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Responses to Questions Submitted by Interested Parties regarding Request for Qualifications (RFQ) VOT-2019-001- Testing promising psychosocial support interventions with community-based components in low- and middle-income countries

Question 1: We are working with [local partners with strong, community-based infrastructure] that are not grouped together in a way that would be considered a single, field-based implementer. Is the existing informal infrastructure sufficient or must we have our partners go through the process of creating something like an in-country NGO to be eligible for this RFQ?

Response to Question 1: The implementing partner need not be a single, field-based implementer assuming the prime organization could issue subawards to the local partners as needed. It would be important to ensure any intended subawardees are eligible/qualified to receive USAID funding. All subawards will require USAID approval.

Question 2: The footnote 3 on page 5 is incomplete. May a revised version of the complete message be reissued?

Response to Question 2: Yes, footnote 3 on page 5 has been edited and is now complete.

Question 3: Can one organization submit more than one proposal?

Response to Question 3: Yes.

Question 4: If an organization is submitting a proposal to fund an initiative, as well as a research component, is there a cost breakdown limit to each?

Response to Question 4: There are no requirements related to the cost breakdown between implementation and research, but the ultimate proposal must demonstrate a plan for sound implementation and a robust research component.

Question 5: The funding amount for this call ranges from \$300,000 to up to \$1,000,000. Is this a yearly award amount or should it be understood to be the total award amount to be managed throughout the life of the project?

Response to Question 5: The range presented in the call is a yearly amount.

Question 6: Is there a preference for supporting existing research project?

Response to Question 6: No.

Question 7: Is there a preference for supporting research of non-USG funded interventions?

Response to Question 7: No.

Question 8: Is it allowable to propose a research project of a non-USAID intervention, for example that of a PRM funded program?

Response to Question 8: Yes.

Question 9: Section 7.4.c refers to “Co-Principal Investigators.” Can applicants propose a single Principal Investigator or must there be more than one? If more than one, must they be from separate organizations or can they be affiliated with a single organization?

Response to Question 9: Multiple Co-Principal Investigators are desirable but not required, e.g. one from the research organization and one from the implementing organization and/or one from a non-local research entity and one from a country-based research entity.

Question 10: What does the term “PSS outcomes” mean in this RFQ and how does it relate to the indicators recommended in the IASC Common M&E Framework for MHPSS in Emergencies?

Response to Question 10: PSS outcomes should be in alignment with the indicators recommended in the IASC Common M&E Framework for MHPSS in Emergencies from the bottom two layers of the pyramid. Applicants should indicate the PSS outcomes to be measured as a part of the proposed intervention.

Question 11: What is the scope of “community-based service providers”? Would a service provider based in a community health clinic be considered community-based?

Response to Question 11: Yes, if the intervention focus is on PSS in bottom two layers of pyramid.

Question 12: The Williams (2011) review cites a Bolton et al. (2003) study of Group Interpersonal Psychotherapy for depression in rural Uganda as an example of a community-based MHPSS intervention that demonstrates results among refugees. Given that Group Interpersonal Psychotherapy is considered a community-based intervention here, would the scalable

psychological Program Management Plus (PM+) intervention also be considered a community-based intervention with respect to this RFQ?

Response to Question 12: PM+ is not a good intervention candidate for the purpose of this RFQ as it is a psychological intervention that focuses on layer 3 of the pyramid and does not have PSS components that could be studied, which is the objective of this RFQ. This RFQ seeks to identify and fund studies of community-based PSS approaches to MHPSS, but NOT studies of psychological/ therapeutic interventions (there is already a growing evidence base for these types of interventions).

Question 13: Is this RFQ exclusive to community-based MHPSS interventions or does it also consider eligible community-based approaches to MHPSS as described in the IASC Community-Based Approaches to MHPSS Programmes: A Guidance Note?

Response to Question 13: Either are eligible.

Question 14: Does the MHPSS necessarily have to exclusively address issues of torture survivors or overall issues of mental health for it to be considered for support?

Response to Question 14: No - the intervention should address the general population that includes torture survivors, but should not single out torture survivors.

Question 15: Clarify what can be covered under the domain of "torture" that USAID is interested in studying?

Response to Question 15: This RFQ aims to study the effectiveness of an MHPSS intervention in a general population that is likely to include victims of torture. The applicable definition of torture can be found here:
https://www.usaid.gov/sites/default/files/documents/1866/Victims%20of%20Torture%20Guidelines_6_2014.pdf

Question 16: Does it have to be an existing MHPSS intervention or is there a scope to design new one and research?

Response to Question 16: The intervention doesn't have to be implemented currently, but the intervention proposed to be studied should be adapted from an intervention that has already been described in the literature.

Question 17: We are developing a care delivery model for the control of depression, tobacco and alcohol use, hypertension and other risk factors for both mental illness and cardiovascular disease in Navrongo, Ghana. The program involves leveraging community health volunteers to provide behavioral counseling and other psychosocial support to persons with these conditions,

aiming to treat them through peer-led behavior change (specifically using a behavioral activation model) supplemented by community-nurse-led medical care.

Is this intervention eligible for consideration for support via this opportunity? Our model is expressly designed as a community-based intervention focused on psychosocial support in a low-middle income country. However, it does not focus on victims of torture per se (although there are some such persons in the Navrongo community).

Can you kindly clarify whether the above proposal is an appropriate fit for this solicitation?

Response to Question 17: Based on the information provided the intervention is eligible for consideration via this opportunity.

Question 18: We would like to extend an intervention to refugee populations and to victims of torture and gender-based violence in Uganda Kenya and South Africa. Does this call consider implementation in diverse African populations or do we have to implement only in Uganda?

Response to Question 18: Multi-setting/multi-country studies of an intervention are desirable; this RFQ would consider an implementation in diverse African populations.