Annual Program Statement Number 72068023APS00001,
USAID's Strengthening Health Services, Demand, and Systems in Benin Program

QUESTIONS AND ANSWERS

#	Questions from Potential Applicants	USAID's Responses
GENERAL		
1	Section A - On page 4 the APS notes that, "Requests for a second round of Concept Papers… will be based on continuing need for innovative ideas under one or more components…" Would USAID confirm if it will require all round one applicants to submit second round concept papers?	If USAID opens a second round of Concept Papers, any Applicants not selected in the first round are welcome to submit another Concept Paper.
2	Section E - Per page 36, under Section E5 (i-vi), would USAID consider allowing flexibility in the page allocation per section while not exceeding the total ten-page limit per component?	No, USAID will not consider flexibility in the page allocation per section. However, the page allocation is revised to exempt the cover page from the 10-page limit; and increase the number of pages for the Organizational and Management Capacity section from 1 page to 2 pages. Please refer to the revised APS.
3	Page 36, Section E.5. Under Concept Paper Content and Format, the APS notes 'Concept Papers MUST not exceed (10) pages per Component', however within this breakdown it includes sections that typically do not count towards the page limits such as the cover page and annexes. Would USAID please consider the 1-page cover page, 1-page annex, and 1-page budget be excluded from the 10-page limit?	
4	Can USAID confirm that it requires a summary level budget as part of the 10 page-limit, or can it be included as an annex outside the 10-page limit?	USAID confirms that it requires a summary level budget as part of the 10 page-limit.
5	Is the breakdown of the recommended page limit for each subsection of the concept note illustrative or rigid instruction?	Applicants must not exceed the page limitations stipulated in the APS. Per APS submission information, pages falling outside of the page limit will not be reviewed.

6	Section E - Per page 37, under Section E5(iii), would USAID clarify whether applicants are required to submit a separate "monitoring, evaluation and learning plan?" If not, should applicants integrate this information in the Technical Approach(es)?	A separate monitoring, evaluation and learning (MEL) Plan is not required at this stage. Applicants must integrate pertinent MEL information in the Technical Approach.
7	Section E - Can USAID clarify if information on the "types and range of people who will benefit…," (pgs. pages 37-38, under Sections E5(iii) and E5(iv) needs to be stated in both sections? Might USAID consider focusing the information in only the Expected Program Results section?	The information is removed under Section E.5.(iv) - "Expected Program Results". Applicants are required to address this requirement only under Section E5(iv) - "Technical Approach".
8	Section E - On page 39, under Section E5(vi), the APS notes that "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 opportunity that may emerge during program implementation." Would USAID consider eliminating the 10% cost set-aside requirement for Component 1 applicants as the "unforeseen opportunities or emergencies [that] may entail implementing activities in new locations" noted in Section B1.C(10), on page 15, will likely not apply given that the successful applicant will implement Component 1 at the national level?	Given the uncertainty about the emergence of any global/regional crises or pandemic that may directly impact the overall health system, or any unforeseen opportunities that may arise during award implementation, USAID considers the budget set-aside necessary. Therefore, USAID will not eliminate the cost set-aside requirement for Component 1 or for any of the Components.
9	Section E - On page 39, in Section E5(vii), the APS notes that "concept annex(es), to include endnotes [are limited to one page." Would USAID advise applicants on what they should include in concept paper annex(es) and/or endnotes?	It is the responsibility of the applicant to determine what annexed information is applicable to their application.
10	On page 36, USAID notes that "applicants must submit concept papers that are focused on the individual components- Component 1, 2 or 3. Applicants may submit multiple concepts in response to this APS." Can USAID clarify if applicants submitting multiple concepts should submit all concept notes in one email or submit a separate email for each concept note?	Applicants must submit concept papers for each component in separate emails.

11	As currently scheduled, the pre-concept conference is on June 5th, eleven days prior to the submission date. Would USAID consider moving the pre-concept conference to an earlier date to allow applicants more time to incorporate any information shared during the conference into the concept note?	USAID considers the timeline provided sufficient for Applicants to finalize and submit their concept papers. However, the pre-concept meeting date is changed to June 12; and the date for the submission of concept papers is changed to June 23, 2023.
12	Page 3, Section 1. Would USAID please consider extending the June 16th deadline for Concept Note Submission if the June 5th Pre-Concept (Application) Conference poses more need for questions and clarification?	
13	Could USAID please confirm in which language the pre-concept conference will be held? Will simultaneous translation be available?	Annexes and/or Endnotes are limited to 1 page. It is the responsibility of the applicant to determine what annexed information or endnote is applicable to their application.
14	On page 11, USAID uses the term "medical departments." Could USAID please define or clarify the term "medical departments"?	Medical departments refer to Health Zones.
15	On page 32, USAID states, "USAID intends to award one to three cooperative agreements pursuant to this notice of funding opportunity." Does USAID anticipate awarding all 3 components simultaneously? Could USAID please provide an anticipated award date for each of the 3 activities?	USAID anticipates that awards will be made in the last quarter of Calendar Year 2023, in a staggered manner.
16	Could USAID please provide the anticipated award date for each component of this APS?	
17	On page 41, USAID states, "If an organization's Concept is not successful, the organization may submit another Concept Paper in a future round." Does USAID intend to release additional rounds under this APS?	USAID will consider releasing an additional round under this APS, based on continuing need for innovative ideas under one or more components.

18	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 sectionB1.C(10)] . Should applicants assume that the set-aside funds are inclusive of applicable indirect costs, or should applicants capture applicable indirect costs associated with the set-aside funds in the budget summary line i. Indirect Charges?	Set-aside funds are inclusive of all associated indirect costs.
19	The summary budget template indicates “subawards' ' under “f. contractual”. Can USAID please confirm whether this line is reserved only for subawards or whether applicants can include other contractual costs within this lineitem?	Applicants can include other contractual costs under the line item. The word “subaward” has been removed from the budget line for clarity.
20	Could USAID confirm that Concept Notes should have two annexes: Annex 1 Endnotes and Annex 2 Partnership Agreements? If so, could USAID please confirm if there is a page limit for the Partnership Agreements Annex?	Annexes and/or Endnotes are limited to 1 page. It is the responsibility of the applicant to determine what annexed information or endnote is applicable to their application.
21	Could USAID kindly clarify if graphics and tables should be included in the overall 10-page limit for each concept paper?	The 10-page limit includes any graphics and/or tables.
22	Would USAID consider exempting the cover page and/or annex from the 10-page overall limit for each concept paper and allowing applicants to reallocate the space to other required concept paper sections?	USAID has revised the page allocations to exempt the cover page from the overall page limit. However, the annexes/endnotes count towards the 10-page limit. Please refer to the revised APS.

23	On page 38, (v) Organizational and Management Capacity, the APS instructs applicants to describe 1) organizational capacity (technical, managerial, financial, etc.) to carry out the proposed intervention; 2) the role of other entities in the partnership including a description of sub-awardees and their scope and 3) Programs of similar size and scope that the organization and its sub-awardees have supported. The section's Merit Review Criteria (page 40) are equally robust. Given that the APS limits applicants to one page for this section, could USAID confirm that very high-level responses are acceptable for this section? If more detail is preferred, would USAID consider allocating an additional page (i.e., two pages total) for this section?	USAID has revised the page allocations. Please refer to the revised APS.
24	In the summary illustrative budget (APS page 38, section vi), in which line item should the Offeror include subgrants noted in Component 2 (for districts, health zones, and/or departments)?	Include the subgrants under the Contractual budget line.
25	On pages 33-34, the APS states that “USAID has established a suggested recipient cost share of 5 to 10% of projected award amount for the award Components 1 and 2.” However, the instructions on page 39 say there is a 10% cost share requirement. Could USAID please clarify the desired percentage of cost share?	The suggested recipient cost share for Components 1 and 2 is 5 to 10%. The cited reference on page 39 is different and refers to setting 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)].
26	Page 39, Section E. The APS states that “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.” Can USAID please confirm that applicants are not required to provide detailed breakdown or cost narrative for this plug figure and that the recipient will be able to allocate this amount to proper budget categories (direct, indirect) during implementation.	Applicants are not required to provide a breakdown of the 10% set-aside. The amount should be reflected as a plug figure in the budget under budget line item “j”.

27	Can USAID confirm that the Prime Recipient will be expected to award funded grants to districts, health zones and/or departments? If so, have all the entities already been identified and had a risk assessment performed and a determination and finding (D&F) process completed?	USAID/Benin envisions that demand-driven subgrants awarded to districts to support implementation of Annual Work Plans could be a key part of Component 2. Possible entities have neither been identified nor assessed. The award recipient will be required to perform the necessary due diligence of the subpartner.
28	Would USAID accept having a project employee seconded into agencies and ministries?	Yes, but this is at the applicant's discretion.
29	Page 36, Section E.4. Under Concept Paper Submission Instructions, the APS states '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'. Does USAID prefer that one successful organization lead both Components 1 and 2 with a local organization leading Component 3?	USAID does not have a preference. Please note Section E5(iii) which highlights that "If you are submitting separate concept notes for other Components, briefly indicate if the concept notes can work in complementarity."
30	Page 17, B2., A. Background. The APS states that "the GOB passed reforms to incentivize investment in all sectors, including health, opening the door for private sector participation and investment." Could USAID specify what reform this is referring to and in what year it was passed?	1. The GOB passed many reforms to incentivize investments in all sectors, including but not limited to: a) Establishing a new mechanism to coordinate and facilitate relations with the private sector and to promote investment and exports; b) Strengthening the legal and judicial framework to secure investments; c) Offering specific conditions and facilities taking into account Benin's assets and its strategic position in the sub-region; d) Creating a working environment that meets international standards; e) Facilitating the free movement of people and goods; f) Simplifying the business creation process in Benin.

31	Page 7, B1. Umbrella Program Description – Strengthening Health Services, Demand and Systems in Benin, Human Resources for Health. On page 7 of the APS, a range of Human Resources for Health challenges are identified, including around the recruitment, absorption, and retention of health personnel. Component 1 - Outcome 1 on page 18 and 19 focuses on e-learning. Can USAID clarify if there is a specific scope that also includes supporting progress against the other HRH challenges identified on page 7 of the APS?	USAID leaves it up to the applicant to determine an appropriate HRH strategy.
32	Page 35, Section E. "Concept Papers that are submitted late may be evaluated in a subsequent round (if any)." Will USAID continue with subsequent rounds if winners for all three Components are identified in Round 1?	USAID will consider releasing an additional round under this APS, based on continuing need for innovative ideas and subject to availability of funds.
33	Page 33, Section D. Could USAID please elaborate on the programmatic rationale for the required cost share level of 5-10% and USAID's considerations? We believe that understanding the rationale and considerations will help us adequately respond to the APS requirement and develop a realistic cost share plan. Our understanding is that, per the policy, the determination to require cost share and its level is made and documented prior to the issuance of the APS, and such determination should take various considerations or factors into account.	Among other considerations, the cost share contribution is intended to give the potential recipient a financial stake in the program, thereby encouraging their active engagement and contribution to the achievement of award objectives and success of the program. It will also contribute to the sustainability of the program after USAID assistance ends.
34	Is there an estimated start date to use for the concept budget?	USAID anticipates that awards will be made in the last quarter of the Calendar Year 2023 in a staggered manner. Any date within the quarter can be used for the concept budget for budgeting purpose.
35	Can USAID share the mid-term evaluation report from the Integrated Health Services Activity and the Private Sector Health Partnership Activity?	No midterm evaluations were conducted on this activity.

36	How are the 3 criteria (technical approach, expected program results, and organizational and management capacity) weighted?	The three criteria will be weighted equally. Evaluation of concept papers will be on a pass/fail basis.
37	« Eligibility for Components 1 and 2 of this program are unrestricted, and therefore open to all entities. Est ce qu'il s'agit seulement des ONGs Internationales?	No, all organizations are eligible to apply for these components. The full reference states: "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."
38	Dans le cas d'un consortium d'ONG, l'évaluation des capacités organisationnelle et de gestion intègre t'elle les capacités de l'ensemble des structures membres du consortium où celle du chef de file seul ?	The requirement refers to the Applicant and its Partners who will be implementing a portion of the program. As stipulated in Section E5(iii)], USAID will review the extent to which the Applicant and its Sub-awardees demonstrate the institutional capacity to achieve expected outcomes detailed under "Technical Approach".
39	Des pourcentages sont-ils exigés pour chaque rubrique du budget ?	No. Please provide amounts.
40	Sur la page de garde de la note conceptuelle, il est demandé de préciser les "Sous-récipiendaires" ou les "Partenaires". Nous aimerions savoir ce que nous devrions comprendre par "Sous-récipiendaires" ou "Partenaires". Quelle différence existe-t-il entre cela et les autres membres d'un consortium en dehors du chef de file ? Également, est-ce que c'est différent des autres parties prenantes à impliquer dans la mise de la composante 3 ?	A subrecipient is an organization engaged by a Prime Recipient to implement a part of the program. The lead to a consortium is the Recipient while other members are categorized as subrecipients. Individuals that are beneficiaries of the program are not subrecipients.

41	I wanted to inquire whether we can expect the answers to the questions to be delivered before the Virtual Pre-Concept (Application) Note Conference on June 5th?	Yes. The answers to the questions are hereby provided.
42	Could USAID confirm in which language the pre-concept conference will be held? Will simultaneous translations be available?	The conference will be held in both English and French.
COMPONENT 1		
43	Section A - On page 4 the APS notes for Component 1, "the geographic focus is national." Would USAID confirm if Component 1 should engage with all 77 communes or only the communes targeted by Components 2 and 3?	Component 1 must not only target the communes targeted by Components 2 and 3. The focus of Component 1 is at the national (central as well as subcentral) level of the health system
44	On page 10, under the geographic scope of component 1, USAID states that "the focus of Component 1 is at the national (central as well as subcentral) level of the health system." Can USAID further clarify the meaning of the term "subcentral"? Is component 1 expected to work at the departmental level?	For the purposes of this APS, USAID considers the "central level" of the public sector to be the Ministry of Health and the "central level" of the private sector to be the Private Health Sector Platform (PSSP). USAID considers the "subcentral level" as the departmental and health zone levels. While the focus of Component 1 is at the central level, Component 1 must be able to provide technical support to the departmental level, as appropriate.
45	On page 32, the authorized geographic code (937) appears to restrict applicants from engaging partners based in developed countries outside the United States. Would USAID consider changing the Geographic Code to 935, or if not, detail the waiver process so applicants may plan for international engagement?	USAID will not consider changing the geographic code to 935. USAID will handle requests for approval for use of Geographic Code 935 for purchase of goods and services from advanced developing countries on a case by case basis.
46	Page 17, Section C., 1. IR1. On page 17, the first expected result within Component 1 requests 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." Could USAID please clarify what would constitute a 'timely manner' used for decision making purposes?	It means that data are available at a useful frequency, are current, and timely enough to influence management decision making. The Ministry of Health has provided guidelines for the frequency of data reporting in both the public and private sectors.

47	Page 17, C. Component 1 – Expected Results, IR1: Strengthened Health Systems. The APS mentions the private sector should increase investments through the provision of guarantees through the Development Finance Corporation (DFC). DFC's website does not currently list any active investment projects in Benin. Can USAID clarify the timeline for when the DFC bank guarantee will be functioning in Benin?	USAID expects the bank guarantee with the DFC to be in place by September 2023.
48	Page 19, B2., Expected Outcome 3. Under Outcome 3: Increased Domestic Resource Mobilization and Private Sector Investments for Health, the APS states DFC and USAID are establishing bank guarantees with local financial institutions. Could USAID please provide how many financial institutions will be selected for the USAID-DFC bank guarantees? Have those guarantees already been set up, or will they be in place before the award is in place?	At this time, USAID has identified one bank and expects the loan guarantee to be in place by September 2023.
49	The APS mentions leveraging the DFC and bank guarantees for private health investments. Beyond training on finance and management, are there specific linkages expected between Component 1 and the DFC?	No. Linkages are not expected beyond training on finance and management.
50	Page 17, B. Component 1 – Program Description. The APS mentions the Private Health Sector Platform (PSSP) as one of the organizations to benefit from leadership, management, accountability, and governance (LMAG) strengthening. Could USAID comment on the current leadership and management strengths and weaknesses of PSSP and the vision for their strengthened role in the overall health system?	The PSSP is the only GOB recognized entry point to the private health sector; promotes compliance with legal, regulatory, and ethical provisions; and ensures public-private partnerships are well governed. The former president of the PSSP is the president of the Health Regulatory Authority, and the PSSP is currently led by an interim president, with elections scheduled for June 2023. Governing documents will also be updated at that time.

51	Page 19, D. Component 1 – Expected Outcomes, 3. Outcome 3. Increased Domestic Resource Mobilization and Private Sector Investments for Health. The APS states that the GOB aims to increase private sector investment in health care by promoting an enabling environment for public-private health partnerships. Can USAID clarify if there have been any recent assessments of the key enabling environment barriers to private sector expansion and investment in the overall health system?	USAID is not aware of any recent assessments.
52	Page 19, D. Component 1 – Expected Outcomes, 3. Outcome 3. Increased Domestic Resource Mobilization and Private Sector Investments for Health. The APS states that Component 1 will collaborate with the private telecommunications sector to improve wireless internet connection in all public and private health facilities of Benin. Can USAID clarify if GOB already has an agreement in place with a telecommunications provider and what type of investment this infrastructure investment is expected to require?	USAID is not aware of any agreements currently in place.
53	Page 19, D. Component 1 – Expected Outcomes, 4. Outcome 4. Strengthened Implementation and Scale-up of UHC (ARCH) Program. Can USAID clarify to what degree private sector facilities are already contracted as part of the ARCH program?	Currently, only faith-based, private sector associations are contracted as part of the ARCH program
54	B2. Component 1 – Health Strengthening. Can USAID please clarify if Component 1 is expected to build leadership, management, and data use skills exclusively at the national level or both the national level and departmental level?	Component 1 is expected to support the national and departmental levels.
55	B2. Component 1 – Health Strengthening. Can USAID indicate if Component 1 is expected to engage across all departments nationally, or just those departments covered in Component 2 and Component 3?	Component 1 must target all departments.

56	Does USAID envision Component 1 to play an explicit coordination role across the 3 components of the APS?	No. All USAID activities 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 Component 2 and Component 3 will inform the development of strategies and plan through their resident technical expertise. Both components will play a role in the implementation of many of these policies, such as the community health strategy. 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 three components 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.
COMPONENT 2		
57	Gender-based violence (GBV) is not explicitly mentioned in the APS. Is supporting services for survivors of GBV within the scope of Component 2, and if so, under which Expected Outcome? If not, will that be covered by a subsequent round or component of the APS?	GBV support to survivors is not included in the APS. USAID is currently relying on a central Global Health mechanism to provide GBV programming.
58	On page 4, USAID states that "Component 2 will provide comprehensive support to the different levels of the MOH (central, departmental, facility) to ensure that quality care is offered". However on page 17, USAID states that "component 1, working at the national level, is centered around 3 main functions- quality, equity and resource optimization -to strengthen health systems". Can USAID provide additional clarity on the boundaries between and complementarity of the work under these two Components at the national level to support quality of care?	Component 1 will strengthen and enhance the quality of health services by strengthening the health system at the national level, while Component 2 will focus on providing comprehensive support to strengthen the quality of care at the health facility level. However, USAID expects Component 2 to assist the Ministry of Health to develop national policies and strategies to guide health programming, including national standards for healthcare delivery.

59	On page 22, under sub-IR 2.2, USAID states that Component 2 is expected to conduct "activities to increase youths' (aged 15-24 years) SRH knowledge, practices, and care-seeking behaviors", and on page 25, the relevant Expected Outcome similarly focuses on empowerment of adolescents and youths. Does USAID envision Component 2 also conducting broader activities to improve knowledge, practices, and care-seeking behaviors among other target populations and the general public in the departments targeted by the project?	Component 2 SRH activities will be focused only on youth aged 15-24.
60	On page 21, USAID states that "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." Would USAID consider community-level social mobilization and SBCC activities under component 2, in addition to component 3?	Community level social mobilization and SBCC activities are primarily covered by Component 3. Component 2 may implement SBCC activities to achieve Outcome 4 Adolescents and Youths Empowered in SRH.
61	On page 21, USAID states "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." Then on page 25, USAID states "Component 2 should consider providing grants to health zones and departments aligned with their annual work plans." Could USAID specify which entities (health zones, departments, districts as a subdivision of communes), structures, and administrative levels are targeted here?	USAID has identified several, but not all, possibilities and ultimately leaves it up to the applicant to propose which entity could benefit the most from subgrants to support Annual Work Plans

62	Could USAID please confirm that Component 2 is expected to support efforts to build community resilience, as noted in the APS, page 15, paragraph 1?	Component 2 is not directly focused on community. However, any indirect action that can contribute to building community resilience is welcome.
63	On page 24 under #2, the APS says: "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." Does USAID expect construction to be allowed under this APS? If so, what would be the approximate expected level of effort for this?	No, USAID will not fund construction under this APS.
64	On page 24 under #2, the APS says: “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.” Can USAID please confirm if USAID means to write Component 2?	Yes, USAID intended to write Component 2, not Component 3. USAID corrects the statement to say: “Therefore, Component 2 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.” The APS is amended accordingly.
65	On Page 21, the APS indicates giving sub-grants to districts to support implementation of the AWP. Can USAID specify what percent or amount is intended for direct government granting under Component 2’s total budget?	USAID ultimately leaves it up to the applicant to propose an appropriate budget level for subgrants based on identified needs and their proposed strategy.
COMPONENT 3		
66	Could USAID confirm if under Component 3 applicants should include the cost of CHW remuneration in their budgets?	For budgeting purposes, Component 3 applicants should include the cost of remuneration in their budget. However, during the life of the award, USAID may negotiate with the Government of Benin to cover a portion of the remuneration costs with the proceeds of the sale of USG donated commodities. In addition, the National Community Health Strategy envisions communes gradually increasing their contribution to the CHW wage bill by 15% per year.

67	Component 2 is expected to be implemented in 24 communes while component 3 is only expected in 21. Considering that strong linkage is necessary between community and facility-based services for continuum of care and referral systems, can USAID please clarify why 3 communes are excluded from component 3?	The three communes in question are covered by a different community health donor (Islamic Bank and Fund D'appui au Developpement des Communes (FADec) pour la Sante.
68	Component 3 is restricted to Benin Local Organizations ». Est-ce qu'il y a la possibilité pour une agence du SNU d'apporter de l'assistance technique aux ONGs locales ? Si oui, comment cela pourrait être fait ?	It's up to the organization to identify the organization to sub partner with. USAID does not determine that.
69	Il est prévu pour la mise en œuvre de la politique nationale de santé communautaire au Bénin, la mise en place des Agents de Santé Communautaires (ASC) à raison d'un ASC pour 200 ménages. Chaque ASC devra recevoir en dehors de sa formation, des équipements et suivi/supervision, une somme mensuelle de 50 000 francs CFA comme motivation.Notre question est de savoir si ce montant doit être supporté par le budget de la Composante 3 en totalité sur les 5 ans ou partiellement ? Ou bien, existerait-il un autre mécanisme pour leur prise en charge ?	For budgeting purposes, Component 3 applicants should include the cost of remuneration in their budgets. However, during the life of the award, USAID will follow up with the Government of Benin on their commitment to have communes covering 15% of the CHW stipends per year and continuously increasing this percentage by 15% annually over seven consecutive years, up to full autonomy (105%).