# Request for Proposals: Baseline assessment for effectiveness of Samasta Application and Program completing the Data-Insight-Action Loop for Health System Strengthening in collaboration with Government of Karnataka and Khushi Baby

**Issued by**: Khushi Baby Association
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**RFP No**.: KBA/IE/SAMASTA/2026-27/1427

## 1. Introduction

Khushi Baby Association (KBA), in partnership with the Department of Health and Family Welfare, Government of Karnataka, invites proposals from qualified research institutions/agencies for conducting an **independent baseline study for the Samastha Baseline Study** of the **Samasta platform rollout** and program rollout for closing the loop on data insight and action across 14 districts of Karnataka scheduled from **15th June, 2026.**

**Summary of Deadlines**

| | |
|---|---|
| Release of RFP | April 25th, 2026 |
| Submission of queries and written expression of interest | May 10th, 2026 |
| KBA response to queries | May 20th, 2026 |
| Final Proposals Due/Last Date to submit | May 30th, 2026 |
| Announcement of the Result | June 5th, 2026 |

## 2. Executive Summary

Samasta is a **digital health data platform** designed to strengthen last-mile health data systems through real-time, household-level data capture. The platform enables ASHA workers to:

- Conduct a **digital health census** of all households in their catchment area and use of it by ASHA worker for closing the data-insight-action loop
- Record follow-up data on **maternal health, family planning, child health**, NCD and other key indicators.
- Link service delivery to **ASHA incentives** via integration with the Government's **AshaNidhi system**.

- Strengthen the data-based decision-making capacity of health officials through targeted and systematic sharing of insights and facilitation of data-based policy, program and practices for closing the data-insight-action loop.

The platform aims to:

1. Reduce ASHA workers' time burden in manual documentation.
2. Improve monitoring and supervisory visibility.
3. Enhance ASHA efficiency, data completeness, and motivation via timely payments.
4. Reduce the emphasis on ASHA time burden/use in lieu of more focus on health service delivery, outcomes, and data-based decision closing the data-insight-action loop
5. Improve the data-based decision-making capacity of health officials through a dashboard for insights and facilitation of data-based policy, program and practices for closing the data-insight-action loop.
6. Availability of a unified single-source data system enables better and more consistent use of the data.

The rollout will cover 14 identified districts (Pilot Phase I) before statewide expansion.

Khushi Baby plans to engage a third-party evaluation partner to measure the impact of the Samasta Application on ASHA workers' performance, efficiency, time-burden and motivation. Beyond measuring application uptake, the evaluation will be framed through the Data-Insight-Action (DIA) lens to assess whether the platform strengthens system-wide decision-making by ensuring high-quality data translates into actionable insights and responsive health system actions.

## 2. Motivation and Background

India is undergoing a digital health transformation through the Ayushman Bharat Digital Health Mission (ABDM), which aims to integrate fragmented health systems under a common digital framework. The key components of ABDM include the formation of an ABHA ID (a unique identifier for individual digital health records), a health facility and healthcare professional's registry (including private and public facilities), a unified health interface for appointment booking, teleconsultation etc., and national health claims exchange. While the program is extremely ambitious in its' scope and vision, the reality on the ground demonstrates that health data and information systems continue to be fragmented, with datasets on the same individuals siloed in disparate vertical driven systems - from Poshan Tracker to UWIN to RCH 2.0 and so on. The proliferation of multiple digital health interventions, each tied to its own dedicated program, has subdued some of the initial enthusiasm for digital health solutions with the growing realization that they have not been able to reduce the reporting and administrative burdens of frontline health workers appropriately, and the continuation of fragmented data systems also limits the ability and likelihood of officials and providers using data for decision-making. Recent evidence reviews from the Evidence Gap Map (EGM) (https://implementome.org/evidencegap) by the Center for Global Digital Health Innovation (CGDHI) at the Johns Hopkins Bloomberg School of Public Health, suggest that while there is strong evidence supporting certain patient- and provider-facing digital tools, improvement in system-level decision-making using digital health tools require more rigorous research to understand long-term health and system-level impacts. Specifically, this evidence gap map suggests that while there are

several studies that have measured the effectiveness of DHIs on health care access and timelines, there is less evidence on the impacts of DHIs on quality of services delivered and health systems efficiency.

The map shows that research is heavily concentrated in specific "pockets" and it reveals critical gaps in "system-level" outcomes:

- **Quality of Service**: While there are many studies on *access*, there is a documented "shallow evidence base" regarding how digital tools actually improve the **quality of the care** delivered (e.g., adherence to protocols or patient safety).
- **Health System Efficiency**: There is very little high-quality evidence on how DHIs optimize system-wide efficiency or resource allocation. This is partly because **cost-effectiveness data** and analysis are infrequently reported; roughly **80% of studies** in the global DHI landscape fail to report any cost data.
- **Research Difficulty**: These long-term health system level outcomes are often under-explored because they are significantly more difficult and expensive to measure compared to short-term digital "pings" or registration numbers.

In this fragmented environment, Khushi Baby's support to the Department of Health and Family Welfare in Karnataka in building an end-to-end single-source digital health tool in the form of the Samasta app, presents a unique opportunity to measure systems levels impacts of DHIs. In Karnataka, we aim to demonstrate via the Samasta app Khushi Baby's 3I strategy for digital health and the Data-Insight-Action (DIA) cycle. Samasta is designed to address these structural constraints and Khushi Baby's existing 3I strategy functions as an enabler of the DIA cycle:

- **Ink-Free:** Reducing redundant paper-based documentation and duplicate data entry, which can improve data timeliness and reliability, lays the foundation for usable data.
- **Interoperable:** Establishing a single, longitudinal source of truth at the household level across program verticals can enable consistent denominators and integrated visibility necessary to generate actionable insights.
- **Incentive-aligned:** Linking verified service delivery data to transparent and timely incentive payments can strengthen accountability and motivation so that insights translate into tangible action and loop closure.

Karnataka is the first example where Khushi Baby has received a government mandate for end-to-end rollout of a digital health platform, that includes multiple modules across programmatic priorities (family planning, MCH, NCDs etc.) and outreach for all community level activities (i.e. at those operated by ASHAs, ANMs, and CHOs).

Government of Karnataka will begin the rollout of the Samasta application in 14 districts of the state from March, 2026. The districts have been selected by the government, and further expansion is planned in additional districts in the future. The rollout of the Samasta application includes the following components: 1) Registration of households through an integration of Samasta with the E-Kutumba register, 2) a digital health census conducted by ASHA workers, 3) follow-up modules on Family Planning, Maternal Health, Child Health, Deaths, and Masters. Subsequent to the initial deployment, the focus of the initiative would be on enhancing the 'Insight' and 'Action' components of the DIA process. This would include the deployment of integrated supervisory dashboards, which would enable officials at the district and state levels to access a unified view of service delivery by integrating the data from the Samasta system with other administrative sources. This would, in turn,

enable the institutionalization of data-driven review processes, with the aim of ensuring that digital insights are followed by responsive programmatic action. The app is also being integrated with the AshaNidhi app payments.

The proposed baseline study is intended to clearly document the pre-rollout situation and establish measurable benchmarks across each stage of the DIA cycle. This will ensure that the subsequent evaluation assesses whether Samasta strengthens system functioning and decision-making, rather than simply measuring application uptake. The proposed baseline study is intended to clearly document the pre-rollout situation and establish measurable benchmarks. This will ensure that the subsequent evaluation assesses system transformation rather than simple application uptake.

## 3. Objectives of the Overall Evaluation

**Primary Objectives:**

- Assess the **impact of Samasta** on ASHA efficiency, performance, and workload.
- Evaluate improvements in **data accuracy, completeness, and timeliness**.
- Measure the **reduction in documentation burden** among ASHAs.
- Examine the **effect of digital data linkage** with AshaNidhi on **incentive timeliness and motivation**.
- Understand the process of **data-based decision-making capacity** of health officials and their use.
- Understand the **mechanism of existing insights and facilitation of data-based policy**, **program and practices** for closing the data-insight-action loop.

**Secondary Objectives:**

- Assess uptake, usability, and acceptability of Samasta among frontline users.
- Evaluate supervisory use of data dashboards for decision-making.
- Identify barriers and enablers to platform adoption, at both frontline and health official levels, for scale-up recommendations.

## 4. Why is a baseline necessary?

The upcoming rollout across __ districts provides a limited window to rigorously capture the existing state of frontline operations and data systems. Without a structured baseline, it would not be possible to:

- Quantify the extent of documentation burden and system fragmentation.
- Establish credible benchmarks for efficiency, service delivery, and incentive timeliness.
- Document the current level of data fragmentation and system incoherence, creating a reference point against which the effects of interoperability can be assessed during midline/endline.
- Establish if/how insights generated from data currently translate into 4Ps (People, Process, Platform, and Program Management) creating a baseline to assess whether Samasta strengthens accountability, responsiveness, and loop closure across the service delivery chain.
- Understand the barriers and facilitators of the current scenario of incentive timeliness, reimbursement and motivation.

- This baseline can be foundational in demonstrating whether the 3I strategy leads to measurable improvements in frontline efficiency, accountability, service delivery outcomes, and data-based decision-making.

## 5. Scope of Work

The selected agency will:

1. **Design Methodology and Study Execution**
    - Develop a methodology for a measurement plan.
    - Develop mixed-methods tools for quantitative and qualitative data collection.
    - Conduct process documentation and qualitative interviews.
2. **Data Analysis**
    - Conduct a baseline analysis focused on establishing benchmarks across each stage of the Data-Insight-Action (DIA) cycle to measure systems-level outcomes. The analysis should evaluate the current impact on ASHA workload, performance, data quality, and motivation, while specifically quantifying existing gaps in administrative insight generation and the closure of service delivery loops.
    - Findings must document the pre-rollout state of system transformation, assessing how data currently informs—or fails to inform—supervisory decisions and responsive actions. Compile these results into a comprehensive baseline report as per the timelines specified below.
    - Develop shorter presentations on the analysis for key stakeholders, including the Government of Karnataka, focusing on how the 3I strategy can strengthen health system governance and service delivery coordination and DIA approach.
3. **Reporting**
    - Submit detailed baseline evaluation reports.
    - Provide actionable recommendations for statewide rollout optimization.

## 5. Expected Deliverables

1. **Inception Report** (within 2 weeks of contract)
    - Methodology, sampling frame, indicators, ethical considerations, and data tools.
2. **Baseline Survey:** Completion by September 2026
3. **Cleaned dataset and codebook** (anonymized) at the close of the project ~ October 2027
4. **Presentation of Findings** to project steering committee and GoK ~ November 2027
5. **Final Baseline Report** (15 January, 2027)

## 6. Geographical Coverage

The study should be conducted using a quasi-experimental approach with approximately 2-3 districts from the 14 Phase 1 districts being selected for intervention arm, and 2-3 comparison districts selected from the planned Phase 2 implementation. The selection of final study districts will require approval from the government.

## 7. Methodological Considerations

- Mixed-methods study design. In the proposal the agency should provide a detailed methodology, with appropriate sample size calculations and target groups.
- The study sample will include ASHAs, Supervisors/PHCOs, CHOs, and district/block-level administrative officials to ensure a comprehensive assessment of both frontline performance and systems-level outcomes. While the primary quantitative survey will focus on ASHAs to evaluate efficiency, time-use, and documentation burden, the evaluation must also incorporate structured assessments of supervisors and program managers to analyze the full Data-Insight-Action (DIA) loop. This integrated approach is essential to determine whether improved data visibility leads to enhanced insight generation, more responsive supervision, and timely action across the service delivery chain.
- Ethical approval and informed consent required.
- Gender-sensitive and data collection protocols.

## 8. Eligibility Criteria

- Minimum 5 years of organizational experience conducting impact evaluations in public health or digital health.
- Minimum average annual turnover of INR 2 crore over the last three years of operations in the relevant field.
- Demonstrated expertise in large-scale field research, mixed methods research and advanced quantitative/statistical methods.
- The team should include public health experts, evaluation specialists, statisticians, quantitative analysis experts and qualitative researchers.
- Prior work with government or development partners preferred.

## 9. Proposal Submission Requirements

**Technical Proposal:**

The technical proposal should include the following:

- Executive Summary (Page Limit: 1).
- Organizational profile and capacity statement (Page Limit: 2).
- Methodology, sampling framework, data collection and detailed work plan in the form of a Gantt (Page Limit: 6).
- Team composition and CVs.
- Ethical and data privacy statement.
- Examples of Previous Relevant Projects (Page Limit: 2)

**Financial Proposal:**

- Detailed budget (staffing, field costs, logistics, analysis, reporting, timelines).
- Taxes (GST) to be indicated separately.

Queries should be emailed to Agrima Sahore at agrima.sahore@khushibaby.org by May 10th, 2026, along with cc to procurement@khushibaby.org. Submission details for technical and financial proposals are mentioned in section 13 below.

## 10. Evaluation Criteria

| Criteria | Weightage |
|---|---|
| Relevant institutional experience & team composition | 40% |
| Technical approach, methodology, and work plan | 35% |
| Experience with digital/M&E/public health evaluations | 15% |
| Financial proposal (cost-effectiveness & value) | 10% |

## 11. Duration and Timelines

**Contract Period:** June 2026– January 2027 (8 months total)

**Key Milestones:**

- Contract signing: June 5th, 2026
- Baseline study completion: June-August 2026
- Initial Presentation: October, 2026
- Draft report submission: December 2026
- Final report submission: January 2027

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## 12. Payment Terms

| Milestone | Payment (%) |
|---|---|
| Inception report, methodology, tool approval and IRB submission | 25% |
| Completion of baseline survey | 35% |
| Final Report and Presentation Submission | 40% |

*Note: The exact percentages may be subject to change based on the exact technical and financial proposal selected and can be agreed upon via mutual agreement.*

## 13. Submission Details

Proposals (technical and financial together) should be addressed to:
**MEL Officer- Monitoring, Evaluation and Learning**
Khushi Baby Association
Proposals to be emailed at: procurement@khushibaby.org
Subject: "Proposal for Baseline for Samasta Platform Rollout – Karnataka"
**Deadline:** May 30th, 2026, 17:00 IST

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## 14. General Terms and Conditions

- All intellectual property, data, and reports remain the property of KBA and the Government of Karnataka.
- The agency must ensure compliance with ethical and data protection standards.
- KBA reserves the right to reject any or all bids without assigning reasons.
- Considering the high volume of applications, it may not be possible to communicate the results individually to every applicant.
- Any variation in scope will be communicated in writing and mutually agreed upon.