USAID | BENIN
FROM THE AMERICAN PEOPLE

Subject: Annual Program Statement (APS) Number 72068023APS00001

Program Title: Strengthening Health Services, Demand, and Systems in Benin

Ladies and Gentlemen:

This Annual Program Statement (APS) publicizes the intention of the United States Agency for International Development, Benin (USAID/Benin) to fund one or multiple Cooperative Agreements to address the overarching APS programmatic purpose of implementing the Strengthening Health Services, Demand, and Systems in Benin program.

Prospective local and international applicants are provided an opportunity to develop and submit a competitive concept paper to USAID by the closing dates indicated in the APS. If an applicant is successful in the concept paper stage, the applicant will be invited to submit a full application.

Issuance of this APS does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for any costs incurred in the preparation or submission of concept paper(s), comments/suggestions, or the application. Concept papers/applications are submitted at the risk of the applicant and submission costs are at the applicant's expense. USAID reserves the right to fund any or none of the applications ultimately resulting from this APS.

Any questions to this APS should be sent via an e-mail to Ms. Nadege Deguenon at ndeguenon@usaid.gov, with copy to the USAID/Benin Office of Acquisition and Assistance (OAA) email box at Mission-Cotonou-OAA@usaid.gov, stating - "Questions" in the subject line followed by the APS Reference Number. Questions are due on the date and time indicated in Section A of the APS. Responses to questions will be furnished through an amendment to this notice posted in www.grants.gov. USAID cannot guarantee a response to questions before the closing date if the questions are received after questions due date.

USAID will hold a virtual pre-(concept) application conference on the date indicated in Section A to clarify the APS requirements and provide responses to any questions potential applicants might have.

Thank you for your interest in USAID programs.

Sincerely,

Amy H Larsen Digitally signed by Amy H Larsen
Date: 2023.05.02 14:07:26 Z

Amy H Larsen
Regional Agreement Officer

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SECTION A: ANNUAL PROGRAM STATEMENT (APS) GENERAL INFORMATION

APS No:	**72068023APS00001**
Issuance Date:	**May 2, 2023**
Open Period:	**May 2, 2023, to November 1, 2023**
1st Round Questions Due Date:	**May 16, 2023**
Pre-Concept (Application) Conference Date:	**June 5, 2023**
1st Round Submission Closing Date:	**June 16, 2023, at 17:00 (Benin Local Time)**
APS Closing Date:	**November 1, 2023, at 17:00 (Benin Local Time)**
CFDA #:	**98.001**

Pursuant to the Foreign Assistance Act of 1961 as amended, the United States Government as represented by the U.S Agency for International Development, Benin (USAID/Benin) Office of Health (OOH), invites applications (concept papers) for consideration for potential award(s) under this Annual Program Statement (APS). The Strengthening Health Services, Demand, and Systems in Benin program announced under this APS comprises three Components. **Eligibility for Components 1 and 2 of this program are unrestricted, and therefore open to all entities. Component 3 is restricted to Benin Local Organizations.**

As defined in Section 7077 of Public Law 112-74, the Consolidated Appropriations Act, 2012 (P.L. 112-74), as amended by Section 7028 of the Consolidated Appropriations Act, 2014 (P.L. 113-76), and included by reference in subsequent appropriations acts, **local entity** means an individual, a corporation, a nonprofit organization, or another body of persons that - (1) is legally organized under the laws of a country receiving assistance; (2) has its principal place of business or operations in a country receiving assistance; and (3) is (a) majority owned by individuals who are citizens or lawful permanent residents of; and (b) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance. For purposes of this definition, “majority-owned’ and “-managed by” include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means. The country receiving assistance for the purpose of this APS is the Republic of Benin.

The APS includes the “umbrella” Program Description which presents the project context and background information, as well as general guiding principles, including the Merit Review Criteria and submission requirements; three Components which represent the three program Components under this APS; and annexes. Each program component details specific objectives, expected results, funding ceilings, and other requirements. These include:

- Component 1, Health Systems Strengthening, focused on strengthening human resources, data driven decision-making, Universal Health Coverage (UHC) expansion as

well as governance and accountability of the Ministry of Health (MOH). The geographic focus is national.

- Component 2, Health Facility Services, which will provide comprehensive support to the different levels of the MOH (central, departmental, facility) to ensure that quality maternal, neonatal, child and youth health care is offered in both public and private health centers. The geographic focus is all 24 communes in the departments of Atacora (9), Donga (4), Mono (6), and Plateau (5).

- Component 3, Community Health Outcomes Strengthening, which will support strengthening the network of interdisciplinary community health programs to improve the quality, access to, and uptake of high-impact services while increasing local administration of and citizen engagement in community health services. The geographic focus is the following 21 communes: Djougou, Copargo and Ouake (Donga Department); Come, Bopa, Houeyogbe, Grand-Popo (Mono Department); Natitingou, Toucountouna, Boukoumbe, Kouande, Kerou, Pehounco, Tanguieta, Materi, Cobly (Atacora Department); and Adja-Ouere, Ifangni. Ketou, Pobe, Sakete (Plateau Department).

Eligible parties interested in submitting concept papers are encouraged to read this APS thoroughly to understand the type of activities being sought, submission requirements and selection process. The Applicant must provide all information as required in this APS and meet eligibility standards in Section D.

Applicants are requested to monitor the Grants.gov website at www.grants.gov for any updates to the APS. The pre-application conference information including the time and meeting link will be shared on grants.gov.

Request for a second round of Concept Papers will be announced on the Grants.gov website and will be based on continuing need for innovative ideas under one or more of the components described above and funds availability.

Potential awards under this APS are subject to 2 CFR 700 and 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Pursuant to 2 CFR 200.400(g) and 2 CFR 700.13, 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 activity and are in accordance with applicable cost principles, may be paid under the award.

The preferred method of distribution of USAID Annual Program Statements (APS) submission is electronically via https://www.grants.gov ("Grants.gov"). Grants.gov is a single point for accessing United States Government (USG) competitive grant opportunities. Therefore, this funding opportunity is posted in Grants.gov, and may be amended. It is the responsibility of the

Applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the APS has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. Better still, it is important that interested organizations sign-up for e-mail updates with Grants.gov to receive alerts to this and other USG (including USAID) funding opportunities. To use this method, an applicant must first register online with Grants.gov. The registration process can take between three to five business days or as long as four weeks if all steps are not completed in a timely manner. Please visit https://www.grants.gov/register.html for the steps required to register. If you have difficulty registering on www.grants.gov or accessing the APS, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

This APS is open from May 2, 2023 to November 1, 2023. Additional rounds will be announced through an amendment of this APS and posted in Grants.Gov; and any resulting award(s) will be subject to availability of funds.

USAID may not make an award to an applicant unless the applicant has complied with all applicable Unique Entity Identifier (UEI) and System for Award Management (SAM) registration requirements. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process. Please note that this requirement does not have to be met in order to submit a concept under this APS.

Applicants are encouraged to take the Pre-Engagement Assessment at https://www.workwithusaid.org/pre-engagement to test their organizations' capabilities, identify and address performance gaps to determine their readiness to work with USAID. For detailed information about working with USAID, please visit https://www.workwithusaid.org/.

[END OF SECTION A]

SECTION B: FUNDING OPPORTUNITY DESCRIPTION

Note: The term "program" as used in 2 CFR 200 and this APS is typically considered by USAID to be an Activity supporting one or more Project(s) pursuant to specific Development Objectives. Please see 2 CFR 700 for the USAID specific definitions of the terms "Activity" and "Project" as used in the USAID context for purposes of planning, design, and implementation of USAID development assistance.

B1. UMBRELLA PROGRAM DESCRIPTION - STRENGTHENING HEALTH SERVICES, DEMAND AND SYSTEMS IN BENIN

A. BACKGROUND

A healthy population is essential to reducing poverty, improving productivity, and ensuring a strong workforce. Benin maintains high maternal and child mortality rates in addition to high fertility rates and low modern contraceptive prevalence rates. Maternal mortality rates are slowly improving, having reduced from 421 deaths per 100,000 live births in 2015 to 397 in 2017.[1] Additionally, neonatal mortality rates are stagnating at approximately 29.7 deaths per 1,000 live births in 2020.[2] The modern contraceptive prevalence rate in Benin remains low at 12 percent among married women according to the Demographic Health Survey (DHS) for Benin from 2017-2018.[3] In 2019, approximately 35 percent of women in Benin had an unmet need for family planning (FP) - meaning, they wanted to avoid pregnancy but were not using a modern method of birth control.[4] Benin's slow progress on improving health indicators can be attributed to limited access, demand, and use of high impact services. Despite a network of primary care both public and private and community health services, significant weaknesses affect service quality and access, resulting in limited uptake of high impact interventions to improve health outcomes.

Overall, the health system in Benin faces many challenges that constrain its ability to fulfill the vision of the Benin Government's adoption of the Sustainable Development Goals (SDGs) in September 2015, reinforcing their commitment to improved health outcomes particularly through SDG 3: "Ensure health lives and promote well-being for all at all ages." The major issues affecting health outcomes in Benin also include the following:

Malaria: The entire population of Benin is at risk for malaria, and the disease remains the leading cause of mortality for children under five and morbidity for adults.[5] In 2020, Benin reported more than two million cases of malaria and 2,900 deaths due to malaria. Out of the

[1] Sustainable Development Report. Benin Country Profile and Indicators.
[2] Sustainable Development Report. Benin Country Profile and Indicators.
[3] Benin DHS Surveys
[4] Family Planning 2020. "Benin: FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report," Benin_2019_CI_Handout.pdf (familyplanning2020.org).
[5] Presidential Malaria Initiative. Benin Malaria Operational Plan FY22

total number of malaria cases reported in 2020, children under the age of five made up 34 percent of all cases. The early-care seeking rate for children with fevers under the age of five remains low at 53 percent.[6]

Family Planning: Benin has one of sub-Saharan Africa's highest total fertility rates and lowest modern contraceptive prevalence rates. Unmet need for family planning remains high at 35 percent, leading to unplanned, high-risk pregnancies and contributing to maternal and infant deaths. The key drivers include inadequate quality reproductive health services in the public and private sectors, early sexually-active adolescents and youth, poor provider attitudes and practices, limited ability of women to make reproductive health decisions and access reproductive health care services, religious barriers, and an unreliable supply of a full range of modern contraceptive methods at the health facility level.

Maternal and Child Health: The main causes of maternal deaths in Benin are hemorrhage, severe infection, eclampsia, obstructed labor, and complications from abortions. The drivers of this mortality are limited access to quality health care services and less-than-ideal care-seeking behaviors. Maternal mortality rates are slowly improving. Child deaths in Benin are primarily the result of preventable and treatable childhood illnesses such as malaria, pneumonia, diarrhea, and neonatal conditions (prematurity, asphyxia, sepsis). Undernutrition is an underlying cause of about 50 percent of childhood mortality. Only 51 percent of children aged 12 to 23 months are fully vaccinated.[7] Key drivers of child mortality include poor quality of health services and a low demand for and uptake of key preventive health products and services.

Global Health Security: In recent years, Benin faced repeated outbreaks of viral hemorrhagic fever, cholera, meningitis, measles, yellow fever, and other diseases. These recurring public health emergencies, combined with a weakened health system due to the COVID-19 pandemic, are testing the country's ability to prevent, detect, and respond to emerging infectious disease threats.

The health system as a whole is characterized by the following cross-cutting challenges:

Service Delivery: Main challenges include poor compliance with existing care protocols, weak and uneven distribution of quality healthcare and services, unaffordability of fees for services, insufficient qualified human resources, lack of continuity in quality services, and insufficient control in all health facilities.

Human Resources for Health: Main challenges include insufficient number of health personnel; lack of medical specialists; absence of a career plan in the private health sector; barriers to Continuing Professional Development opportunities; and absence of an effective system of planning, retention, and deployment of human resources for health.

[6] DHS 2017-2018
[7] DHS 2017-2018

Health Information: Main challenges include limited capacity to collect, analyze, and use health data for decision-making which impedes the efficiency, effectiveness, and sustainability of the health information system and consequently the broader health system. The quality, timeliness, and completeness of data are often a limiting factor that contributes to the lack of confidence in using the data. In addition, the private sector's contribution to national information systems remains low.

Essential Medical Technologies and Products: Main challenges include insecure supply of essential medicines, lack of geographical access to essential medicines, and stock shortages in pharmacies and health facilities. Private health facilities may have more difficulty accessing essential medicines and inputs than public health facilities, despite new laws. Additionally, there are issues around the labeling of pharmacy practices at the national level, circulation of fake medicines, misuse of antimicrobials, and inability to produce essential medicines within Benin. There are insufficient biomedical equipment maintenance services in the health system, failures to comply with health infrastructure construction standards in the private sector, and lack of continuous training of pharmacists.

Health Financing: Main challenges include insufficient mobilization of resources, high cost of care and services offered in the private sector, long-delayed reimbursements from third-party payers or the national social protection agency, and difficulty mobilizing domestic as well as private sector resources.

Governance: Main challenges include weak or ineffective governance structures within the health system, insufficient quality engagement of civil society and private sector, limited systems for strategic planning and management, lack of accountability and responsiveness to needs, and insufficient influence of local and decentralized structures in promoting health interventions.

B. STATEMENT OF APS GOAL, PURPOSE, AND INTERMEDIATE RESULTS

This APS is a strategic and comprehensive response to the key challenges confronting the health sector.

1. APS Goal

The overall goal of the APS is ***to strengthen health services, demand, and systems in Benin.***

The APS goal directly contributes to USAID/Benin's 2022-2027 strategic objective "Benin is more capable of fostering a healthier, more stable, and more democratic society." It contributes to the achievement of *Intermediate Result (IR) 1: Expanded delivery of quality health services*, and *IR 2: Strengthened governance of health sector resources*.

USAID/Benin will continue to build upon supply and demand for the delivery of quality health services achieved over the last five years. This includes supporting quality improvement

processes focused on private and public health facilities, and at the community level, designing services to meet the needs of mothers, young children, and youth. USAID/Benin also recognizes the importance and interconnectedness of strong governance systems and the achievement of health outcomes. USAID/Benin supports health sector governance by improving the performance of health management systems that build leadership and support localized solutions made at the community level using the best resources, knowledge, and guidance available. USAID/Benin will also support communities to engage with public health officials and local governments to demand the allocation of resources to the health sector and ensure that sound oversight policies are in place. USAID/Benin will support engaged citizens to participate in decision-making systems of local governance.

USAID benefits from a strong partnership with the Government of Benin (GOB) and supports a host-country led approach. Through this APS, the next phase of USAID programming will closely align with the objectives of the GOB. The GOB published its new 2021-2026 Action Plan, or PAG II, in January 2022, of which the following areas are of importance to USAID's programming: (i) Health: *Strengthening the availability of human resources for health*; and *Strengthening technical services within hospitals and health facilities*; and (ii) Social Protection: *Insurance for the Strengthening of Human Capital (ARCH)*. PAG II (*Program d'Action du Gouvernement II*) includes cross-cutting issues of gender and women's empowerment.

In line with the 2022-2027 Strategic Framework and USAID priorities, this APS is an opportunity for USAID to do things differently. USAID will leverage its assistance as a tool to continue to build upon results in health systems strengthening achieved over the last five years. This includes supporting coordination of health interventions at the central and the departmental level, improving the reporting rates of the private and public sectors, increasing and building the capacity of human resources for health, investing and developing innovative solutions, and increasing access to health care for the extreme poor.

In addition, the APS is a central component of the USAID/Benin's approach to both youth engagement and women's empowerment. The APS seeks to address gender equality and supports gender sensitive policies in the health sector. The APS also targets and engages youth, seeking to improve services that are better oriented towards their needs as well as directly engaging them in health promotion through targeted social and behavior change programming.

2. APS Theory of Change & Intermediate Results

In order to achieve the overarching goal in Benin, the APS is built around the following theory of change.

***IF** the system is strengthened; and*
***IF** access to services is improved; and*
***IF** the quality of services is improved; and*
***IF** leadership, management, accountability, and governance of the health sector is increased;*

***THEN** the health status of Benin will be improved.*

GOAL: Strengthen health services, demand, and systems in Benin.										
IR 1: Strengthened Health Systems				IR 2: Increased Demand for, Access to and Quality of Services				IR 3: Improved leadership, management, accountability, and governance of health sector strengthened		
Sub 1.1: Strengthened human resources for health	Sub 1.2: Increased data availability and use for decision-making within the health sector	Sub 1.3: Optimized use of resources to achieve better health outcomes	Sub 1.4: Health sector policies and guidelines effectively implemented	Sub 2.1: Increased access to evidence-based high impact health care interventions at facility and community levels	Sub 2.2: Increased knowledge, practices, and care-seeking behaviors	Sub 2.3: Private sector providers engaged	Sub 2.4 Increased engagement of local communities and stakeholders in health activities	Sub 3.1: Improved performance and accountability of MoH at all levels	Sub 3.2: Quality data are collected and managed for timely decision-making at all levels	Sub 3.3: Increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner.

Intermediate Result 1: Strengthened Health Systems

The goal of strong health systems is to ensure that all people and communities have equitable access to quality essential services without incurring financial hardship. High performing health systems optimize resources to ensure health care is available and that it is of sufficient quality to be effective. This requires a cross-cutting and integrated approach that focuses on Benin's areas of greatest need across the objectives of accountability, affordability, accessibility and reliability.

In the next five years, USAID/Benin will improve access to, and reliability of, essential health services by strengthening the host country's health systems, including financing, policy and governance, human resources for health, information systems, the scale-up of Universal Health Coverage, and health care service delivery. Additionally, USAID/Benin will identify opportunities to better leverage private sector resources in order to address gaps in health sector staffing and services. Finally, USAID/Benin will strengthen the affordability of services by improving the efficient and sustainable use of domestic resources, supporting sound strategic purchasing mechanisms, and strengthening coverage and access.

Program Component 1 will lead USAID's approaches to resolving systems-level issues in the health sector at the national level. Component 2 will strengthen the quality of health care at the facility level, and Component 3 will support implementation of the Community Health Policy in select communes.

Health systems at the central, department, zones, communes, facility, and community levels will be strengthened through the following:

- Sub-IR 1.1: Strengthened human resources for health

- Sub-IR 1.2: Increased data availability and use for decision-making within the health sector
- Sub-IR 1.3: Optimized use of resources to achieve better health outcomes
- Sub-IR 1.4: Health sector policies and guidelines effectively implemented

Intermediate Result 2: Increased Demand for, Access to and Quality of Services

Beninese face many obstacles to accessing care. A lack of well-trained staff, weak emergency referral services, delayed care seeking behavior, delayed service provision, and insufficient access to services for adolescents and youth are examples of the many barriers that must be overcome. Ensuring the availability and continuing to scale high-impact practices in both public and private sectors is essential to increasing access.

All Components will need to work collaboratively and in close collaboration with the MOH, technical and financial partners, the private sector, civil society, faith-based organizations, and community-based organizations to increase access to care. Components 2 and 3 will be USAID/Benin's flagship effort in this area, providing support to service demand, access, and delivery with a good continuity of care between health facilities and the community level.

Component 1 will play a key role in strengthening the systems that reinforce access to care and will also strengthen the capacity of the medical departments to in turn support access at the commune level.

Closely related to challenges with accessing care are issues affecting the quality of care. Quality of care standards for maternal and newborn health, pediatric care, and small and sick newborn care are well established, but there are many obstacles to implementing these standards. Issues of respectful care and provider behavior are important elements in quality care. Facilities lacking important infrastructure, for example access to safe water in health facilities, are yet another barrier to quality care. This APS seeks to improve the quality of care provided in both the public and private sectors.

Demand for, access to, and quality of health services will be increased and improved through the following:

- Sub-IR 2.1: Increased access to evidence-based, high impact health care interventions at facility and community levels
- Sub-IR 2.2: Increased knowledge, practices, and care-seeking behaviors
- Sub-IR 2.3: Private sector providers engaged
- Sub-IR 2.4: Increased engagement of local communities and stakeholders in health activities

Intermediate Result 3: Improved Leadership, Management, Accountability, and Governance of Health Sector Strengthened

The intention of this IR is for all three Components to engage with national and sub-national level leadership and administrative entities to increase their governance capacity to manage health activities and use data for decision-making to impact the levels of the health system where they are working. As a result, it is expected that these entities will have improved leadership and management capabilities, thus increasing their accountability for health services and sustaining progress towards improved health outcomes. All three Components will be expected to promote collaboration, learning, and adapting practices with other USAID implementing partners and government entities to facilitate knowledge sharing and inform of lessons learned.

Components 2 and 3 will ensure that quality facility- and community-level data are collected and managed for timely decision-making upstream. Component 1 will focus on central level and departmental levels routinely analyzing and using the quality data to inform decision-making and programming for both public and private sectors.

With improved performance and accountability and better quality data collected and used, all three Components should work to achieve increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner.

Improved leadership, management, accountability, and governance of health sector strengthened will be achieved through the following:

- Sub-IR 3.1: Improved performance and accountability of MOH at all levels
- Sub-IR 3.2: Quality data are collected and managed for timely decision-making at all level
- Sub-IR 3.3: Increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner

C. CROSS-CUTTING PRIORITIES AND PRINCIPLES

The APS and its Components will be guided by the following fundamental, cross-cutting priorities and principles underlying the expected results and outcomes:

(1) Local Capacity Strengthening: Sustainable development depends on local actors leading efforts to improve their communities and working inclusively and collectively to see those efforts through. For this reason, local capacity strengthening is and has been a foundational component of USAID programming. Through the Local Capacity Strengthening Policy, USAID is committing to a unified, cohesive, and systemic approach in which USAID collaborates with local partners to define their own vision for success, strengthen their ability to be effective and relevant actors within their local communities and contexts, and elevate local ownership in sustaining development results. Applicants

are encouraged to integrate local capacity strengthening principles into program components. The USAID Local Capacity Strengthening Policy can be found at https://www.usaid.gov/policy/local-capacity-strengthening.

(2) Vision for Health Systems Strengthening: The USAID Vision for Health System Strengthening (HSS) 2030 believes that focusing its and other stakeholder efforts on three interrelated outcome goals (equity, quality, and resource optimization) will result in strong health systems that produce improved public health outcomes that are sustainable, including during times of uncertainty, crisis, or transition. The Vision strongly emphasizes systems thinking and systems practice in health program design, implementation, learning, and adaptation. It emphasizes the role of communities, civil-society, and the private-sector in those processes and the need for partnership with the public-sector. USAID Applicants are encouraged to integrate health system strengthening principles into program components. The USAID Vision for Health System Strengthening 2030 can be found at https://www.usaid.gov/global-health/health-systems-innovation/health-systems/Vision-HSS-2030**.**

(3) Gender: Gender equality and inclusive development is an integral part of all of USAID/Benin's programming. Benin has both strengths and areas of needed support in terms of gender, inclusive development, and health. Benin's overall score on the 2020 Global Gender Gap Reports[8] was 0.658 in 2019 (on a scale of 0-1, least to most advanced). On the Health and Survival sub index, which examines differences between women's and men's health, Benin scored 0.972, slightly above the global average. Promoting gender equality is a high-priority, cross-cutting theme in all of USAID's assistance activities. Therefore, each Component will work to promote interventions that advance gender equity. Where appropriate, gender considerations will be integrated into each Component to ensure capacity building of health providers, quality, demand, and access of health services support both men and women, and other marginalized and disadvantaged populations. More information about USAID's approach to Gender Equality and Female Empowerment can be found on USAID's website.

(4) Youth and Adolescents: Each Component will improve access, quality, and use of health care for young people of all gender identities, with a particular focus on sexual and reproductive health and rights by:

- creating more gender- and youth-responsive health systems including eliminating restrictive policies and addressing provider bias;
- addressing harmful gender and social norms;
- supporting young people's rights, agency, and competencies to improve health for themselves and their communities; and

[8] World Economic Forum, *The Global Gender Gap Report 2018*, pp. 10-11. Available at: http://www3.weforum.org/docs/WEF_GGGR_2018.pdf (accessed …) - World Economic Forum, *The Global Gender Gap Report 2020*, pp. 10-11. Available at: http://www3.weforum.org/docs/WEF_GGGR_2020.pdf (accessed November 8, 2020)

- strengthening linkages across health and development sectors including education and employment.

(5) Inclusive Development: USAID is committed to addressing exclusion and its impact on marginalized and underrepresented communities. USAID utilizes a nondiscriminatory, integrated, and inclusive development approach that ensures that all people are fully included and can actively participate in and benefit from development processes and activities. USAID follows the key principles of "do no harm" and "do nothing about them without them" when working with marginalized groups.

(6) Collaborating, Learning and Adapting (CLA): CLA is a set of practices that helps improve development effectiveness. CLA is systematic and intentional throughout the Program Cycle, and has the dedicated resources necessary to make it happen. According to USAID's Program Cycle guidance (ADS 201.3.7), "Strategic collaboration, continuous learning, and adaptive management link together all components of the Program Cycle." Integrating CLA helps to ensure that USAID's programs are coordinated with others, grounded in a strong evidence base, and iteratively adapted to remain relevant throughout implementation. The systematic application of CLA approaches, led by people who have the knowledge and resources to carry them out, enables USAID to be an effective learning organization and thereby a more effective development organization. USAID/Benin has integrated CLA into all aspects of its operations and programming to achieve better development outcomes. USAID/Benin will promote regular CLA activities with USAID implementing partners and with the MOH at the national level and the key stakeholders. More information about USAID's CLA approach can be found at https://usaidlearninglab.org/cla.

(7) Coordination and Collaboration: Success under this APS will require multiple inputs at all levels of the health system and by geographic focus. With multiple Components being implemented in the same departments, strong coordination will be essential. Components will need to work together and in close collaboration with the government entities, local stakeholders, and donors, to achieve meaningful results. All Components will support the MOH at the central level to varying degrees. Component 1 will play a key role in the development of national strategies and policies. However, strategies and policies need to be informed by the latest research and by experiences on the ground at a lower level of the health system. Both Components 2 and 3 will inform the development of strategies and plans through their resident technical expertise, and play a role in the implementation of these policies. Component 2 will also work closely with the private sector, as well as engage with Component 1 in developing and refining policies that relate to the oversight of the private sector by the MOH. All USAID activities will be expected to participate in interventions to improve communication and use of data to jointly plan, monitor, and correct courses in USAID programming in the health sector.

(8) Collaboration to Promote Stability: All USAID health interventions implemented in northern Benin will contribute to the U.S. Strategy to Prevent Conflict and Promote Stability (SPCPS). Benin is part of the Coastal West Africa region identified as a priority in the strategy's implementation. Violent extremist organizations (VEO) operating in the Sahel have launched a series of attacks in northern Benin. As the U.S. works to promote stability and prevent conflict, Components 2 and 3 will support efforts to promote community resilience. Both Components will collaborate with the USAID/Office of Transition Initiative (OTI), SPCPS programs and development partners.

(9) Do No Harm: All proposed activities will be screened and assessed to avoid undermining existing functional systems. Examples include commercial systems organized through the current activities, ongoing government efforts, and other donor programs working under similar principles. To be avoided are subsidies, donor-dependent practices, or other approaches that undermine the development of local solutions and engender a culture of dependence or disempowerment. Working with partners should involve a true sense of engagement, rather than an undue imposition of activities.

(10) Emerging Opportunities/Crisis Response: Unforeseen opportunities or emergencies may entail implementing activities in new locations, with new goals, partners, or other emerging stakeholders. As needed and as directed by the Agreement Officer in consultation with the Agreement Officer's Representative (AOR), the Recipient must be able to deploy to newly identified priority areas in Benin.

The changes in geographical focus, types of activities, or partners could be activated at any time during the award that will require the Recipient and its partners to respond quickly to urgent needs and/or windows of opportunity activities.

(11) Security: USAID takes the safety and security of program implementers and beneficiaries extremely seriously. This activity will be implemented in areas of Benin that are known to be at risk for violence and other disruptions. USAID anticipates that the Recipient will need to create and maintain robust security planning and provisions to be able to operate safely in Benin.

B2. COMPONENT 1 - HEALTH SYSTEMS STRENGTHENING

Component 1 of the APS aims to strengthen the health systems of the GOB, including human resources for health, financing, governance, and data for decision-making.

A. BACKGROUND

In 2016, the GOB identified the health system's dysfunctions and undertook reforms, resulting in the establishment in 2019 of the Decree No. 2019-417, which defined the powers, organization, and operation of the Health Regulatory Authority (*Autorité de Régulation du Secteur de la Santé*

[ARS]) to ensure all citizens the right to health through the continuous improvement of the quality of healthcare.

To show its determination to improve the health system through human resources, in 2023 the MOH committed to recruiting 980 qualified health workers (including 200 doctors, 200 nurses and midwives, and 300 care assistants), 416 Qualified Community Health Workers (*agents de santé communautaires qualifiés [ASCQ])*, 3,741 community health workers. The MOH also created a special six-month training program for general practitioners to acquire skills in surgery, pediatrics, obstetrics gynecology and to build the capacity of nurses and midwives in surgical assists, dialysis, anesthesia and resuscitation, palliative care, etc.

To improve data management, the MOH utilizes a system for visualizing logistics data (SVDL) across the entire country. In addition, use of the Electronic Logistical Management Information System (eLMIS) - (*Système d'information et de gestion logistique [eSIGL]*), to manage health products allows for efficient data transmission between all public health facilities. Both systems are interoperable with District Health Information Systems 2 (DHIS2).

Beninese law clarifies the interrelationship between the private and public sectors to protect patients in public health facilities against risks of false public sector stock-outs of medicines. To improve the distribution and management of pharmaceutical activities in the public and private sector, Law No. 2021-03, specifically in articles 41, 71 and 73, mandates that:

- The distribution of pharmaceuticals from private wholesalers to the public sector is only permitted if the latter provides proof that the public wholesaler does not have this commodity, thus protecting consumers from unexpected and unjustified fluctuations in the price of medicines;
- Medicines within public and private health facilities must be used exclusively for patients and may not be sold outside of facilities to avoid speculation that could disrupt the supply system;
- In-house pharmacies of private health facilities cannot buy from public wholesalers.

Law No. 2022-17, which was adopted in 2022 and came into effect on January 1, 2023, requires all Beninese citizens to carry health insurance.

The GOB has autotomized national agencies to decentralize management in order to render more effective services to citizens. As such, the MOH created several agencies, namely the Beninese Agency for Pharmaceutical Regulation, the National Agency for Quality Control and Water, and the National Agency for Primary Health Care. Also, the Ministry of Social Affairs and Microfinance created the National Social Protection Agency to implement the UHC program together with MOH. Lastly, the recently established Health Regulatory Authority will contribute to the improvement of health care services through the certification of health facilities and other functions.

Additionally, the GOB passed reforms to incentivize investment in all sectors, including health, opening the door for private sector partnership and investment, as well as innovation.

B. COMPONENT 1 - PROGRAM DESCRIPTION

Building on successes achieved through previous USAID/Benin investments and considering the GOB priorities as stated in the PAG II, this Component emphasizes cross-cutting health system strengthening efforts at the central level. This includes strengthening local capacity in human resources for health, improving the use of data for decision making in both the public and private sector, advocating for increased private sector investments in health, and expanding UHC. Additionally, Component 1 seeks to strengthen the Leadership, Management, Accountability and Governance (LMAG) and the accountability of the MOH, ARS, and the Private Health Sector Platform (PSSP).

Component 1 focuses on equity, quality, and resource optimization that lead to better functioning health systems at all levels. This will require robust local organizations to work together with central government entities and throughout the health system. The Component should not view health systems strengthening at the central level in a vacuum but acknowledge the interconnectedness of public health functions, primary health care, and secondary and tertiary care. In addition, the Component must leverage sectors beyond health.

C. COMPONENT 1 - EXPECTED RESULTS

The objective of Component 1 is to strengthen and enhance the performance of the health system to deliver quality health services and should contribute to the following umbrella APS intermediate results:

1. IR1: Strengthened Health Systems

Strengthening health systems involves strengthening human resources for health and successfully applying e-learning platforms. Additionally, health system strengthening should ensure that private and public sector data are collected in an accurate, complete, and timely manner and used for decision making. Investments in the private sector should increase through the provision of guarantees through the Development Finance Corporation (DFC). Lastly, policies and guidelines should be implemented and monitored for continuous improvement by the ARS.

Component 1 will contribute to IR 1 achievements through the following sub-IRs:

- Sub-IR 1.1: Strengthened human resources for health
- Sub-IR 1.2: Increased data availability and use for decision-making within the health sector
- Sub-IR 1.3: Optimized use of resources to achieve better health outcomes

2. IR2: Increased Demand for Access to and Quality of Services

The decision to start UHC for the extreme poor and begin compulsory health insurance creates opportunities for increased patient access to health care. Efforts to strengthen the National Agency for Social Protection should improve the extreme poor's access to health care. Collaborative, multi-sectoral engagement with stakeholders from the MOH and the Ministry of Social Affairs, health district officials, social workers, community-based mutual health organizations, local authorities, civil society actors, labor unions, and the private sector should result in improved access and quality of health services.

Component 1 will contribute to IR 2 achievements through the following sub-IRs:

- Sub-IR 2.1: Increased access to evidence-based, high impact health care interventions at facility and community levels
- Sub-IR 2.3: Private sector providers engaged
- Sub-IR 2.4: Increased engagement of local communities and stakeholders in health activities

3. IR3: Improved Leadership, Management, Accountability, and Governance of Health Sector Strengthened

The LMAG approach supports health systems strengthening by addressing gaps in leadership, management, accountability, and governance capacity of policymakers, MOH leadership, health care providers (public and private), and program managers to implement quality health services at all levels of the health system.

Component 1 will contribute to IR 3 achievements through the following sub-IRs:

- Sub-IR 3.1: Improved performance and accountability of MOH at all levels
- Sub-IR 3.2: Quality data are collected and managed for timely decision-making at all levels
- Sub-IR 3.3: Increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner
- Sub-IR 1.4: Health sector policies and guidelines effectively implemented

D. COMPONENT 1- EXPECTED OUTCOMES

Expected outcomes under Component 1 of the APS could include but are not limited to:

1. Outcome 1: Strengthened Human Resource Management for Health

Validated training modules available within MOH directorates and programs are traditionally used in face-to-face training sessions. This outcome should improve the availability of these modules on the MOH's e-learning platform. In addition, a digital Human Resources Information

System (iHRIS) dashboard that monitors the implementation of the capacity strengthening program for each human resource in health should be used to measure this strategy's direct impact on the workforce planning, retention, and deployment.

2. Outcome 2: Increased Data Availability and Use for Decision-making within the Private and Public Health Sector

Timely, high-quality information for health is essential to inform decision making and effective resource allocation. This outcome will result in strengthened informatics in the public and private health sector to foster collection, reporting, and analysis of information from various sources. Improved data collection, dissemination and use at all levels of the health system should promote accountability and allow managers, providers and decision-makers to track data and promote continuous improvement.

3. Outcome 3: Increased Domestic Resource Mobilization and Private Sector Investments for Health

Component 1 should focus not only on raising more domestic resources for health, but on ensuring that resources target the populations most in need and provide services that yield the greatest health benefits.

Under the PAG2, GOB aims to increase private sector investment in health care by promoting an enabling environment for public-private health partnerships. Over half of the Beninese population access health care through private providers. To facilitate the private sector's access to finance, DFC and USAID are establishing bank guarantees with local financial institutions. These guarantees aim to facilitate clinics, pharmacies and others' access to credit to obtain medical equipment, logistics, emergency medical transport, etc. Component 1 should increase their access to finance by conducting training on management and finance. Component 1 should also promote the inclusion of people with disabilities and female managers in programming.

To improve access to the e-learning platforms in all public and private health facilities, Component 1 envisions collaborating with the private telecommunications sector to improve wireless internet connection in all the public and private health facilities of Benin.

4. Outcome 4: Strengthened Implementation and Scale-up of UHC (ARCH) Program

The scale-up of UHC in Benin through the ARCH program is a top GOB priority. USAID/Benin provides technical assistance to the Ministry of Social Affairs and Microfinance through the National Social Protection Agency to facilitate the expansion of the ARCH program to all 77 communes. By doing so, it intends to facilitate the increase of the community-level awareness of ARCH, facilitate the increase of the multi-sectoral dialogue and integration for ARCH program, facilitate the improvement of the monitoring and documentation of ARCH roll out program and the improvement of mechanisms for payments to health facilities. Component 1 should support Outcome 4 through technical assistance and support for the ARCH program to achieve national

scale-up. In addition, now that health insurance is mandatory as of 2023, technical assistance should be provided for specific groups, such as civil servants and private health sector platform members, to ensure compliance with the new policy.

5. Outcome 5: Leadership, Management, Accountability, and Governance of Health Sector Strengthened

Component 1 should result in improved coordination internally between the MOH and the Health Regulatory Authority at the central level, externally with the departments, and across health programs. Governance and management models should also incorporate the private sector's role in improving the health system, its organization at the departmental levels, as well as the coordination of interventions between the national and peripheral levels.

E. COMPONENT 1 - CROSS-CUTTING PRIORITIES AND PRINCIPLES

For cross-cutting priorities and principles, please refer to the Umbrella APS.

F. COMPONENT 1 - GEOGRAPHIC SCOPE

The focus of Component 1 is at the national (central as well as subcentral) level of the health system.

B3. COMPONENT 2 - HEALTH FACILITY SERVICES

Component 2 of the APS is focused on providing comprehensive support to strengthen the quality of care for women, child, newborns, youth and adolescents at the health facility level. Component 2 aligns with the 2018-2022 National Health Plan (*Le Plan National de Développement Sanitaire et Social 2018-2022 [PNDS])* and the PAG II.

A. COMPONENT 2 - BACKGROUND

Beninese face many obstacles to accessing care. Clinics often lack qualified staff and face shortages of equipment, supplies, and medicines. Pregnant women, newborns, and children often face challenges accessing emergency care due to a poorly organized referral system and a non-operational emergency care network. In remote parts of the country, a significant portion of the population must travel considerable distances and pay high transportation fees to reach health centers, which, together with the poor quality and high costs of health services for those without insurance, results in delayed care seeking behaviors.

According to the Benin DHS 2017-2018, 60 percent of women reported having at least one problem accessing health care. The top issue cited was getting money to seek care (53 percent), followed by the distance to the health facility (31 percent), getting permission to go for treatment (22 percent), and not wanting to go alone by (20 percent). The percentage of women

reporting at least one problem accessing health care increases with the number of living children, from 58 percent when women have 1-2 children to 67 percent when they have five or more children.

B. COMPONENT 2 - PROGRAM DESCRIPTION

Component 2 will support the delivery of high-quality health care services at the health facility level of the MOH system. Support should focus technical assistance on quality improvement processes in private and public health facilities and prioritize the design of services to meet the needs of mothers, newborn, children under five, and youth.

Component 2 is intended to address the key drivers of maternal, neonatal, and child morbidity and mortality in the selected departments to improve the health status of the target populations. While the focus is centered at the health facility level, support at the health zone and department levels is also critical to effectively supervise and monitor lower-level interventions. At the national level, USAID/Benin envisions that Component 2 will improve coordination to better ensure a fluidity and follow-up of actions.

USAID/Benin envisions that demand-driven subgrants awarded to districts to support implementation of Annual Work Plans (*Plan du Travail Annuel* [*PTAs*]*)* could be a key part of Component 2. Through application criteria and conditionality, Component 2 will incentivize districts and associated governance structures to commit financial and other resources to the health sector and to comply with MOH policies and guidelines. Subgrants may support PTA activities by the public and private sectors, and by community-based organizations that could be the primary implementers of social behavior change communication (SBCC) activities. Component 2 should also provide an integrated package of malaria, maternal and child health, FP, and sexual and reproductive health (SRH) services to youth in targeted communes.

Component 2 will work in close partnership with Component 1 *Health Systems Strengthening* at the national level, as well as closely coordinating with Component 3 *Community Health Outcomes Strengthening* as it relates to referrals and relationships between facilities and Community Health Workers (CHWs). Component 2 will also work in close collaboration with the MOH, especially at the department and health zones levels.

C. COMPONENT 2 - EXPECTED RESULTS

Component 2 will contribute to the following IRs:

1. IR 1: Strengthened Health Systems

The quality of health services requires strong management of activities at the health center level, good continuity of care between health centers at various levels, strong technical skills of health workers, quality management in health centers, and effective leadership. Given the

context of Benin, Component 2 should focus on coordination and management of quality health services across public and private health services. This IR should strengthen facility-level health providers' capacity and ensure that care guidelines and algorithms are consistently followed in order to deliver high-quality care for malaria; maternal, newborn, and child health (MNCH); FP; and SRH.

Data analysis for decision-making related to maternal, newborn and child health is also crucial to avoid mortality and morbidity. Component 2 should result in improved data analysis at the health facility level.

In addition to strengthening health workers' skills, Component 2 will strengthen the quality of services by equipping public and primary health centers with small equipment for maternal, newborn and childcare, to be procured after a rapid assessment.

Component 2 should contribute to IR 1 achievements through the following sub-IRs:

- Sub-IR 1.1: Strengthened human resources for health
- Sub-IR 1.2: Increased data availability and use for decision-making within the health sector
- Sub-IR 1.3: Optimized use of resources to achieve better health outcomes
- Sub-IR 1.4: Health sector policies and guidelines effectively implemented.

2. IR 2: Increased Demand for, Access to and Quality of Services

Through IR 2, Component 2 will focus on the availability and quality of service delivery in the public and private sectors. The activities in this IR should also support a sustainable system to manage the maternal, newborn and child emergencies cases, especially Emergency Obstetric and Newborn Care (EmONC) to reduce morbidity and mortality.

Private health facilities have an important role to play in the health system, as they deliver health services to many people in Benin. Many private health facilities do not have the capacity to deliver high-impact care services. Therefore, Component 2 envisions engaging private health facilities in the targeted geographic areas to strengthen their capacity and link them to public health services to create a functional referral and counter referral system. This should result in the improved management of obstetrical and newborn emergency cases.

Component 2 should result in an improved continuum-of-care service delivery to avoid the interruption or discontinuation of services in public and private health facilities for pregnant women, newborns and children. Additionally, adolescent pregnancies often result in obstetric complications; therefore, this IR should have activities to increase youths' (aged 15-24 years) SRH knowledge, practices, and care-seeking behaviors.

Component 2 should contribute to IR 2 achievements through the following sub-IRs:

- Sub-IR 2.1: Increased access to evidence- based high impact health care interventions at facility and community levels
- Sub-IR 2.2: Increased knowledge, practices, and care- seeking behaviors
- Sub-IR 2.3: Private sector providers engaged

3. IR 3: Improved Leadership, Management, Accountability, And Governance Of Health Sector Strengthened

Component 2 should support LMAG systems at the health facilities to improve health facility workers' service delivery, particularly services for women, newborns, and children under five. As a result of these LMAG systems, facilities are expected to increase their accountability to the community, better advocate for adequate financial contributions to fund required health services, and sustain progress towards improved health outcomes. Component 2 also envisions that local governing entities will ultimately better use health data to inform their management decisions and advocacy efforts for increased health financing. Lastly, IR3 envisions increased coordination between health centers, health zones, and department leadership in order to ensure better management of the health facilities.

Component 2 should contribute to the IR 3 achievements through the following sub-IRs:

- Sub-IR 3.1: Improved performance and accountability of MOH at all levels
- Sub-IR 3.2: Quality data are collected and managed for timely decision-making at all levels
- Sub-IR 3.3: Increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner.

D. COMPONENT 2- EXPECTED OUTCOMES

Expected outcomes under Component 2 of the APS could include but are not limited to:

1. Outcome 1: Continuum of Care System for Pregnant Women, Newborns, and Children Improved

Component 2 should result in an improved continuity of care for the mother, pregnant woman, newborn and child, especially for cases of RMNCH, FP, and malaria in health facilities in the public and private health sector. This should ensure that these target groups receive the appropriate ongoing care they need in the event of illness. This continuity of care should be based on the guidelines and algorithms in place in the country. The designed technical approach should ensure that it is aligned with MOH priorities.

Component 2 envisions strong coordination and oversight of all donors' resources and interventions, and key actors, including the *Conseil National des soins de Santé Primaire (CNSSP),* ARS and civil society.

2. Outcome 2: Management of Emergency Obstetric and Newborn Care Improved

Component 2 should operationalize Emergency Obstetric and Newborn Care management, including the referral and the counter referral system in public and private health facilities. This requires strong coordination and oversight by the MOH's National Primary Healthcare Agency (*Agence National des Soins de Santé Primaire [ANSSP], Direction des Etablissements Hospitaliers; Agence Nationale de Transfusion Sanguine [ANTS])* through central level support. Specifically, through the PTA, the recipient of Component 2 should support locally developed approaches to resolving issues related to difficulties in rapidly accessing a high level of care during emergency cases. These approaches may target the public and/or private sectors and emphasize underserved areas.

The Component 2 approach should address not only provider knowledge and competencies, but also normative, attitudinal, and structural factors. Strengthening providers' competencies should integrate theory and more practice, including E-learning and simulation centers ("*centres de simulation*") modalities.

As quality of care also depends on hygiene and waste management, USAID will support approaches to improve the quality of medical waste management in public and private health facilities. Approaches should result in improved infection prevention and control in facilities. The Component 2 recipient should put in place a system to avoid infection in hospital/health centers by mothers, newborn and child. Maternal and newborn death often occurs due to a lack of blood and labile products during emergency situations. Therefore, Component 3 should result in improved availability, safety of, and health workers' access to blood and labile products in public and private health facilities to effectively manage emergency cases.

3. Outcome 3: Quality of High-Impact Services for Malaria, MNCH, and FP at Facility Level Improved

At the facility level, USAID/Benin will support efforts to improve the quality of care to pregnant women, newborns and children by building the capacity of health workers in both the public and private sectors to meet standards of care. Component 2 envisions building service providers' knowledge and skills to deliver high-impact interventions and provide care in a respectful and client-friendly environment to drive reductions in maternal, newborn and child mortality.

As examples of such high-impact services, Component 2 will support efforts to improve providers' capacity to provide comprehensive and accurate information about FP services, including awareness and management of potential side effects according to in-country guidance. Component 2 also envisions addressing the issue of hygiene at the health center level, as hygiene contributes to the quality of care and helps prevent the transmission of infections to the mother, the newborn, and the child during their stay in a health facility.

Capacity building efforts should reflect emerging best practices in improving provider motivation and performance. Capacity building and training plans should maximize health workers' time in facilities providing care to patients, avoiding off-site workshops or training.

Component 2 should reinforce these capacity building efforts through formative/facilitated supervision activities aligned with proven experiences in the Beninese health system context and also with Benin's new supervision and monitoring reforms. Component 2 should work with both health departments and zones to supervise health facilities, as planned in their PTAs.

Quality services also require that health facilities access adequate equipment. Thus, Component 2 envisions complementing ongoing MOH efforts to adequately equip health centers, especially health centers for maternal and child health issues, with the necessary small equipment, based on an objective assessment of the health facilities' capacities.

4. Outcome 4: Adolescents and Youths Empowered in SRH

Component 2 envisions increasing the ability of youth to make responsible sexual decisions to avoid early pregnancy. These actions should emphasize sexual health information and life skills, especially among pregnant and out-of-school youth.

Component 2 should result in adequate clinical services for youth aged 15-19 years and ensure that young mothers are identified and offered postpartum contraception to promote healthy timing and spacing of pregnancies. It is envisioned that FP be integrated into the continuum of care for pregnant women, from pregnancy through the child's immunization.

5. Outcome 5: Leadership, Management, Accountability, and Governance at the Health Facility Level Improved

Component 2 should support appropriate, cost-effective approaches that reinforce LMAG capacity at the health facilities level. Through outcome 5, Component 2 should ensure coordination of LMAG with the health zone and department to improve health services. Component 2 should consider providing grants to health zones and departments aligned with their annual work plans.

E. COMPONENT 2 - CROSS-CUTTING PRIORITIES AND PRINCIPLES

For cross-cutting priorities and principles, please refer to the Umbrella APS.

F. COMPONENT 2 - GEOGRAPHIC SCOPE

The geographic focus is all 24 communes in the departments of Atacora (9), Donga (4), Mono (6), and Plateau (5).

B4. COMPONENT 3 - COMMUNITY HEALTH OUTCOMES STRENGTHENING

Component 3 of the APS is focused on increasing access to and utilization of community health services in select communes in Benin, and thus, improving the health status of the population.

A. COMPONENT 3 - BACKGROUND

Benin's slow progress on improving health indicators can be partially attributed to limited access to, demand for, and use of community-based health services. Despite a network of primary care and community health workers, significant weaknesses affect service quality and access, resulting in limited uptake of services to reduce maternal and child mortality rates.

The MOH has prioritized community health services as an effective strategy to improve access to healthcare. The Component 3 recipient should build an approach that meets the requirements of the newly published GOB Community Health (CH) Policy[9] (*Politique Nationale de Santé Communautaire au Bénin*) as well as the CH Guidance[10] (*Directives de mise en œuvre de la Politique Nationale de Santé Communautaire*).

Prior to the adoption of the new CH Policy and CH Guidance, the Government of Benin utilized the Package of High Impact Interventions (PIHI) Strategy —adopted in 2010 in consensus with donors, technical partners and civil society— as the approach intended to achieve significant reductions in maternal and child mortality and reach the Millenium Development Goals (MDG) targets by 2015. The PIHI Strategy focused on low-cost interventions that impact the reduction of maternal, neonatal, infant and child mortality and morbidity. PIHI was tailored for implementation at different levels of the health system, from the community level up to regional and national referral hospitals. USAID supported PIHI interventions through American organizations and local organizations from 2014 to 2022 to and could achieve relevant outcomes.

In May 2020, the GOB replaced the PIHI strategy with the newly approved Community Health Policy, marking a turning point in the implementation of primary health care activities in Benin. The new policy incorporates the 'One Health' approach for the improvement of health indicators and is positioned as a catalyst for reducing the prevalence of major diseases including malaria and MNCH challenges. There are several notable changes in this new Community Health Policy including: (i) the expansion of the scope of work for CHWs beyond PIHI - enlarged to all endemic diseases and epidemics, (ii) the inclusion of different target groups of the population and all the households in rural areas as in the cities, (iii) the introduction of a new cadre of ASCQ, and (iv) the increased monthly stipends for CHWs from 15,000 CFA to 50,000 CFA. The MOH has required that all community health partners pivot to the new policy. The first phase of the roll-out will occur in 40 of the 77 communes in Benin beginning in January 2023. Unicef and USAID

[9] https://www.medbox.org/pdf/5e148832db60a2044c2d5eef
[10] https://www.medbox.org/pdf/5e148832db60a2044c2d5f11

support that phase, whereas Islamic Bank and the Bill and Melinda Gates Foundation Lives and Livelihoods Fund and the GOB's Funds for the Support of Communal Development Health (FaDeC Santé) are announced to complement the support.

Because the new policy carries an ambitious goal with innovations like data digitization and ASCQ oversight, the MOH (including the Cabinet, ANNSP, and the National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics [CNLS-TP]) is working with Donors through the steering Committee in charge of the implementation of the new policy to harmonize strategies for smooth implementation.

When considering approaches for Component 3, Outcome 2 (see below), recipients should consider the context referenced in the Malaria Behavior Survey for Benin[11].

B. COMPONENT 3 - PROGRAM DESCRIPTION

Through Component 3, *Community Health Outcomes Strengthening*, USAID seeks to increase access to and utilization of community health services in select communes in Benin, and thus, improve the health status of the population. Building on the success achieved through previous USAID investments in community health in Benin this Component should result in a strengthened network of interdisciplinary community health programs to improve the quality, access to, and uptake of community-based services while increasing leadership, local management and governance, and citizen engagement in community health services.

USAID/Benin will continue to build upon the supply and demand for the delivery of quality health services at the community level. This includes supporting CHW and ASCQ capacity building, implementing integrated communication plans for increased community knowledge, and improving preventative and early care seeking behaviors. As such, Components 3 and 2 will complement each other and promote an enabling environment for care seeking, as clients are referred back and forth by community- and facility-level health workers, ensuring a continuum of care.

Component 3 will also interact with Component 1 as it aims to support health sector governance and management systems that build leadership and support localized solutions made at the community level, using the best resources, knowledge, and guidance available. USAID will also support communities to engage with public health officials and local governments to demand the allocation of resources to the health sector and ensure that key pillars and strategies of the new policy are functional and effective.

C. COMPONENT 3 - EXPECTED RESULTS

Component 3 will contribute to the IR1-3 through different Sub IRs as follows:

[11] https://malariabehaviorsurvey.org/wp-content/uploads/2022/11/Benin-MBS-Report-2022-En-1.pdf

1. IR 1: Strengthened Health Systems

Component 3's efforts toward IR 1 should result in an operationalized approach that meets the requirements of the newly published GOB CH Policy. In addition, CHWs should be equipped with the skills and capacity to provide quality services through supportive supervision and robust training, as well as the necessary tools, training, and knowledge to improve overall services at the community health level.

Component 3 will contribute to IR 1 achievements through the following sub-IRs:

- Sub-IR 1.1: Strengthened human resources for health
- Sub-IR 1.2: Increased data availability and use for decision-making within the health sector
- Sub-IR 1.4: Health sector policies and guidelines effectively implemented.

2. IR 2: Increased Demand for, Access to, and Quality of Services

Low uptake of and demand for community health services are key factors limiting progress towards improved health indicators in Benin. Under this IR, Component 3 will work to increase the availability of community health services by increasing linkages with health facilities to refer and follow-up with those seeking services. Component 3 will also work to increase the adoption of healthy behaviors and practices through effective social behavior change communication and engagement with local communities, stakeholders, and authorities.

Component 3 will contribute to IR 2 achievements through the following sub-IRs:

- Sub-IR 2.1: Increased access to evidence-based high impact health care interventions at facility and community levels
- Sub-IR 2.2: Increased knowledge, practices, and care-seeking behaviors
- Sub-IR 2.4: Increased engagement of local communities and stakeholders in health activities

3. IR 3: Improved Leadership, Management, Accountability, and Governance of Health Sector Strengthened

The intention of this result will be for Component 3 to engage with national and sub-national level entities to increase their capacity to manage community health activities and use data for decision-making. As a result, these entities will have improved leadership and management capabilities, thus increasing their accountability for community health services and sustaining progress towards improved health outcomes. The Component 3 recipient will be expected to promote collaboration, learning, and adapting practices with other USAID implementing partners and government entities to facilitate knowledge sharing and inform of lessons learned.

Component 3 will contribute to IR 3 achievements through the following sub-IRs:

- Sub-IR 3.2: Quality data are collected and managed for timely decision-making at all levels
- Sub-IR 3.3: Increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner.

D. COMPONENT 3 - EXPECTED OUTCOMES

Expected outcomes under Component 3 of the APS could include but are not limited to:

1. Outcome 1: Increased Engagement of Local Communities and Stakeholders in Community Health Activities

Through this IR, the recipient should engage local communities (including citizens and leaders) to increase local ownership of community health services and sustain improvements in health indicators. The technical approach related to this outcome should aim to enhance coordination and increase accountability of community health services by local actors. According to the GOB vision outlined in the CH policy, the local government (Commune) is the institutional entity to govern community health. Fulfilling this accomplishment will require the establishment of Communal Councils to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics (CCLS-TP) and *Composante Locale du Systeme de Sante* (CoLoSS) entities in communes and villages/areas in cities. Component 3 should result in the effective logistical functioning of these entities and also the Departmental Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics (CDLS-TP) at the Prefecture level. An in-depth but rapid analysis of mayors' offices should inform the implementation of a leadership, management and governance agenda to support the commune so as to become a champion of community health.

Efforts should be made to ensure the inclusion and participation of women and marginalized populations, as this will facilitate increased adoption and utilization of community health services. This Component should work effectively with existing health partners in the health zones, counterparts at the mayors' offices, and civil society organizations to coordinate the management of community health services and ensure health needs are met.

2. Outcome 2: Increased Community Knowledge, Practices, and Care-seeking Behaviors of Key Health Issues Through Effective Social Behavioral Change Communication (SBCC) Activities

Social behavior change messaging and community mobilization activities are essential to increase awareness of key health issues and appropriate care-seeking behaviors. For maximum impact and effectiveness, SBCC messages must be tailored to the needs of the setting and community. The recipient should develop, and use tailored, evidence-based messages at the household level so that individuals adopt healthy behaviors and utilize health services.

Additionally, community-level social mobilization and SBCC activities will increase community-level awareness of key health issues and improve health seeking behaviors.

Many CNLS-TP and donor-designed SBCC tools are already available, such as conversational flip-charts (*boites a images*) that deal with all the diseases and topics identified in the 'One Health' approach. The recipient should plan to print such tools. In addition to SBCC tools, CHWs may also be equipped with other small equipment, such as thermometers, scales, etc. to improve their outreach and mobilization of communities.

Other documents like National Malaria Control Program's (NMCP) Malaria Integrated Communication Plan, the Malaria Behavior Survey, and the MOH's MNCH Integrated Communication Plan should also be considered to help achieve this Component in the APS.

3. Outcome 3: Increased Coverage of Services by CHWs in Local Communities

CHWs play a key role in health monitoring and epidemiological surveillance by conducting home visits and referring patients to health centers for services. Component 3 should include collaboration with the mayor's office, health zone, *Direction Départementale de la Santé* (DDS) and the prefect to identify and deploy CHWs in-line with the new CH Policy. The Component 3 recipient should work with stakeholders to ensure that an adequate percentage of CHWs are women in order to increase female participation and engage households and female clients in a culturally appropriate manner.

Component 3 should collaborate with ASCQ and health zone staff to ensure improved supervisory capacity to supervise CHWs in order to strengthen availability and access to services and improve linkages between the healthcare system and the community. Component 3 should also coordinate with Components 1 and 2 to strategically align interventions for greater efficacy.

4. Outcome 4: Improved Technical Skills and Performance of CHWs and ASCQ

CHWs are integral to achieving Component 3 results and advancing health outcomes in Benin. To improve the quality, demand, and uptake of community health services, CHWs must be motivated, properly trained, and well supervised. In alignment with the GoB Community Health Policy, CHWs must be identified and adequately trained to deliver health interventions within the 'One Health' approach. Given the significant expansion of the CHWs' scope of work, the recipient should plan and coordinate with government entities to ensure CHWs are trained in accordance with the new curriculum. In addition to training on technical health topics, CHWs should be trained on management, community mobilization, and record keeping, to broaden their skills and improve their performance. CHWs should receive regular supervision in order to verify and continuously develop competency and skill.

The National Community Health Policy calls for the introduction of a higher cadre of ASCQ, in rural and urban communities nationwide. ASCQs recruited by GoB and assigned to select

communes (one per *arrondissement*) will be trained by the "one health" approved trainers. Training costs may be covered with the Component 3 budget.

5. **Outcome 5: Increased Capacity of Local Leaders, Mayors Offices, and *Association Nationale De Communes Du Benin* (ANCB) to Manage and Finance Community Health Activities**

The overall goal of this outcome is to enhance local ownership, strengthen efforts to increase financing for community health by local governments. The GOB's vision for community health management shared in the policy and with donors through financing advocacy sessions is that communes are supported and empowered to manage and fund interventions over 5-7-year intervals. For this purpose, Component 3 should result in increased knowledge of health issues by the local administration. The leadership, management and governance agenda (refer to Component 3 Outcome 1) will be used to implement training, adequate coaching sessions or any other technical assistance needed for local leaders, and mayoral office technical staff, health zones staff, and related actors. Ongoing supportive supervision is also essential to ensuring proper management and delivery of community health services.

E. COMPONENT 3 - CROSS-CUTTING PRIORITIES AND PRINCIPLES

For cross-cutting priorities and principles, please refer to the Umbrella APS.

F. COMPONENT 3 - GEOGRAPHIC FOCUS

Geographic Area: Component 3 addresses community health service delivery in 21 Communes: Djougou, Copargo, Ouake (Donga Department) & Come, Bopa, Grand-Popo, Houeyogbe (Mono Department) & Natitingou, Toucountouna, Boukoumbe, Kouande, Kerou, Pehounco, Tanguieta, Materi, Cobly (Atacora Department) & Sakete, Ifangni, Pobe, Adja-Ouere, Ketou (Plateau Department).

G. COMPONENT 3 - RESTRICTED ELIGIBILITY

This Component is restricted to a Local Entity. See Section A of the APS for the definition of "Local Entity".

[END OF SECTION B]

SECTION C: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award one to three cooperative agreements pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to **$65,000,000.00** in total USAID funding over a five-year period. USAID may, at its discretion, issue a single award covering more than one Component. The anticipated breakdown of funds across the three Components is as follows:

Component 1: **($18,000,000 – 20,000,000)**
Component 2: **($22,000,000 – 25,000,000)**
Component 3: **($18,000,000 – 20,000,000)**

2. Start Date and Period of Performance for Federal Awards

The anticipated period of performance of the resulting award(s) is five years. The estimated start date will be upon the Agreement Officer's signing of the resulting award.

3. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **937 –** the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source.

[END OF SECTION C]

SECTION D: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for **Components 1 and 2 is not restricted** and is open to all entities that meet the requirements to receive USAID assistance. Organizations eligible to apply for these Components include, but are not necessarily limited to U.S. and non-U.S. non-profit or for-profit non-governmental organizations (NGOs), private voluntary organizations, foundations, colleges and universities, civic groups, faith-based and community institutions, philanthropic organizations, advocacy groups, etc. **Component 3 is restricted** to local Benin entities. 'Local Entity' definition is provided in Section A of this APS.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID. However, individuals are not eligible to apply for funding.

Concept papers from organizations that do not meet the above eligibility criteria will not be reviewed and evaluated. An unsuccessful concept paper does not preclude the organization from submitting another concept paper.

For profit applicants should note that USAID policy prohibits the payment of fee/profit to the prime recipients of grants or cooperative agreements.

2. Cost Sharing or Matching

"Cost share" refers to the resources a recipient contributes to the total cost of an agreement. Cost share may be proposed with the concept paper. Cost share will become a condition of an award if a full application is requested, and the cost share is part of the approved award budget. The cost share must be verifiable from the recipient's records; for U.S. organizations it is subject to the requirements of 2 CFR 200.306, and for non-U.S. organizations it is subject to the Standard Provision, "Cost Share"; and can be audited. Costs that are unallowable in accordance with the applicable cost principles at the time of the award cannot be accepted as cost share. If a recipient does not meet its cost share requirement, the AO may apply the difference in actual cost share amount from the agreed upon amount to reduce the amount of USAID funding for the following funding period, require the recipient to refund the difference to USAID when this award expires or is terminated, or reduce the amount of cost share required under the award. If an activity generates program income, the AO may approve use of program income to finance the non-Federal cost-share of an award (see also 2 CFR 200.307 and the standard provision "Program Income" stated in the request for full application).

USAID has established a suggested recipient cost share of 5 to 10% of projected award amount for the award Components 1 and 2. Such funds may be provided directly by the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. This may include contribution of staff level of effort, office space

or other facilities or equipment which may be used for the program, provided by the recipient. Cost Share is not required, but may be proposed, for Component 3. For more guidance on cost sharing in grants and cooperative agreements see 2 CFR 200.306.

3. Risk Assessment

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government Standards, laws, and regulations.

USAID will perform a risk assessment in accordance with 2 CFR 200.205 to determine the responsibility of Applicants considered for award. USAID may determine that a pre-award survey is required to conduct an examination that will serve as the basis for determining whether the prospective recipient had the necessary organization, experience, accounting and operational controls, financial resources, and technical skills - or the ability to obtain them - in order to achieve the program objectives and to comply with the terms and conditions of the award. Depending on the results of the risk assessment, USAID will determine if to execute the award, not execute the award, or to award with "specific conditions" (2 CFR 200.207).

[END OF SECTION D]

SECTION E: CONCEPT PAPER SUBMISSION INFORMATION

1. Agency Points of Contact

Name: Nadege Deguenon
Title: Acquisition and Assistance Specialist
Email: ndeguenon@usaid.gov

Name: Ugo Oguejiofor
Title: Sr. Acquisition and Assistance Specialist/OAA Team Leader
Email: uoguejiofor@usaid.gov

2. Questions and Answers

Questions regarding this APS must be submitted in writing by email to the above points of contact, with copy to mission-cotonou-oaa@usaid.gov no later than the date and time indicated on this APS, or as amended. **All questions submitted by email must have the APS number included in the email subject line**. **No telephone contacts will be accommodated**. Any information given to a prospective Applicant concerning this APS will be furnished promptly to all other prospective Applicants as an amendment to this APS, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

3. Pre-(Concept) Application Conference

USAID will hold a virtual pre-(concept) application conference on the date provided on section A of the APS. The conference will be open to all Interested Parties and the purpose of the conference is to clarify the APS requirements and respond to any questions the potential applicants of the APS might have. The conference details including the meeting link will be posted on the Grants.gov website.

4. Concept Paper Submission Instructions

Applicants must first submit a Concept Paper before being invited to submit the Full Application if eligible. Concept Papers in response to this APS must be submitted no later than the closing date and time indicated on the APS, as amended. Concept Papers that are submitted late may be evaluated in a subsequent round (if any).

Concept papers **must** be submitted by email to ndeguenon@usaid.gov with a copy to mission-cotonou-oaa@usaid.gov. Email submissions must include the APS number and applicant's name in the subject line heading.

Applicants must submit concept papers that are focused on the individual components - Components 1, 2 or 3. Applicants may submit multiple concepts in response to this APS. USAID may at its discretion issue a single award covering more than one Component if the same organization wins more than one Component of the APS.

Concept papers must be submitted by the Applicant or pre-formed consortia only. No separate sub-awardee applications are accepted; nor will USAID accept concept papers from individuals.

USAID's email server cannot support more than 25 MBs of attachments per email. After submitting a concept paper electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

5. Concept Paper Content and Format

Concept Papers MUST be submitted in English or French electronically via e-mail in searchable and editable Microsoft Word or Adobe PDF format. No additions or modifications to concept papers will be accepted after the submission date. Applicants must submit only the information and materials requested and, in the format, specified below.

Concept Papers MUST not exceed **ten (10) pages** per Component, using 1 inch (2.54 centimeters) page margins with 12-point Calibri font and single spacing. 10-point font can be used for graphs and charts. Tables must comply with the 12-point Calibri requirement. Applications must be single-sided and use left justification and footers on each page including page numbers, date of submission, and applicant's name.

Applicants are not limited to applying for one Component only. If an Applicant is applying for multiple Components, a separate Concept Paper must be submitted for each Component. USAID will not review any pages in excess of ten pages per Component. Please ensure that applications comply with the page limitations.

(i) Cover Page (limited to one [1] page): Please include the following information:

- Name of the organization(s)/consortium members submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Program Component Number and Title;
- Annual Program Statement (APS) number;

- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' as provided in this APS.

(ii) Executive Summary and Context: (maximum of one [1] page): Identify the problem your organization will address, linking it to the Component's expected results and briefly describe your organization's approach to tackling this problem. What are the biggest challenges and opportunities? Describe why there is a strategic need for your organization's concept, how it differs from alternatives, and any relevant partner-specific considerations for the problem or solution.

(iii) Technical Approach: (maximum of three [3] pages): Building on the introduction, expand on your approach and its innovations for achieving the desired impact. Briefly describe critical barrier(s) or problem(s) that your organization's concept addresses. Include sufficient rationale that addresses the technical soundness, feasibility, scalability, and contribution towards sustainability of the proposed idea/approach. Explain how the proposed project supports or relates to Benin's national health strategies, including the PAG II, PNDS, *Plan opérationnel de réduction de la mortalité maternelle, et néonatale and* the *Politique Nationale de Santé Communautaire au Bénin*, as appropriate.

Describe the types of benefits the interventions will produce and the types and range of people who will benefit from this intervention. Applicants should explicitly demonstrate how the interventions will target and ensure meaningful inclusion and participation of beneficiaries who are marginalized including women and girls, youth, indigenous people, ethnic, and/or religious minorities. Gender integration is a mandatory consideration in all USAID programming. Applicants are required to explicitly address how gender issues — such as identifying and understanding the causes of gender inequalities; differences in roles, responsibilities, and needs of men and women; and the relationships between men and women, within the same sex, and between older and younger men and women — are linked to health care utilization and how gender issues will be integrated into the approach.

Address the ways in which CLA will contribute to the proposed objectives, results, and outcomes of this project. Each Component should develop dynamic monitoring, evaluation and learning practices which provide opportunities for periods of intensive analysis, reflection, and evaluation alongside regular activity monitoring. Each Component should build upon the emerging work on adaptive management and flexible programming which encourages better use of evidence, and the ongoing generation and use of evidence, for performance and shifts the focus to activity outcomes instead of activities. The monitoring, evaluation and learning plan must include a strategy for data collection, analysis and for ensuring data quality. Furthermore, the Components should support strengthening the capacity of local entities to use data for decision making.

If you are submitting separate concept notes for other Components, briefly indicate if the concept notes can work in complementarity.

(iv) Expected Program Results: (maximum of two [2] pages): As specifically as possible, describe the anticipated outputs the Applicant will support to achieve the expected outcomes detailed in the APS. Describe the types of benefits the approach will produce and the types and range of people who will benefit to include women and men, youth, disadvantaged populations, etc.

(v) Organizational and Management Capacity: (maximum of one [1] page): Describe organizational capacity – technical, managerial, financial, etc. – to carry out the proposed intervention. Describe and define the role of other entities in the partnership. This must include a description of sub-awardees and their scope. Identification of potential partnerships should reflect recognition of the value of diverse perspectives and capabilities, including significant thought to engaging and collaborating with local partners. Briefly describe Programs of similar size and scope that the organization and its sub-awardees have supported.

(vi) Budget (maximum of one (1) page: Applicants must submit a summary illustrative budget (up to five years' period of performance) in the format below, indicating the estimated cost to implement the activities described in the concept. Applicants are encouraged to consider security needs in the budget development based on the target communities/regions of each component [see section B1.C(11)]. The Applicant should utilize the following budget line items and format:

Description	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
a. Personnel	$	$	$	$	$	$
b. Fringe Benefit	$	$	$	$	$	$
c. Travel & Transportation	$	$	$	$	$	$
d. Equipment	$	$	$	$	$	$
e. Supplies	$	$	$	$	$	$
f. Contractual (subawards)	$	$	$	$	$	$
g. Other Direct Charges	$	$	$	$	$	$
h. Total Direct Charges (sum of a - g)	**$**	**$**	**$**	**$**	**$**	**$**
i. Indirect Charges	$	$	$	$	$	$
j. Emerging Opportunity/Crisis Response*	$	$	$	$	$	$

k. Totals (sum of h - k)	**$**	**$**	**$**	**$**	**$**	**$**
l. Cost Share (as applicable)	$	$	$	$	$	$

** Applicants are required to set aside 10% of the budget per component to allow for USAID flexibilities in responding to any urgent/unexpected crisis or opportunities that may emerge during program implementation [see section B1.C(10)].*

(vii) Concept annex(es), to include endnotes (limited to 1 page)

Pages in excess of the above limits will not be reviewed.

6. Partnership Agreement(s)

If the applicant proposes to partner with other organizations through sub-awards, it should present a clear structure in terms of roles and responsibilities of each recipient, lines of authority and managerial decision-making process. Resources should be shared among the sub-recipients based on their contributions to the program.

In preparing their applications, applicants must not enter into exclusive arrangements with personnel or with local organizations.

7. Concept Papers with Proprietary Data

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purpose, should mark the cover page with the following:

> "This concept paper includes data that must not be disclosed, duplicated or used – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. 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 sheet numbers*}."

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

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

[END OF SECTION E]

SECTION F: CONCEPT PAPER REVIEW INFORMATION AND MERIT REVIEW CRITERIA

Merit Review of Concept Papers

A separate USAID Merit Review Committee (MRC) will be established for each Component to review Concept Papers received and to evaluate them for responsiveness to the merit review criteria outlined in this APS. Clarity and specificity are important as is ensuring that the Concept Paper narrative addresses the Merit Review Criteria that will be used to review the Concept Paper. During the merit review process, USAID may reject those Concept Papers that are vague or merely restate language found in the APS. Proposed Concept Papers must not exceed maximum funding amounts for the Component as described in this APS.

Concept Papers will be evaluated on **Pass/Fail basis** and will involve the following process:

Step 1: The MRC reviews all concepts received by the Round 1 Deadline.
Step 2: Applicants who received a "pass" will be invited to submit a full application.
Step 3: Applicant Concept papers received after the Round 1 closure will be reviewed, so long as there is continuing need for concepts and funds remain available.

Merit Review Criteria

The following Merit Review Criteria will be used for the Concept Paper review:

- **Technical Approach:** The extent to which the concept paper proposes sound approaches to achieve the expected outcomes for each Component described in section B of the APS. The extent to which the Applicant identifies the problem they will address, based on relevant country information and their own analysis, and proposes sound approaches to tackle the identified problem. The extent to which the Applicant addresses the technical soundness, feasibility, scalability, and contribution towards sustainability of the proposed idea/approach. The extent to which CLA will contribute to the proposed objectives, results, and outcomes of this project.

- **Expected Program Results:** The extent to which the Applicant describes how the proposed outputs will achieve the expected outcomes detailed in the APS. The extent to which the Applicant describes the types and range of people who will benefit to include women and men, youth, disadvantaged populations, etc.

- **Organizational and Management Capacity:** The extent to which the Applicant and its sub-awardees demonstrate the institutional capacity to achieve expected outcomes detailed under "Technical Approach" [Section E5(iii)]. The extent to which the management approach supports effective implementation of the proposed program while maximizing cost-efficiency and streamlining technical integration. The extent to which the Applicant demonstrates experience in implementing similar programs of comparable scale and complexity.

The summary budget will be reviewed to understand the applicant's ability to perform the activities within the amount requested and whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency.

USAID reserves the right to pose clarifying questions with any applicant but may not opt to do so if it believes it has sufficient information in the concept paper itself. Posing clarifying questions with one applicant does not obligate USAID to do so with all applicants.

If an organization's Concept is not successful, the organization may submit another Concept Paper in a future round. Merit review Criteria may be revised to the specifics of the round.

For Concept Papers that do not meet the requirement of the APS, no further action will be required from the Applicants. USAID/Benin will notify respective applicant(s) of their unsuccessful applications.

[END OF SECTION F]

SECTION G: RELEVANT REFERENCES

- 2 CFR 200
- ADS 300
- USAID Standard Provisions for U.S. Nongovernmental Organizations
- USAID Standard Provisions for Non-U.S. Nongovernmental Organizations
- 2 CFR 200, Subpart E – Cost Principles
- Initial Environmental Examination (IEE) USAID/Benin Strengthening Health Services, Demand, and Systems in Benin

[END OF SECTION G]

ANNEX 1 - ABBREVIATIONS AND ACRONYMS

ADS – Automated Directive System

ARCH - Social Protection: Insurance for the Strengthening of Human Capital

ANCB - Association Nationale de Communes du Benin

ANSSP - Agence Nationale des Soins de Santé Primaire

AO - Agreement Officer

AOR - Agreement Officer's Representative

APS - Annual Program Statement

ARS- Autorité de Régulation du Secteur de la Santé *(Health Regulatory Authority*)

ASA - Apparently Successful Applicant

ASCQ - Agent de santé communautaire qualifié *(Qualified Community Health Workers*)

CFDA - Catalog of Federal Domestic Assistance

CFR - Council on Foreign Relations

CFR – Code of Federal Regulations

CH - Community Health

CHW - Community Health Worker

CLA - Collaborating, Learning, and Adapting

CDLS-TP: Comité départemental de Lutte Contre le VIH/SIDA, la Tuberculose, et le Paludisme, les Hépatites, les infections sexuelles transmissibles et les épidémies.

CCLS-TP - Conseil Communal de Lutte Contre le VIH/SIDA, la Tuberculose, et le Paludisme, les Hépatites, les infections sexuelles transmissibles et les épidémies.

CNLS-TP - Conseil National de Lutte Contre le VIH/SIDA, la Tuberculose, et le Paludisme

CNSSP - Conseil National des Soins de Santé Primaire

COGECS - Comité de Gestion de Centre de Santé

CoLoSS- Composante Locale du Systeme de Sante

DDS - Direction Départementale de la Santé

DFC - Development Finance Corporation

DHIS - District Health Information Systems

DHS - Demographic Health Survey

EEZS - Equipe d'Encadrement de Zone Sanitaire

EmONC - Emergency Obstetric and Newborn Care

eLMIS- Electronic Logistics Management Information System (*English translation of eSIGL*)

eSIGL - Système d'information et de gestion logistique (*French translation of eLMIS*)

FAA - Foreign Assistance Act

FaDeC Santé - Funds for the Support of Communal Development Health

FP - Family Planning

FY - Fiscal year

GOB- Government of Benin

HSS - Health System Strengthening

iHRIS- Human Resources Information System

IR - Intermediate Result

LMAG - Leadership, Management, Accountability, and Government

LOE - Level of effort

MDG - Millennium Development Goal

MOH - Ministry of Health

MNCH - Maternal, newborn, and child health

MRC - Merit Review Committee

NMCP - National Malaria Control Program

NOFO - Notice of Funding Opportunity

OMB - Office of Management and Budget

OOH - Office of Health

PAG - Programme d'Action du Gouvernement

PDC - Plan de Développement Communal

PHC - Primary Health Care

PIHI - Package of High Impact Interventions

PNDS - Plan National de Développement Sanitaire et Social

PSSP - Private Health Sector Platform

PTA - Plan de travail annuel

RMNCH - Reproductive, Maternal, Newborn, and Child Health

SAM - System for Award Management

SBCC - Social and behavior change communications

SDG - Sustainable Development Goal

SRH - Sexual and reproductive health

SVDL - System for visualizing logistics data

UHC - Universal Health Coverage

UNICEF - United Nations Children Fund

USAID - United States Agency for International Development

[END OF APS]