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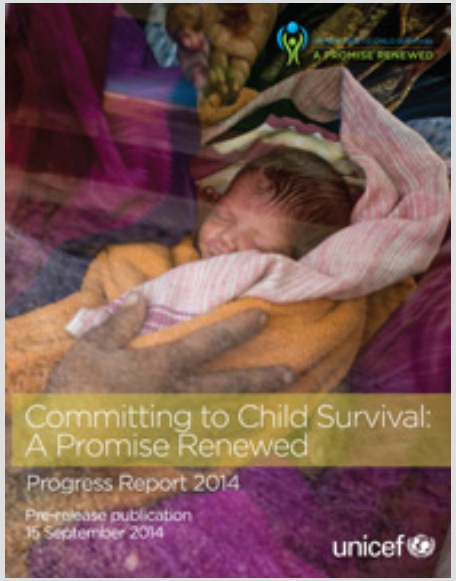
Integrating Community Health Annual Program Statement
Community Health Worker Programming Addendum



June 2015

PART I: MAKING COMMUNITIES CENTRAL IN THE POST 2015 ACCELERATION AGENDA FOR HEALTH & SUSTAINABLE DEVELOPMENT

Preliminary Remarks

- **Chris Egaas**, Branch Chief, Global Health Initiatives, Office of Acquisition and Assistance, USAID

Acting on the Call with Communities to End Preventable Child and Maternal Deaths

- **Katie Taylor**, Deputy Assistant Administrator & Deputy EPCMD Coordinator, Bureau for Global Health, USAID

Realizing the Crucial Input of Communities to Fulfill A Promise Renewed

- **Kumanan Rasanathan**, Senior Health Specialist, UNICEF NY

Directions & Flexibility in Innovative Partnerships to Advance Community Health

- **Elizabeth Fox & Kelly Saldana**, Director & Deputy Director, Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, USAID

The United States has made bold commitments to ending preventable maternal and child deaths

The United States is committed to ending preventable newborn, child, and maternal deaths in a generation.

Creation of the **Millennium Development Goals**

2000 — **GAVI**

2001

2002 — **The Global Fund**

2003

2004

2005

2006 — **UNITAID**

2007 — **Health Results Innovation Trust Fund**

2008

2009

UN launches **Global Strategy for Women's and Children's Health**

2010 — **Every Woman Every Child**

2011

Child Survival Call to Action hosted by USA, UNICEF, Ethiopia, & India

2012 — **UN Commission for Lifesaving Commodities**

2013

Acting on the Call: 2nd anniversary of the Child Survival Call to Action

2014

UN General Assembly to introduce **Sustainable Development Goals**

2015 — **Global Financing Facility**

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Focus on 24 Priority Countries

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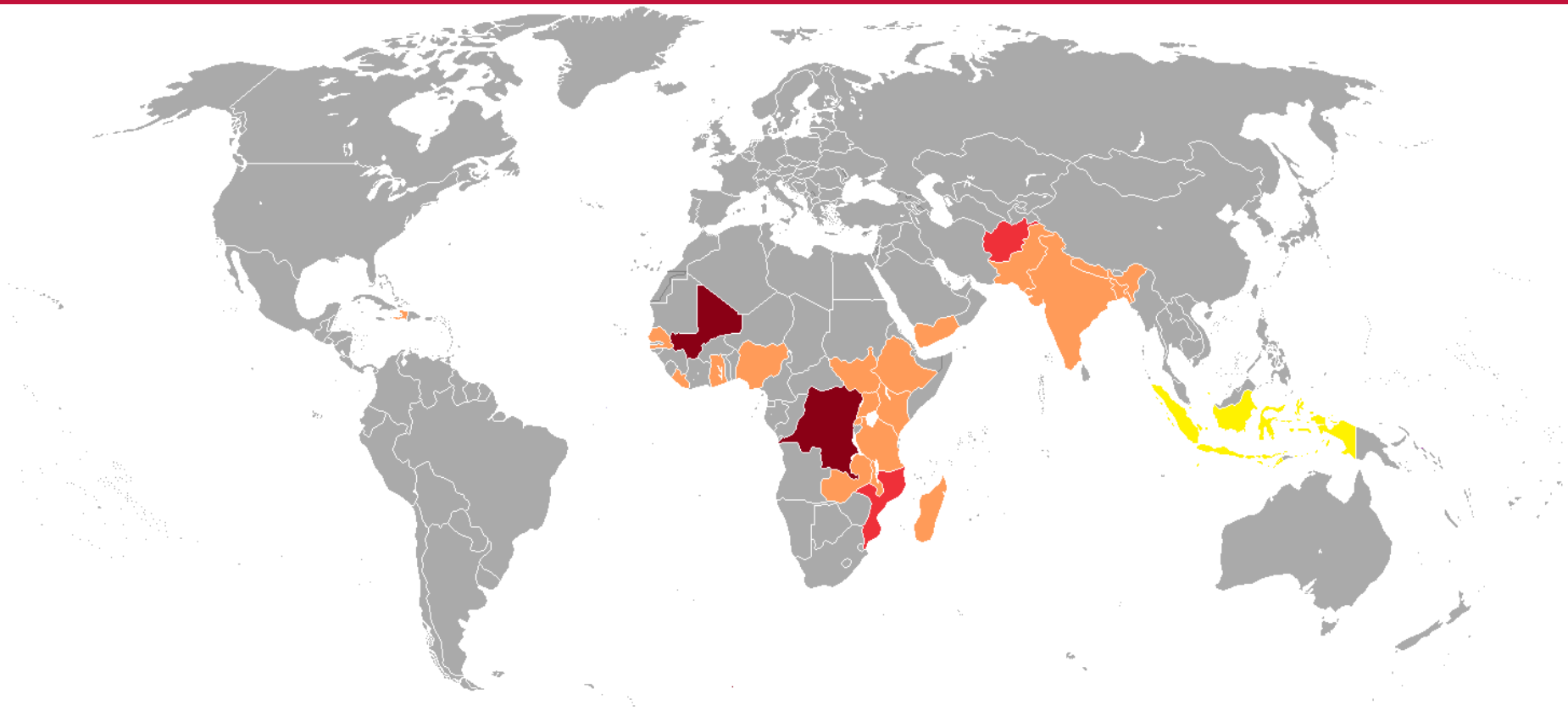
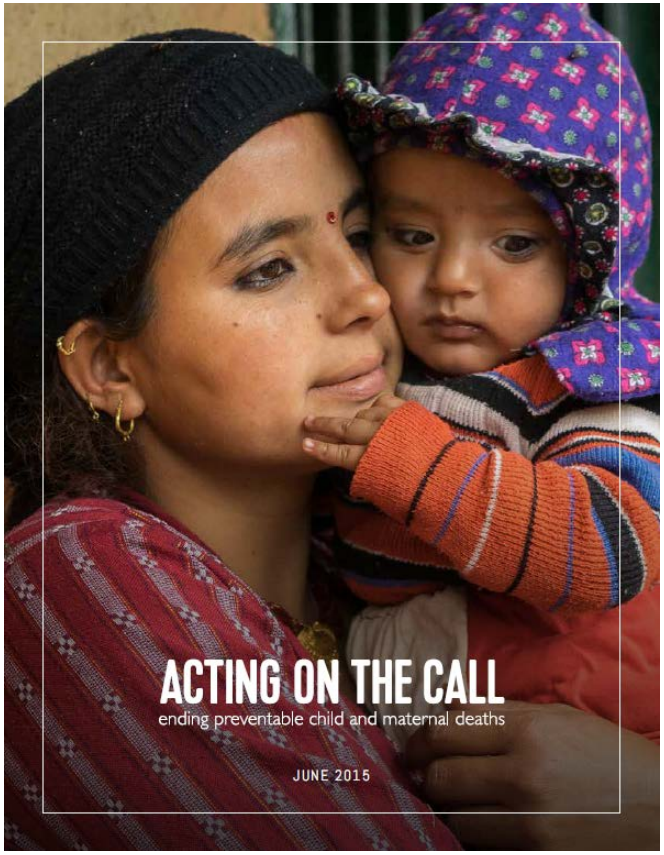


U5M Rate (per 1000 live births):

- 150 +
- 100-149
- 40-99
- 20-39
- 10-19

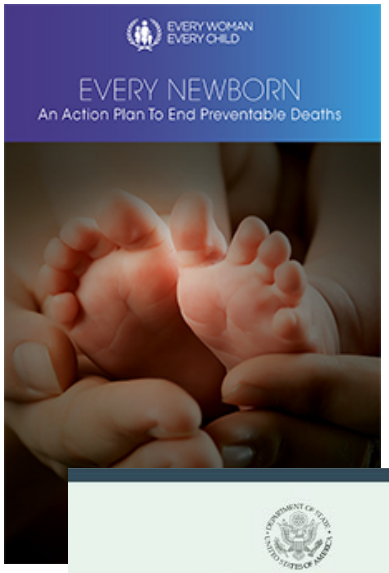
Acting on the Call with Communities

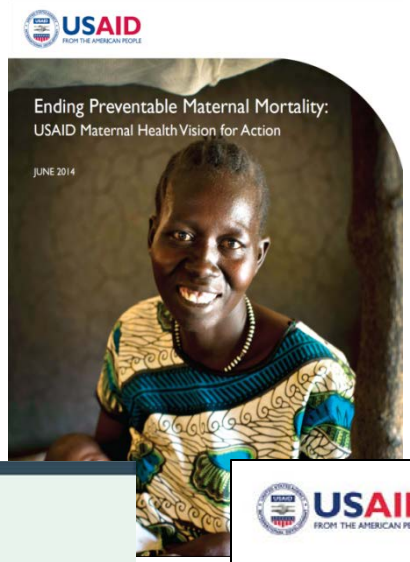
Work together to save the lives of 15 million children & nearly 600,000 women by 2020 in 24 focus countries

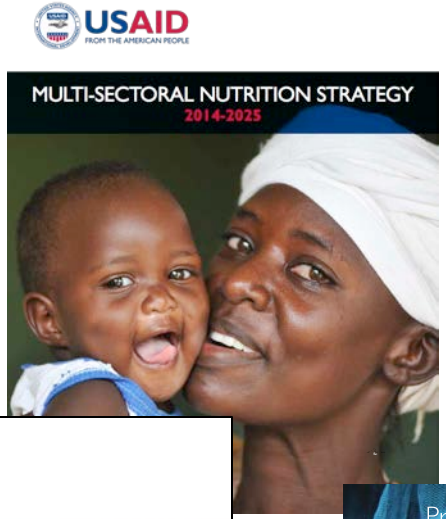


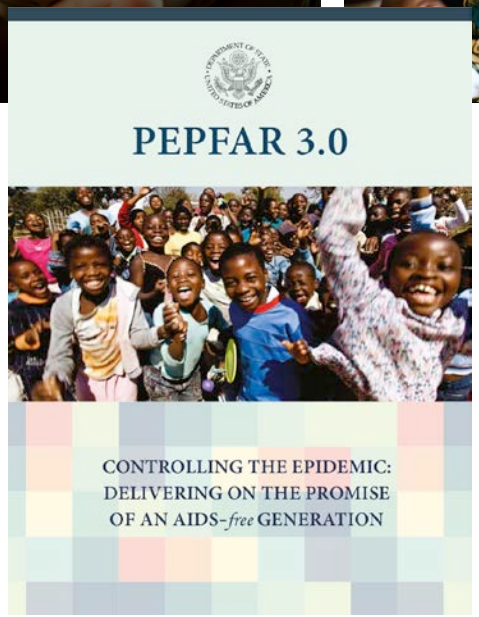
Integrating Community Health Annual Program Statement
Addendum #1: Community Health Worker Programming

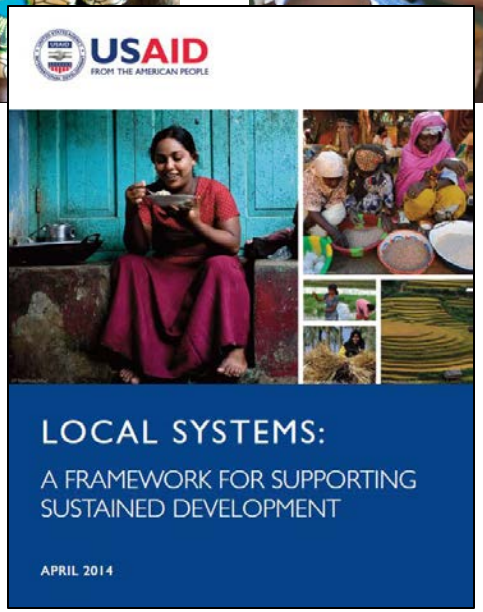
The ICH-APS Community Focus Enhances USG/USAID Investments











- **Community** is the key context for the delivery of essential RMNCAH interventions with greater equity
- Community health interventions, including community health workers, need to be **integrated as a core part of national health systems**
- Increased need for generation and use of **data at the community and district level**
- **Mobilization of demand** at community level is crucial to increase coverage

Strategic shifts to develop innovative and high-impact partnerships for community health

- **Influence** and strengthen community engagement in **systems** and policies towards sustainability and scale
- **Mobilize and connect new resources and assets** across a range of potential collaborators in health and other relevant sectors
- Develop a **more inclusive approach to partnerships**, particularly at the national/local levels
- **Build local capacity for a data-driven approach** to identify and reduce barriers to equitable coverage

A flexible architecture to mobilize and guide investment in community health

ICH-APS Complements USAID's Flagship Project to End Preventable Child and Maternal Deaths

Coordination with other Global Health Bureau Awards (e.g. PRH, OHA), USAID Missions, and UNICEF

Integrating Community Health APS
& CHW Addendum
Awards TBD
Launched in 2015

Emerging Priorities in RMNCH Interventions APS
Preterm Birth/Low Birthweight
Pre-Eclampsia/Eclampsia
Postabortion Care
3 Awards
Launched in 2015

Maternal and Child Survival Program (MCSP)
Jhpiego led with 11 partners
Launched in 2014

MCSP's Role in Integrating Community Health APS

- **Convene a community of practice around the CHW Addendum/SOTA in community health**
- **Technical assistance resource to Missions in country specific addenda**

PART II: OVERVIEW OF TECHNICAL & PROCEDURAL REQUIREMENTS FOR THE INTEGRATING COMMUNITY HEALTH ANNUAL PROGRAM STATEMENT (ICH-APS) & ADDENDUM ON COMMUNITY HEALTH WORKERS (CHWs)

Technical Overview of the ICH-APS & CHW Addendum

- **Nazo Kureshy**, Team Leader, Child Survival and Health Grants Program/Community Health, Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, USAID
- **Diana Frymus**, Health Systems Strengthening Advisor, Office of HIV and ADIS, Bureau for Global Health, USAID

Requirements for the ICH-APS & CHW Addendum

- **Chris Egaas**, Branch Chief, Global Health Initiatives, Office of Acquisition and Assistance, USAID
- **Courtney Magill**, Contract/Agreement Specialist, Global Health Initiatives, Office of Acquisition and Assistance, USAID
- **Meredith Crews**, Contract/Agreement Specialist, Global Health Initiatives, Office of Acquisition and Assistance, USAID

Leveraging Resources for Development Impact

- **Ken Lee**, Senior Partnerships Advisor, Center for Transformational Partnerships, U.S. Global Development Lab, USAID

Integrating Community Health Annual Program Statement Addendum #1: Community Health Worker Programming

- **Sustain and scale up community health approaches** (***high quality CHW programs***) **within national plans for health systems strengthening**
- **Strengthen collaboration between governments and non-governmental actors with a focus on community health (*improve performance and harmonization of CHW programs and health outcomes*)**
- **Advance the field of community health and primary health care globally.**

Integrating Community Health APS Framework

GOAL

Support countries to achieve and sustain effective coverage of high impact health and nutrition interventions at scale

PURPOSE

Strengthen the role of community health approaches to reduce barriers to coverage and support national policies and implementation plans

Addendum #1 Focus: Addressing barriers impacting the scale and sustainability of high quality Community Health Worker (CHW) programming

Objective 1: INSTITUTIONALIZATION

efficient and effective linkages between communities and systems

Objective 2: MEASUREMENT

evidence and data for decision-making

(scale, equity, accountability)

Objective 3: PARTNERSHIPS

coordination and collaboration (governments, civil society, private sector)

A range of approaches integrated and expanded in country systems to promote community led action and learning with other systems actors to reduce barriers to effective coverage of high impact health and nutrition technical interventions at scale

Community Engagement and Collaboration in systems:

- **Delivery**
- **Governance and Accountability**
- **Empowerment and Voice**

Project Design Considerations

1. **Intervention Package**
   - **Technical package of high impact health and nutrition interventions along a continuum of care**
   - **Nature of proven or promising community health approach(es) and capacity to address barriers to coverage**
   - **Multisectoral integration encouraged, as feasible, with match funds**

2. **Fit and relevance within systems and policy context (local, national)**

3. **Catalytic role and capacity to influence broader change in-country**
   - **Integration and/or alignment with in-country investments and/or decision-making processes**

4. **Strong focus on advancing measurement and learning/ building local and national capacity to generate and use data for decision-making**

Projects may be implemented in phases with clearly defined endpoints

- Operationalize gaps
- Generate new evidence and knowledge
- Build local capacity with a focus on data for decision-making
- Provide technical assistance to national and local actors to sustain and scale
- Advocate to increase political will and influence wider change

Result Areas (health and implementation outcomes & policy and systems change)

- Equitable access to quality services improved
- Healthy norms and behaviors
- Improved systems responsiveness and accountability
- Stronger collaboration and trust between communities, local civil society, and systems
- Improved sustainability and scalability of proven or promising approaches
- Increased resources for community health
- Improved global and national base of evidence and documentation of program experience

Result areas responsive to government and in-country partners decision-making and planning needs

Integrating Community Health Addendum: High Quality Community Health Worker Programming

Rationale for focus on CHWs

- Growing evidence on CHW effectiveness
- Promotion of a joint community-health systems support to CHW lens
- Need for increased stewardship for CHW s (e.g., 3rd Global Forum on Human Resources for Health Harmonization Commitment)
- Growing country interest and investment in strengthening in context of SDGs and UHC.

Ensuring CHWs' full potential for reaching global health goals: challenges at country level

- Fragmented programming contributes to ambiguity about ownership and insufficient accountability for performance across state and non-state actors, and other stakeholders

- Poor linkages of CHWs with health systems to enable effective team-based care and to guide efficiencies in service delivery

- Inadequate focus on providing adequate and effective support for CHWs to enable their performance

CHW Addendum Expectations

- Support governments to identify barriers to scale and sustainability of high quality CHW programming
- Develop local and national capacity and leadership for a data-driven problem-identification and solution approach
- Document processes and impact of CHW performance
- Increase country and community ownership and strengthen roles, as necessary

CHW Illustrative Results

- Improved capacity of CHW programs to generate new data and use it for decision making at community and higher levels of the health system to prioritize community needs and track progress

- Improved coordination and collaboration to leverage assets, resources, and commitments of non-state actors to support high quality CHW programming in national and local implementation plans

- CHW programming is effectively integrated into routine service delivery (e.g., supervision/oversight, financing, policies, and norms)

- Office of Acquisition and Assistance (OAA) to discuss:

  1) Annual Program Statement (APS)
  2) Addendum

APS – General Overview

- A mechanism for obtaining concept papers and allowing organizations to propose ideas to specific challenges
- May or may not have funding
- May have one “window” for submission of concept notes or multiple rounds
- Generally an APS has two steps:
  (1) Concept Note/Paper
  (2) Full Application

Addendum – General Overview

- Issued under a specific APS
- Mechanism for obtaining concept papers – normally the topic is more specific than the topic in the APS
- Generally has funding attached

APS – Key Information and Dates

- APS-OAA-15-000004 (Integrating Community Health)

- 3 Windows for Submission of Concept Notes:
    1) October 9, 2015 (3pm EST)
    2) February 5, 2016 (3pm EST)
    3) April 29, 2016 (3pm EST)

- Questions due 30 days before end of Window

APS - Integrating Community Health

- Want to sustain and scale-up community health approaches within national plans for health systems strengthening;
- Want to strengthen collaboration between gov't and non-gov't actors with a focus on community health;
- Advance field of community health and primary health care

Section II – Award Information

Estimated Total Funding Amount

- USAID/Washington funding is not currently set-aside under this APS. However, Applicants may submit concept papers against this APS for USAID/Washington or USAID Mission efforts, which may be funded if determined to be meritorious and if funding is available.

Section II – Award Information

Period of Performance

- The Applicant shall specify the period of performance in the concept paper. The Applicant may propose no more than a five-year period of performance.

- Each Addendum issued against the APS will specify a period of performance.

Section II –Award Information

Type of Award

- USAID may issue cooperative agreement(s) as the successful result of a two-step process review:
  1) concept paper and
  2) full application submission.

Section III – Eligibility Information

Eligible Entities

- To be eligible under this APS, an organization must one of the following types of organizations:
  - **Non-Federal Entities -** U.S. NGOs that meet the definitions in 2 CFR 200.69.
  - **Non-profit Organizations** – U.S. non-profit organizations that meet the definition in 2 CFR 200.70.
  - **Foreign Entities**– Either non-profit or for profit organizations not affiliated with a foreign government that meet the definition in 2 CFR 200.47.

Section III – Eligibility Information

Cost Share

- To be eligible, Applicants must propose a **minimum cost share of 25%** of the projected USAID funded amount.
  - For guidance on cost sharing in grants and cooperative agreements, please see 2 CFR 200.306 and the USAID Cost Share Standard Provisions for U.S. and Non-U.S. NGOs.

Section III – Eligibility Information

Resource Leveraging Requirements

- The Integrating Community Health APS **encourages** Applicants to leverage additional resources for their projects; however, this is not an eligibility requirement.
- Must be non-USG resource leverage.

Section III – Eligibility Information

Limitations on Submissions

- Each Applicant is limited to one concept paper submission per Review Window.
- May submit a concept paper for the APS and the Addendum BUT concept papers submitted under the APS must not be the same paper submitted for an Addendum.
- An Applicant under this APS may also be a proposed sub-recipient proposed as part of the submission of other Applicants.

Section IV – Application and Submission Information

Concept Paper

- Concept papers are limited to six (6) pages total, excluding the cover page, visual summary, and estimated cost summary (APS, pp. 25-27)

Full Application

- Full technical applications are limited to 20 pages total, excluding cover page, table of contents, executive summary, and cost application (APS, pp. 28-36)

Section V - Application Review Information

Merit Criteria for Concept Paper

- Criteria are listed below in descending order of importance.
  1. Technical Approach
  2. Potential to Contribute to National Influence and Impact
  3. Organizational Capacity
  4. Estimated Cost Summary

Merit Criteria for Full Application

- Criteria are listed below in descending order of importance.
  1. Technical Approach
  2. Monitoring, Evaluation, and Learning
  3. Key Personnel
  4. Institutional Capacity
  5. Cost Effectiveness and Cost Realism

Section V - Application Review Information

At the time of submission of a Full Application, all Applicants must:

1) Be registered in the System for Award Management (SAM) (www.sam.gov);

2) Provide a valid DUNS number; and

3) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

Addendum 1: Community Health Workers Programming under the Integrating Community Health APS

Key Information and Dates

Funding Opportunity Number:APS-OAA-15-000005

Concept Papers are due June 30, 2015 by 5 pm EST

Applicants are encouraged to review the entire Integrating Community Health APS (APS-OAA-15-000004) in addition to Addendum 1 (APS-OAA-15-000005).

Section II – Award Information

Estimated Total Funding Amount

- A total of $10 million is available under Addendum #1.

- Awards will be made up to a maximum of $2 million per the categories.
  - Category 1: Up to $1 million
  - Category 2: Up to $2 million

The number of awards is dependent upon the number of meritorious applications and available funding. Accordingly, USAID reserves the right to award none, one, or multiple cooperative agreements as a result of its review of concept papers and subsequent full applications.

Section II – Award Information

Period of Performance

- Concept papers shall specify a period of performance no longer than four consecutive years (both categories).

Section III – Eligibility Information

Eligible Entities

- Cooperative agreements will be awarded in two categories that will be competed separately.
  - **Category 1**: Local Applicants only (see definition in Section III, Eligibility Information)
  - **Category 2:** All Eligible Applicants

Section III – Eligibility Information
Eligible Countries – Limited to 24 Priority Countries

- Afghanistan
- Bangladesh
- DR Congo
- Ethiopia
- Ghana
- Haiti
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Mozambique
- Nepal
- Nigeria
- Pakistan
- Rwanda
- Senegal
- South Sudan
- Tanzania
- Uganda
- Yemen
- Zambia

Section III – Eligibility Information

Cost Share & Resource Leverage

- Category 1: 25% cost share required; resource leverage recommended.

- Category 2: 25% cost share required and Applicants must leverage non-USG resources on at least a 1:1 basis

Section IV – Application and Submission Information

Concept Paper

- Concept papers are limited to six (6) pages total, excluding the cover page, visual summary, and estimated cost summary.

Full Application

- Full technical applications are limited to 20 pages total, excluding cover page, table of contents, executive summary, and cost application

Section V - Application Review Information

Merit Criteria for Concept Paper

- Criteria are listed below in descending order of importance.
  1. Technical Approach
  2. Potential to Contribute to National Influence and Impact
  3. Organizational Capacity
  4. Estimated Cost Summary

Merit Criteria for Full Application

- Criteria are listed below in descending order of importance.
  1. Technical Approach
  2. Monitoring, Evaluation, and Learning
  3. Key Personnel
  4. Institutional Capacity
  5. Cost Effectiveness and Cost Realism

Comparison of ICH-APS and Addendum #1

Integrating Community Health APS (APS-OAA-15-000004)	Addendum #1 – Community Health Workers under the ICH APS (APS-OAA-15-000005)
Funding: Funding is not currently set aside under this APS. Applicants may submit concept papers which may be funded IF determined meritorious and IF funding is available.	***Funding***: A total of $10 million is available under Addendum #1. Awards will be made in two categories: Category 1 up to $1 million; Category 2 up to $2 million
Eligible entities include: non-federal entities, non-profit organizations, foreign organizations	***Eligible entities are different by category:*** Category 1 applicants must be local organizations; Category 2 applicants include all eligible entities for the APS
Eligible Countries: Any USAID Mission	***Eligible Countries***: 24 priority countries

Comparison of ICH-APS and Addendum #1 continued

Integrating Community Health APS (APS-OAA-15-000004)	Addendum #1 – Community Health Worker Programming under the ICH APS (APS-OAA-15-000005)
Cost Share & Leverage: 25% cost share required; resource leverage recommended	***Cost Share & Leverage:*** Category 1: 25% cost share required; resource leverage recommended Category 2: 25% cost share AND 1:1 resource leverage required
Period of Performance: no more than 5 years	***Period of Performance:*** no more than 4 years

Questions and Answers