USAID
FROM THE AMERICAN PEOPLE

Issuance Date:	January 19, 2010
Deadline Date for Receipt of Questions:	February 8, 2010, 2:00 pm EST
Closing Date AND Time for Concept Papers:	
Round 1:	March 5, 2010, 12:00 pm EST
Round 2:	April 19, 2010, 12:00 pm EDT
Submit Concept Papers to:	Ms. Alicia Harris aharris@usaid.gov

Subject: Annual Program Statement (APS) – M/OAA/GH/POP-19-0110
Annual Program Statement for the Inform Decision-Makers to Act (IDEA)

Dear Applicants:

The United States Agency for International Development (USAID) is seeking concept papers from qualified U.S non profit non-Governmental Organizations (NGOs) for a program titled, "Inform Decision-Makers to Act (IDEA)" for funding of Cooperative Agreements.

The purpose of this APS is to increase support among decision-makers for effective health and population policies and programs. It is anticipated that awards under this APS will analyze, synthesize, and disseminate health and population data to engage relevant policy and advocacy audiences; strengthen the capacity of media to provide quality coverage of key health and population issues; improve individual and institutional capacity to use information to influence decision-makers; and expand dialogue among population and health researchers, program implementers and decision-makers.

USAID anticipates awarding up to four (4) cooperative agreements to organizations for a period of up to five (5) years each. For each award, USAID anticipates obligating up to a total maximum ceiling of $15 million, from a combination of the Office of Population and Reproductive Health (GH/PRH) funds and field support funds from Missions and other operating units. The ceiling of each agreement will be determined by funds available and activities proposed. USAID reserves the right to partially fund applications. Applicants are recommended to provide a 20% cost share.

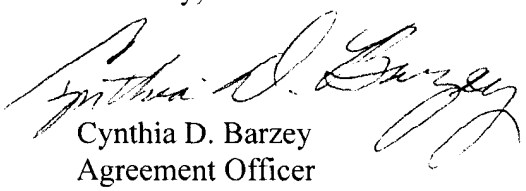
USAID will conduct two rounds of review of the concept papers. The first round will end March 5, 2010 and the second round will end April 19, 2010. Please submit any questions regarding this APS electronically to Ms. Alicia Harris at aharris@usaid.gov by

2:00 pm EST Monday February 8, 2010. USAID encourages applicants to apply by the date of the first review because award of applications received on the submission date after the initial first round will be made subject to the availability of funds.

This APS is issued under the authority of the Foreign Assistance Act of 1961, as amended. Awards to U.S. organizations will be in accordance with 22 CFR 226, Mandatory Standard Provisions for U.S. Non-governmental Recipients, and the applicable additional Standard Provisions for U.S. Non-governmental Recipients. The mandatory and other applicable standard provisions for U.S. Non-governmental Recipients are available on the USAID internet site: (http://www.usaid.gov/policy/ads/300/303maa.pdf).

Issuance of this APS does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for the costs incurred in the submission of an application. Further, the U.S. Government reserves the right to reject any or all applications received, or to negotiate separately with an applicant if such an action is considered to be in the interest of the U.S. Government.

Sincerely,



Cynthia D. Barzey
Agreement Officer
M/OAA/GH

Annual Program Statement
Inform Decision-Makers to Act (IDEA)

I. FUNDING OPPORTUNITY DESCRIPTION

The purpose of this Annual Program Statement (APS) is to **increase support among decision-makers for effective health and population policies and programs.**[1] It is anticipated that awards under this Annual Program Statement (APS) will analyze, synthesize, and disseminate health and population data to engage relevant policy and advocacy audiences; strengthen the capacity of media to provide quality coverage of key health and population issues; improve individual and institutional capacity to use information to influence decision-makers; and expand dialogue among population and health researchers, program implementers and decision-makers.

Pursuant to the Foreign Assistance Act of 1961, as amended, the United States Government (USG), as represented by the U.S. Agency for International Development (USAID), Bureau for Global Health (GH), Office of Population and Reproductive Health (PRH), invites applications for funding from qualified U.S. non profit non-Governmental Organizations (NGOs) to carry out activities as described in this Inform Decision-Makers to Act (IDEA) APS to increase support among decision-makers for effective health and population policies and programs. Small US-based NGOs are encouraged to apply. Awards to U.S. organizations shall be administered in accordance with 22 CFR 226 and the Standard Provisions for U.S. Non-Governmental Grantees (see Mandatory Reference, 22 CFR 226, Standard Provisions for U.S. Non-Governmental Grantees, and Optional Standard Provisions for U.S. Non-Governmental Grantees). The mandatory and other applicable standard provisions for all organization types are available on the USAID internet sites www.usaid.gov/policy/ads/300/303.pdf.

This APS disseminates information to prospective applicants to develop and submit applications for USAID funding. This APS: (A) describes the types of activities for which applications will be considered; (B) describes the funding available and the process and requirements for submitting applications; (C) explains the criteria for evaluating applications; and (D) refers prospective applicants to relevant documentation available on the internet.

Issuance of this APS does not constitute an award or commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of an application.

II. APPLICATION INSTRUCTIONS AND EVALUATION CRITERIA

Contingent on the availability of funding, USAID/GH/PRH anticipates awarding up to four (4) cooperative agreements (hereafter called agreements) for a period of three (3) to five (5) years each. The actual number of awards under this APS is subject to the availability of funds and the

[1] For the purposes of this APS, the term "health and population" encompasses the following technical areas: family planning; reproductive health; gender; youth; population-health-environment (PHE); and population dynamics and security.

viability of proposals received. Accordingly, USAID reserves the right to make multiple awards or no awards at all through this APS.

Each agreement must address the overarching IDEA APS Program Objective of **increasing support among decision-makers for effective health and population policies and programs.** Applicants may choose to address all four Project Results in their proposed technical approach or may choose to focus on one or more of the Project Results. The expected total ceiling for all agreements that are awarded under the IDEA APS will be approximately US $50 Million with approximately $35 Million in funding from the Office of Population and Reproductive Health (GH/PRH) and $15 Million in funding from field support, including USAID Missions. Core funds from GH/PRH will fund activities that advance the Office's key functions of global leadership, knowledge generation and technical support to the field. Core PRH funds may be used only for activities that impact family planning and reproductive health (FP/RH) outcomes in accordance with the Child Survival and Health Guidance. In multi-sectoral activities FP/RH funds can be used to support the FP/RH components, but funds from non–FP/RH sources must be used to support activities that do not directly affect FP/RH outcomes. The Child Survival and Health (CSH) guidance is available for download at http://www.usaid.gov/policy/ads/200/200mab.pdf. Field support funds will be used to build the capacity of individuals and institutions in a particular country or region to effectively use data and information to influence policymakers.

Each individual cooperative agreement will have a ceiling of no more than $15 million. The ceiling of each agreement will be determined by the amount of money available and the activities proposed. USAID reserves the right to partially fund applications. A 20% cost share is recommended. USAID anticipates that the program described in this IDEA APS will be implemented between July 1, 2010 and June 30, 2015.

The IDEA APS will be open for 6 months after its posting date of January 19, 2010 and close on July 18, 2010. Questions will be accepted for 20 days after the APS posting date on Monday February 8th at 2:00 pm EST. If funding is available, USAID will conduct two application review rounds. Round 1 for concept papers will end on March 5, 2010 at 12:00 pm EST and round 2 for concept papers will end on April 19, 2010 at 12:00 pm EDT. USAID strongly encourages applicants to apply by the date of the first round for concept papers. USAID reserves the right to fund one, more than one, or none of the applications that may be submitted.

A. Application Process

All applicants to this APS will adhere to the following guidelines for the APS competition process. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

Application submission is a two-step process:

Step 1: In the first stage, all applicants are required to submit a **short technical concept paper** of no longer than 8 pages that is specific, complete, and concise. The concept paper should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this

program as identified in Section III. The instructions for developing the concept paper are in Section II B. All concept papers should take into account the technical evaluation criteria found in Section II C. The first round of concept paper applications must be submitted no later than 45 days after the issuance date indicated on the cover letter accompanying this APS. The second round of concept paper applications must be submitted no later than 90 days after the date indicated on the cover letter accompanying this APS. All concept papers received by the deadline will be evaluated by a USAID Technical Evaluation Committee (TEC) for responsiveness to the criteria outlined in these guidelines and the application format. Concept papers that are submitted late or are incomplete will not be considered in the review process.

The TEC will review all applications in accordance with the Evaluation Criteria set forth in Section II C, prepare a technical evaluation memorandum to document the review process, rank all applications reviewed, and based on these rankings will recommend that one or more applicants submit a full technical application (Step 2). Applicants will be advised of the status of their respective concept papers within approximately 30 (thirty) calendar days after the TEC completes its evaluation.

Step 2: Based on the recommendations of the TEC, applicants will be asked to submit a **full technical and cost application**. Technical comments provided by the TEC on the successful concept papers will guide the submission of the full application. The full application will also take into account the instructions from Section II D and the technical evaluation criteria found in Section II E. The final selection for awards will be made based on the Step 2 review of applications and selections recommended by the TEC.

Applicants should retain for their records one copy of all parts of the application and all enclosures that accompany their application. Erasures or other changes must be initialed by the person signing the application.

Note that all applicants may be subject to a pre-award financial and management review and must demonstrate that they have a rigorous financial and monitoring system in place that will ensure auditable systems and records.

B. Short Technical Concept Paper Application Instructions (Step 1)

This section presents guidance for the structure of the short technical concept paper application and the criteria for its evaluation.

Short Technical Concept Paper Applications should not exceed 8 pages; any submissions OVER 8 PAGES WILL NOT BE EVALUATED. Annexes will not be counted in the page limit but should be restricted to the information requested below. Applications must be written in English, using Times New Roman, 12 point font on standard 8 1/2" x 11" paper, single spaced with each page numbered consecutively, and no less than 1" margins on all sides. In accordance with 5 CFR 1320, the Paperwork Reduction Act, only the original and two copies of any application will be required.

The application for the short technical concept paper must be prepared according to the structural format set forth below.

1. **Cover page** (not more than one (1) page): The Cover Page must include APS number **M/OAA/GH/POP-19-0110**, name of the primary applicant, a list of proposed sub-grantees (if any), and the title of the application. In addition, the Cover Page should provide a contact person for the primary applicant including the individual's name, title or position within the organization, mailing address, e-mail address, and telephone/fax numbers. Applicants should also clearly state whether the identified contact person has the authority to negotiate on behalf of the applicant, and, if not, the contact information for the appropriate person with authority to negotiate should also be listed.

2. **Technical approach** (no more than four (4) pages): This section should address the program summary and selected objectives in Section III of this document and should include:

   a. Project objective and concise description of overarching strategy
   b. Project activities and outcomes
   c. Proposed duration of award
   d. Illustrative results

3. **Staffing and management** (maximum of one and a half (1-1/2) pages): The staffing and management plan will be presented through a visual representation, or organigram, of the proposed staffing plan and management relationships needed to implement the Technical Approach. The organigram should identify all personnel who will be involved in project implementation, their key responsibilities, and their level of effort. Project personnel should include the project director, key technical personnel who may act as deputy to the project director, and any other technical staff needed to achieve the intended results, especially regarding the cross-cutting areas of gender, youth, population-health-environment (PHE), and repositioning family planning. The organigram should also include lines of reporting and relationships between primary and sub-grantees.

   Applicant will specify number and types of key personnel positions, not to exceed four.

   Qualifications for Project Director:
   - Minimum 15 years experience working in public health or the field that relates to the proposal's specific technical approach with at least three years' experience with managing policy, advocacy and/or communication projects.
   - Master's degree or higher in public health, public policy, or related discipline.
   - Knowledge of policy, advocacy, and communications methodology best practices and approaches
   - Knowledge of USAID policies, procedures, and reporting requirements

   Qualifications for Key Technical Personnel:
   - Minimum five years experience working in public health or a field that relates to the proposal's specific technical approach. Ten years of relevant experience is preferred, but not required.

- Master's degree or higher in public health, international health, international relations, social sciences, population-environment, or related discipline.
- Demonstrated technical leadership, and policy, advocacy and communications experience, in any of the cross-cutting issues (youth, gender, population-health-environment) that the applicant's proposal will address; and problem-solving skills working on complex projects in a highly-sensitive, fast-paced environment.

4. **Organizational capability (maximum of one-half (1/2) page.** This section will describe the organization's institutional capability to successfully complete proposed work, including the organization's institutional ability to address the requirements as indicated in Section C.

5. **Budget** (maximum of one (1) page) consisting of:

   a. Proposed estimated cost for duration of activity
   b. Brief cost breakdown (e.g. salaries, travel, etc);
   c. Proposed cost sharing or matching (see 22 CFR 226.23 and ADS 303.5.10);

6. **Annexes** (not counted in page limit)

   a. Curriculum vitae for proposed key personnel
   b. Brief descriptions of qualifications for non-key personnel
   c. Relevant past performance information including recipient and key partner organizations, if applicable

C. Criteria for Evaluation of the Short Technical Concept Paper – 100 total points possible

Short technical concept papers received in response to this Annual Program Statement will be evaluated according to the following criteria:

Technical understanding and approach (50 points total)

- The proposed activities are likely to achieve the desired outcomes based on the proposed approach and represent significant strides in the overall goal of increasing policymaker support for health and population policies and programs overall (20 points).
- The applicant's approach incorporates and emphasizes innovation and the use of internationally recognized best practices as illustrated by the extent to which:
  - The proposed methodology builds upon best practices and lessons learned developed by the applicant, other organizations, or USAID under similar programs. (10 points)
  - The proposed methodology incorporates innovative and new techniques to increase policy maker support for health and population policies and programs. (10 points)
- Applicant proposes specific and effective approaches to advance repositioning family planning, youth, gender and PHE agendas (8 points).
- Applicant demonstrates how it will support any or all of the Office of PRH's technical priority issues and poverty/equity (2 points).

Staffing and management (30 points total)

- Applicant's staffing and management arrangements for implementation are appropriate for this project. The applicant demonstrates clear lines of responsibilities, assigns clear roles and responsibilities that are relevant to the program description, and proposed personnel have the necessary skills and experience to carry out the proposed program. (10 points)
- Project Director and Key Technical Personnel meet qualifications specified in Section II.B.4 (20 points)

Organizational capability (20 points)

Applicant and any key partner organizations demonstrate depth and breadth of experience and ability to carry out the implementation of program activities. (20 points)

Budget

Once the technical review of applications is complete, USAID will independently evaluate the financial plan and cost-effectiveness of the organization's approach. The realism of budget estimates for proposed activities, the degree to which the budget allocation results in optimal use of program funds, and the cost reasonableness to implement the proposed program activities will all be considered in determining the best value to the U.S. Government.

D. Full Application Instructions (Step 2)

Applicants receiving a high ranking for their concept papers will be asked by USAID to submit a full application. Technical comments provided by the TEC on the successful concept papers will guide the submission of the full application. This section presents guidance for the structure of the full technical application and the cost application, and provides the criteria for evaluation.

1. Technical application: The full technical application will offer applicants an opportunity to respond to USAID's technical comments on their concept paper and explain their technical approach in greater detail than in the concept papers. It will be a maximum of 20 pages in length, excluding annexes. Any applications over this page limit will not be considered. Applications must be written in English, using Times New Roman, 12 point font on standard 8 1/2" x 11" paper, single spaced with each page numbered consecutively, and no less than 1" margins on all sides. In accordance with 5 CFR 1320, the Paperwork Reduction Act, only the original and two copies of any application will be required.

   The application for the full technical application must be prepared according to the structural format set forth below:

   a. Cover page (see instructions for concept paper cover page)
   b. Technical narrative
      1) Overall strategic approach and likelihood of success
      2) Project activities and expected outcomes
      3) Implementation schedule (including milestones)
   c. Organizational capability, past performance, and staffing and management
   d. Illustrative first year work plan
   e. Performance monitoring and evaluation plan, results framework

2. Cost application. There is no page limitation on the cost application. The cost application must include the following:

   a. Standard forms: Applicants must complete and submit the following required forms which may be downloaded from Grants.gov website:
   http://www.grants.gov/agencies/aapproved_standard_forms.jsp
   Please fill out the Core form and attachments for the following:
      1) SF 424 Application for Federal Assistance,
      2) SF 424A Budget Information and
      3) SF 424B, Assurances - Non-Construction Programs.

   b. Cost data: The financial plan (budget) should be fully supported by adequate cost data to establish the reasonableness of proposed program costs. At a minimum, the financial plan shall contain the following:
      1) A summary budget page of total costs,
      2) A detailed budget of cost inputs, and
      3) Detailed budget notes and supporting justification of all proposed budget line items. Detailed budgets and supporting notes and justifications should include the following:
         i. The name, annual salary, fringe benefits and expected level of effort of each person charged to the program;
         ii. If not included in the indirect cost rate agreement negotiated with the U.S. Government, specify the applicable fringe benefit rates for each category of employee, and all benefits covered by the rate;
         iii. The same information shall be provided for individual consultants as for regular personnel;
         iv. Allowances should be broken down by specific type and by person and must be in accordance with the applicant's policies and The Department of States policies on "Allowances and Differentials." All salaries, benefits and allowances must be based on written compensation policies of the employer organization;
         v. Other direct costs such as visas, passports and other general costs should be separate cost line items;
         vi. Travel, per diem and other transportation expenses should be detailed in the financial plan to include number of international trips, from where to where, number of per diem days and rates. Per diem and other travel allowances must be based on written travel policies of the employer organization;
         vii. Details of all home office support to be provided;
         viii. Specific budget details and narrative information, in addition to the percentage and total dollar amount of the proposed cost-share contribution. Cost-share, once accepted, becomes a condition of payment of the federal share.

   c. Negotiated Indirect Cost Rate Agreement (NICRA): Applicants must provide a copy of the most recent indirect cost rate agreement negotiated with your organization's cognizant U.S. Government agency.

E. Criteria for the Evaluation of the Full Technical Application – 130 total points possible

The full technical application will be evaluated according to the following criteria:

Technical Understanding and Approach (50 points total)

- The proposed activities are likely to achieve the desired outcomes based on the proposed approach and represent significant strides in the overall goal of increasing policymaker support for health and population policies and programs overall. (20 points)
- The applicant's approach incorporates and emphasizes innovation and the use of internationally recognized best practices as illustrated by the extent to which:
    - The proposed methodology builds upon best practices and lessons learned developed by the applicant, other organizations, or USAID under similar programs. (10 points)
    - The proposed methodology incorporates innovative and new techniques to increase policy maker support for health and population policies and programs. (10 Points)
- Applicant proposes specific and effective approaches to advance repositioning family planning, youth, gender and PHE agendas (8 points).
- Applicant demonstrates how it will support any or all of the Office of PRH's technical priority issues and poverty/equity (2 points).

Organizational Capability and Past Performance, (20 points total)

- Applicant and any key partner organizations demonstrate depth and breadth of experience and ability to carry out the implementation of program activities (10 points);
- Applicant's past performance references demonstrate quality of product or service, timeliness of performance (adherence to schedules, timely delivery of activities, effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks), cost control, and customer satisfaction, including satisfactory business relationship with USAID, prompt and satisfactory correction of problems, and cooperative attitude in addressing challenges (10 points);

Staffing and Management (20 points total)

- Applicant's staffing and management arrangement for implementation of the program are appropriate for this project. The applicant demonstrates clear lines of authority, assigns clear roles and responsibilities that are relevant to the program description, and demonstrates how personnel will be managed across the applicant and its partners (10 points);
- The proposed key personnel have requisite experience and expertise and meet or exceed requirements specified in Section II.B.4. (10 points)

Illustrative First Year Work Plan (20 points)

- The Illustrative first year work plan sets out a realistic outline of tasks and deliverables, anticipated time frames and due dates, and persons responsible for achieving each task (10 points).
- The Illustrative first year work plan demonstrates how the applicant will ensure rapid project start up in its first year (10 points).

Performance Monitoring and Evaluation Plan, Results Framework (20 points)

- Results are clearly articulated and directly correspond to the stated goals and objectives outlined in the technical application (10 points).
- Monitoring and evaluation methods proposed are specific, measurable, realistic and applicable to the stated goals and objectives (10 points).

III. PROGRAM DESCRIPTION

A. Context

In May of 2009, President Obama announced the Global Health Initiative (GHI) which calls for a new, comprehensive global health strategy to prevent millions of new HIV infections; reduce mortality of mothers and children under five; avert millions of unintended pregnancies; and eliminate neglected tropical diseases. In addition, the GHI calls for leveraging support from other nations and multilateral partners to enable Governments to achieve the Millennium Development Goals (MDGs).

To help the President achieve the goals set forth in the GHI and developing country governments reach the MDG targets, robust investments in family planning and reproductive health programs are necessary. Evidence indicates that by meeting unmet need for family planning, new HIV infections can be prevented, the lives of mothers and children can be saved and unintended pregnancies will be averted. Family planning also contributes to economic development and stability and mitigates the impact of climate change. However, political and financial commitment for family planning and reproductive health programs remains weak in developing countries. The awards from this APS will educate and inform U.S. and developing country decision-makers about the benefit to development of health and population programs. By gathering, synthesizing, and translating data and research into digestible formats for a variety of policy audiences, these awards will fill a niche within the USAID Global Health Bureau and help the President achieve his vision for the GHI. More broadly, the awards under this APS will help the USG achieve its foreign assistance goals by helping to improve country health systems through improved information systems, leadership and governance, and policy dialogue around the delivery of health care services.

Background:
USAID's Office of Population and Reproductive Health (PRH) in the Bureau of Global Health supports several efforts to provide state-of-the-art information for decision-makers to increase effective health and population policies and programs, such as the **BR**inging **I**nformation to **D**ecision-makers for **G**lobal **E**ffectiveness (BRIDGE) project awarded to the PRB. The BRIDGE project is a cooperative agreement that built on activities previously funded under a series of cooperative agreements between USAID and PRB. The initial BRIDGE agreement was a five-year $9.5 million agreement subsequently extended to seven years and $16.2 million budget.

An evaluation team conducted a comprehensive assessment of the BRIDGE project (see http://www.ghtechproject.com/resources.aspx for a copy of the BRIDGE assessment). Key accomplishments of the BRIDGE project include: (a) extensive outreach to primary policy and

program planning audiences as well as secondary audiences such as researchers, academics, and advocates, who exert influence over policy makers; (b) the provision of easy-to-understand high quality information to non-technical audiences; and (c) the formation of networks of various key opinion leaders such as journalists, editors, program implementers, and policymakers and building their knowledge of FP/RH issues. A key component of the BRIDGE Project is management of a community of practice on gender through various forms of technological and interpersonal information dissemination activities. The BRIDGE Project also advances the PHE agenda through synthesizing and disseminating existing PHE research and establishing regional networks of PHE champions to effectively share information and advocate for PHE programs and resources.

In addition to the BRIDGE project, PRH also supports the Security Studies in Population, Health, Environment and Security Relationships (SSPHERe) Project. SSPHERe began on January 1, 2006 with a completion date of June 30, 2010 and a ceiling of $2.5 million. Annual project management reviews of SSPHERe demonstrate the project's success in engaging Washington, DC-based policy and practitioner audiences on the linkages between population, health, environment, and security.

The IDEA APS will fill the FP/RH advocacy communications niche, currently occupied by the BRIDGE and SSPHERe projects, by primarily targeting decision-makers, family planning and reproductive health champions, grassroots networks, advocacy groups and institutions. The IDEA awards will focus on the analysis, synthesis and dissemination of data and information to support FP/RH policy communication activities and capacity building for FP/RH policy communication. Additionally, resources will be spent on training to improve quantity and quality of reporting on FP/RH issues.

The IDEA APS also complements two current PRH projects, the Health Policy Initiative (HPI) project and the Knowledge for Health (K4Health) project. The Health Policy Initiative is devoted to the development and implementation of policies and programs across the entire health sector, including HIV/AIDS, nutrition, malaria, and other infectious diseases. The K4Health Project disseminates technical information on FP/RH to health personnel, such as program managers and service providers. Agreements made under the IDEA APS will work in a collaborative fashion with both of these awards and avoid any duplication. For example, IDEA agreements should focus on synthesizing, disseminating, and communicating the links between population, health, gender, environment and security to decision makers and may choose to work with the Health Policy Initiative to ensure new research is analyzed, synthesized, and disseminated in a timely manner. Similarly, the K4Health project emphasizes the collection and dissemination of information that focuses on improving the delivery of health services, including disseminating service delivery guidelines and procedures. IDEA awards complement this project by helping to create an enabling environment under which FP/RH services can be improved.

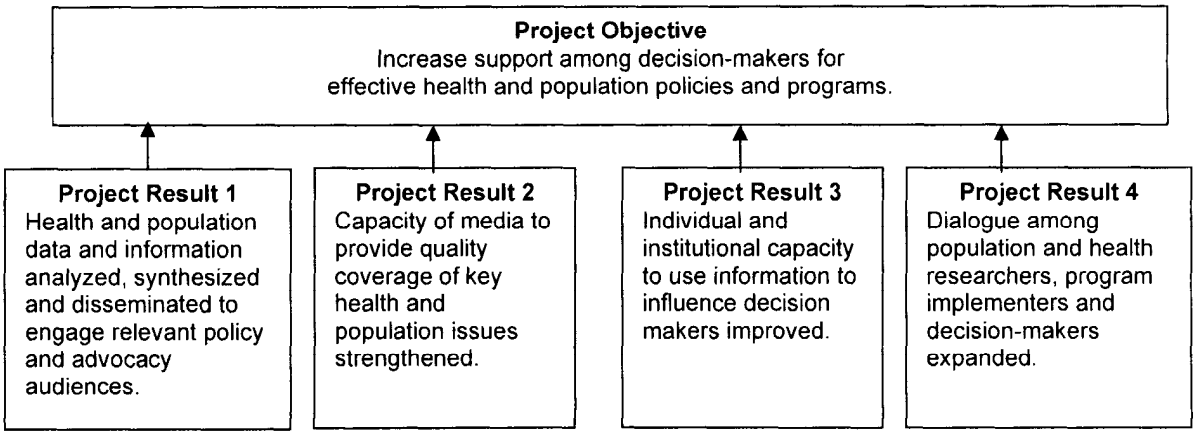
It is envisioned that, where appropriate, awards under the IDEA APS will advance the Office of PRH technical priorities and cross cutting areas. PRH identified six technical priorities as essential to increasing modern contraceptive prevalence and increasing the sustainability of family planning programs. These priorities are commodity security, family planning and maternal, newborn, and child health (FP/MNCH) integration, including postabortion care (PAC),

FP/HIV integration, community-based access to contraceptives, long-acting and permanent methods, and healthy timing and spacing of pregnancies. The Office of PRH also identified four cross cutting areas: gender; population, health and the environment (PHE); youth; and poverty/equity. Through the Repositioning Family Planning in sub-Saharan Africa initiative, the Office of PRH has identified sub-Saharan Africa (SSA) as a geographic area of focus. Awards under this APS are specifically expected to advance one or more of the cross-cutting issues of gender, PHE, youth, and the Repositioning Family Planning in sub-Saharan Africa initiative. Additionally, awards under the IDEA APS should demonstrate how they will help improve the enabling environment for the six technical priorities and the cross-cutting issue of poverty/equity as appropriate.

Geographic Focus: Awards under this APS will focus on increasing political commitment for health and population issues worldwide, but especially in countries with the greatest unmet need for FP and the greatest potential for increasing contraceptive prevalence rates (CPR).

B. Sectors and Program Objectives

Activities eligible for submission under this APS seek to **increase support among decision-makers for effective health and population policies and programs** by achieving the following results.



Project Result 1: Health and population data and information analyzed, synthesized and disseminated to engage relevant policy and advocacy audiences.

Policymakers and advocates need good data on which to base their decision and actions. Health and population data already exist in great quantities, but much of it is not in a form that engages policymakers or is useful to advocates. Such data need to be synthesized and made available to policymakers in a way that makes clear to them the magnitude and severity of the FP/RH issues in their countries and the benefits for their country and its people in addressing those issues. Such data also need to be made available to advocacy audiences in appropriate formats so they can make their case to policymakers on the basis of solid evidence.

In some subject areas (e.g., the effect of population growth on economic development and on the environment, the effect of gender disparities on health and development, and the effect of growing cohorts of youth on development) the amount of available information is slimmer, but state-of-the-art research is gradually emerging. Much of this research is lengthy and dense, and therefore unlikely to capture the interest of either policymakers or advocates. Such research needs to be translated into digestible formats, packaged and disseminated in ways appropriate for policy audiences.

Solid data and information that is properly synthesized, presented, and disseminated provides the critical base for increasing political and financial support for FP/RH programs in all regions, and particularly in sub-Saharan Africa.

Illustrative achievements under this result include:

- Annual country-specific health and population data available on-line in easy-to-use database format developed and disseminated.
- FP/RH data and information synthesized and made available in ways that are useful to a variety of specific audiences, e.g., policymakers, NGO advocates, media.
- Tools and approaches to integrate gender in FP/RH identified and disseminated.
- Tools and approaches to integrate FP/RH, health, and environment identified and disseminated.
- Innovative and easy-to-understand graphics, especially in multi-media formats, to illustrate complex relationships between population growth and other sectors (e.g., economic development, environment) developed and disseminated.
- Innovative and easy-to-understand graphics/presentations, especially in multi-media formats, to illustrate the impact of FP/RH interventions, singly or in combination with other health interventions, developed and disseminated.

Project Result 2: Capacity of media to provide quality coverage of key health and population issues strengthened.

The media, which include journalists from print, radio, television, and increasingly, the internet, are an important source of information for policymakers, civil society advocates and the public at large. Moreover, by raising awareness about pertinent health and population issues, the media focus attention on critical health and population issues and create momentum for dealing with those issues. In order to produce articles and radio/television productions that raise awareness about health and population issues, journalists from developing countries need training on how to use data to report effectively on these subjects. Recent evidence demonstrates that journalists who receive adequate training on population and health issues write articles and produce radio shows that lead to improvements in policies and programs for family planning, reproductive health, youth, gender and population, and health and environment in developing countries (see BRIDGE assessment: http://www.ghtechproject.com/resources.aspx)

Recognizing that a free press is an essential component of good governance, donors, foundations, and other key stakeholders are reinvigorating efforts to build the capacity of developing country journalists. To leverage existing resources and to ensure that both working journalists and

journalism students are trained, health and population issues should be incorporated into these larger capacity building efforts for audiences in the developing world.

Finally, in order to strengthen reporting and share resources, journalists need to be able to easily communicate with each other through global, regional, and local networks and state-of-the-art tools, and they need easy access to information and data for up-to-date reporting on health and population issues.

Illustrative achievements under this result include:

- Amount of news media coverage of population-health-environment, youth, and gender issues increased.
- Tools and information to facilitate reporting on health and population issues are easily available.
- Journalism schools in developing countries include health and population content in their curricula.
- Journalists trained in population-health-environment, youth, and gender issues.

Project Result 3: Individual and institutional capacity to use information to influence policymakers improved.

In an era in which HIV/AIDS, malaria and tuberculosis programs dominate the global health agenda and receive a majority of the global health resources, the number of champions and civil society advocates who have the skills and knowledge to effectively advocate for increased political commitment and financial resources for family planning and reproductive health policies and programs needs to expand significantly. Both individuals and institutions in the developing world need support to build their capacity to effectively analyze and use data for advocacy, and support to be able to identify and train new champions.

A great deal of research that is key to improving health and population outcomes is published each year. The amount of such research promises to expand as various stakeholders worldwide train the next cadre of researchers in population dynamics and its impact on development. However, this research is often complex and understood only in academic settings. Researchers need training on how to identify key findings and how to effectively communicate those policy-relevant research findings to decision-makers.

While building the capacity of champions and researchers from the developing world is critical for increasing support for health and population policies and programs, there is also a need to foster a new cadre of family planning and reproductive health experts from the United States. For the past 15 years, the Office of Population and Reproductive Health at USAID has supported a recent college graduate to work as a Fellow based in Washington, DC. The purpose of this program is two-fold: (1) for the Fellow to gain a broader understanding of the role of the United States in international health, and (2) for USAID to train the next generation of leaders in population and reproductive health. Continued support for this modest program is envisioned through this APS.

Illustrative achievements under this result include:

- Family planning champions from developing countries effectively advocate for increased political commitment and financial resources.
- Institutions in developing countries lead policy and advocacy efforts on health and population issues.
- Researchers effectively communicate research findings on health and population issues to policymakers.
- US-based, entry-level professional(s) is/are trained and mentored to become part of the next generation of family planning and reproductive health champions.

Project Result 4: Dialogue among population and health researchers, program implementers and policymakers expanded.

Dialogue among key policymakers, practitioners, and academic audiences on population and reproductive health issues and their links with other important sectors such as the environment, security, economic growth, and health provides the impetus for the FP/RH field to keep moving forward on important topics. Such dialogue needs to take place both in Washington and internationally. Applicants can propose to implement activities in one or both areas. To be successful in Washington, this dialogue needs to take place in a neutral forum where influential thinkers and scholars engage with policymakers and program implementers to examine the linkages between population, health, gender, environment, and security dynamics and their relationship to development.

To be successful on the international level, the dialogue must be conducted in a way that brings USAID Missions and other partners together in person or virtually to revitalize their thinking and programming about family planning, health, gender, development, and the linkages between these sectors. These fora can also take place at the country-level as part of a larger repositioning/revitalization of family planning advocacy strategy.

Illustrative achievements under this result include:

- A wide variety of organizations, including US government agencies, NGOs, policymakers, universities, think tanks, donors, and the media, better understand the key linkages between human population dynamics, family planning and reproductive health, human health, environmental change, and global security.
- Policy dialogues in priority countries initiated as a result of strategic meetings, conferences, or workshops focusing on the links between human population dynamics, family planning and reproductive health, and strategic development issues such as poverty reduction, economic growth, or achieving the MDGs.
- US legislation or policy documents recognize the linkages between population, health, environment, development and security issues.

Cross-cutting Issues:
As mentioned above, it is envisioned that, where appropriate, awards under the IDEA APS will advance the cross-cutting PRH areas of gender; population, health and the environment (PHE);

youth; and Repositioning Family Planning in sub-Saharan Africa initiative. Additionally, awards under the IDEA APS should demonstrate how they will help improve the enabling environment for the cross-cutting issue of poverty/equity as appropriate.

Repositioning/Revitalization of Family Planning Programs: Family planning remains one of the most cost-effective, high-yield health interventions that exist today. However, in many countries, family planning programs are not viewed as a priority and services are not meeting current demand. This is especially true in sub-Saharan Africa, where contraceptive use, though increasing, is low, and already high levels of unmet need are rising. To increase political commitment and human and financial resources for family planning, where the need is greatest, the USAID Bureau for Africa and the Office of Population and Reproductive Health established the Repositioning Family Planning in sub-Saharan Africa Initiative in 2001. Without a concerted effort to put family planning on the agenda, access to family planning information and services will remain severely limited.

The Repositioning Family Planning Initiative in sub-Saharan Africa has three main components: (a) advocacy for policy change to improve the overall enabling environment for FP/RH; (b) strengthening country level leadership for family planning by supporting a new generation of champions as well as building the capacity of civil society as a whole to effectively make the case for increased support for FP/RH programs; and (c) identifying and disseminating best practices that increase access to safe, effective modern contraceptives and ensure that a woman has a choice of a wide-range of contraceptive methods. The agreements from this APS will be expected to support the Repositioning Initiative in all three of its above focus areas by providing new and innovative ideas for how to advance the family planning agenda in sub-Saharan Africa.

Illustrative achievements under Repositioning Family Planning include:

- Innovative tools and approaches for communicating with policymakers developed and used by champions to advocate for increased political and financial commitment to family planning.
- Advocacy and communication strategies to reach decision makers in specific countries developed and implemented.
- Capacity of individuals and institutions strengthened to effectively make the case for increased political and financial commitment for family planning.
- Best practices in family planning and reproductive health synthesized and disseminated to policymakers and other key stakeholders.

Youth: The Office of Population and Reproductive Health recognizes that building support for young people as a specific target population within broad family planning programs is vital to ensuring the health benefits of family planning are sustained by future generations. With approximately 43 percent of its population under the age of 15, SSA is the youngest region in the world and has the largest share of future users of family planning information and services. Demographic projections to 2050 confirm that this trend will continue: as the world population approaches 7 billion, the youth population will be increasingly concentrated in Africa and Asia.

Many governments in sub-Saharan Africa view with concern the region's continued rapid population growth, high birth rates, and escalating rates of HIV infection. Unprotected adolescent sexual activity significantly contributes to these numbers. Promoting contraceptive use among youth can lead to decreases in morbidity and mortality due to unsafe pregnancy, abortion, and sexually transmitted diseases (STDs), including HIV/AIDS, and can slow population growth. However, supportive environments need to be created to ensure that young people, both married and unmarried, have access to sexual and reproductive health information and confidential, affordable services without fear of stigma and discrimination. In an effort to compile the current state of knowledge on youth sexual and reproductive health, USAID supports knowledge management of youth interventions through the Interagency Youth Working Group (IYWG).

Illustrative achievements under youth include:

- Tools and data that articulate the benefits of prioritizing youth in health and population policies and programs analyzed, synthesized and disseminated.
- Collaboration to develop solutions and action plans for advancing youth reproductive health priorities increased among researchers, practitioners and policymakers.
- Quality coverage of youth programs and youth needs reported by the media.
- Synergies with and among existing projects and networks, within USAID and its partners as well as outside USG agencies strengthened.

Population-Health-Environment: Population-health-environment (PHE) is a development approach that recognizes the interconnectedness between people and their environment, and supports multi-sector collaboration and coordination. USAID's Office of Population and Reproductive Health supports PHE efforts in three areas (a) demonstrating global leadership to influence the worldwide PHE agenda; (b) generating, communicating, and disseminating knowledge to improve understanding of PHE linkages in new and primary audiences; and (c) supporting the field to strengthen institutional capacity to implement effective and sustainable PHE programs. Agreements under the IDEA APS will support the three PHE focus areas with a particular emphasis on demonstrating PHE global leadership and generating, communication and disseminating PHE knowledge. Successful applicants will recognize and build on past USAID investments in PHE policy and advocacy, in particular the East Africa PHE Networks in Ethiopia, Kenya, Uganda, Rwanda and Tanzania.

One particular challenge facing PHE policy and advocacy is the lack of compelling accounts from the field that demonstrate how the population, health and environment sectors can be successfully integrated in projects that demonstrate the benefits of such an approach. Often, such accounts are available but field practitioners who are able to describe or document them do not have the time and skills to analyze the practical lessons they have learned and communicate them via written or other formats in English for important policy audiences, many of them in the developed world. Opportunities exist to help these practitioners successfully provide policy and advocacy relevant field stories, successes, and experiences to larger audiences.

Another challenge is the infrequent collaboration between PHE academics and PHE practitioners, especially graduate students who have the potential to become the next generation

of PHE leaders. PHE academics and graduate students currently do not link up with field projects for research opportunities and, thus, their research may not be relevant to practitioners or policy audiences. PHE field projects in turn, do not incorporate current and relevant research findings into their project designs and implementations. There is a need to link these two communities in order to encourage more field relevant research and ensure that research effectively reaches and influences PHE projects. A special opportunity exists to cultivate opportunities for graduate students within PHE field projects in order to encourage the next generation of PHE leaders.

Illustrative achievements under Population-Health-Environment include:

- Policy and advocacy audiences in the United States and in the developing world engaged on PHE topics of immediate policy relevance, such as climate change and food security.
- Media in the US and PRH countries provide quality coverage of the linkages between population, health, and environment and how FP/RH and environment are linked to other sectors such as security, economic growth, and development.
- Individuals, institutions, organizations, and East Africa PHE Networks influence decision-makers.
- Researchers, program implementers, policymakers, and decision-makers dialogue on population, health, environment and security linkages in a neutral forum in Washington, DC.
- Population-environment graduate students, researchers and practitioners successfully collaborate on policy relevant research, field activities, and advocacy activities.
- Developing country practitioners creatively showcase the policy and advocacy relevant lessons and best practices of their successful population, health, and environment projects in a format that best meets their needs as developing country field practitioners.

Gender: USAID has focused on the process of integrating gender concerns into programming, ensuring that women and men are active participants in development activities and that activities themselves lead to women's and girls' empowerment and to greater gender equity. The Office of PRH recognizes that gender constructs affect women's and men's health and well-being, and that gender inequality leads to behaviors that contribute to poor FP/RH outcomes. In order to promote gender equity in FP/RH programs, the Office of PRH, through the Gender Global Leadership Priority actively works to (a) raise awareness and commitment to synergies between gender equity and FP/RH outcomes, (b) identify, collect and disseminate data, operational tools, and best practices on gender integration in FP/RH to relevant stakeholders; and (c) provide technical leadership and assistance to implement effective and sustainable gender programs. In an effort to maximize gender expertise within and outside the Agency, the Office of PRH supports a larger gender community of practice through the Interagency Gender Working Group (IGWG). The IDEA APS will advance the work of the IGWG, the three focus areas of the Gender Global Leadership Priority, and will provide technical leadership in gender integration.

Illustrative achievements under Gender include:

- A wide range of constituencies are reached with information, tools, and data on pertinent gender FP/RH issues.
- Linkages with existing projects and networks are enhanced and the gender community of practice is expanded.

- Capacity of individuals and institutions to address gender in FP/RH among US and non-US based constituencies is enhanced.
- Public awareness, dialogue, and commitment to gender equity in health development is increased.

Poverty/Equity: To develop and apply new strategies and approaches to advance health equity and improve FP/RH outcomes for the poor and underserved, the Office of PRH has identified the following focus areas: a) disseminating state-of the art research and information on the role for FP/RH on alleviating poverty and contributing to sustainable development; b) identifying and addressing barriers contributing to inequities in access to and knowledge and use of FP/RH methods and services; c) providing support to the field on how to monitor and evaluate programs to track how the poor and underserved, including the urban poor are reached; and d) contributing to health systems strengthening and developing balanced pubic/private sector services and finance solutions to help reduce inequities. Applicants under the IDEA APS should describe how best they can use their institutional expertise to advance the poverty/equity agenda, when and if opportunities arise.

An illustrative achievement under poverty/equity is:

- Data and information on how expanded access to FP/RH programs can lead to sustainable development and poverty reduction synthesized and made available in ways that are useful to a variety of specific audiences, e.g., policymakers, NGO advocates, media.

PRH Technical Priority Areas:
Applicants under the IDEA APS should also describe how they can contribute to an enabling environment to advance issues surrounding the Office of PRH's six technical priority areas. Staff expertise in the areas listed below is not required; however, applicants under the IDEA APS should demonstrate how they will be able to provide support for these areas if needed. Awards under this APS should also describe how they will leverage existing opportunities to disseminate and share information in the areas listed below.

Community-based Family Planning (Including Injectables and Depo SC104 in Uniject) To increase the CPR of rural women, the Office of PRH is promoting the provision of quality and sustainable family planning services at the community level. Priority areas of focus for this technical priority include, but are not limited to the following: a) maintaining a community-based FP network composed of USAID partners, interested donors, and professionals from academic and consultant communities for coordination, information dissemination, experiential exchange, and future planning; b) developing, testing, and promoting the uptake of tools to improve the distribution of commodities to rural populations through community-based distribution (including injectables), temporary/mobile services, and private sector sales; c) conducting operations research (country and multi-country) on key issues that will inform program implementation, policy, and programming of CBD programs including safety and efficacy of injectables; and d) raising awareness of Ministries of Health (MOH), Missions and bi-lateral programs of successful traditional and innovative CBD approaches that reach underserved populations. Applicants under the IDEA APS should describe how best they can use their institutional expertise to strengthen and scale-up community-based family planning programs, when and if opportunities arise.

An illustrative achievement under contraceptive security is:

- Advocacy for policies, plans and guidelines that promote community-based distribution of contraceptives, including injectables conducted.

Contraceptive Security: The Office of PRH collaborates with other donors, governments and implementing agencies to advance contraceptive security in developing countries by ensuring that people are able to choose, obtain and use high quality contraceptives and condoms whenever they want them for family planning and HIV/AIDS and STI prevention. Selected approaches to ensure contraceptive security include, but are not limited to the following: a) improving the financing and policy environments for contraceptive security; b) monitoring supplies in developing countries to prevent stockouts; c) improving leadership management and technical capacity to ensure supplies reach clients in the rural areas; d) expanding the Strategic Pathway to Reproductive Health Commodity Security (SPARCHS) to engage key stakeholders around policy and program issues. Applicants under the IDEA APS should describe how best they can use their institutional expertise to promote contraceptive security in developing countries, when and if opportunities arise.

An illustrative achievement under contraceptive security is:

- Improved decision-making for contraceptive security through increased availability and analysis of policy-relevant data.

FP/HIV Integration: The goal of integrating FP/RH and HIV/AIDS services is to assure that women and men of all ages who receive an HIV service are offered family planning counseling and services, thereby reducing unmet need for contraception and unintended pregnancies. Priority focus areas in FP/HIV integration include, but are not limited to: a) conducting additional research on the cost effectiveness of integrating FP/RH and HIV/AIDS services; b) supporting a forum for USAID partners, USG agencies and multilaterals to promote and share knowledge on FP/RH and HIV integration; and c) providing assistance to countries for implementing the "Strategic Considerations for Strengthening the Linkages Between Family Planning and HIV/AIDS Policies, Programs and Services," a USAID, WHO and FHI publication on integrating FP/RH and HIV services. Applicants under the IDEA APS should describe how best they can use their institutional expertise to create an enabling environment for FP/HIV integration, when and if opportunities arise.

An illustrative achievement under FP/HIV Integration is:

- Data and information on the cost-effectiveness of FP/HIV programs synthesized and made available in ways that are useful to a variety of specific audiences, e.g., policymakers, NGO advocates, media.

Family Planning/ (FP/MNCH) Integration, including Postabortion Care (PAC): To reduce unmet need for family planning and consequently unintended pregnancy among post partum women, the Office of PRH is focusing more attention on the integration of family planning and maternal/newborn and child health services. Priority focus areas for FP/MNCH integration include, but are not limited to: a) collaborating with the Office of Health, Infectious Diseases and Nutrition to work with the World Health Organization (WHO) and other partners to develop

evidence-based guidance on programming for FP/MNCH integration; b) identifying scalable models of integration that represent best practices for expanding FP services delivery points for all women and for reaching postpartum women in particular. Additionally to address the issue of PAC, the Office of PRH supports activities that will advocate for improved policies and services. Applicants under the IDEA APS should describe how best they can use their institutional expertise to create an enabling environment for FP/MNCH integration, including PAC, when and if opportunities arise.

Illustrative achievements under FP/MNCH and PAC include:

- Data and information that articulate the benefits of FP/MNCH integration analyzed, synthesized, and made available in ways that are useful to a variety of specific audiences, e.g., policymakers, NGO advocates, media.
- Advocacy to promote policies, plans and guidelines that promote access to quality PAC services conducted.

Healthy Timing and Spacing of Pregnancies (HTSP): To ensure that all women, men and adolescent girls and boys have access to information and services that support informed decisions about the timing[2] and spacing of pregnancies, the Office of PRH has identified the following priority focus areas: a) conducting research on topics related to the delay of the first pregnancy and spacing of subsequent pregnancies, to ensure the healthiest outcomes, to inform policy, advocacy, services and programming; b) developing new advocacy tools to advance understanding of the potential of HTSP models to increase FP use and reduce risks of multiple adverse health outcomes; c) testing approaches to link networks of HTSP-trained community midwives with private sector sources of contraceptive methods, especially long-acting methods; and d) continuing to build an HTSP community of practice to enhance learning, generation and sharing of new knowledge and expanded use of tools and evidence-based HTSP approaches. Applicants under the IDEA APS should describe how best they can use their institutional expertise to create an enabling environment for HTSP, when and if opportunities arise.

An example of an illustrative achievement under HTSP includes:

- Easy-to-understand tools to illustrate the benefits of HTSP developed and disseminated.

Long-Acting/Permanent Methods (LA/PMs): To enhance the use of LA/PMs for women and men who wish to delay, space or limit childbearing, the Office of PRH has identified the following priority focus areas: a) conducting country-level advocacy for expanding LA/PMs in the method mix; b) strengthening program and procurement forecasting including contraceptives, supplies and equipment for the provision of LA/PMs, and ensure availability at the service sites; c) supporting and participating in a community of practice to foster new learning and sharing of research findings and programmatic experiences and tools; and d) building the evidence base around LA/PMs including secondary analyses, multi-country studies, and programmatic research to identify and document scalable models that represent "best bets, best buys" for expanding LA/PM use. Applicants under the IDEA APS should describe how best they can use their institutional expertise to an enabling environment for LA/PMs, when and if opportunities arise.

[2] Timing refers to pregnancies occurring before age 18, after age 35 and above parity 5.

An illustrative achievement under LA/PMs includes:

- Data and information that articulate the benefits of expanding the method mix to include LA/PMs integration analyzed, synthesized, and made available in ways that are useful to a variety of specific audiences, e.g., policymakers, NGO advocates, media.