimum qualifying requirement for the study for Financial Turnover in the last 3 years/Average annual turn over. Whether there would be more scores for agencies having 5 crores or more than 10 crores?	No
			2) Do you need an updated ASHA area coverage map or is it available in the project area?	Yes. Its would be needed
			the field teams training will be for seven days, and definitely, it includes field practice. However, we would request you to kindly clarify why seven days of training for field teams.	Our past experience suggests 7 days to be a optimal duration, however the agency personnel can be more efficient

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			Secondly, since the HH and the facility tools used in the baseline survey will be used in the end survey also, how much time does each tool take to administer?	Upto 45 minutes
			about the 'Specialist M&E', we understand about this position is that a field coordinator will have to be engaged who will be in the field for the entire period of the fieldwork for the overall supervision and monitoring of the fieldwork. Kindly clarify this also	Adequate coordination and oversight from a specialist is expected from agency
			1. Since, we are a startup company and yet to complete one year of working, we do not have any turnover as such, however, ITR of last year can be submitted. Please let us know whether we can participate in this bid.	No
			2. Director and other team members of the company have worked in various renowned organizations like TNS, IMRB, Nelsen, Kantar etc. and have more than 25 years of experience in large scale survey research in health and demographic sector. They have worked on many large scale surveys like AHS (3 Rounds), NFHS (2 Rounds), DLHS, CES (UP), etc. With this experience, we would expect that we will e allowed to participate.	Rich experience is always desirable. We would encourage participation.

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			3. In the RFP, 1 supervisor and 2 investigators have been proposed as a team and it has also been mentioned that one team per block will be able to complete the data collection (listing of 200 HHs and survey of 11 mothers of children below 6months) in 20 days. We would request you like kindly let us now the productivity assumptions which has been considered for the survey for listing as well as for the main survey.	We expect an interaction to last upto max 45 min, and getting efficient with time. This seems reasonable to complete the survey. Flexibility has been provided in the RFP to sugest alternative team structure by the agency
			4. On Page8 of the RFP under para F. Selection of PSU's/ASHA areas, it is given that "(1) the field researcher will determine the boundary of the catchment area (2) with a random start, will visit each household within the designated area, and will interview all available eligible respondents". What do you mean by all **available eligible respondents**. If the team has already got 11 eligible HHs in an ASHA area, but available eligible HHs are more than that, will the team have to cover whatever extra number of eligible HHs are available within PSU/ASHA area.	Getting maximum coverage of sample, subject to achieving minimum sample size as mentioned in RFP document, is desirable and encouraged.
			5. On Page-9 under Data Analysis Plan, it has been mentioned that data will be analyzed using STATA. We use SPSS for analysis. Please clarify whether data analysis using SPSS will be acceptable to IHAT.	Can be considered. The Syntax file with all codes and comments explaining the codes will need to be shared

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			1. Whether it is assumed that all ASHA have a minimum 160 pregnant mothers who have delivered during the last six months. Please clarify if not able to get the eligible sample from the selected ASHA areas in any block/s.	A minimum of 160 pregnant women are expected to be interviewed per block as mentioned in the RFP. The interviewed can tag adjacent ASHA area in case of shortall.
			2. Whether the community members in this survey will include VHND members or any other structures supported by the project. Please clarify and suggest if any sample size is being recommended.	We expect agency to interveiw beneficiaries, not limited to community members
			3. Whether the health center staff required to be included in this study represent all five Block CHC or PHC staff or specific ones part of the project. Please clarify and suggest if any sample size is being recommended.	The agency to focus on beneficiaries in the community and not the facility based health care staff
			4. Any sample "Report outline" to determine timelines required.	No
			5. Whether IRB approval will be completed by IHAT	Yes
			6. Besides STATA are there any other software like SPSS is being considered and	Can be considered. The Syntax file with all codes and comments explaining the codes will need to be shared
			7. Whether the same baseline questionnaire will be used or the agency has to come up with the questionnaire itself. Is it recommended only to consider quantitative ones.	Same Baseline questionnaires with some changes
			1. How many and what type of health facilities are planned to be covered under the facility assessment?	The agency to focus on beneficiaries in the community and not facility assessments
			2. How long did the facility assessment take during the baseline study?	The agency to focus on beneficiaries in the community and not the facility assessments

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			3. Given that 11 is the estimated number of mothers who delivered in the past six months per ASHA area, some areas may have fewer eligible mothers. In such cases, would you prefer us to propose an alternative approach to ensure the required sample size is met while accounting for potential non-response?	Yes
			4. The RFP states that the group-relevant questionnaires will be available on a mobile-based application. Can you confirm whether the CAPI application will be provided to the research agency by IHAT?	Yes, ODK Based Platform (SurveyCTO) will be used for data collection and will be provided by IHAT
			5. Based on your baseline experience, what is the estimated time required to complete a survey with each mother?	Time required to complete the interview with each mother will depend on the surveyer/Field reseracher and the Rapport he/she builds with the respondent. Generally, it should take 30-40 mins
			6. The RFP suggests that the project does not include a control group for comparative analysis. Can you confirm whether this understanding is correct?	Yes. It is correct