USAID
FROM THE AMERICAN PEOPLE

Issuance Date: April 28, 2010
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Subject: Request for Applications (RFA) Number – RFA-OAA-10-000004
Health Policy Project (HPP)

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from eligible U.S. based for-profit, non-profit, private voluntary organization, or an Institution of Higher Education for a program titled, "Health Policy Project (HPP)." The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

**Any questions concerning this RFA must be submitted in writing to Ms. Alicia Harris, Agreement Specialist, via email at aharris@usaid.gov by May 17, 2010 at 12:00PM EDT.**

The Health Policy Project will engage and strengthen the ability of individuals, in-country and/or regional institutions and universities to build long-term capacity in the health policy arena and to address policy and advocacy needs at national and sub-national levels. Although past policy projects have supported in-country capacity building, significantly greater attention and proportionate funding will be given to this goal under the new agreement in support of the sustainability objective under GHI and PEPFAR II. Recognizing that a favorable macro-economic and social policy environment is important for the success of health investments, the project will also take advantage of opportunities to actively link with other USG/USAID-funded projects and other sectors such as democracy and governance, economic growth, the environment and education to support strengthened policy and governance for health programming.

The Health Policy Project Activity Objective, **"Strengthen developing country national and sub-national policy, advocacy and governance for strategic, equitable and sustainable health programming"**, will be accomplished through the achievement of the following five results and four cross-cutting elements:

- **Result 1:** Individual and institutional capacity for stewardship, policy development, implementation, and financing strengthened.

- **Result 2:** Individual and institutional capacity for advocacy, accountability, leadership and ownership strengthened.

- **Result 3:** Individual and institutional capacity for strategic data use, analysis and evidence-based decision-making increased.

- **Result 4:** Multi-sectoral coordination for advancing health elements, systems strengthening and program integration increased.

- **Result 5:** Development and dissemination of models, tools and global best practices advanced.

- **Cross-Cutting Elements:**
  - Gender
  - Health Equity
  - Stigma and Discrimination
  - Monitoring and Evaluation

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the application of the program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the application.

Subject to the availability of funds, USAID seeks to competitively award the Health Policy Project (HPP) Cooperative Agreement. USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Acronyms
2. Section I Cooperative Agreement Application Format
3. Section II Evaluation Criteria
4. Section III Program Description
5. Section IV Certifications and Assurance
6. Section V Annexes

For the purposes of this RFA, the term "Grant" " is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

If you decide to submit an application, it must be received by the closing date and time indicated at the top of this cover letter at the place designated in the Technical Application Format for receipt of applications. Applications and modifications

thereof shall be submitted in envelopes with the name and address of the applicant and RFA No.

Applicants are requested to submit both technical and cost portions of their applications in separate volumes. Award will be made to that responsible applicant(s) whose application(s) offers the greatest value.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant application(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; if circumstances prevent award of a cooperative agreement, **all preparation and submission costs are at the applicant's expense**.

The preferred method of distribution of USAID procurement information is via internet at www.grants.gov. This RFA and any future amendments can be downloaded from http://www.grants.gov. Click on "Search for Grant Opportunity," then click on "Browse by Agency" and choose U.S. Agency for International Development, then click on the Opportunity titled, "Health Policy Project (HPP) RFA". If you have difficulty accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance. Receipt of this RFA through grants.gov must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the grant document to ensure that it has been received from Grants.gov in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

(a) Section II Evaluation Criteria
(b) Section I Application Format
(c) Section III Program Description
(d) This Cover Letter

Sincerely,

Cynthia D. Barzey
Agreement Officer
M/OAA/GH/POP

# HPP RFA

## Table of Contents

**ACRONYMS**

**SECTION I - COOPERATIVE AGREEMENT APPLICATION FORMAT**
General Instructions
Preparation Guidelines for the Technical Application
Cost/Business Application

**SECTION II -EVALUATION CRITERIA**

**SECTION III - PROGRAM DESCRIPTION**

**SECTION IV - CERTIFICATIONS AND ASSURANCE**
Affirmation of Certification: http://www.usaid.gov/policy/ads/300/303mad.pdf

**SECTION V - ANNEXES**
Standard Form 424: http://www.usaid.gov/forms/sf424.dpf

Mandatory Standard Provisions for U.S. Nongovernmental Recipients:
http://www.usaid.gov/policy/ads/300/303maa.pdf

Branding Strategy and Marking Plan Template

Key Documents

## ACRONYMS

| | |
|---|---|
| ADS | Automated Directives System |
| AEECA | Assistance for Europe, Eurasia, and Central Asia (AEECA) |
| AIDS | Acquired Immune Deficiency Syndrome |
| AO | Agreement Officer |
| AOTR | Agreement Officer's Technical Representative |
| ARV | Antiretrovirals |
| BEO | Bureau Environmental Officer |
| GHCS | Global Health and Child Survival |
| DA | Development Assistance |
| ECS | Environmental Capability Statement |
| EMP | Environmental Monitoring and Management Plan |
| EMMP | Environmental Mitigation and Monitoring Plan |
| ESF | Economic Support Fund |
| ESR | Environmental Status Report |
| FICA | Federal Insurance Contributions Act |
| FP | Family Planning |
| FP/RH | Family Planning/Reproductive Health |
| FSA | Freedom Support Act |
| GH | Global Health Bureau |
| GHAI | Global HIV/AIDS Initiative (funds) |
| GHI | Global Health Initiative |
| GLP/TP | Global Leadership Priority/Technical Priority |
| HIDN | Office of Health, Infectious Diseases, and Nutrition |
| HPP | Health Policy Project |
| HSS | Health Systems Strengthening |
| ID | Infectious Diseases |
| IEE | Initial Environmental Examination |
| IQC | Indefinite Quantity Contract |
| HIV | Human Immunodeficiency Virus |
| IiP | Investing in People |
| LAPM | Long Acting and Permanent Method |
| M&E | Monitoring and Evaluation |
| MC | Male Circumcision |
| MCH | Maternal and Child Health |
| MDGs | Millennium Development Goals |
| NGO | Non-governmental Organization |
| NICRA | Negotiated Indirect Cost Rate Agreement |
| OAA | Office of Acquisition and Assistance |
| OHA | Office of HIV/AIDS |
| OMB | Office of Management and Budget |
| PEC | Policy, Evaluation and Communication Division |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PFIP | Partnership Framework Implementation Plan |
| PLWA | People Living with HIV/AIDS |

| | |
|---|---|
| PMI | President's Malaria Initiative |
| PMP | Performance Monitoring Plan |
| PRH | Office of Population and Reproductive Health |
| RFA | Request for Applications |
| RH | Reproductive Health |
| STI | Sexually Transmitted Infection |
| TEA | Total Estimated Award |
| TB | Tuberculosis |
| USAID | United States Agency for International Development |
| USG | United States Government |

## SECTION I—COOPERATIVE AGREEMENT APPLICATION FORMAT

### A. General Instructions

Applicants are expected to review, understand, and comply with all aspects of this Request for Applications (RFA). Failure to do so will be at the Applicant's risk.

The successful Applicant for this RFA will be awarded a $250 million Cooperative Agreement with USAID. Applications in response to this RFA should respond directly to the terms, conditions, specifications, and provisions of this RFA. Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

Applicants should submit one (1) original plus five (5) copies of a technical application and one (1) original plus two (2) copies of the cost/business application, in English. Applications should reference the total proposed funding level and the estimated cost share on the cover page. In addition to the hard copies described above, technical and cost/business applications should be submitted on one (1) CD ROM each in Microsoft Word 2003 and Excel 2003.

All copies of the technical and cost/business applications must be separately placed in sealed envelopes clearly marked on the outside with the following words "RFA No. RFA-OAA-10-000004 with the contents indicated: e.g. Technical, and/ or Cost/Business (as appropriate) Application".

Any application with data not to be disclosed should be marked with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this application. If, however, a Cooperative Agreement is awarded to this Applicant as a result of or in connection with the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting Cooperative Agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert numbers or other identification of sheets]."

Mark each sheet of data you wish to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

**Eligibility Criteria**

To be eligible to receive this Cooperative Agreement, an organization must:

- Be a U.S. based, for-profit, non-profit, or private voluntary organization or an Institution of Higher Education (as defined in 22 CFR part 145);
- Have managerial, technical and institutional capacities to achieve the results outlined in this program description; and
- Propose to contribute from their own, private or local sources no less than 20 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the Agreement.

**Address for Submission of Applications**

Applications should be submitted in either of the following manners:

Via U.S. Mail
Alicia Harris
Agreement Specialist
USAID, M/OAA/GH/POP
1300 Pennsylvania Avenue, NW
Ronald Reagan Building (RRB), Room 7.09-144
Washington, DC 20523-7900

**Or**

Via Hand or Courier Service *
USAID Ronald Reagan Building
14th Street Entrance (only)
1300 Pennsylvania Avenue, NW
Washington, DC 20523

* Check in at Visitor's Desk and call Name of Agreement Specialist at (202) 712-1798.

## B. Preparation Guidelines for the Technical Application

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section II, "Evaluation Criteria," addresses the technical evaluation procedures for the applications. Applications that are submitted late or are incomplete will not be considered for award.

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application, following the instructions listed in the first part of this section.

The application will be prepared according to the structural format set forth below. Applications must be submitted to the location indicated in the cover letter accompanying this RFA by the date and time specified.

Technical applications should be specific, complete and concise. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The technical application should fully respond to the technical evaluation criteria found in Section II.

Applicants should retain for their records one copy of the application and all enclosures that accompany their application. Erasures or other changes must be initialed by the person signing the application. USAID requests that the writers of the application be explicitly named and their role in the project specified in each sub-section of the application; this must be included in the Appendix in a detailed annotated Table of Contents. Applications that do not include this information will not be considered. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

USAID requests that applications be kept as concise as possible. Detailed information should be presented only when required by specific RFA instructions. Technical applications are limited to 35 pages (12 point single-spaced type, 1 inch margins), not including the cover page, executive summary, appendices, figures and tables. Shorter applications are encouraged. USAID requests that applications provide all information required by following the general format described below.

The technical evaluation criteria, with the possible points allocated to each, are described in Section II. The maximum number of points available is 100. A USAID Technical Evaluation Panel will evaluate the technical applications in accordance with the evaluation criteria in Section II. The format of the technical application should follow the outline and order of the technical scoring criteria according to the guidelines provided below.

The suggested format for the technical application is:

**B1. Cover Page**

Include project title, RFA number, name of organization(s) submitting application, contact person, telephone and fax numbers, e-mail, and address.

**B2. Executive Summary (1-3 pages)**

Briefly describe how the Applicant(s) proposes to meet the requirements, carry out the activity functions, and achieve the anticipated results. Briefly describe the technical and managerial resources of the Applicant's organization and describe how the overall program will be managed.

**B3. Technical Application Format (maximum 35 pages)**

This section represents the technical portion of the RFA. Applications should be kept as concise and specific as possible. The technical portion of the application shall be no

more than 35 pages, excluding attachments. The technical application should be organized in the order of the evaluation criteria found in Section II.

Content of the Technical Application – Instructions

**B3A. Technical Approach**

*B3A1. Overall quality of proposed strategies, approaches, and interventions*

Applicants should describe:

- Their vision for HPP and how they propose to achieve the purpose of this Activity—to strengthen national and sub-national policy, advocacy[1] and governance for strategic, quality and sustainable health programming in developing countries.
- Their philosophy of and organizational capability for capacity building for policy, advocacy, and governance as a means for developing and institutionalizing strategic, quality, and sustainable health stewardship and programming.
- The interrelationship of the activity objective, five intermediate results (IRs), sub-IRs, and cross-cutting issues.
- Principal activities to be implemented and steps to be taken to accomplish each intermediate result, with specific illustrative activities applicants would use to accomplish specific sub-results and each of the anticipated outcomes. (Applicants are encouraged to propose additional or modified anticipated outcomes, with corresponding proposed activities to accomplish these outcomes).
- Challenges faced in creating capacity for policy development, financing and implementation, advocacy, leadership and accountability, evidence-based decision-making, and monitoring and evaluation, and in promoting multi-sectoral coordination and program integration and strategies and approaches to overcome these challenges.
- Key strategies, approaches, and principal activities to be implemented to advance the establishment of processes and systems that allow for active engagement of a variety of stakeholders and sectors and their vision of how these partnerships and coalitions will advance strengthened and sustainable health systems and foster local ownership of health programming and results.
- Key strategies, approaches, and principal activities to be implemented to ensure that the cross-cutting issues are appropriately and effectively addressed within policies and programs and monitored and evaluated.
- Their approach to advancing the development of models, tools, and technologies and the application of evidence-based best practices and state of the art approaches for capacity building in policy, advocacy, governance, and use of data for strategic decision-making.

[1] For this RFA, family planning- and reproductive health-related advocacy efforts are intended to educate and inform key policymakers and other stakeholders in developing countries about how investments in sound, evidence-based policies and programs in family planning and reproductive health that also respect human rights and promote voluntarism can help improve their country's ability to meet the Millennium Development Goals, as well as GHI goals. This would include policies and programs such as those that address gender-based violence, female genital cutting, child marriage, and access to services for poor and underserved populations. As required by U.S. law, no funds will be used to pay for abortion as a method of family planning, nor will the funds be used to lobby for or against abortion.

For the purpose of this application, Applicants should assume they will receive principally population core, population field support, HIV/AIDS core, and HIV/AIDS field support funds (both from the Global Health and Child Survival and Global HIV/AIDS Initiative accounts), with smaller amounts of funding from other sources, such as Maternal and Child Health or the President's Malaria Initiative (also from the GHCS account), as well as funding from other accounts such as Development Assistance (DA), Economic Support Fund (ESF), Assistance for Europe, Eurasia, and Central Asia (AEECA), and Global HIV/AIDS Initiative (GHAI).

*B3A2. Case Studies:*

Applicants' responses to the case study questions should be no more than 4 pages for Case Study 1, 4 pages for Case Study 2, and 5 pages for Case Study 3 (a total of 13 pages) as part of the 35 page limit.

**Case Study 1**

Choose a country and present the relevant reproductive health and family planning data for that country, including the contraceptive security situation. Identify the different public and private sector actors at national and sub-national levels and other key stakeholders. Describe the major barriers to and opportunities for family planning and reproductive health policy implementation at the local level, particularly gender-and equity-based barriers, and how they were identified. Present a five-year strategy and program that will address these barriers, including a description of how critical capacity building needs will be identified and addressed, any plans for piloting and scaling up new interventions or approaches, how local support and ownership for these interventions and their results will be fostered, and what systems and processes will be put in place to ensure wide stakeholder participation in and accountability for program outcomes. Differentiate between how you would use core and field support funding. Assume an annual budget of $300,000 of field support and $300,000 of core population funding. Discuss the cross-cutting issues and PRH Technical Priorities that will be addressed and how this will be done. Describe how planning and implementation will address the seven GHI principles. Propose specific indicators for monitoring and evaluating the effectiveness of these interventions over time. Outline the specific methods by which best practices and lessons learned would be documented and disseminated both within the country and to the global community. Show how you will build the capacity of local leaders and indigenous organizations to independently carry out the interventions by the end of the five-year period. Limit your response to no more than 4 pages.

**Case Study 2**

Partnership Frameworks—written agreements between the USG and partner countries regarding HIV/AIDS program priorities and strategies—and their corresponding Implementation Plans are central to USG-funded HIV/AIDS programs under PEPFAR II.

Country X, a country with a mixed HIV/AIDS epidemic, has developed a Partnership Framework that highlights prevention of HIV/AIDS transmission among most-at-risk populations (MARPs) as a key priority. The Partnership Framework Implementation Plan (PFIP) specifies the following activities as among those that will be pursued by the Partnership:

- Address legislative and other legal barriers to MARP access to effective prevention, treatment, and care services.
- Design systems and processes to facilitate the involvement of MARPs in policy and program design/development.
- Develop programs and policies to ensure MARPs have consistent access to comprehensive prevention, treatment, and care facilities that offer MARP-friendly services.
- Develop and/or refine and implement policies and guidelines to promote the provision of non-stigmatizing and non-discriminatory services for MARPs.
- Conduct at least one study of the MARP epidemiology and characteristics for program design and targeting purposes.

Discuss the interventions and describe in detail the specific policy, advocacy, and capacity building approaches that you would implement to support the overall implementation and monitoring and evaluation of the Partnership Framework plan. Identify key stakeholders within the government, civil society, and other relevant sectors and explain how you would build their capacity to engage in the collaborative implementation of the plan, secure required financing and establish effective information flows. Describe your approach to building the capacity of the government in particular to assume ownership of the implementation plan and accountability for results achieved. Assume an annual budget of $1,500,000, with a five-year time horizon. Propose specific indicators for monitoring and evaluating the effectiveness of these interventions and the implementation of the Partnership Framework plan and its impact. Outline the specific methods by which best practices and lessons learned would be documented and disseminated both within the country and to the region. Limit your response to no more than 4 pages.

**Case Study 3**

The World Health Organization (WHO) identifies 'leadership and governance' as one of the six fundamental building blocks of a well-functioning health system. In the WHO Health Systems Strengthening Framework, leadership and governance is defined as "a set of broad functions that seek to achieve national health policy objectives." Briefly describe your vision of effective leadership and governance of a health system as well as how it relates to the other 5 health system building blocks. Choose a country that you are familiar with that is facing significant challenges with governance. Present the current situation and outline the specific policy and capacity building interventions you would implement to improve governance, stewardship and accountability. Assume an annual budget of $1,500,000 in HIV/AIDS funds, $400,000 in population funds, and $300,000 in

other funds (these can be MCH, malaria, TB or some combination of these). Please include a timeframe and monitoring indicators. Limit your response to no more than 5 pages.

**B3B. Staffing, including Key Personnel**

Applicants should propose a comprehensive staffing plan that enables achievement of all results under HPP and demonstrates an appropriate balance of skills and accountability. The professional staff proposed should possess complementary experience that reflects a combination of strong management as well as specific technical expertise. The staffing level and pattern may be increased or modified over time if needed to provide effective support to field programs as they come on stream, rather than from the onset of the award.

**Key personnel:** The following are designated key positions under HPP: Project Director, Deputy Project Director, Reproductive Health; Deputy Project Director, HIV/AIDS; and Capacity Building Technical Director. All proposed Key Personnel must have the demonstrated ability to address the conceptual framework of HPP and advance the state-of-the-art in policy, advocacy, and governance for sustainable health programming.

1. **Qualifications for the proposed Project Director**

The Project Director will have overall responsibility for coordination of all project activities and staff. S/he will have principal responsibility for representation of the project to USAID. The Project Director should share the USG's vision for the GHI and, in particular, for strengthened national and sub-national policy, advocacy, governance, and country ownership, and effectively manage available financial and human resources to make that vision a reality. S/he shall have the leadership qualities, depth and breadth of technical expertise and experience, management experience, interpersonal skills and professional relationships to fulfill the diverse managerial and technical requirements of the program description. The Project Director shall have:

- At least 12 years of experience designing, implementing, and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing policy, advocacy, and governance.
- Experience with FP/RH and HIV/AIDS programs.
- Strong management skills.
- Demonstrated in-depth knowledge of developing country policy environments.
- Experience interacting with government agencies, host country governments and counterparts, and international donor agencies.
- A Master's Degree or higher in public health, business administration, international development, or a related advanced degree.
- Strong interpersonal, writing, and oral presentation skills in English.

- Experience and education that is complementary to that of the proposed Deputy Project Directors. The Project Director or one of the two Deputy Directors should have experience managing a USAID-funded project (strongly preferred).

**2. Qualifications for the proposed Deputy Project Director, Reproductive Health**

The Deputy Project Director, Reproductive Health will be responsible for management of the family planning/reproductive health element of the project, including financial accountability, staffing, work planning, and reporting. S/he should also be able to act for and represent the Project Director, as necessary. The proposed Deputy Project Director, Reproductive Health should be experienced in addressing the special challenges of policy, advocacy, and governance described in the program description as they relate to family planning and reproductive health, as well as in management. The desired attributes of the Deputy Project Director, Reproductive Health are:

- At least 8 years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing policy, advocacy and governance issues in the family planning/reproductive health arena.
- Extensive experience with FP/RH programs. Experience implementing programs that address the HSS, finance, gender and poverty/equity dimensions of FP/RH highly preferred.
- Strong management skills.
- Strong interpersonal, writing, and oral presentation skills in English.
- A Master's Degree or higher in public health, business administration, international development, or a related advanced degree.
- Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context (desirable).
- Experience and education complementary to those of the proposed candidate for the Project Director position.

**3. Qualifications for the proposed Deputy Project Director, HIV/AIDS**

The Deputy Project Director, HIV/AIDS will be responsible for management of the HIV/AIDS element project, including financial accountability, staffing, work planning, and reporting. S/he should also be able to act for and represent the Project Director, as necessary. The proposed Deputy Project Director should be experienced in addressing the special challenges of HIV/AIDS policy, advocacy, and governance described in the program description, as well as in management. The desired attributes of the Deputy Project Director are:

- At least 8 years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least

seven years has been spent addressing policy, advocacy and governance issues in the health arena.
- Extensive experience with HIV/AIDS programs and PEPFAR. Experience implementing a diverse set of programs that address the HSS, finance, gender and stigma and discrimination dimensions of HIV/AIDS highly preferred.
- Strong management skills.
- Strong interpersonal, writing, and oral presentation skills in English.
- A Master's Degree or higher in public health, business administration, international development, or a related advanced degree.
- Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context (desirable).
- Experience and education complementary to those of the proposed candidate for the Project Director position.

**4. Qualifications for the proposed Capacity Building Technical Advisor**

The proposed Technical Director for Capacity Building will oversee and lead the HPP activities related to increasing in-country individual and institutional capacity for addressing policy, advocacy and governance needs. S/he will be responsible for ensuring the overall technical excellence and efficacy of capacity building approaches. The desired attributes of the Capacity Building Technical Director are:

- At least 8 years of experience implementing or managing projects addressing issues of policy, advocacy and governance for the health sector in developing countries.
- At least 5 years of experience designing and implementing capacity building approaches and interventions.
- Experience working in an academic environment.
- A depth and breadth of knowledge of evidence-based and promising models and internationally-recognized best practices in capacity building for health programming generally and policy and advocacy specifically.
- Experience with and knowledge of FP/RH and HIV/AIDS programs.
- Strong interpersonal, writing, and oral presentation skills.
- A Master's Degree or higher in education, organizational behavior/development, management, business and/or health administration, sustainable development or a related advanced degree.
- Two years experience living or working in a developing country.

**5. Qualifications of other financial management/administration and technical staff**

Applicants are requested to develop a comprehensive staffing plan that will enable achievement of HPP results and demonstrate an appropriate balance of knowledge, experience and skills. The staffing pattern will reflect the minimum number of highly experienced technical and financial management/administrative staff sufficient to manage

and implement HPP activities under this award. Applicants will propose the optimal mix of technical personnel considered necessary for global leadership. The staffing level and pattern may be modified over time if needed to provide effective support to field programs and to support other areas of technical work as they evolve.

At a minimum, technical specialists should have a bachelor's degree and 2 years of experience in their respective areas of expertise, and cover the following areas:

- Monitoring and evaluation generally and specifically for policy, advocacy, and governance related to FP/RH and HIV/AIDS
- Gender dimensions of FP/RH and HIV/AIDS and the design and implementation of related programs
- Stigma and discrimination
- Health equity
- Maternal and child health
- Financing and costing
- Modeling
- Policy development and implementation
- Governance
- Health systems strengthening
- Advocacy
- Leadership
- Communication
- Private sector health provision
- Individual and organizational capacity development

It is important that a nucleus of the staff have extensive developing country experience.

Applicants should provide the following information which may be included in an annex:

- A complete staffing plan including key personnel and core technical staff, with underlying rationale, including an organizational chart demonstrating lines of authority and staff responsibility accompanied by position descriptions. Staffing plans are expected to include non-program staff, core technical staff and an explanation of how additional technical expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing;

- A matrix of the relevant programmatic and technical skills and experience necessary to implement the Applicant's plan that shows how all proposed staff (including short-term consultants) in the staffing plan meet these requirements (matrix will not count against page limit);

- An annex including letters of commitment and resumes (three pages maximum for each person) including a half page summary of qualifications for all candidates for key positions.

- Summary biographical statements (no more than one half page each) of personnel other than those designated for key positions that are considered important to implementation of the project. It is not necessary to include biographical statements or resumes of part-time staff, support staff, or potential consultants.

- Documentation that demonstrates organizational capabilities including past performance.

In an annex to the technical proposal, Applicants shall provide the names of the key individuals responsible for preparing the technical application, the specific sections of the proposal to which each contributed, and the approximate percentage of the final document that each individual contributed.

**B3C. Management and Institutional Capacity**

Applicants should provide a management plan for project implementation showing how responsibility and lines of authority will be managed within the project and across any proposed partnerships. The management plan should describe how the project will relate to and respond to USAID Washington and to Missions in the field. The Applicant should describe plans for rapid start-up of the project, including plans for rapidly accessing and deploying key personnel and essential technical staff to support the implementation of the technical program and meet Washington's and Missions' needs on the ground while avoiding excess staffing.

The Applicant should describe their proposed management and administrative structure, policies and practices for overall implementation of the program including personnel, financial and logistical support, and coordination. Applicants also should describe the institution's capacity to track and report expenditures from multiple funding streams (e.g., FP, HIV/AIDS, MCH) and core/field support in multiple countries. Applicants should describe strategies for involving local partners in program implementation and ensure capacity building within in-country organizations and institutions that will allow them to assume responsibility for interventions, thereby increasing transfer and sustainability.

The plan should also explain how the Applicant will address Missions' priorities. Applicants should specifically describe how they will be responsive in a timely manner to Missions requesting support from HPP across a range of technical areas, including those outlined in the program description.

USAID expects that all key personnel and core technical staff be located at the HPP headquarters; key personnel should be full time with the project. Further, USAID strongly recommends that the headquarters of the project be located in the Washington D.C. metropolitan area. If a Washington, D.C. headquarters is not planned, a strong rationale for such a decision must be given and a set of standing practices and procedures

described for maintaining a close and regular working relationship with the USAID/Washington team.

In an annex to the technical proposal, Applicants should demonstrate that their past performance meets or exceeds the Eligibility Criteria provided in the RFA.

**B3D. Performance Monitoring and Evaluation**

The Applicant is requested to develop an illustrative Performance Monitoring Plan (PMP), including a logic or results framework that links inputs, process, outputs, outcomes, and impact; indicators and targets for years 1, 2.5, and 5; and method, type, and source of data to be collected to track progress in achievement of the HPP Activity Objective and each of the five results. Applicants should describe how the PMP indicators will be regularly collected and reported to facilitate country programming as well as results reporting to USAID Washington and USAID Missions. Illustrative indicators should be proposed for Year 1 and Year 5.

Applicants should describe how overall impact of HPP activities will be assessed, including how baselines will be established and how changes in status will be measured and attributed to HPP activities. Applicants should also describe how the data provided by the PMP, and any other proposed specific studies to monitor particular aspects of activities, would be used to make midterm corrections or other changes.

**B3E. Cost Share**

Applicants will be evaluated on their ability to maximize their cost share. At a minimum the cost share requirement for the Cooperative Agreement is 20 percent. Applicants shall be evaluated on the effectiveness, cost efficiency and matching resources that the Recipient and its partners bring to the implementation of the Agreement.

**Applications that do not meet at least the minimum cost-share requirement are not eligible for award consideration.**

**B3F. Environmental Compliance**

The Foreign Assistance Act of 1961, as amended in Section 117, requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216 http://www.usaid.gov/ourworklenvironment/compliance/22cfr216.htm) and in USAID's Automated Directives System (ADS), Parts 201.5.1Og and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

To demonstrate their capability to meet all environmental compliance requirements, in an annex to the technical proposal, Applicants will submit an Environmental Capability Statement (ECS) presenting their approach to achieving environmental compliance and management. This statement, which should be limited to 1/2 -1 page, must include:

- the Applicant's approach to developing and implementing any 216 documentation including provisions for an Environmental Monitoring and Management Plan (EMP) to be updated and revised throughout the life of the award as detailed in the annual Environmental Status Report (ESR); and
- the Applicant's approach to environmental management and the staff that will provide necessary environmental management expertise. This will include:
    - examples of past experience of environmental management of similar activities, and
    - technical expertise of identified individuals.

The Applicant must include anticipated costs for implementing and monitoring these environmental compliance activities in the budget and to the degree possible, must describe these costs in the budget narrative.

**B3G. Marking and Branding**

"Based on ADS 320.3.3 AND 22 CFR 226.91, USAID will require the submission of a Branding Strategy and a Marking Plan by the "apparently successful applicant," as defined in the regulation. No action is required of applicants at this time. A sample template for the Branding Strategy and Marking Plan is attached in Annex V. The "apparently successful applicant" will be asked to respond to the questions in italics under the Branding Strategy template and prepare a Marking Plan containing information similar to the sample provided in order to comply with the ADS and CFR requirements."

**C. Cost/Business Application**

The following sections describe the documentation that Applicants for an assistance award must submit to USAID prior to award in order for an Agreement Officer (AO) to make a determination of responsibility. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following.

Applicants must include a detailed five-year budget with accompanying budget narratives, which provides in detail the total costs for implementation of the program your organization is proposing and how those costs are allocated across the project's five results. For the purposes of developing an illustrative budget, it should be assumed that the award will be funded at an estimated $3 million in FP/RH and $3 million in HIV/AIDS core funds each year and an estimated $8 million in field support for the first year. The information from the detailed budget must be then included on the Standard Form 424, which can be downloaded from the following link http://www.usaid.gov/forms/sf424.pdf (Standard Form 424). The Applicant should

submit the cost/business application on a CD ROM, formatted in Word 2003 and Excel 2003.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties. The Agreement should include a full discussion of the relationship between the Applicants including: identification of the Applicant with which USAID will treat for purposes of Agreement administration; identity of the Applicant that will have accounting responsibility; how Agreement effort will be allocated; and the express agreement of the principals to be held jointly and severally liable for the acts or omissions of the other.

Over the course of the Agreement, in addition to USAID funds, Applicants are expected to contribute from their other sources, no less than 20 percent of the amount obligated by USAID for the implementation of this program, over the life of the project. Contributions can be either cash or in-kind and can include contributions from US non-governmental organizations (NGOs), local counterpart organizations, project clients, and other donors (not other U.S. Government funding sources). Information regarding the proposed cost-share should be included in the SF 424 and the Cost Matrix as indicated on those documents. The cost-share should be discussed in the budget narratives to the extent necessary to realistically access these sources and funds and the feasibility of the cost-sharing plan. Applications that do not meet the minimum cost-share requirement are not eligible for award consideration. It should be noted that there is no separate/additional evaluation criteria category for cost-share because cost-share is included within cost-effectiveness.

Additionally, if an Applicant proposes a higher than minimum cost-share, this may be considered with the "cost effectiveness" evaluation. If the cost share is less than 20 percent, then the proposal shall not be reviewed and will be deemed non-responsive.

To support the proposed costs, please provide detailed budget notes/narrative for all costs that explain how the costs were derived. The following provides guidance on what is needed.

a) The breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional, and/or country offices; project management and administrative costs will be shared equitably across all funding sources.

b) The breakdown of all costs according to each partner organization involved in the program.

c) The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.

d) The breakdown of any financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement.

e) Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.

f) Procurement plan for commodities (if applicable).

The cost application should contain the following budget categories for both core and field support funding:

- Salary and Wages: Direct salaries and wages should be proposed in accordance with the Applicant's personnel policies;

- Fringe Benefits: If the Applicant has a fringe benefit rate that has been approved by an agency of the U.S. Government (USG), such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been so approved, the application should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries;

- Travel and Transportation: The application should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per Diem should be based on the Applicant's normal travel policies and the U.S. Department of State per diem rates: http://aoprals.a.state.gov/content.asp?content_id= I02&menu_id=74;

- Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity);

- Supplies: Office supplies and other related supply items related to this activity;

- Contractual: Any goods and services being procured through a contract mechanism;

- Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs;

- Indirect Costs: The Applicant should include a current negotiated indirect cost rate (NICRA) from a cognizant government audit agency. Applicants who do not currently have a NICRA from any agency of the U.S. Government shall submit the following information:

  - Copies of the Applicant's financial reports for the past three years, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
  - Projected budget, cash flow and organizational chart;
  - A copy of the organization's accounting manual.

## C1. ADDITIONAL DOCUMENTATION

Please include as annexes information on the organization's financial status and management, including:

a) Organizational chart;

b) If the Applicant has made a certification to USAID that its personnel, procurement and travel policies are compliant with applicable OMB circular and other applicable USAID and Federal regulations, a copy of the certification should be included with the application. If the certification has not been made to USAID/Washington, the Applicant should submit a copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel and procurement policies, and indicate whether personnel and travel policies and procedures have been reviewed and approved by any agency of the Federal Government. If so, provide the name, address, and phone number of the cognizant reviewing official.

c) Applicants that have never received a Grant, Cooperative Agreement or Contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the Applicant should advise which Federal Office has a copy.

Applicants must submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted must substantiate that the Applicant:

- Has adequate financial resources or the ability to obtain such resources as required during the performance of the Cooperative Agreement;

- Has the ability to comply with the Cooperative Agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental;

- Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance;

- Has a satisfactory record of integrity and business ethics;

- Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., Equal Employment Opportunity laws); and

- Completed copy of certifications and representations.

In addition to the aforementioned guidelines, the Applicant is requested to take note of the following:

1. Unnecessarily Elaborate Applications

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the Applicant's lack of cost consciousness. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

2. Acknowledgement of Amendments to the RFA

Applicants shall acknowledge receipt of any amendments to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

3. Receipt of Applications

Applications must be received at the place designated in the General Instructions and by the date and time specified in the Cover Letter of this RFA.

4. Submission of Applications

Applications and modifications thereof shall be submitted in sealed envelopes or packages (l) addressed to the office specified in the General Instructions of this RFA, and (2) showing the time specified for receipt, the RFA number, and the name and address of the Applicant.

5. Preparation of Applications

- Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the Applicant's risk.

- Each Applicant shall furnish the information required by this RFA. The Applicant shall sign the application and print or type its name on the Cover Page of the technical and cost application. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

- Applicants that include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, must:

  - Mark the title page with the following legend:

    "This application includes data that shall not be disclosed outside of the U.S. Government and shall not be duplicated, used, or disclosed - in whole or part - for any purpose other than to evaluate this application. If, however, a Cooperative Agreement is awarded to this Applicant as a result of, or in connection with, the submission of this data, the U.S. government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting Agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert numbers or other identification of sheets]"; and

  - Mark each sheet of data it wishes to restrict with the following legend:

    "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

6. Explanation to Prospective Applicants

Any prospective Applicant desiring an explanation or interpretation of this RFA must request it in writing. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective Applicant concerning this RFA will be furnished promptly to all other prospective Applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

7. Cooperative Agreement Award

It is USAID's intent to award a five-year cooperative agreement for assistance with activities to strengthen national and sub-national policy, advocacy, and governance. This Request for Applications (RFA) is issued for a cooperative agreement covering a specified worldwide activity as described in Section III, Program Description. A worldwide activity is an activity or series of linked activities identified at the

business/development sector's strategic objective level that is intended to provide results in multiple regions and countries.

The Government may, without discussions or negotiations, award an Agreement resulting from this RFA to the responsible Applicant, whose application conforming to this RFA offers the best proposal, including a calculation of costs that are reasonable and clearly explained. Therefore, the initial application should contain the Applicant's best effort from a technical standpoint, with reasonable allocation of costs. The Government may reject any or all applications, accept other than the lowest cost application, and waive informalities and minor irregularities in applications received.

Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various applications are to one another, the more important cost considerations become. The Agreement Officer may determine what a highly ranked application based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

8. Authority to Obligate the Government

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific written authorization from the Agreement Officer.

9. Terrorism

The Applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub-awards issued under this Agreement.

10. Foreign Government Delegations to International Conferences

Funds in this Agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" [http://www.usaid.gov/policy/ads/300/350maa.pdf] or as approved by the Agreement Officer.

11. Period of Performance

The Cooperative Agreement will be issued for a performance period of five (5) years.

12. Substantial Involvement

The intended purpose of AOTR involvement is to assist the recipient in achieving the supported objectives. The Agreement Officer has delegated the following approvals to the AOTR, except for changes to the Program Description or the approved budget.

In order to assist the recipient in achieving the objectives of the Cooperative Agreement, the AOTR of this agreement will be involved in the following:

1) Approval of the recipient's annual workplans. The annual workplan requires AOTR approval. Significant changes that impact the timing or achievement of objectives identified in the plan will require additional approval. Workplans must include a timeline for the planned achievement of milestones and outputs, as well as budgets identified with particular sub-activities.

2) Approval of specified key personnel. The applicant shall propose the following four key personnel by name and position: Program Director, Deputy Director for Reproductive Health, Deputy Director for HIV/AIDS, and Capacity Building Technical Director, who are considered essential to the successful implementation of the award and are approved by the AOTR.

3) Agency and recipient collaboration or joint participation. Specific elements of the Program Description that would benefit from USAID technical knowledge for the successful accomplishment of stated program objectives may warrant the joint participation of USAID and the recipient. Involvement is foreseen in the following areas for this Cooperative Agreement:

a. Concurrence on the selection of sub-award recipients, and/or concurrence on the substantive provisions of the sub-awards;
b. Collaborative involvement in the selection of priorities and workplan development.
c. Approval of the recipient's monitoring and evaluation plans; and
d. Monitoring to permit specified kinds of direction or redirection because of interrelationships between or with other projects. All such activities must be included in the program description and negotiated in the budget of the award.

13. Authorized Geographic Code

The authorized geographic code for procurement of goods and services under this Cooperative Agreement is 000.

## SECTION II—EVALUATION CRITERIA

### A. Overview

Each technical application submitted in response to this RFA will be evaluated in relation to the evaluation factors set forth in this solicitation and which have been tailored to the requirements of this RFA to allow USAID to choose the highest quality application. The Government intends to evaluate applications and award an Agreement without discussions with Applicants. However, the Government reserves the right to conduct discussions if later determined by the Agreement Officer as necessary. Therefore, each initial offer should contain the Applicant's best terms from a cost or price and technical standpoint.

### B. Acceptability of Proposed Non-Price Terms and Conditions

An offer is acceptable when it manifests the Applicant's assent, without exception, to the terms and conditions of the RFA, including attachments, and provides a complete and responsive application without taking exception to the terms and conditions of the RFA. If an Applicant takes exception to any of the terms and conditions of the RFA, then USAID will consider its offer to be unacceptable. Applicants who wish to take exception to the terms and conditions stated within this RFA are strongly encouraged to contact the Agreement Officer before doing so. USAID reserves the right to change the terms and conditions of the RFA by amendment at any time prior to the Applicant selection decision.

The criteria presented below have been tailored to the requirements of this RFA. Applicants should note that these criteria serve: (a) to identify the significant areas that Applicants should address in their applications; and (b) as the standard against which all applications will be evaluated. To facilitate the review of applications, Applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. The cost application of all Applicants submitting a technically acceptable application will be evaluated for general reasonableness, allowability, and allocability. To the extent that negotiations are necessary (if award is made based on initial applications), they will be conducted with all Applicants whose applications, after discussion and negotiation, have a reasonable chance of being selected for award. An award will be made to the Applicant whose application offers the greatest value, cost reasonableness and other factors considered.

An award will be made based on the ranking of applications according to the technical selection criteria identified below.

### C. Evaluation Criteria

USAID will make an award to the one Applicant whose application best meets the program description and represents the best value to the U.S. Government, all factors considered. Technical proposals for HPP will be evaluated and scored based on the following percentages.

**C1. Technical Approach** **(*42/100* points)**

The application reflects a thorough understanding of the overall program description and its objective, and the ability to synthesize and apply the lessons learned from past and current USAID agreements and other critical sources[2]. The technical approach will be evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art technical knowledge, and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's objective, results and sub-results.

**1. Overall quality of proposed strategies, approaches, and interventions (*23/38* points)**

(a) The proposal reflects an understanding of, and a proposed approach for, achieving the project's activity objective and intermediate results; demonstrates a thorough understanding of the interrelationship of the activity objective, intermediate results, sub-intermediate results, and cross-cutting issues; and includes a presentation of activities that are relevant and likely to achieve the anticipated outcomes for each result. The proposed approaches are feasible, efficient, sustainable, and have potential to be scaled-up. Finally, the proposal demonstrates a clear philosophy of and the organizational capability for capacity building for policy, advocacy, and governance. **(6/23 points)**

(b) The proposal reflects a thorough understanding of current issues and challenges in creating or improving capacity for policy development, financing and implementation, advocacy, accountability, leadership, evidence-based decision-making, and monitoring and evaluation, and in promoting multi-sectoral coordination and program integration, and offers creative, viable, and comprehensive solutions to meet those challenges. **(5/23 points)**

(c) The proposal reflects an understanding of, and a proposed approach for, capacity building to enable the active engagement of a variety of stakeholders and sectors and provides a description of how these partnerships and coalitions will advance strengthened and sustainable health systems and foster local ownership of health programming and results. **(4/23 points)**

(d) The proposal reflects a thorough understanding of the ways in which policy outcomes can be affected by the cross-cutting issues of gender, **(4/23 points)**

[2] See www.healthpolicyinitiative.com and www.policyproject.com for information on recent past and current agreements.

poverty/equity, and stigma and discrimination, how these issues can be appropriately and effectively addressed within policies and programs, and how they can be monitored and evaluated.

(e) The proposal reflects technical leadership, creativity, innovation and soundness in advancing the development of models, tools, and technologies and the application of evidence-based best practices and state-of-the-art approaches for capacity building in policy, advocacy, governance and use of data for strategic decision-making. **(4/23 points)**

**2. Case Studies** **(*15/38* points: *5* pts for each Case Study)**

The responses to the case study questions will be evaluated according to the following criteria. Responsiveness to each of the bullets below will be taken into account by the technical evaluation panel in determining the score for each case study, but will not be individually scored.

- Case study responses reflect a thorough understanding of the enabling environment, governance challenges and capacity building required for effective stewardship of country-led and country-owned, sustainable health programming.
- Case study responses reflect a careful review, understanding and analysis of the information presented for each case study.
- Proposed approaches are cost-effective, state-of-the-art and evidence-based.
- Proposed activities are appropriate to the specific setting and efficient in use of technical and financial resources.
- Proposed activities reflect understanding of the various stakeholders that need to be engaged, partnerships and coalitions that need to be established, and the systems that need to be in place.
- Proposed activities demonstrate a thorough understanding of and address the cross-cutting issues of gender, poverty/equity, and stigma and discrimination.
- Adequate emphasis is placed on scaling-up and achieving broad-based impact.
- Appropriate M&E strategies are proposed.

**C2. Staffing including Key Personnel** **(*40*/100 points)**

Responsiveness to each of the criteria below will be taken into account by the technical evaluation panel in determining the score for each category. Consideration will also be given to the complementarity within the team of key personnel that are proposed.

**1. Qualifications for the proposed Project Director:** **(*9*/40 points)**

The proposed Project Director must have strong leadership qualities and depth and breadth of technical and management expertise, as demonstrated by at least 12 years of experience designing, implementing and managing large, complex public health projects

in/for developing countries, of which at least seven years has been spent addressing the policy and governance environment. Experience with FP/RH and HIV/AIDS including PEPFAR programs is highly desirable. S/he must also have demonstrated international credibility as a leader on matters of policy, advocacy, governance and health systems strengthening in developing countries. S/he must have experience interacting with government agencies, partner country governments and counterparts, and international donor agencies. Strong interpersonal, writing, and oral presentation skills in English are also required. Master's Degree or higher in public health, business administration, international development, or a related advanced degree is highly desirable. Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are desirable. The proposed candidate's experience and education should be complementary to those of the proposed candidate for the Deputy Project Director positions.

**2. Qualifications for the proposed Deputy Project Director, FP/RH: (*7/40* points)**

The proposed Deputy Project Director, FP/RH must be experienced in addressing the special challenges of health programming, as demonstrated by at least eight years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing policy and advocacy issues in the family planning/reproductive health arena. Extensive experience with FP/RH programs generally and experience implementing programs that address the gender and poverty/equity dimensions of FP/RH specifically are desirable. Strong interpersonal, writing, and oral presentation skills in English are also required. Master's Degree or higher in public health, business administration, international development, or a related advanced degree is highly desirable. Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are desirable. The proposed candidate's experience and education should be complementary to those of the proposed candidate for the Project Director.

**3. Qualifications for the proposed Deputy Project Director, HIV/AIDS: (*7/40* points)**

The proposed Deputy Project Director, HIV/AIDS must be experienced in addressing the special challenges of health programming, as demonstrated by at least eight years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing policy, advocacy and governance issues in the HIV/AIDS arena. Extensive experience with HIV/AIDS programs and PEPFAR generally and experience implementing a diverse set of programs that address the health systems strengthening, finance, gender and the stigma and discrimination dimensions of HIV/AIDS specifically are desirable. Strong interpersonal, writing, and oral presentation skills in English are also required. Master's Degree or higher in public health, business administration, international development, or a related advanced degree is highly desirable. Two years experience living or working in

a developing country and fluency/proficiency in a second language relevant to a developing country context are desirable. The proposed candidate's experience and education should be complementary to those of the proposed candidate for the Project Director.

**4. Qualifications for the proposed Capacity Building Technical Director: (*7/40* points)**

The proposed Capacity Building Technical Director will oversee and promote HPP activities related to increasing partner country individual and institutional capacity for addressing policy, advocacy and governance needs. S/he must have at least eight years of experience implementing or managing projects addressing issues of policy and advocacy for the health sector in developing countries and at least five years of experience designing and implementing capacity building approaches and interventions. Experience working in an academic environment is highly preferred. Experience with FP/RH and HIV/AIDS programs in developing countries is highly desirable. S/he must have demonstrated leadership qualities, depth and breadth of technical and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. A depth and breadth of knowledge of evidence-based and promising models and internationally-recognized best practices in capacity building for health programming generally and policy, advocacy, and governance specifically are required. Master's Degree or higher in education, organizational behavior/development, management, business and/or health administration, or sustainable development, or a related advanced degree also is highly desirable. Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are also desirable.

**6. The complement of other financial management/administration and technical staff and organizational structure (*10/40* points)**

The staffing pattern and the number and type of positions proposed are responsive to the financial management/administration and technical requirements and Applicant's approach, with an optimal configuration for efficiency and cost containment. The proposed financial management/administration and technical specialists have demonstrated financial, administrative, technical and operational experience in the subject areas for which they are proposed. The proposed technical specialists cover the technical areas needed to achieve the main results of HPP. This includes:

- An M&E specialist, who must have a firm command of M&E issues with respect to FP/RH and HIV/AIDS programs, preferably with a focus on policy and advocacy, and significant experience designing, implementing and supervising M&E efforts for multi-country, multi-faceted programs;
- A gender specialist, who must have in-depth knowledge of the gender dimensions of FP/RH and HIV/AIDS and significant experience in designing and implementing related programming; a stigma and discrimination specialist, who

must have substantial expertise in HIV/AIDS programming to address stigma and discrimination;
- A health equity expert, who has state-of-the-art understanding of the role of policy and advocacy in ensuring equity in health outcomes; and
- A health systems strengthening expert who has firm technical and programmatic experience with strengthening governance, stewardship and accountability.

Regarding the organizational arrangements (e.g., consortium, recipient/subrecipients), the staffing pattern and the number and type of positions proposed reflect the specific expertise of each organization, are not duplicative and represent an efficient use of resources.

**C3. Management and Institutional Capacity** **(*14/100* points)**

The management and institutional capacity will be evaluated according to the following criteria. Responsiveness to each of the bullets will be taken into consideration by the technical evaluation panel, but will not be individually scored.

- The application includes a management and administrative structure, policies and practices for overall implementation of the program including personnel, financial and logistical support; the role and level of effort for staff supporting these functions; and a realistic plan for monitoring technical and financial activities and reporting on results.

- The application describes plans for rapid start up of the project, including the first year plan of activities and timeline; and plans for rapid response to requests from USAID/Washington and/or USAID Missions, including how the program will manage a complex set of activities in multiple countries and regions of the world, and balance the competing demands from USAID/Washington and USAID Missions, including reporting requirements;

- The application describes how the Applicant will divide responsibilities and funding among partners to manage and implement activities and how adequate participation of all partners will be ensured; how the Applicant will work with local partners, other USAID programs, and other implementing organizations to achieve results; and how management is structured in a way that is mutually reinforcing, optimally efficient and effective in its use of technical and financial resources, and not duplicative.

- The application demonstrates the Applicant's and its partners' institutional capacity, organizational systems and competence to creatively plan, implement, monitor, and report on the range of activities outlined in this RFA in both global and country-specific contexts.

**C4. Monitoring and Evaluation** **(*8/100* points)**

The M&E Plan will be evaluated according to the following criteria. Responsiveness to each of the bullets provided below will be taken into account by the technical evaluation panel in determining the overall score for this category, but will not be individually scored.

- The application presents a comprehensive Performance Monitoring Plan that clearly outlines its approach to M&E. The plan stems from a coherent logic or results framework and delineates ambitious but achievable performance targets and benchmarks for achieving the results outlined in the program description. Proposed indicators are innovative and creative, and have the potential to advance the field of monitoring and evaluation of policy, advocacy, and governance programming. The plan specifies how results will be documented and disseminated widely. It includes a plan for the oversight of compliance with USAID family planning and PEPFAR legal and policy requirements.

- The plan should demonstrate what will be achieved by year three and by the end of the project. There should be at least a minimal set of indicators for targets, and benchmarks should show how they lead to the achievement of results.

- The plan should describe the methodology to be used for data collection that is cost effective and timely.

**Summary:**

| | |
|---|---|
| Technical Approach | 38 points |
| Staffing/Key Personnel | 40 points |
| Management/Institutional Capacity | 14 points |
| Monitoring and Evaluation | 8 points |
| **TOTAL** | **100 points** |

## SECTION III—PROGRAM DESCRIPTION

### A. INTRODUCTION

The U.S. Agency for International Development (USAID) Bureau for Global Health (GH) is issuing this Request for Applications for a five-year, $250 million Cooperative Agreement to **strengthen developing country national and sub-national policy, advocacy[3] and governance for strategic, equitable and sustainable health programming**. The Health Policy Project will be referred to as HPP throughout this document. It will serve as the follow-on to the current Health Policy Initiative (HPI) project and will respond to the need for improved governance and leadership for health. The new award will strongly support the objectives of the Global Health Initiative (GHI), including the President's Emergency Plan for AIDS II (PEPFAR II), health systems strengthening (HSS), and program integration. It will also support the goals of increased country ownership and sustainability through improved capacity and processes for policy and governance.

### B. PURPOSE

Good governance and the ability to effectively formulate and implement health policies constitute key components of a well-functioning health system. The WHO health systems framework incorporates the area of 'leadership and governance' as a fundamental building block and defines it as a "set of broad functions that seek to achieve national health policy objectives." Effective health governance requires the establishment of national policies to define the relative roles and responsibilities of the public, private and voluntary sectors, including civil society, in the provision and financing of health care. Governance covers multiple responsibilities, including maintaining the strategic direction of policy development and implementation; financial planning; detecting and correcting undesirable trends and distortions; articulating the case for health in national development; and establishing effective transparency and accountability mechanisms. Beyond the formal health system, governance also means ensuring that policy and legislation in other areas of government support peoples' health, rather than undermine it.[4] For many low- and middle-income countries, a major priority is to develop the needed capacity to effectively carry out these tasks and responsibilities.

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[3] For this RFA, family planning- and reproductive health-related advocacy efforts are intended to educate and inform key policymakers and other stakeholders in developing countries about how investments in sound, evidence-based policies and programs in family planning and reproductive health that also respect human rights and promote voluntarism can help improve their country's ability to meet the Millennium Development Goals, as well as GHI goals. This would include policies and programs such as those that address gender-based violence, female genital cutting, child marriage, and access to services for poor and underserved populations. As required by U.S. law, no funds will be used to pay for abortion as a method of family planning, nor will the funds be used to lobby for or against abortion.

[4] WHO – Health Systems Building Blocks - Governance of the Health System; http://www.who.int/healthsystems/topics/en/index.html.

A central objective of the Global Health Initiative and PEPFAR II is to ensure that host countries are at the center of decision-making, leadership, and management of their health programs. HPP activities will build upon and support national strategies to develop the long-term capacity of governments to direct, manage and finance their health programs. Building on previous investments and accomplishments under predecessor projects, the Health Policy Project will emphasize strengthened in-country individual and institutional capacity for: leadership in the policy formulation process; effective policy implementation; stakeholder and civil society engagement; multi-sectoral coordination; and use of data and monitoring and evaluation for strategic planning and informed decision-making. Attention will also be given to gender, equity in access to and use of services, and reduction of stigma and discrimination, all of which have a substantial impact on health outcomes. Strong monitoring and evaluation will be critical for assuring that the project is on course in meeting its goals and that lessons learned and best practices are identified and incorporated into program approaches.

The Health Policy Project will engage and strengthen the ability of individuals, in-country and/or regional institutions and universities to build long-term capacity in the health policy arena and to address policy and advocacy needs at national and sub-national levels. Although past policy projects have supported in-country capacity building, significantly greater attention and proportionate funding will be given to this goal under the new agreement in support of the sustainability objective under GHI and PEPFAR II. Recognizing that a favorable macro-economic and social policy environment is important for the success of health investments, the project will also take advantage of opportunities to actively link with other USG/USAID-funded projects and other sectors such as democracy and governance, economic growth, the environment and education to support strengthened policy and governance for health programming.

The Health Policy Project Activity Objective, **'Strengthen developing country national and sub-national policy, advocacy and governance for strategic, equitable and sustainable health programming',** will be accomplished through the achievement of the five results and four cross-cutting elements listed below. The detailed results framework, with sub-results and expected outcomes, is provided in section F - "Detailed Results Framework".

- **Result 1:** Individual and institutional capacity for stewardship, policy development, implementation, and financing strengthened.

- **Result 2:** Individual and institutional capacity for advocacy, accountability, leadership and ownership strengthened.

- **Result 3:** Individual and institutional capacity for strategic data use, analysis and evidence-based decision-making increased.

- **Result 4:** Multi-sectoral coordination for advancing health elements, systems strengthening and program integration increased.

- **Result 5:** Development and dissemination of models, tools and global best practices advanced.

- **Cross-Cutting Elements:**
  - Gender
  - Health Equity
  - Stigma and Discrimination
  - Monitoring and Evaluation

## C. BACKGROUND

The Global Health Initiative was announced on May 5, 2009 and budgets $63 billion for health assistance over the six year period from FY2009-14. It will scale up and build on previous health investments for HIV/AIDS, malaria, TB, FP and MCH and increase funding to strengthen health systems to ensure sustainability of progress achieved to date. It will also give heightened attention to integration of health programs across health elements, including through USAID coordination with other USG agencies, public and private donors, and host country programs. The GHI requirements for setting a new approach to global health programming include seven key areas: 1) women-centered programming; 2) strategic integration and coordination; 3) leverage multilateral organizations, partnerships, and private sector; 4) country ownership; 5) sustainability and health systems strengthening; 6) improved metrics and monitoring and evaluation; and 7) research and innovation. Considerable focus will be placed on strengthening capacity of governments and on engaging the non-governmental and private sectors to expand their contributions in building a strong health sector.

Reauthorized on July 30, 2008, PEPFAR's new 10-year goals are to provide antiretroviral therapy for 3 million people living with HIV/AIDS, prevent more than 12 million new HIV infections, and care for more than 12 million people, including 5 million orphans and vulnerable children. Over five years, PEPFAR will provide $39 billion in funding for U.S. HIV/AIDS bilateral programs and contributions to the Global Fund, plus an additional $9 billion for tuberculosis and malaria. PEPFAR II will support the training of 140,000 new health care workers and will focus on building strong health systems to achieve the goal of universal access to comprehensive HIV prevention, treatment, and care and support services. PEPFAR has already contributed more than $25 billion to fight the pandemic, including a $2.5 billion commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The GHI also sets goals for achievements in family planning and reproductive health, including the prevention of 54 million unintended pregnancies. This will be accomplished by reaching a modern contraceptive prevalence rate of 35 percent across assisted countries, and reducing to 20 percent the number of first births by women under 18. The GHI consultation document (see http://www.usaid.gov/our_work/global_health/home/Publications/docs/ghi_consultation_document.pdf) lays out targets for other health areas, including maternal health and child health as well.

The United States is also committed to working with other donors and partners to meet internationally agreed upon development goals, such those defined in the Millennium Declaration, which by 2015 aims to reduce extreme poverty and hunger by half, reduce maternal mortality by three-quarters, advance gender equality, and combat HIV/AIDS and other infectious diseases. In 1994 the United States and 179 other countries pledged themselves to the International Conference on Population and Development program of action to advance universal access to a full range of safe and reliable family planning methods and related reproductive health care by 2015. Global efforts to revitalize family planning have recently been reinvigorated with strong endorsement from the USG and other donors and development partners.

The GHI goal of improving the health and well being of men, women and children will place countries in the leadership position of defining priorities, coordinating assistance and managing programs. GHI and PEPFAR clearly identify the need for advancing policy reform, strengthening implementation of policies, and building the needed in-country capacity to do so. Both support the establishment of processes for country-led national plans and building host country capacity for strengthened policy processes, leadership and advocacy for health, including for social participation in health and the policy process. These efforts will be linked with efforts to improve capacity for health systems strengthening and strategic coordination and integration. Countries that receive GHI and PEPFAR assistance will be tasked with demonstrating the necessary national leadership to achieve agreed-upon policy goals and to strengthen national management systems.

## D. USAID INVESTMENT

USAID's GH Bureau and its predecessors have been engaged in centrally-managed health policy work for over 30 years. USAID's policy work has been implemented by several projects: RAPID I-IV (FY78-95), OPTIONS I-II (FY86-95), POLICY I-II (FY95-2005), and most recently the Health Policy Initiative (HPI) (FY06-10). Technical assistance has covered policies that affect family planning and maternal health, and, since the launch of PEPFAR, also those that impact HIV/AIDS. The strategic and programmatic scope of the most recent policy contract, the HPI IQC, has been to strengthen the enabling environment for health, especially for family planning/reproductive health, HIV/AIDS, and maternal health. HPI is a five-year global project structured as a multiple-award IQC with a global Task Order 1 (TO1); it began on September 30, 2005, and is scheduled to end on September 29, 2010. USAID awarded IQCs to four organizations: Abt Associates, Inc. (Abt), Chemonics International, Inc. (Chemonics), Futures Group International (Futures), and Research Triangle Institute International (RTI). HPI was put in place to facilitate access by USAID's Bureau for Global Health, Regional Bureaus, and Missions to high-quality technical expertise in health policy, advocacy, data analysis and modeling.

Over the past several years, HPI has primarily supported policy and advocacy programming for FP/RH, HIV/AIDS and MCH and, when requested, has also

addressed policy issues on diseases such as malaria and tuberculosis. Technical assistance has been provided in five key areas: 1) policy (health policies adopted and put into practice); 2) advocacy (public sector and civil society champions strengthened); 3) resources (health sector resources increased and allocated effectively and equitably); 4), multi-sectoral coordination (strengthened multi-sector engagement and host country coordination); and 5), knowledge (timely and accurate data used for evidence-based decision-making).

HPI/TO1's core funds have advanced technical leadership in global policy and advocacy for GH central office priority areas, including repositioning family planning; contraceptive security; gender; poverty and health equity; safe motherhood; reducing stigma and discrimination among people living with HIV (PLHIV); and development, testing, and dissemination of policy tools and approaches for use in USAID field-funded country programs. HPI/TO1's field-support funds—the bulk of the project—have supported policy development and implementation for FP/RH, HIV/AIDS, and MCH at national, regional, provincial, and local levels. Mission funds have also supported advocacy and networking, costing of health services, resource allocation, use of data for decision-making and training of host country personnel from the public sector and civil society.

Building on USAID investments to date for improving the enabling environment for health, HPP will continue to develop and support approaches to enhance the policy environment for improved health outcomes, particularly for FP/RH, HIV/AIDS and MCH, and to define a clear role for policy within the broader Leadership and Governance context of health systems strengthening. HPP will support new emphasis under the Global Health Initiative and PEPFAR II to strengthen the engagement of host countries in leadership, decision-making and management of their health programs. Technical assistance will support national strategies to develop the long-term capacity of governments to direct, manage and finance their health programs. Emphasis will also be placed on supporting multi-sectoral donor and host country coordination in the development and implementation of health sector strategies.

**Relationship to Foreign Assistance Framework**

Under the Foreign Assistance Framework, this award will contribute to the Health Area of the Investing in People Objective, and will align with the Global Health Initiative and PEPFAR II. It will primarily support the program elements of 1.7 Family Planning, 1.1 HIV/AIDS and 1.6 Maternal and Child Health. Additional elements that can be covered include 1.2 TB, 1.3 Malaria, 1.4 Avian Influenza, 1.6 Other Public Health Threats and 1.8 Water and Sanitation. **Table 1** lists the Health Policy Project activity objective, the intermediate results (IR) framework and the associated links with the GH, USAID and State health objectives.

| Table 1: Alignment of Foreign Assistance and HPP Frameworks | | | | | |
|---|---|---|---|---|---|
| **Foreign Assistance Objective: Investing in People** | | | | | |
| Program Area: Health (3.1) To contribute to improvements in the health of people, especially women, children and other vulnerable populations in countries of the developing world, through expansion of basic health services, including family planning, strengthening national health systems, and addressing global issues and special concerns such as HIV/AIDS and other infectious diseases | | | | | |
| Program Elements: | | | | | |
| FP/RH Element (3.1.7) | Expand access to high-quality family planning services, information and reproductive health care in order to reduce unintended pregnancy and promote healthy reproductive behaviors | | | | |
| HIV/AIDS Element (3.1.1) | Reduce the transmission and impact of HIV/AIDS through support for prevention, care and treatment programs | | | | |
| MCH Element (3.1.6) | Increase the availability and use of proven life-saving interventions that address the major killers of mothers and children and improve their health and nutrition status | | | | |
| Water Supply & Sanitation Element (3.1.8) | Ensure broadly accessible, reliable and economically sustainable water and sanitation services for health, security, and prosperity. | | | | |
| Malaria Element (3.1.3) | Support the implementation of the President's Malaria Initiative (PMI), related malaria control programs, and malaria research activities to reduce malaria-related mortality. Develop effective malaria vaccines, new malaria treatment drugs, and targeted operations research | | | | |
| Tuberculosis Element (3.1.2) | Reduce the number of deaths caused by TB by increasing detection of cases of TB and by successfully treating detected cases, as well as addressing issues of multi-drug resistant TB, TB and HIV, and investing in new tools for TB. | | | | |
| **Health Policy Project** | | | | | |
| **Activity Objective** | **Strengthen developing country national and sub-national policy, advocacy and governance for strategic, equitable and sustainable health programming.** | | | | |
| Results | **IR1:** Individual and institutional capacity for stewardship, policy development, implementation, and financing strengthened. | **IR2:** Individual and institutional capacity for advocacy, accountability, leadership and ownership strengthened. | **IR3:** Individual and institutional capacity for strategic data use, analysis and evidence-based decision-making increased. | **IR4:** Multi-sectoral coordination for advancing health elements, systems strengthening and program integration increased. | **IR5:** Development and dissemination of models, tools and global best practices advanced. |
| Cross-cutting Elements | Gender, Health Equity, Stigma and Discrimination, and Monitoring and Evaluation | | | | |

## E. PROGRAM DESCRIPTION

USAID/USG country programs will require policy and governance support to fulfill the health programming mandates under the GHI and PEPFAR II. The Health Policy Project will serve as the flagship project for health policy and advocacy, with a priority focus on in-country capacity building to support long-term systems strengthening and sustainability. The new award will also continue to provide key technical assistance for policy and advocacy work for the cross-cutting issues of gender, health equity and stigma and discrimination, and improved monitoring and evaluation of policy efforts and their contributions to health outcomes. This project will respond to the needs of most Missions and partner countries for comprehensive programming to directly link policy work with advocacy, costing, resource allocation and multi-sectoral coordination. It will also serve as the vehicle through which the GH Bureau will provide global leadership on best practices for developing country capacity in policy, civil society advocacy, and financing, three key areas of the governance health systems building block. HPP will also strategically identify and coordinate with other USAID/USG funded projects, donors, foundations and centers of excellence to advance the project's mandate.

USAID anticipates that the cooperative agreement will provide technical assistance through a combination of partners, including higher education and regional institutions, with applicable expertise in health policy, advocacy and building leadership in the health policy arena. This agreement will support the goals of strengthening in-country capability for effective stewardship of the health system and enable transfer of technical and analytical skills to the partner country. It will respond to programming needs in policy environments that constantly change and will administer a platform for capacity building, mentoring, global knowledge sharing and dissemination of best practices. HPP will also support the establishment of a variety of partnerships to support the broader goals of country ownership and sustainability under the GHI. Missions will have the option of buying into the Cooperative Agreement through field support. The new award will primarily cover programming for family planning (FP), HIV/AIDS and maternal and child health (MCH) and could extend to cover nutrition, water and sanitation and other infectious diseases if needed.

**Technical Description**

Core-funded programs will contribute to GH core indicators applicable to policy analysis, health systems strengthening, health governance and finance, and will continue to support and advance global knowledge sharing through the following:

- development and application of tools and methodologies for informed decision-making and strategic planning;
- identification, validation and dissemination of promising practices to strengthen good governance and effective policy processes;
- provision of strategic information to USG and in-country policymakers;
- development, piloting, and transfer of models to project programmatic impacts and to assess FP/RH, HIV/AIDS and MCH program resource allocation needs;
- advancing approaches for improved monitoring and evaluation of policy implementation;
- development of training programs and curricula to promote individual and institutional capacity building and identification of avenues for regional institutionalization and transfer of training capacity;
- piloting innovative approaches to remove policy barriers that impede FP, HIV/AIDS and MCH priority technical agendas; and
- collaboration, knowledge sharing and dissemination of evidence-based approaches and best practices.

In-country programming funded with field support (which may be funded with any source of funds, e.g., GHCS) will support the broader goals of health systems strengthening and effective program integration by building individual and institutional capacity for critical areas of good governance and leadership at national and sub-national levels. Technical assistance will cover policy implementation and financing/resource allocation; advocacy and policy communication; strengthened multi-sectoral coordination and stakeholder/civil society participation in the policy process; use of data and monitoring and evaluation for informed decision-making and strategic planning; increased transparency and financial accountability; and strengthening of key country/regional institutions and organizations to support long-term capacity building.

Illustrative policy areas to be addressed under this agreement include the following:

- access to and delivery of FP and MCH services
- access to HIV care and treatment for adults and children
- health sector financing and resource allocation
- commodity security
- task shifting
- community-based health care access
- procurement and drug regulatory processes
- strengthening building blocks of the health system
- program integration, e.g. FP/HIV and FP/MCH integration
- private sector provision of health services
- gender, including gender based violence (GBV)

- health equity
- youth
- male circumcision (MC)
- orphans and vulnerable children (OVC)
- reduction of stigma and discrimination
- strengthened multi-sectoral coordination and linkages with other health and development programs
- improved uptake of counseling and testing
- improved access to high quality, low-cost medications

Due to the large demand for advocacy work, the Health Policy Project will continue to play an important role in supporting civil society and community organizations, networks, and policy champions to strengthen their capacity and participation in the health policy process. Core funding will be provided for development, application and updating of models and tools, compilation of key findings, best practices and lessons learned, and communication and dissemination to increase global and partner country knowledge and use of health policy tools and approaches. The new award should look for opportunities to expand training and South-to-South arrangements in host-countries and to build the needed capacity to apply policy tools and best practices.

While USAID has funded health systems strengthening activities for many years, the GHI and PEPFAR strategies now give HSS more importance. Health policy, which falls under the leadership and governance building block, is important for all components of a health system—service delivery, human resources, financing, health information systems, quality assurance and medicines, vaccines and technologies. Multiple components of the health system will be analyzed to identify key policy barriers and ways to best address them. The project mandate will also address specific health systems strengthening needs for PRH, OHA and HIDN, identify opportunities for health element integration and respond to country-specific partnership frameworks and other emerging health issues, such as infectious disease. With the added focus on program integration, there will be an increased demand for technical assistance for coordinated policy implementation and resource allocation.

Technical assistance requirements at lower levels of the health system have grown as more countries decentralize their health systems and shift decision-making to lower levels. Stronger links will also need to be established at the points where policies and operational processes transition into service delivery. The Health Policy Project will therefore focus efforts at both the national and sub-national level to support strengthening and decentralization of health systems, and will work to advance policy implementation through effective collaborations with central and bilateral service delivery implementing partners.

Systems for effective dissemination of information, models, lessons learned, and best practices will also be emphasized. In addition to the project's own knowledge management activities, links with other USAID/GH knowledge management projects will

be established to ensure that information is successfully disseminated to Missions and other partners.

Health Elements:

The Health Policy Project will advance specific objectives for each of the health elements. For **FP/RH**, this will entail strengthening ongoing efforts to reposition and increase commitment for family planning programs, providing continued attention to contraceptive security, ensuring effective implementation of FP policies, and assessing resource needs. Core funding will directly contribute to the advancement of PRH technical priority areas such as FP/HIV integration, FP/MCH integration, community-based access to services (CBA) and task shifting, improved method mix including long-acting and permanent methods (LAPM), healthy timing and spacing of births (HTSP), youth, gender, and improving equity for FP/RH outcomes. At the global and country levels, data analysis and modeling will help to promote a greater understanding of the impacts of rapid population growth on the capacity for economic development and poverty reduction; the health vulnerabilities faced by women and girls; youth and other at-risk populations; and issues related to food security, environmental degradation and climate change.

In the area of **maternal health**, continued investment will be essential for supporting advocacy for more effective political leadership in addressing maternal mortality and morbidity. There is also a need for maternal health to be prioritized in the context of health systems strengthening, and for the necessary resources to do so to be made available. As part of this effort a stronger emphasis can be placed on integration of MCH with other supportive program elements, such as with services for family planning, nutrition, child survival, and HIV/AIDS where applicable.

For **HIV/AIDS**, greater government support and advocacy will be necessary to make prevention the top HIV/AIDS priority while continuing to address health policies across the three focal areas of prevention, treatment and care. One of the principal elements of the PEPFAR II partnership framework design is the required inclusion of policy reform efforts to promote more effective HIV/AIDS programs. At the end of the five year Partnership Framework Implementation Plan (PFIP) time-frame, the expectation is that, in addition to results in the prevention, care and treatment of HIV/AIDS, country governments will be better positioned to assume primary responsibility for the national responses to HIV/AIDS in terms of management, strategic direction, performance monitoring, decision-making, coordination, and, where possible, financial support and service delivery. Country PFIPs will also support policies to include civil society, including faith- and community-based organizations and groups of PLWA, in the development and implementation of HIV/AIDS programs. HPP will play a substantial role in supporting Missions and PEPFAR country programs with implementation of PFIPs and in advancing best practices across Missions/country programs and regions on how to do this. This will include assessing and monitoring HIV policies, costing strategies and national plans, developing advocacy strategies, enhancing stakeholder participation and oversight and building in-country capacity to take on these tasks.

Policy tools (e.g., costing model of resource needs) should continue to be used to advocate for increased funding for prevention and to better understand the long-term costs of ARV treatment and funding requirements for sustainable HIV/AIDS programming.

It will also be essential that government policies support linkage of HIV/AIDS programs with other health programs, including maternal and child health, safe motherhood, family planning, malaria and TB programs; policies should also link with other development efforts, such as food and nutrition, economic strengthening such as for income generation, strengthening governance and legal systems, as well as education programs. In addition, technical assistance will support development and application of approaches to reduce stigma and discrimination in order to contribute to achieving greater impacts in prevention, care and treatment.

Global Health Initiative:

The GHI requirements for setting a new approach to global health programming include seven key principles—women-centered programming; strategic integration and coordination; leverage multilateral organizations, partnerships, and private sector; country ownership; sustainability and health systems strengthening; improved metrics and monitoring and evaluation; and research and innovation. The HPP agreement will directly support each of these principles through strengthening in-country capacity for leadership, policy and governance, financing, multi-sectoral coordination and use of data for decision-making. Illustrative examples of technical assistance for each of the seven areas include the following:

| | |
|---|---|
| Women Centered Programming | ▪ Support country-level policy reform and strengthen government capacity for women-centered programming<br>▪ Integrate women's and girls' issues and health programming at the policy development and implementation stages<br>▪ Address gender barriers to access and use of services<br>▪ Develop gender equitable financing strategies |
| Strategic Integration and Coordination | ▪ Support analysis and dissemination of timely health information for policymakers<br>▪ Support strategic planning and modeling to inform financing decisions<br>▪ Coordinate health policy programming with the democracy and governance, economic growth, environment and education sectors<br>▪ Build capacity for leadership and governance, covering laws and policies, oversight, accountability and stewardship |
| Leverage Multilateral Organizations, Partnerships, and Private Sector | ▪ Develop or adapt policies and planning processes for coordination across donors and sectors<br>▪ Harmonize country programming and investments across the health sector<br>▪ Strengthen the policy environment for private sector and public-private partnership participation in health service delivery and the policy process<br>▪ Establish joint objectives and communication channels between health and non-health sector programs |
| Country Ownership | ▪ Support development and implementation of country-led national plans<br>▪ Support country Partnership Frameworks<br>▪ Build host country capacity for leadership and advocacy for health<br>▪ Support capacity building for strengthened policy processes |

| | |
|---|---|
| | ▪ Strengthen capacity of civil society groups, NGOs and communities to advocate for health and participate in the policy process |
| Sustainability and Health Systems Strengthening | ▪ Strengthen policy across the HSS building blocks<br>▪ Expand government capacity for improved health financing<br>▪ Support development of public-private partnerships and help government officials create a policy environment that encourages private sector participation in health<br>▪ Strengthen policy and governance systems to support health program integration<br>▪ Address health equity and stigma and discrimination as key components to health systems strengthening |
| Improved Metrics, Monitoring and Evaluation | ▪ Develop tools and indicators to monitor implementation of policies at national and sub-national levels<br>▪ Build capacity of governments and in-country partners in data use, modeling, assessments, analysis and strategic planning<br>▪ Support transparency and accountability through publication and dissemination of health information and through engagement of citizen, stakeholder and community monitoring groups<br>▪ Support use of equity and gender disaggregated indicators in national plans |
| Research and Innovation | ▪ Develop assessment and costing methodologies for health systems strengthening and program integration<br>▪ Develop new tools and technologies for informed decision-making, strategic planning, and resource allocation<br>▪ Develop new tools and approaches to promote increased transparency and accountability<br>▪ Pilot new performance-based financing and public-private health insurance schemes |

As appropriate and whenever possible, the priority areas identified above will be addressed by and integrated into the project's activities to enable key strategies, methodologies, approaches and tools to be developed or adapted, tested and taken to scale. Other GH and mission-based projects that focus on leadership, governance, policy, finance, advocacy and systems strengthening may provide complementary evidence-based information that can be applied to programming and vice versa. This new award will work collaboratively with other GH and field-based projects to ensure that project collaboration across the health systems building blocks is maximized and that new learning is shared to advance the field in support of strengthened policy and governances practices.

**Geographic Focus**

The Health Policy Project will have a global mandate to cover health policy, advocacy and governance technical assistance needs for Sub-Saharan Africa, Latin America and the Caribbean, Asia/Middle East, Asia/Near East and the Europe and Eurasia regions. This award will focus on countries that are the highest priority for GHI and PEPFAR II. A concerted effort will be made to work with Missions in these priority countries to advance programming for FP/RH, HIV/AIDS and MCH programs, and other health elements, e.g. child survival, malaria, TB and ID, as funded. The extensive overlap in the priority countries for key areas of health investment allows for strengthening of policy and governance across health elements and within the health system.

Country selection will be determined by Mission buy-in to the Cooperative Agreement; in total the project is expected to provide technical assistance to approximately 30-35

countries. FP/RH, HIV/AIDS and MCH core-funded activities will be focused on identified priority countries and will seek to take advantage of opportunities for synergy and integration in achieving expected results.

## F. Detailed Results Framework

The purpose of the HPP agreement is to strengthen developing country national and sub-national policy, advocacy and governance for strategic, equitable and sustainable health programming and systems. In collaboration with local and regional partners and multilaterals, this project will respond to the jointly-identified needs of partner countries, USAID Missions, central USAID GH Offices, and the USG for comprehensive programming to support policy development and/or reform and implementation; advocacy and policy dialogue; costing and policy research/analysis, evidence-based resource allocation, and multi-sectoral coordination. It will also provide key technical assistance to ensure that policies address the social determinants of health associated with the cross-cutting issues of gender, health equity, and stigma and discrimination, as well as ensure that policies are adequately monitored and evaluated for outcomes and impact. The results framework places a major emphasis on in-country and regional capacity building to advance long-term systems strengthening and sustainability goals of GHI and PEPFAR II.

The table below presents the results framework that this award will work toward achieving with both core and field funds. HPP is expected to make major progress toward the activity objective, through substantial, concrete achievements in each of the five result and cross-cutting areas. It is anticipated that HPP will develop approaches and best practices to strengthen in-country and regional capacity for policy and governance and will generate measurable increases in partner country individual and institutional abilities to accomplish these goals. HPP will also strategically identify, coordinate and collaborate with other USAID/USG funded projects, donors, foundations, multilaterals and centers of excellence to advance the project's mandate.

| Table 2: Detailed Results Framework |
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| **Activity Objective: Strengthen developing country national and sub-national policy, advocacy and governance for strategic, equitable and sustainable health programming.** |
| **Result 1:** Individual and institutional capacity for stewardship, policy development, implementation, and financing strengthened.<br>**1.1:** Strengthen capacity to lead and manage strategic policy direction, development, and implementation.<br>**1.2:** Strengthen capacity to cost policies, identify revenue sources, and effectively and equitably allocate and expend resources.<br>**1.3:** Strengthen host country policy and governance undergraduate, graduate and continuing professional development programs. |
| **Result 2:** Individual and institutional capacity for advocacy, accountability, leadership and ownership strengthened.<br>**2.1:** Build developing country capacity to effectively advocate for policies that support equitable and sustainable health programming.<br>**2.2:** Strengthen capacity for accountability for health policies and programs.<br>**2.3:** Build in-country leadership and ownership of FP/RH, MCH and HIV/AIDS issues and policy responses. |
| **Result 3:** Individual and institutional capacity for strategic data use, analysis and evidence-based decision-making increased.<br>**3.1:** Strengthen data analysis, use, and modeling skills for advocacy and strategic planning.<br>**3.2:** Strengthen capacity to assess, monitor and evaluate implementation of policies and impacts on health outcomes.<br>**3.3:** Support incorporation of modeling techniques, tools and best practices into university and institutional curricula and training programs. |
| **Result 4:** Multi-sectoral coordination for advancing health elements, systems strengthening and program integration increased.<br>**4.1:** Support development of strengthened processes for multi-sectoral policy dialogue, stakeholder participation and coordination.<br>**4.2:** Advance practices for coordinated financial planning, including for participation of the private sector in delivery of health services. |
| **Result 5:** Development, dissemination and uptake of models, tools and global best practices advanced.<br>**5.1:** Develop, validate, and/or apply new and existing technologies, tools and methodologies to advance knowledge and generate information for evidence-based decision-making.<br>**5.2:** Promote innovative collaborations and partnerships to advance global knowledge sharing and in-country use of promising evidence-based practices, tools and methodologies. |
| **Cross Cutting Issues:** Gender, Health Equity, Stigma and Discrimination, and Monitoring and Evaluation |

**Result 1: Individual and institutional capacity for stewardship, policy development, implementation, and financing strengthened.**

The ability to formulate and implement evidence-based policies and to allocate resources wisely is a critical part of good health governance, which, in turn, is critical for producing positive health outcomes. However, Ministries of Health and other actors in health governance in low- and middle-income countries often lack the necessary skills and systems to plan strategically, to mobilize resources and allocate them efficiently and equitably, and to operationalize policies effectively.[5]

In keeping with the mandate of both the Global Health Initiative and PEPFAR II to ensure that partner countries are at the center of decision-making, leadership and management of their health programs, the focus of policy formulation assistance under this award will be to support the development and implementation of national strategies and policies and to strengthen the long-term capacity of governments to strategically plan and finance their health programs. Under HPP, Result 1 activities will strengthen individual and institutional capacity and systems across the policy process continuum, from building consensus on policy priorities and analyzing the costs and benefits of policy options, to policy-making and resource allocation and expenditure practices at national and sub-national levels, to policy implementation and monitoring. HPP will also establish partnerships and collaborations at higher education institutions and with continuing professional development programs to assure that these skills can be transferred to successive generations of policymakers.

*1.1 Strengthen capacity to lead and manage strategic policy direction, development, and implementation.*

Building on USAID investments to date in improving the enabling environment for health, HPP will dedicate significant effort to supporting approaches to strengthen the policy environment for health, particularly for FP/RH, HIV/AIDS, and MCH. Attention will also be given to policy assistance needs for and across the six systems strengthening building blocks of leadership and governance (stewardship), financing, service delivery, health workforce, medical products, vaccines and technologies and health information systems and to advancing opportunities for effective program integration.

HPP will provide assistance to identify, analyze and address in-country policy reform needs and/or weaknesses, including for strengthened decentralization where applicable. A central component of the approach will be to build the capability of host country governments, institutions and individuals to lead, manage and operationalize implementation of the policy process at both national and sub-national levels. HPP will build the capacity of policymakers to work with their constituencies towards common goals and address identified needs. Technical support will be provided to strengthen capacity for carrying out and managing the fundamental stages of the policy process including: identification of priority policy issues; systems to engage stakeholders in

[5] Brinkerhoff, D.W., and Bossert, T.J.,(2008) "Health Governance: Concepts, Experience, and Programming Options". Health Systems 20/20

developing a common policy agenda; policy development and/or reform; legislation and/or government approval; policy implementation; and policy evaluation. These areas require skill building for policy research, analysis and situational assessments; fostering policy dialogue and strategy development; systems for leadership and engagement; development and execution of an implementation plan; and setting up effective monitoring and evaluation systems to evaluate policy impacts on health outcomes.

In order to advance the goals of country ownership and sustainability, HPP will support development and/or application and uptake of efficient and effective approaches, tools and methodologies for policy and governance capacity building and for transferring needed skills and training capacity to partner country counterparts.

***1.2** Strengthen capacity to cost policies, identify revenue sources, and effectively and equitably allocate and expend resources.*

Understanding the level of resources required for successful policy implementation and mobilizing those resources are critical and too-often-overlooked steps in the policy process. Efforts to track the allocation and expenditure of mobilized resources following policy enactment also are important means of evaluating the progress of policy implementation. HPP will give high priority to the provision of assistance to partner country policymakers that will build their capacity to initiate, interpret, and act upon analyses of the implementation costs of policy options and strategic plans; the costs, benefits, and trade-offs associated with potential financing mechanisms and revenue sources, including equity considerations; and the disbursement and spending of budgeted resources.

The development and application of tools to generate cost data to inform decision-making have been key achievements of costing work to date. Internationally recognized models on costing have been employed in numerous developing countries, and the information derived has provided national, regional and local leaders and stakeholders with reliable cost data for use in policy development and for programmatic decision-making for health service delivery. Significant strides also have been made in the quantification of the benefits of health services, such as for family planning, HIV/AIDS and maternal health. These efforts have resulted in more evidence-based policy and program planning. HPP will continue the work of its predecessor to further refine and/or consolidate existing costing tools and make them easy to use and accessible to developing country professionals.

In addition, HPP will prioritize activities that build the capacity of policymakers and country partners to utilize these tools to analyze and understand the costs and benefits of policy options and to use the results of these analyses to foster participatory dialogue around the policies' costs and potential impacts and considerations for developing equitable and sustainable financing schemes. In particular, HPP will help policymakers develop the capacity to select the particular set of health interventions likely to be most effective for improved health outcomes given the resources available. HPP also will promote the dissemination and use of cost analyses to improve advocacy for the

advancement of specific policies, facilitate national and sub-national level program planning for and prioritization of needed health services within allocated budgets, and promote fiscal accountability. Activities that promote fiscal accountability could include assisting partner countries to develop policies that support performance-based systems, as well as to establish oversight boards and transparent financial reporting systems at national and sub-national levels. HPP will also strengthen processes that ensure that resource allocations to the health sector generally and certain health programs specifically are aligned with national health goals and targets.

Technical assistance will contribute to the increased capacity of policymakers to use policy/program cost assessments to identify and mobilize adequate and appropriate sources of funding to support the implementation of policy decisions. Attention will be given to activities that foster increased understanding among policymakers of the mix of financing mechanisms most suitable for a specific policy or program and country context, as well as their equity implications. Moreover, HPP will seek to support approaches that facilitate public deliberations regarding the chosen resource allocation and financing strategies.

Decentralized government structures and donor arrangements that provide direct budget support have rendered the tracking of disbursements and expenditures for specific health areas and programs a difficult and complicated task. Without such knowledge it is hard to ascertain whether allocated resources are in fact being spent in an efficient manner and achieving the desired results. HPP will continue to build on the work of USAID partners and other international organizations to improve donors' and governments' understanding of whether and how resources are filtered down to regional and district levels in practice and used for their intended purposes. HPP will promote the use of National Health Accounts data to track expenditures, including out-of-pocket contributions, and to inform the design of sustainable financing schemes that address individuals' ability-to-pay and meet the needs of underserved populations. HPP also will assist with the development and costing of social insurance schemes, such as those that strengthen primary health care and preventive services at community- and other low-level facilities. Per the capacity building focus of the project, priority will be given to the development of approaches that can be transferred to and easily employed by partner governments and organizations. The project will be encouraged to collaborate with other donors and partners to consolidate tools and approaches for use by partner countries.

HPP will also identify opportunities for expanding the role of the private sector in developing sustainable financing solutions for health care. Illustrative areas for technical assistance include strengthening government capacity to engage and interact with the private sector in health sector finance; strengthening options for private sector health insurance schemes; and supporting establishment of public-private partnerships and performance-based financing schemes for delivery of health services.

***1.3** Strengthen host country policy and governance undergraduate, graduate and continuing professional development programs.*

Recognizing that human and institutional capacity form the core of any health care system and must be sustained over time, GHI and PEPFAR II emphasize strategies that build up host country capabilities to strengthen health systems and to expand quality programming, including for HIV/AIDS, FP/RH, MCH and other health elements. As part of this approach, PEPFAR II legislation encourages the establishment of partnerships with post-secondary educational institutions in partner countries, particularly in Africa, and collaborations with United States post-secondary educational institutions, including historically black colleges and universities, to develop and sustain this needed human and institutional capacity. HPP will help to advance these goals by establishing university and other institutional and organizational partnerships to specifically build and strengthen undergraduate, graduate and continuing professional development programs in policy and governance. This will include development and incorporation of applicable curricula into degree programs at key regional or country universities and institutions, with particular attention to the needs of the Sub-Saharan Africa region.

The Health Policy Project will establish best practices and partnership models for working with higher education and other training institutions to build, strengthen and expand programs and curricula to advance policy and governance. Illustrative technical areas to address include leadership, policy, governance, costing, financing and resource allocation. The project will collaborate with USAID-funded projects and other partners, including from sectors such as education, democracy and governance, law and economic growth to identify programmatic needs and gaps. This will include integration of new or validated approaches, models, tools and technologies into existing degree programs.

IR1 Anticipated Outcomes:

- Strengthened capacity of and systems for partner country governments, institutions and individuals to lead, manage and operationalize implementation of the policy process in a participatory fashion.
- Development of in-country policy expertise to address policy reform and implementation needs to advance FP/RH, HIV/AIDS and MCH health outcomes.
- Development and dissemination of efficient and effective approaches for policy capacity building and transferring of needed skills and training capability to host country counterparts.
- Strengthened capacity of policy stakeholders and in-country partners in the use and application of user-friendly costing and impact tools for data analysis, evidence-based decision-making and policy dialogue.
- Increased capacity of partner country governments and institutions to identify funding sources, select the appropriate mix of financing mechanisms, and to effectively and equitably allocate and expend resources and undertake financial planning at national and sub-national levels.
- Increased capacity of partner country governments and institutions to track the disbursement and expenditure of resources to promote financial accountability and inform the design of financing schemes.

- Increased capacity of stakeholders and decision-makers to communicate and disseminate the results of costing analyses to facilitate dialogue, encourage fiscal accountability, and enhance financial planning.
- Strengthened capacity of partner country governments to engage and partner with the private sector to develop health care financing solutions.
- Establishment of regional or country training programs for effective and equitable resource allocation, including for costing of key FP/RH, HIV/AIDS and MCH health interventions.
- Establishment of university and institutional partnerships to strengthen undergraduate, graduate and continuing professional development programs in policy and governance, particularly for Sub-Saharan Africa.

**Result 2: Individual and institutional capacity for advocacy, accountability, leadership, and ownership strengthened.**

Strong health champions in the private sector and strong civil society, health provider, and citizen advocates play a key role in health governance, by raising issues with policymakers that are important to them, pushing for action on those issues, and holding government accountable for the actions it agrees to take. At the same time, policymakers must engage productively with and be responsive to their constituencies, and play a role as health champions within the government. Building upon successes of past investments, and responding to the growing demand for supporting advocacy work from the field, under Result 2 HPP will support training and individual and institutional capacity building for advocacy, accountability, and leadership. The objective is to encourage active participation in and monitoring of the policy process and develop sustainable communication links in both directions between advocates and health policy makers at all levels (national, regional, local) and across the many sectors into which health policy may be incorporated, e.g., health, education, agriculture.

To promote the longer-term sustainability of health interventions, HPP will foster stakeholder ownership of efforts to address FP/RH, MCH and HIV/AIDS issues. The goal is to ensure that commitments to tackle these issues at the national and local levels are carried out and that policymakers, providers, and civil society have a sense of ownership of policy responses and interventions. Collaboration with other partners will be expected, and identification of best approaches and practices for use by the partner country will be shared regionally and globally.

*2.1 Build developing country capacity to effectively advocate for policies that support equitable and sustainable health programming*

The strong capacity of advocates to provide a voice in the community as well as serve as catalysts for change on the local and national health policy stage is key to developing, advancing and sustaining a robust health policy agenda in a given setting. HPP will develop and support training approaches to strengthen advocacy and policy communication, particularly for FP/RH, HIV/AIDS, and MCH. HPP will provide assistance to increase the capability of individuals and institutions to identify and analyze

in-country advocacy needs and/or weaknesses, create strategic plans of action, and lead efforts to address them.

HPP will collaborate closely with NGOs, networks and civil society organizations to equip them with reliable, strategic data for advocacy, to build their capacity to analyze, interpret, and communicate that data, and to support them in their role as advocates for policy change and catalysts for successful policy implementation. National Health Accounts can be an important source of data for advocacy purposes, and attention will be given in particular to building the capacity of civil society to mine, analyze, and communicate NHA results. HPP will work to build advocates' skills in the development of mechanisms and processes to systematize partnerships and capacity and credibility to be sources of knowledge for their community, policymakers and the media. HPP also will help advocates identify opportunities for the development and/or expansion of networks and coalitions in ways that are more effective, sustainable and operate with good governance.

Under HPP there will be an increased emphasis on building the capacity of people living with HIV/AIDS, women, youth and the most impoverished and vulnerable populations—those who often will be most affected by proposed policies—to effectively advocate for policies that best take into account their specific needs and circumstances. In addition, technical support will be provided to strengthen the capacity of advocates to help policymakers understand how the cross-cutting issues of gender, health equity and stigma and discrimination can affect policy outcomes.

HPP also will look to strengthen the capacity of policymakers to effectively champion FP/RH, HIV/AIDS, and MCH as well as health systems issues both within the government and among their constituencies and other stakeholders. HPP will build the skills of policymakers to make evidence-based arguments for resources and to mobilize support from other policymakers and government officials, the media, and civil society to build coalitions for policy change.

*2.2 Strengthen capacity for accountability for health policies and programs*

Under GHI and PEPFAR II there is a strong understanding that solutions are not owned by government agencies alone, but that country governments must develop transparent monitoring systems and communication channels that encourage participation of and accountability from a range of partners, including nongovernmental and private sectors. Constructive participation and accountability requires that the roles and responsibilities of government, civil society, community groups and other partners be clearly defined and collectively implemented, embracing locally-developed new ideas, approaches and partnerships. Policy communication processes must be strengthened to allow for definition of and consensus on policy priorities that best address the needs of local constituencies.

The design of approaches for building the accountability capacity of individuals and institutions at the national and local levels needs to be conducted in a systematic,

institutionalized and sustainable fashion. Mechanisms that increase the availability and allow for the efficient flow of information between policymakers and civil society advocates, citizens, and the media must be established and utilized; technology represents one key tool that can be leveraged for these purposes. Advisory committees and community boards also can be effective means of promoting inclusivity, transparency, and accountability within decision making processes. Methods for the government to determine levels of public satisfaction with the performance of the health system may also be required.

HPP will provide technical support to establish and maintain policy dialogue channels and to build the capacity of citizens and organizations to participate in the policy process. HPP will assist civil society and other stakeholders to advocate for health and other government officials to establish effective systems and mechanisms that promote interactions among citizens and civil society, engage stakeholders in a transparent, open, and collaborative policy dialogue and development process, and foster monitoring of the policy system, as well as support health and government officials in their efforts to institute such mechanisms. HPP also will focus more on ensuring that policymakers understand the importance of, and take steps to ensure the participation of, affected groups such as people living with HIV/AIDS, women, youth and the most impoverished and vulnerable populations. Simultaneously, HPP will build the capacity of civil society, health care providers, and citizens to monitor the policy system—including monitoring of policy implementation and resource allocation and expenditures—to ensure that national, regional, and local policies and programs are responsive to on-the-ground needs and aligned with collectively identified priorities, as well as to hold policymakers and leaders at the local, regional and national levels accountable for the commitments they make.

### *2.3 Build in-country leadership and ownership of FP/RH, MCH and HIV/AIDS issues and policy responses*

Strong advocates can hold policymakers accountable for their decisions and actions but effective leaders must also assume responsibility for the outcomes of their policies, decisions, and actions if effective governance is to be achieved. This sense of leadership and ownership will be especially crucial to the fulfillment of the vision of the GHI and commitments articulated within the Partnership Frameworks that serve as the strategic plans for country-level HIV/AIDS work supported under PEPFAR II. Such leadership and ownership will be just as important to achieving the Millennium Development Goals (MDGs) in health, for which access to FP/RH is an essential path, and goals and targets set out in the Global Health Initiative.

HPP activities will build upon and support existing strategies to strengthen the resolve of partner governments and policymakers at all levels to lead efforts to achieve the FP/RH, HIV/AIDS and MCH results to which they committed themselves. In order to do so, HPP will need to build the capacity of governments to assume ownership of the national response in terms of strategic direction, local management, monitoring, and financial support, as well as lead the development and implementation of country-led strategic plans, including Partnership Frameworks. HPP also will need to support governments to form partnerships that strengthen civil society, health care provider, private sector, and

citizen ownership of FP/RH, HIV/AIDS, and MCH issues and interventions to address them, as well as to collaborate with donors and multilateral partners. Such activities could include: increasing the visibility of FP/RH, HIV/AIDS, and MCH issues at the national and local levels; disseminating the findings of analyses highlighting barriers to policy and program implementation and the resulting delays in attaining results; mobilizing key stakeholders to develop a common strategic direction and plan of action; and engaging the media to demonstrate constituency support for key policies and programs. HPP also will work with partner governments to explore opportunities and feasibility for program integration, and creative ways to ensure that ownership goes beyond the national level, to reach all levels of a decentralized health sector.

HPP will continue to support a better understanding of the relationship between cross-cutting issues of gender, health equity and stigma and discrimination, and FP/RH, HIV/AIDS and MCH results. It will support increased policymaker commitment to addressing these issues in order to facilitate realization of policy and health goals. Locally-developed innovations and approaches for achieving FP/RH, HIV/AIDS, and MCH outcomes are more likely to induce greater stakeholder ownership of the results and therefore will be encouraged. Mechanisms to facilitate implementation and scale up of such local innovations will also be encouraged. HPP will collaborate and partner with other projects, and support development and/or application of complementary and effective approaches, tools and methodologies for country ownership of the FP/RH, HIV/AIDS and MCH agendas, and for transferring needed skills and training capacity to host country counterparts. Best practices will be identified and shared across Missions, USG/USAID programs, and with other stakeholders.

IR2 Anticipated Outcomes:

- Increased sustainability of institutions and coalitions to effectively participate as advocates in the policy process.
- Strengthened capacity of developing country advocacy communities in the use of data and application of evidence in for policy dialogue, especially in regard to gender, health equity and stigma and discrimination.
- Increased capacity of advocates to effectively communicate with their communities and interact with policy makers at various levels and sectors of the policy system.
- Development and dissemination of efficient and effective advocacy tools and approaches as well as approaches for advocacy capacity building and transferring of needed skills and training capability among partner country counterparts.
- Establishment of university and institutional partnerships to strengthen FP/RH, HIV/AIDS and MCH advocacy and participatory policy dialogue and development emphasis in undergraduate, graduate and continuing professional development programs, particularly for Sub-Saharan Africa.
- Development of current and future in-country advocacy and participatory policy dialogue and development expertise to advance FP/RH, HIV/AIDS and MCH health outcomes, and the cross-cutting issues of gender, health equity and stigma and discrimination.
- Increased capacity of policymakers to mobilize political and public support for policy change.

- Strengthened capacity of partner country governments, civil society organizations, networks and individuals to participate in and monitor the policy process.
- Enhanced processes and systems to encourage accountability and foster communication among all partners in the local, regional and national policy system.
- Reduced stigma and improved leadership by increasing participation of people living with HIV/AIDS, women, youth and those most impoverished and vulnerable.
- Strengthened capacity of policymakers to solicit and be responsive to the needs and preferences of their constituencies.
- Establishment of mechanisms that increase the availability of and enable the efficient flow of information and improve transparency, inclusivity, and accountability in decision-making.
- Establishment of small grants or other mechanisms to encourage development of local innovations and approaches for improving advocacy and policy communication and to encourage bold leadership on addressing FP/RH, HIV/AIDS and MCH.
- Institutionalized approaches for increasing leadership and accountability capacity at national and local levels.
- Ownership of FP/RH, HIV/AIDS and MCH issues and policy responses encouraged and fostered as a positive norm by acknowledging and rewarding positive examples.

**Result 3: Individual and institutional capacity for strategic data analysis, use, and evidence-based decision-making increased.**

Successful strategic planning depends on the collection, analysis, and use of appropriate data to make informed decisions. Successful advocacy depends on the analysis and use of data to make informed arguments.

HPP will support approaches to strengthen individual and institutional capacity for strategic data analysis, use, and evidence-based decision-making. The project will give significant attention to building individuals' data analysis and modeling skills in order to increase the availability of high-quality information for utilization in health sector planning and programming and in advocacy strategies. Assistance will be provided to advance skills and processes to monitor and evaluate implementation of policies and to assess their impacts on health outcomes. In support of the GHI and PEPFAR objective of country ownership, added emphasis will be placed on donor and partner country coordination in the use of data for decision-making and health sector strategic planning. Best practices for building and institutionalizing capacity for strategic data use and analysis and for monitoring and evaluating policies will be indentified and shared across USG/USAID programs.

*3.1 Strengthen data use, analysis and modeling skills for advocacy and strategic planning.*

Health stewardship and informed decision-making require the capacity to understand, analyze and effectively use data for program planning. HPP will support approaches to strengthen in-country capability for data analysis, modeling, and utilization in health programming and planning. Technical assistance will support skill building to improve

stakeholder understanding of health data and expand its utilization at national and sub-national levels for prioritization of needed health services. Significant attention will be given to building capacity in partner countries for the application of user-friendly tools and models to analyze data and develop projections to inform program planning. To advance the goals of GHI and PEPFAR II, assistance will be provided to foster greater understanding of data and planning needs for health systems strengthening and for program integration across health elements.

HPP will also work closely with policymakers and other stakeholders, including NGOs, networks and civil society organizations to assist them to mine data from reliable sources and use it to support strategic communication efforts in their roles as advocates for policy change and catalysts for successful policy implementation. Priority will be given to building the capacity of policy stakeholders and in-country partners and developing self-reliance in mining, analysis, and use of data for evidence-based decision-making, policy dialogue and advocacy. HPP will additionally support the transfer of training capacity for modeling to partner country counterparts by working closely with partners, networks and institutions and encouraging their participation in defining needed models and their parameters. Illustrative models for data analysis and advocacy include those for assessing the impacts of population growth on development; FP/MCH and FP/HIV resource planning; programmatic investments for HIV prevention, care and treatment; task shifting and human resource needs; market segmentation opportunities, including the role of the private sector in delivery of health services; optimal packages for program integration; and health system sustainability.

*3.2 Strengthen capacity to assess, monitor and evaluate implementation of policies and impacts on health outcomes.*

Evaluations of policy outcomes enable policymakers and implementers to identify solutions to enhance the effectiveness of health programs and to ensure that current and emerging health issues are addressed. Regular monitoring and evaluation processes can help recognize operational and implementation barriers, and assist with devising approaches to modify strategies and adopt measures to promote progress toward achieving health objectives. Standardized policy assessments can be a useful tool for strengthening central and decentralized planning and program implementation, and for improving allocation of human and financial resources.

HPP will build on progress achieved under HPI and other projects to advance and improve methodologies, tools and practices for strengthening implementation and monitoring and evaluation of policies. Approaches will be developed and/or applied to work collaboratively with partner countries to assess, monitor and evaluate policies for FP/RH, HIV/AIDS, MCH and other health elements, and to build partner country capacity, particularly of MOH staff and independent 'watchdog' organizations, to carry out these tasks. This includes development and/or application of tools and methodologies to carry out the policy review process and to monitor and evaluate policy outcomes. HPP will also provide technical assistance to help countries establish monitoring and evaluation frameworks to track policy goals and progress achieved, and will support

partner country utilization of the analyses of policy evaluations to engage stakeholders and decision-makers in addressing needed reforms and improving accountability in delivery of health services.

Measuring progress toward policy objectives will be particularly relevant for assisting USG PEPFAR-supported countries to meet objectives delineated in Partnership Framework Implementation Plans (PFIP), including for advancing policy reform and pressing forward with implementation of policies for gender, male circumcision (MC), OVC, stigma and discrimination, adult and pediatric HIV/AIDS care, human resources, commodity procurement and drug regulation. For family planning and maternal health, policies are often in place, but often poorly implemented. This results in high unmet need and inadequate care and access to badly needed services. Technical assistance will therefore be provided to support mechanisms for strengthened monitoring of FP/RH policies, including for policy reform efforts to address issues such as community-based access, task shifting, and provision of adequate method mix, including for long-acting and permanent methods (LAPM). For maternal health, key issues are centered on improved quality of care and increased access to antenatal care and assisted delivery services.

Recognizing that establishing clear links between the upstream policy process and eventual health outcomes can be challenging, HPP will also help to further develop monitoring and evaluation methodologies to better link strengthened health governance and stewardship practices with improved health outcomes, particularly for the FP/RH, MCH and HIV/AIDS health elements.

***3.3** Support incorporation of modeling techniques, tools and best practices into university and institutional curricula and training programs.*

Strengthened and sustainable health stewardship will require the transfer of effective health system leadership and management skills to successive generations of policymakers and analysts. In line with the GHI and PEPFAR II approach to institutionalizing these improved skills and capacity as articulated under Sub-IR 1.3, HPP will help to advance the establishment of university and other organizational partnerships to strengthen undergraduate, graduate and continuing professional development programs for modeling and data analysis, strategic data use, and evidence-based decision-making in particular. This will include the incorporation of modeling techniques, tools, and best practices for data use, policy evaluation and program planning into curricula and degree programs at key regional/country universities and institutions, especially in the Sub-Saharan Africa region. To promote further uptake of the educational partnership approach, the Health Policy Project will document best practices and partnership models for working with higher education and other training institutions in the policy arena and for transfer of training skills to partner countries.

IR3 Anticipated Outcomes:

- Methodologies, tools and processes for implementation, monitoring and evaluation of policies developed and/or advanced.
- Strengthened partner country capacity to assess, monitor and evaluate implementation of policies for applicable health elements and systems strengthening.
- Analyses of policy assessments utilized by partner countries to address needed reforms and to improve accountability in delivery of health services.
- Monitoring and evaluation methodologies developed to more clearly link policy process investments with improved health outcomes, particularly for the FP/RH, MCH and HIV/AIDS health elements.
- Strengthened in-country capacity for data use, analysis and modeling for health sector planning and programming at national and sub-national levels.
- Strengthened capacity of policy stakeholders and in-country partners in the use of data for policy dialogue, advocacy and communication.
- Regional/ in-country trainings developed and implemented for building skills in data analysis, use and modeling, including transfer of training capacity to host country counterparts and institutions.
- Establishment of university and other institutional partnerships to strengthen undergraduate, graduate and continuing professional development programs for data analysis, use and modeling.

**Result 4: Multi-sectoral coordination for advancing health elements, systems strengthening and program integration increased.**

Experience has shown that integrated and multi-sectoral programs and policies can often be more effective than single-sector ones in achieving far-reaching and sustainable health outcomes. Improved processes for multi-sectoral coordination and planning will thus be integral to the development and implementation of country-led national plans and strategies to support health systems strengthening and program integration under GHI and PEPFAR II. Both GHI and PEPFAR II promote a multi-sectoral approach to dealing with health issues and recognize that health outcomes are affected by more than health services. Policies and activities in non-health sectors, e.g., agriculture, education, economic development, the legal and justice systems, can also be influential.

HPP will provide technical assistance to advance health outcomes, support health systems strengthening and increase program integration by expanding multi-sectoral coordination. Interventions will support harmonization of strategic planning and resource allocation, and foster broad engagement of stakeholders in policy dialogue and planning, including for advancing programmatic objectives for specific health elements. The project will take advantage of opportunities to actively link with other USG/USAID-funded and other donor-funded projects in health and other supported sectors such as democracy and governance, economic growth, education and the environment.

***4.1:*** *Support development of strengthened processes for multi-sectoral policy dialogue, stakeholder participation and coordination.*

To achieve the GHI and PEPFAR goals, processes and systems for inter-governmental and multi-sectoral coordination and planning will need to be established where absent, and strengthened and institutionalized where already present. A key role of HPP will be to develop tools and approaches to build the capacity of partner country governments to lead and manage collaborative efforts, including for fostering effective policy dialogue, engaging relevant stakeholders, measuring achievements and addressing performance and programming gaps.

HPP assistance will facilitate the identification and convening of relevant stakeholders and strengthen practices that promote effective multi-sectoral coordination within partner governments and among NGOs, the private sector and community and civil society organizations at both the national and sub-national levels to improve harmonization and implementation of programs. The project will provide technical assistance to enhance processes for establishing linkages between strategic planning, budgeting and resource use across various sectors and partner agencies. Illustrative areas for partner country multi-sectoral technical assistance include providing support and building capacity for:

- Development or adaptation of policies and planning processes for coordination.
- Development and implementation of GHI agreements and PEPFAR Partnership Framework Implementation Plans.
- Harmonization of country programming and investments across the health sector.
- Linking shared policy and advocacy strategies to advance health objectives.
- Creation of a policy environment that encourages private sector and public–private partnership participation in health service delivery and the policy process.
- Establishment of joint objectives and communication channels between health and non-health sector programs.
- Investigation of when and what inputs are needed from other sectors to accelerate health outcomes.

Processes to better manage policies across the HSS building blocks will also be developed in order to strengthen consensus on strategic HSS and program integration interventions. Health systems strengthening priorities that require technical support for multi-sectoral coordination encompass the development of approaches to advance multiple health or disease specific programs, leverage partner and host country efforts for broad-based HSS investments, and implement coordinated strategic country plans that align with identified high priority interventions. To ensure effective integration, assistance will help determine how to increase efficiency in program delivery by reducing costs and redundancies, and leverage potential synergies among health activities. HPP will collect and/or utilize data from assessments to identify opportunities for integration and for linking and strengthening the health systems building blocks. Furthermore, assessments will be used as a basis for dialogue with the host country governments and other development partners to advance improved health programming and financing options. For those countries that are in the process of developing national health strategies, opportunities can be identified to include program integration and health system-oriented approaches. In setting a technical assistance strategy, a key objective of

the project will be to build the in-country capacity to carry out such tasks, including for establishment of health sector goals based on contributions from multiple health partners.

Assistance will also be provided to strengthen multi-sector coordination strategies for the different health elements. For FP/RH, priority areas include addressing health and non-health sector factors that contribute to high levels of unmet need and low use of services and promoting greater understanding of the cross-sectoral impacts of rapid population growth. For HIV/AIDS, assistance will support advancing the goals of PFIPs, strengthening National AIDS Commissions and supporting Global Fund Country Coordinating Mechanisms (CCM). Multi-sectoral strategies to advance policy dialogue and support for other priority issues such as maternal health, gender and reduction in stigma and discrimination will also be identified. The project will engage in outreach to other sectors, ministries and programs, such as for economic growth, planning, finance, education, the environment, youth, and women and children to leverage and build upon their work to strengthen approaches for health programming. Best practices, models and methodologies that foster effective strategies and processes for multi-sectoral policy and program coordination will be documented, published and disseminated.

***4.2:*** *Advance practices for coordinated financial planning, including for participation of the private sector in delivery of health services.*

Coordinated activities among development partners and a partner country government can increase available funding for health programs and also improve the efficiency of funding use and distribution. Strategic planning and modeling can help to inform decisions as to how to best coordinate and distribute resource contributions from multiple sources, particularly for health systems strengthening and program integration, which will require deliberate planning, organization and expenditure. Coordinated financing practices also need to be linked more effectively to established policies and their implementation.

HPP technical assistance will support efforts to enhance financial coordination for health and strengthen in-country capacity for financial planning across programs and sectors. In practice this likely will entail providing support for the range of costing and financing activities described in sub-IR 1.2 but with particular attention to the specific needs and issues associated with multi-sectoral and integrated endeavors. Such tailored activities could include securing broader buy-in for the use of national health accounts for tracking expenditures across public, non-governmental and commercial sectors; promoting strengthened cross-sector policy dialogue processes for financial accountability and transparency; and expanding utilization of validated models to determine the financial contributions needed from each sector involved.

In the context of multi-sectoral coordination and systems strengthening, HPP will also take on the important task of advancing policies and guidelines for private sector and public-private partnership participation in delivery of health services, products and information. The private health sector is an important source of health care, including for the poor. Use of the private sector by those with the ability to pay can free up public

resources for provision of free or subsidized health products and services to poor and underserved populations, and can support more efficient use of resources to help advance goals for achieving health equity. The challenge for many partner country governments is to more effectively engage the private sector as a partner in health policy development, planning and service delivery and to ensure that legal and institutional barriers to effective private sector participation within the health system are removed and private sector health providers can grow and thrive.

HPP assistance will support improved government capacity to interact and work with the private sector in planning and programming, and will cover developing and strengthening policies required for improved private sector investments in the health sector, as well as for oversight, regulation, accreditation and quality assurance. Assistance will also be provided to build the capacity of private sector stakeholders, including commercial and not-for-profit providers, networks and associations, to serve as representatives in the policy process and in multi-sectoral planning, and to engage in policy dialogue for advancing opportunities for the development of public-private partnerships in support of sustainable health delivery models.

Anticipated Outcomes:

- Multi-sectoral policy dialogue supported and advanced for implementing strategic HSS, program integration and health element interventions.
- Strengthened in-country capacity for leading multi-sectoral planning processes and for establishing linkages between strategic planning, budgeting and resource use.
- Coordination enhanced with non-health sector ministries, partners, programs and projects for improved health outcomes.
- Best practices developed, including models and methodologies, to support effective multi-sectoral policy and financial coordination processes.
- Strengthened capacity of partner countries to lead and conduct multi-sectoral analyses and assessments and for multi-sectoral financial planning.
- Multi-sectoral coordination developed for enactment of gender, equity and stigma and discrimination policies.
- Programmatic and financial analyses conducted and disseminated to inform health element, program integration and systems strengthening needs.
- Improved enabling environment for private sector participation in the policy process and in the delivery of health services.

**Result 5: Development and dissemination of models, tools and global best practices advanced.**

High-quality, practical information that is available to a wide range of policymakers, decision-makers and stakeholders aids health system responses to programming needs and allows for greater transparency and accountability. Building on USAID's many years of support for technical leadership in the advancing of health policy models, tools, and best practices that generate such information, HPP will continue to advance their development for the field of policy and governance. In particular, HPP will build on or

develop new tools as required to assess costs associated with health systems strengthening and program integration. Result 5 activities will support the sustainability of data analysis and modeling approaches by providing far-reaching access to and facilitating the use of models, tools, and best practices developed for achieving goals identified for Results 1-4 and addressing the cross-cutting issues of gender, health equity, stigma and discrimination, and monitoring and evaluation.

Activities under this result will generate, analyze, and share essential information related to strengthening commitment and programming for health and will contribute to the global body of knowledge for improved policy and governance, particularly in the context of health systems strengthening and program integration. HPP will support global knowledge sharing and dissemination of tools, approaches, analyses, model updates and other relevant information to USG/USAID, host country governments and other stakeholders. The project will scale up proven interventions and evidence-based best practices, integrate those into ongoing programs, and produce approaches to support Mission and field programming.

Collaborations and partnerships will also be established to support multi-sectoral and global convergence on evidence-based tools and best practices. In addition, HPP will develop and implement strategies to effectively disseminate knowledge and information, including through coordination with other USAID knowledge management projects.

***5.1**: Develop, validate, and/or apply new and existing technologies, tools and methodologies to advance knowledge and generate information for evidence-based decision-making.*

HPP will play a central role in providing strategic information to USG and in-country policymakers to inform program direction, project costs and impacts, and assess resource allocation needs and will continue to support and advance global knowledge sharing for policy, governance and finance. Funding will support updating and revising existing models and roll-out of new tools and technologies for informed decision-making, strategic planning, and resource allocation. Attention will be given to developing needed methodologies and indicators for monitoring and evaluating policy implementation and outcomes at national and sub-national levels. This will include tracking policy reform goals identified in the Partnership Framework Implementation Plans and other equivalent programs that will be implemented under GHI, and linking policy and governance investments with health outcome goals. The project will also develop and introduce tools and approaches to increase transparency and accountability and will analyze and disseminate health information.

A core function of HPP will be to contribute to building the evidence base for health systems strengthening and program integration. For HSS, priority intervention areas that require a stronger evidence base and program models include assessing policy and governance health system strengths and weaknesses; supporting and improving allocation of resources from multiple funding streams; assisting with establishing baselines, benchmarks, and targets; determining the most cost-effective approaches for health

system strengthening; supporting policies and financing factors to engage both the public and private sectors; and linking HSS interventions to health impact. Key technical assistance requirements to establish a broader evidence-base for program integration include determining operational policy and resource allocation needs at national and sub-national levels; measuring costs and cost effectiveness of integrated service delivery; measuring the impacts of integration policies on key FP, MCH, HIV and other indicators; conducting analytic research on what to integrate in what context and how to do it; and developing more effective policies for ensuring the availability of adequate human resources, including the establishment of guidelines for task shifting within an integrated system. In addition, assistance will be provided to advance priority technical agendas for FP, HIV/AIDS and MCH. Illustrative examples of ongoing needs include methodologies for assessing health element-specific costs such as for adult and pediatric ARV treatment and costing comprehensive HIV prevention, care and treatment programs, modeling the diverse cross-sectoral impacts of rapid population growth, and assessing contributions of FP to achieving MDGs and other development goals.

Project technical assistance will support analysis for and use of equity- and gender-disaggregated indicators and data in national plans, strategies and financing schemes, and will identify the most efficient and effective ways to provide targeted subsidies for underserved groups and/or achieve financial risk protection for the lowest two quintiles. The project will also examine health sector policy and resource allocation practices to support a framework/model for applying a women-centered model of care. The project will identify and address factors that directly influence women's ability to access services and will look to develop and support multi-sectoral approaches that leverage USG investments in other development areas, e.g., girls' education, literacy programs, economic opportunity, legal reform and increasing women's representation in governance structures.

***5.2:*** *Promote innovative collaborations and partnerships to advance global knowledge sharing and in-country use of evidence-based promising practices, tools and methodologies.*

HPP will develop partnerships and collaborations with key organizations, institutions and universities, including those in partner countries to develop best practices in support of the GHI and PEPFAR II goals for improved governance, country ownership and increased country capacity. The project will collaborate with other USG/USAID projects as well as the broader health and development community to share results, best practices and lessons learned, and form of communities of practice to utilize state of the art knowledge. Results of programmatic research to develop models, methodologies and approaches will be applied to country programs, shared, and transferred to other programs as applicable.

Partnerships will also be established with key global agencies and organizations to provide leadership in health policy and governance. Key topics for global analyses will be identified, studies implemented, and new and existing findings disseminated to increase understanding and build support. In the dissemination of findings—particularly

written publications—priority will be given to understanding and tailoring products to the needs and preferences of various audiences. The project will also participate in regular consultative meetings of technical experts, program implementers and donors to allow for sharing of best practices and lessons learned and identification of critical issues and gaps. As previously articulated, the project will support the incorporation of approaches, models, and tools into the programs of, or their endorsement by, key global health sector agencies and organizations.

The project will develop and disseminate best practices and approaches to foster capacity building and transfer of needed skills to partner country governments, in-country organizations and institutions for utilization of policy and advocacy tools, methodologies and systems to support effective policy and financing processes. Priority will be given to developing the necessary training programs and curricula, and to identifying avenues for regional institutionalization such as at universities and other regional professional development institutions. Where feasible and appropriate, the project will link with other relevant sectors including economic growth, education, democracy and governance, law and the environment, to support exchange of tools and approaches for enhanced multi-sectoral coordination.

The project will develop its own website to support broader outreach and dissemination, including running of online technical exchanges. In addition to conducting its own knowledge management activities, the project will work in partnership with other USAID/GH knowledge management projects to ensure that information is successfully disseminated to Missions and other partners. Other GH projects that focus on leadership, governance, policy, finance, advocacy and systems strengthening may provide complementary evidence-based information that can be applied to programming and vice versa. This new award will work collaboratively with these projects to ensure that collaboration across health elements, the health systems building blocks and program integration is maximized and that new learning is shared to advance the field in support of strengthened policy and governance practices.

IR5 Anticipated Outcomes:

- Proven interventions and evidence-based best practices scaled up and integrated into ongoing programs.
- Promising practices to strengthen good governance and effective policy processes identified, validated and disseminated.
- Strategic information provided to USG and in-country policymakers and stakeholders.
- Methodologies and indicators developed to support monitoring and evaluation for policy implementation.
- Assessments and costing methodologies developed and applied for health systems strengthening and program integration.
- Publication and dissemination of tools, approaches and analyses.
- Best practices developed for use of equity- and gender-disaggregated indicators, data and approaches in national plans, strategies and financing schemes.

- Partnerships established with key global agencies and organizations to promote use of evidence-based practices for strengthening health policy and governance.
- Approaches, models, and tools of the project incorporated into the programs of key global health sector agencies and organizations.
- Strategies implemented to effectively disseminate knowledge, information and evidence-based practices, including through coordination with other USAID knowledge management projects.
- Effective monitoring and evaluation conducted to support accomplishment of project goals.

**Cross-Cutting Elements:**

**Gender**

Gender is an increasingly-important element in development work. It has become a core element in strategies for many of the world development partners, such as the World Bank and the United Nations (UN) System, including various UN agencies (e.g., UNFPA, UNAIDS) and the World Health Organization (WHO). The Millennium Development Goals (MDGs) acknowledge that reducing gender gaps can have a major role in development progress; as explicitly targeted in MDG 3 to end gender disparities at all levels of education, or as a strong component to successfully reaching targets of other goals, e.g., reducing child mortality (MDG 4), improving maternal health (MDG 5), and combating HIV/AIDS, malaria and other diseases (MDG 6).

Gender is also an essential component in reaching the strategic development goals of the United States (U.S.) Foreign Assistance objective. In the health area, the Presidents Emergency Plan for AIDS Relief (PEPFAR) addresses five cross-cutting gender objectives: 1) Increasing gender equity in HIV/AIDS programs and services, 2) Reducing violence and coercion, 3) Addressing male norms and behaviors, 4) Increasing women's legal protection, and 5) Increasing women's access to income and productive resources. Additionally, the first of seven principles guiding the Global Health Initiative (GHI) focuses on the need to have women and girls at the center of any global health strategy. The woman-centered model of care in the GHI acknowledges, as also stated in the 2009 WHO "Women and Health" report, that women and girls are the population most, but not always, on the lower end of the inequality disparity. It also recognizes that advancing the health outcomes of women and youth and engaging them as partners in the process, can have positive, long-term impacts on health status and development goals, for themselves and for their communities.

Under the GHI, the focus will be to work with partner countries to strengthen health systems in ways that will contribute to the achievement of gender equity in health status, while simultaneously raising the overall health development bar and promoting equality between women and men. Health system approaches to close the gender gap may include improving collection and use of gender-disaggregated and other data that examine gender gap determinants, training community and institutional health care providers, increasing public/private partnerships, empowering community-based

advocacy and involvement from women and men, and supporting country-level policy reform and strengthened government capacity for women-centered programming and gender-equitable financing strategies. The GHI will also identify and promote linkages and integration among health programs (MCH, FP, nutrition, PEPFAR, PMI, etc.), with other sectors (e.g., education, agriculture, economic growth), and with regional and international donors, multilaterals, and other partners, that may lead to enhanced health and gender equality outcomes.

HPP will support the GHI mandate by building on previous USAID/GH investments and technical assistance approaches to address gender gaps in health outcomes, particularly for FP/RH, HIV/AIDS and MCH. HPP assistance will focus on strengthening in-country and regional capacity, as well as sharing of best approaches and practices. In-country and regional capacity building will focus on leadership, advocacy, planning and training. Under HPP there will also be an increased emphasis on advancing gender data utilization, including development and application of tools and methodologies. HPP will also strategically collaborate with other donors, foundations, multilaterals and bilaterals to identify opportunities that advance shared gender equality objectives and the project's mandate, including the development and implementation of supportive policies and financing. Assistance will also be provided to build capacity for broader participation and engagement by individuals and institutions in the policy process, especially women, gender equality advocates and youth. Due to the crosscutting nature of gender, efforts to strengthen intersectoral coordination beyond the Ministry of Health to other critical decision makers such as in the Ministry of Finance, Ministry of Education, Ministry of Gender/Women's Affairs, and the Legal and Judicial system, will also be explored, particularly to address the issue of GBV.

Anticipated Gender Outcomes:

- Strengthened in-country and regional capacity for individual and institutional stakeholders to increase commitment to advancing gender equity in health outcomes, and to promoting gender equality.
- Broader empowerment and engagement of women, gender equality advocates and youth populations in policy development, dialogue, implementation and monitoring.
- Strengthened use of gender equity data for advocacy and evidence-based decision making, including prioritizing approaches that have the highest potential for effective progress.
- Collaboration with multilaterals and other partners to develop a unified approach and response to building in-country capacity and leadership around a gender equality agenda.
- Development of training programs and curricula to promote capacity building and identification of avenues for regional institutionalization, including transfer of training capacity.
- Incorporation of gender equality goals and gender health equity objectives (including gender-based violence) into national strategies, health policies and financing;
- Incorporation of gender and age disaggregated data and other gender equity indicators into existing data collection systems in countries.

- Development and implementation of mechanisms and models for monitoring performance in meeting gender equality goals in the implementation of policies, strategies, financing and other health systems approaches, particularly for FP/RH, HIV/AIDS and MCH.
- Strengthened intersectoral coordination - including microcredit, legal rights, education.
- Development and implementation of effective public and private sector finance and service solutions.
- Improved dissemination of knowledge and best practices, including overarching approaches to measuring and monitoring gender inequities, and specific policy, advocacy and financing interventions to promote gender equality.

**Health Equity**

Despite global advances in economic growth, more than a billion people still live in extreme poverty. In economic terms, this is defined as living on less than $1.00 - $1.25 per day, and also more multi-dimensionally as having limited material resources, inadequate voice and power in the political process, limited capabilities and economic opportunity, gender inequality, and low achievements in education and health. Poverty reduction has been emphasized as a central component in U.S. Foreign Assistance, the Millennium Development Goals and the World Bank Poverty Reduction Strategy program. In the area of health, much of the concern around poverty has been centered on identifying approaches to reduce inequities in health outcomes. In 2005, the World Health Organization (WHO) set up the Commission on Social Determinants of Health to marshal the evidence on what could be done to promote health equity, and to foster a global movement to achieve it. More recently under the GHI, attention to equity, coverage, access and quality were included as a key objectives to be addressed through enhanced governance and leadership in support of the broader goals of health element and health systems strengthening.

Health services often fail to reach the poor, those living in remote areas and urban slums, and people with less education. Indigenous people, people living with HIV, individuals with disabilities, internally displaced people and refugees also lack adequate access to health care. Analyses of quintile data from demographic and health surveys from numerous countries demonstrate that socio-economic disparities in health outcomes are significant and pervasive. A good example is unmet need for family planning. This is highest amongst the poor and contributes to unintended pregnancies and unsafe abortions, which in turn result in higher rates of maternal mortality, maternal morbidity and lower rates of infant and child survival. Adolescents also constitute an underserved group and are often excluded from adequate access to reproductive health information and services. Improved coverage and quality of services for the poor and disadvantaged groups must be prioritized by governments within the broader commitments to health systems strengthening and development. A deliberate focus on health equity will be required for implementing policies and programs to reduce inequities in access to services and health outcomes.

The Health Policy Project will support the GHI mandate by building on previous USAID/GH investments and technical assistance approaches to address poverty and health equity in support of improved health outcomes for poor and disadvantaged populations, particularly for FP/RH, HIV/AIDS and MCH. Programmatic support will be provided to advance health equity through a variety of approaches. Assistance will focus on strengthening in-country capacity for leadership, advocacy and planning, including for development and implementation of supportive policies and financing schemes. Assistance will also be provided to build capacity for broader participation and engagement by the poor and disadvantaged populations in the policy process. Due to the crosscutting nature of poverty, efforts to strengthen multi-sectoral coordination to enhance equity outcomes will also be supported. This can include reaching out beyond the MOH to other critical decision makers such as in the Ministry of Finance, Ministry of Education and the legal and judicial system. In addition, HPP will also advance data analysis and utilization, development and application of tools and methodologies, and global leadership and knowledge sharing for the dissemination and uptake of best practices.

Anticipated Health Equity Outcomes:

- Increased commitment of national governments and stakeholders to advancing health equity.
- Strengthened in-country capacity to respond to equity concerns and to improve health outcomes for poor and disadvantaged populations.
- Incorporation of equity objectives into national health strategies and policies.
- Development and implementation of effective public and private sector finance and service solutions.
- Strengthened multi-sectoral coordination and broader engagement of the poor and disadvantaged populations in policy and program development and implementation.
- Analysis and utilization of equity data for advocacy, evidence-based decision making and program planning.
- Informed approaches to address rural and urban programming needs.
- Financial, legal, and other barriers to access, knowledge and use of health services identified and addressed.
- Development of systems that allow for feedback and accountability.

**Stigma and Discrimination**

People living with HIV face additional challenges through stigma and discrimination, ranging from social rejection to physical abuse and gender-based violence. Such challenges may also include loss of employment or housing, as well as a lack of high-quality healthcare and access to educational opportunities. These challenges add to the burden of living with HIV can result in reduced care-seeking among HIV-positive persons, as well as reduced adherence to needed treatment and care regimens. Stigma and discrimination are compounded among marginalized populations such as sex workers, men who have sex with men (MSM), transgender populations and those lacking adequate resources to pay for their health services. Even the fear of stigma and

discrimination may cause people to avoid learning and disclosing their HIV status, a crucial step in preventing the spread of the disease.

Stigma and discrimination also exist among those providing care to people living with HIV/AIDS (PLWA). High-risk and positive individuals avoid seeking care due to the residual stigma and discrimination they encounter within the system that is there to provide them care. For example, in case reports in South Africa, health care workers who are HIV-positive delayed accessing care and treatment until they were too ill to perform their job, for fear of discrimination.

The reduction of stigma and discrimination is crucially linked to increased HIV prevention efforts, particularly through the direct involvement of PLWA. In 2005, UNAIDS endorsed specific prevention activities focused on providing services and support for PLWA, such as ensuring legal protections and social support systems. In 2007, the International HIV/AIDS Alliance published formal guidance for non-governmental organizations and service providers that promoted such interventions as community-based efforts to combat HIV-related stigma and to increase the use of testing and treatment services. These increased social supports encourage people at risk to learn their HIV status and take positive steps to reduce the risk of transmission.

While PEPFAR has made progress in establishing programs to reduce stigma and discrimination, many of these efforts simply highlight the level of stigma that still exists against people living with HIV. Further, because no statistics exist to document the number of people who are deterred from seeking services out of fear of repercussions, or the number of peoples who are denied access to care because of their HIV status, gender, or sexual orientation, it is difficult to quantify the impact of stigma on efforts to treat and prevent the spread of HIV.

PEPFAR II is focused more heavily than PEPFAR I on long-term prevention and treatment efforts, including the area of stigma and discrimination. The PEPFAR reauthorization legislation calls specifically for programs focused on the reduction of stigma. The development of Partnership Frameworks with PEPFAR bilateral countries incorporated this Congressional mandate, and the Framework guidance prescribes several activities to reduce stigma and discrimination, including:

- Emphasizing support for marginalized populations as an essential part of country engagement;
- Elimination of "double stigma" (i.e. HIV-positive women dealing with gender based violence or HIV-positive MSM); and
- Continued support for Greater Involvement of PLWA.

The guidance further encourages government leadership to create non-discriminatory policies and to publicly support PLWA and their inclusion in development of policy, community interventions, and program evaluation.

The new award will address the mandate of the PEPFAR reauthorization by focusing on the reduction of stigma and discrimination within the areas of prevention, care and

treatment and in the context of health systems strengthening. Specific activities may include: mobilizing groups to combat stigma; developing tools and guidelines for stigma and discrimination reduction; conducting legal reviews and reform; monitoring rights violations of vulnerable groups; and working with health providers and facilities to discourage discriminatory practices and work to identify GBV among HIV positives. Finally, the new award with continue to work with community-based, faith-based, and private organizations to reduce the stigmatization of HIV-positive people within their communities and places of work, while encouraging openness and understanding of the physical, mental and spiritual needs of those living with HIV.

Anticipated Stigma and Discrimination Outcomes:

The goal is to strengthen the capacity of people living with HIV and to enhance the responsiveness of policies and guidelines that govern program implementation. The establishment of strong central policies to protect the rights of PLWA and marginalized populations like MSM and the inclusion of PLWA in the policy development process will lead to specific outcomes, including:

- Strengthened health systems in which people have equal and fair access to high quality care and treatment.
- Increased legal protections for PLWA.
- Increased levels of employment among PLWA.
- Strengthened community-based support networks for PLWA and their families.

**Monitoring and Evaluation**

Monitoring (M) is the continuous tracking of performance against what was programmatically planned. Evaluation (E) is a periodic, in-depth analysis of program performance. M&E is achieved by developing and implementing procedures that ensure the collection, analysis, and use of established data and indicators.

Within the international development community, measurement of programmatic success is becoming an increasingly focused aim, e.g., Millennium Development Goals. United States Foreign Assistance has also emphasized monitoring and evaluation as essential components in reaching strategic goals. In the health policy area, the PEPFAR has identified indicators for measuring policy successes in various technical areas, including human resources for health (e.g., task shifting), gender (e.g., inclusion of gender-based violence in health policies, inheritance rights of women, access to medical male circumcision), orphans and vulnerable children, and stigma and discrimination (e.g., inclusion of civil society in development and implementation of policies and programs).

In monitoring the health policy reform process, PEPFAR guidance defines various stages: 1) Identification of baseline policy issues by conducting a situational assessment, 2) Engagement of stakeholders (e.g., government, multilaterals) and dialogue to develop common policy agenda, 3) Development/modification of policy, 4) Official government endorsement of policy, 5) Implementation of policy; cost evaluated action/implementation plan, dissemination/awareness raising, strategy implementation/

capacity strengthening, and 6) Evaluation of policy implementation. It is the last two stages of the monitoring process of policy reform, that is, policy implementation and implementation evaluation, that are the least understood and defined.

Further, as exemplified in PEPFAR (e.g., Partnership Framework) and in the GHI, the U.S. goals for global health are increasingly promoting strong partnerships with countries to develop sustainable programs that will increase positive health outcomes, while strengthening health systems. In this environment, there is a need to ensure enhanced measurement of health outcomes (e.g., mortality, morbidity, prevalence, and incidence), while also developing intermediate measures of success, (e.g., policies and action plans). However, it is equally as important to have measurements of the processes and capacity, accountability and sustainability of the health systems approach, e.g., whether partner countries are effectively allocating health resources, whether partner governments are stewards of the health agenda, whether governments are recruiting and retaining health personnel, and whether there is prioritization of a transparent and participatory approach with civil society and other partners.

The Health Policy Project will support the GHI and PEPFAR mandates by building the capacity of individuals and institutions to improve systems for M&E of the process of policy development, financial planning, correcting undesirable trends, and establishing transparent and accountable mechanisms. HPP will particularly develop processes, tools and frameworks for monitoring policy implementation and evaluation, the least defined and understood components of the policy process. These processes and approaches will support transparency, accountability and participation by civil society. Monitoring capacity development for stronger commitment, governance and leadership will also help define policy priorities, advance policy reform, strengthen implementation of policies, coordinate assistance and manage programs, particularly around the policy process for FP/RH, HIV/AIDS and MCH. As such, developing the approaches and processes for monitoring the governance components of the PEPFAR Partnership Frameworks and GHI approach will be part of HPP. Successful processes for monitoring policy implementation and the governance commitments under the Partnership Frameworks and GHI, and evaluation of policy implementation on health and other outcomes, will be shared and replicated in-country, regionally and globally.

Anticipated Monitoring and Evaluation Outcomes:

- Strengthened capacity and commitment of individuals and institutions to manage and incorporate monitoring and evaluation processes into national health plans and strategies.
- Development of tools and approaches to monitor and evaluate the implementation of policies at national and sub national levels.
- Strengthened partnerships between governments, bilateral, multilaterals, and other partners to better define and harmonize program measurement.
- Partnerships formed with other CAs, e.g., MEASURE Evaluation, to develop policy/governance measurement indicators and M&E processes.

- Transparency and accountability supported through publication and dissemination of health information and through engagement of citizen, stakeholder and community monitoring groups.
- M&E feedback links that allow oversight and participation by civil society, advocacy groups, and health system end users supported.
- Incorporation of models, tools and best practices into university and institutional curricula and training programs supported.
- Use of equity- and gender-disaggregated indicators in national plans supported.
- Development and implementation of effective and improved process measures, especially taking lessons from the private sector's experience in building performance-based systems.
- Best practices shared for M&E processes for policy implementation, and governance, including promoting regional collaborations.

## G. Relationship to other Bureau of Global Health and USAID Activities

USG/USAID expect a high degree of collaboration between HPP and other GH projects, partners and host country governments to ensure that activities and workplans are carried out as effectively as possible. Collaboration with other GHI and PEPFAR II projects will be particularly important given the role of HPP in policy implementation, advocacy, resource allocation and multi-sectoral coordination. In particular, links will need to be established at the points where policies and operational processes transition into service delivery, human resources for health, commodity security and information systems. GH projects related to the scope of HPP include HS 20/20, SHOPS, LMS, DELIVER II, Capacity Plus, MEASURE DHS, MEASURE Evaluation, MEASURE CDC/DRH, MEASURE BuCen (Bureau of Census), C-Change and the Population, Health and Environment projects. HPP will seek to link with and build off of the work of relevant USAID projects in the areas of economic growth—particularly on the business enabling environment for health systems—democracy and governance, education, and the environment. The project will also need to collaborate with bilateral programs managed directly by Missions and USG country programs, and with other donors and international partners working in related technical areas such as the Global Fund, the World Bank and various foundations.

## H. Performance Monitoring and Evaluation

Monitoring of results is a key element of USAID programs. USAID seeks data and information to improve performance and effectiveness as well as to inform planning and management decisions. Accurate and timely monitoring will enable HPP to adapt to changing conditions and make mid -course corrections as necessary. Data also must be available to demonstrate program impact. Specific indicators and targets for achievement of the activity objective and each of the five results will be developed by the implementing agency for HPP and submitted as part of the overall PMP for this activity. The PMP submitted by the implementing agency will be subject to approval of the USAID AOTR and GH Technical Advisors.

Indicators and targets for each result should illustrate how HPP will contribute to strengthening national and sub-national policy, advocacy and governance for strategic, quality and sustainable health programming, including for individual and institutional capacity building. Measurement of achievements under the Cooperative Agreement should directly relate to the technical leadership and support provided under this project, including the identification, development and application of best practices. They should also demonstrate how HPP will leverage results not only through partnering under this Agreement but also by spreading practices through other Cooperating Agencies and bilateral agreements. Indicators should have widely shared definitions and allow aggregation of results across countries, regions and/or the entire program.

## I. SUBSTANTIAL INVOLVEMENT

USAID shall be substantially involved during the implementation of this Cooperative Agreement in the following ways:

1) Approval of annual work plans, and all modifications, which describe the specific activities to be carried out under the Agreement;

2) Review of annual or semi-annual technical progress reports and financial reports;

3) Approval of key personnel and any changes;

4) Approval of M&E plans. USAID will be involved in monitoring progress toward achievement of the Objective and Expected Results during the course of the Agreement and in monitoring financial expenditures;

5) As appropriate, other monitoring as described in 22 CFR 226.

The Health Policy Project Cooperative Agreement will be housed in the Policy, Evaluation and Communication Division, Office of Population and Reproductive Health within the USAID Bureau for Global Health (GH/PRH/PEC). A joint management team with PRH, OHA and HIDN representation will be set up to provide appropriate core and field support technical direction and oversight to core and field support activities. The HPP management team will also interface regularly with technical leads/advisors across the GH Offices, particularly for health systems strengthening and program integration, and with Regional Bureaus and GH country teams for closer coordination with other projects/Mission bilateral agreements and improved collaboration.

### 1. Reporting Requirements

The recipient will adhere to all reporting requirements listed below. All reports as required under Substantial Involvement shall be submitted by the due date for approval of the USAID AOTR designated by the Office of Assistance and Acquisition. Additional reports requiring review and clearances, when necessary, are listed under each

requirement. The Recipient will consult with the AOTR on the format and expected content of reports prior to submission.

**1) Financial Reporting**

Financial reporting requirements will be in accordance with 22 CFR 226.

**2) Performance Monitoring and Reporting**

The recipient will submit reports to the USAID AOTR as described below. The exact format for preparation of and timing for submission of all reports will be determined in collaboration with the AOTR.

a) Annual Work Plan (5 copies)

HPP will prepare annual work plans for the agreement on a schedule and according to a format established by USAID, to be submitted to the GH/PRH/PEC AOTR for approval. The Recipient will follow the work plan year as defined by the AOTR and the Offices of Population and Reproductive Health and HIV/AIDS. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending on the start date of the Agreement.

b) Performance Monitoring Report (5 copies)

The recipient shall submit an updated report on progress toward agreed performance targets every three (3) months for the first year and every six (6) months thereafter, based on the Performance Monitoring Plan to be developed by the recipient in collaboration with USAID. This will include information on activities in all countries and regions. The reports must also include the following: 1) explanation of quantifiable output of the programs or projects, if appropriate and applicable; 2) reasons why established goals were not met, if appropriate; and 3) analysis and explanation of cost overruns or high unit costs (recipients must immediately notify USAID of developments that have a significant impact on award-supported activities). Further, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

c) Final Report (5 Copies)

USAID requires, 90 days after the completion date of this Cooperative Agreement, that the Recipient shall submit a final report which includes an executive summary of the Recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the

recipient's activities and attainment of results by country or region, as appropriate during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the objective and expected results, significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the recipient's funds were used. See 22 CFR 226.51.

d) Environmental Compliance Planning and Reporting (2 copies)

**The Recipient must develop and secure USAID clearance of the Initial Environmental Examination (IEE) prior to funding any country level activities.**

- All planned and ongoing country level activities must be included in initial and annual work plans under this Cooperative Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- This evaluation will be made in collaboration with the USAID AOTR, Mission Environmental Officer and Bureau Environmental Officer (BEO).
- A complete environmental mitigation and monitoring plan (EMMP) or project mitigation and monitoring (M&M) plan shall be prepared by the recipient as part of the program work plan and integrated into each annual work plan.
    a. This plan shall describe how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award.
    b. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
    c. The results of the EMMP will be reported to the AOTR and the BEO annually, no later than October 1st of each year.

**3) Distribution of Reports**

The recipient shall submit an original and one copy of the final report to the Technical Advisor and the AOTR and one copy to the USAID Development Experience Clearinghouse: E-mail (the preferred means of submission) is: docsubmit@dec.cdie.org. The mailing address via US Postal Service is:

Development Experience Clearing House
8403 Colesville Road, Suite 210
Silver Spring, MD 20910

## J. USAID MANAGEMENT

The Cooperative Agreement will have one GH/PRH/PEC AOTR and other Technical Advisors (TAs) in PRH, OHA and HIDN. The AOTR and TAs will work in collaboration with AOTRs and COTRs for other projects that contribute to policy,

governance and financing and that support health systems strengthening, including other centrally managed projects and Mission bilaterals that provide technical assistance to the field. The USAID/Washington management team will handle day-to-day oversight of the Cooperative Agreement. The AOTR will retain substantial involvement for activities conducted directly under the award and under field support funds. The AOTR and GH Technical Advisors will regularly meet with HPP senior leadership and staff to track program and activity design, implementation, progress, and evaluation; and conduct semi-annual and annual management reviews and budgetary analyses. Management of funds and technical content related to GH/PRH Technical Priorities or directly related to HIV/AIDS, MNCH, malaria, or TB will include technical input from those offices and technical advisors. Missions will access the cooperative agreement through the field support system. Mission funds will be obligated directly into the cooperative agreement as incremental funding.

### K. Management Reviews and Evaluations

The Annual Work Plan will form the basis for a joint annual management review by USAID and program staff to review program directions, achievement of the prior year work plan objectives, and major management and implementation issues, and to make recommendations for any changes as appropriate.

At any time during program implementation, USAID may conduct one or more evaluation(s) to review overall progress, assess the continuing appropriateness of the project design, and identify any factors impeding effective implementation. USAID will utilize the results of the evaluation(s) to recommend any mid-course changes in strategy if needed and to help determine appropriate future directions. Site visits may occur anytime after the initial six month period.

## SECTION IV –CERTIFICATIONS AND ASSURANCE

Affirmation of Certification: **http://www.usaid.gov/policy/ads/300/303mad.pdf**

## SECTION V – ANNEXES

Standard Form 424: http://www.usaid.gov/forms/sf424.dpf

Mandatory Standard Provisions for U.S. Nongovernmental Recipients:
http://www.usaid.gov/policy/ads/300/303maa.pdf

Branding Strategy and Marking Plan Template

**"USAID BRANDING STRATEGY"**
**AWARD TITLE**
**AWARD NUMBER**
**DATE OF PLAN**

### 1) Positioning

*What is the intended name of this program, project, or activity?*

*Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.*

### 2) Program Communications and Publicity

*Who are the primary and secondary audiences for this project or program?*

*What communications or program materials will be used to explain or market the program to beneficiaries?*

*What is the main program message?*

*Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?*

*Please provide any additional ideas about how to increase awareness that the American people support this project or program.*

### 3) Acknowledgements

*Will there be any direct involvement from a host country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?*

**"USAID MARKING PLAN"**
**AWARD TITLE**
**AWARD NUMBER**
**DATE OF PLAN**

(1) Requirement: A description of the public communications, commodities, and program materials that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID identity. These include: (i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature; (ii) technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, websites/Internet activities, and other promotional, informational, media, or communication products funded by USAID; (iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and (iv) all commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) Table of Supplies and Equipment to be used in a visible manner in the fulfillment of the goals of the _____ project and an indication of how and where they will be tagged with the USAID identity.

| **Supply/Equipment** | **Type of Marking** | **Where Marking Placed** |
|---|---|---|
| Computers? | USAID Identifying vinyl label | On front of monitor |
| Printers? | USAID Identifying vinyl label | On top of printer |
| Field Backpacks? | USAID Identifying vinyl label | On outside of backpack |
| | | |
| | | |
| | | |
| | | |

(3) Table of Deliverables expected to be produced in the conduct of this program: All deliverables will be marked in a visible manner with the USAID identity; below is an indication of what type of marking will be used and where on the deliverable the USAID identity will be placed.

| **Deliverable** | **Type of Marking** | **Where Marking Placed** |
|---|---|---|
| Reports? | USAID printed identity | Front cover |
| Publications (brochures)? | USAID printed identity | Front cover |
| Website? | USAID web identity | Front page |
| | | |
| | | |
| | | |

(4) Sub-recipient: As specified in the standard provisions, the marking requirements will "flow down" to sub-recipients or sub-awards, and will include the USAID-approved marking provision in all USAID funded sub-awards, as follows: "As a condition of receipt of this sub-award, marking with USAID identity of a size and prominence equivalent to or greater that the recipient's, sub-recipient's, other donor's or third party's is required."

(5) Any "public communications," as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has been approved by USAID, will contain the following disclaimer: *"This study/report/audio-visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient's name1and do not necessarily reflect the views of USAID or the United States Government."*

(6) As specified in the standard provisions, _____ will provide the Agreement Officer's Technical Representative (AOTR) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

## KEY DOCUMENTS

List of PRH Technical Priorities and Cross-Cutting Issues (below)

List of PRH priority countries (below)

Assessment of the Health Policy Initiative IQC and Task Order 1:
http://www.ghtechproject.com/Attachment.axd?ID=bf8b146a-61fa-48e0-8657-3004d5577ced

Health Policy Initiative IQC Website:
http://www.healthpolicyinitiative.com/index.cfm?id=index

Global Health Initiative Consultation Document:
http://www.usaid.gov/our_work/global_health/home/Publications/docs/ghi_consultation_document.pdf

PEPFAR's Five Year Strategy (December 2009):
http://www.pepfar.gov/strategy/document/index.htm

**PRH Technical Priorities and Cross-Cutting Issues:**

*Technical Priorities*
Contraceptive Security
Long-Acting and Permanent Methods
Healthy Timing and Spacing of Pregnancies (HTSP)
Community-based Family Planning
FP/MCH Integration, including Postabortion Care (PAC)
FP/HIV Integration

*Cross-Cutting Issues*
Poverty/Equity
Gender
Youth

**PRH Priority countries**:

DR Congo
Ethiopia
Kenya
Mozambique
Nigeria
Tanzania
Uganda
Zambia
Afghanistan

Bangladesh
Ghana
India
Malawi
Pakistan
Rwanda
Haiti
Liberia
Mali
Senegal
Madagascar
Sudan
Nepal
Philippines
Yemen