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Questions Deadline for this Revised APS Document:	January 07, 2022 at 12:00 pm EST

For questions on this APS document, please submit all questions to Mrs. LaVietra Shannon via email at propelaps@usaid.gov by the deadline specified above.

Please see individual Round documents for each Round's deadlines and submission instructions for concept papers.

For a USAID/Washington Office wishing to issue a Round under this APS, the program description must fit within Section I of this document. Please contact LaVietra Shannon (propelaps@usaid.gov) for review of the Round document - it must be reviewed before being posted publicly under this APS. All new Rounds must be posted as a PROPEL APS Round on the USAID Business Forecast.

To Interested Applicants:

This Annual Program Statement (APS) publicizes the intention of the United States Government (USG), as represented by the United States Agency for International Development (USAID), Bureau for Global Health (GH), to fund one or multiple awards to address the overarching APS program purpose. The purpose is to *improve the enabling environment for equitable and sustainable health services, supplies and delivery systems through: policy development and implementation; adequate, predictable, and sustainable financing; enhanced government stewardship, transparency, and accountability; and an engaged and informed civil society prepared to advocate for improved systems and outcomes.*

This main APS document outlines the goal, purpose, expected results, and priorities of Promoting Results and Outcomes through Policy and Economic Levers (PROPEL), and may result in multiple awards issued under subsequent APS Rounds. Note: When referencing PROPEL in this document, it is referring to the full portfolio of possible awards under this overall purpose. **This specific document is an umbrella APS and will not be accepting concept papers or applications.** Prospective applicants will be provided a fair opportunity to develop and submit competitive concept papers to USAID for potential funding via discrete Rounds under this APS. For the purposes of the PROPEL APS, a "Round" is defined as a specific program description that falls under the larger PROPEL APS goal, purpose, and expected results but is tailored to a certain focus. Under each Round, applicants will first submit a short concept paper that will be reviewed for responsiveness to the overall PROPEL purpose, selected results, and Round's focus and then scored according to the evaluation criteria provided in the Round document. If an applicant is successful in the concept paper stage, applicant representatives may be invited to join a co-creation process. Following the co-creation process, selected applicants (individual organizations and/or consortia developed at concept paper stage or during co-creation) will be requested to submit a Full Application, the content and format of which will be provided in greater detail by the Agreement Officer. Publishing this APS does not commit USAID to make any awards. USAID also reserves the right to not conduct a co-creation process and request Full Applications from successful applicants at concept paper stage.

As Rounds occur, notifications will be posted on Grants.gov.

Sincerely,

/s/
Alisa J. Dunn
Supervisory Agreement Officer
Office of Acquisition & Assistance

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ACRONYM TABLE

ADS Automated Directives System
AO Agreement Officer
AOR Agreement Officer's Representative
APS Annual Program Statement
CA Cooperative Agreement
CLA Collaborating Learning and Adapting
COVID Coronavirus Disease
CFR Code of Federal Regulations
DEI Diversity Equity and Inclusion
DUNS Data Universal Numbering System
EA Environmental Assessment
FP Family Planning
FP/RH Family Planning and Reproductive Health
GFF Global Financing Facility
GH Global Health Bureau
HIV/AIDS Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HP+ Health Policy Plus
HPP Health Policy Project
IEE Initial Environmental Evaluation
IR Intermediate Result
KM Knowledge Management
MCH Maternal and Child Health
MCHN Office of Maternal Child Health and Nutrition
MDGs Millennium Development Goals
MEL Monitoring, Evaluation, and Learning
MNCH Maternal, Newborn, and Child Health
MNH Maternal and Newborn Health
MRC Merit Review Committee
NGOs Non-Governmental Organizations
NPI New Partnerships Initiatives
OFDA Office of Foreign Disaster Assistance
PAFG Policy Advocacy Financing and Governance
PEPFAR President's Emergency Plan for AIDS Relief
PHE Population Health and the Environment
PRH Office of Population and Reproductive Health
PROPEL Promoting Results and Outcomes through Policy and Economic Levers
RCE Request for Categorical Exclusion
RH Reproductive Health
RHSC Reproductive Health Supplies Coalition
SBC Social and Behavior Change

SAM System for Award Management, Registration, Renewal, & Migration
SDGs Sustainable Development Goals
UNFPA United Nations Population Fund
USAID United States Agency for International Development
USG United States Government
WASH Water, Sanitation, and Hygiene
WHO World Health Organization

Promoting Results and Outcomes through Policy and Economic Levers (PROPEL)

SECTION I: FUNDING OPPORTUNITY DESCRIPTION

The U.S. Agency for International Development (the Agency), Office of Population and Reproductive Health (PRH) is pleased to announce the Promoting Results and Outcomes through Policy and Economic Levers (PROPEL) Annual Program Statement (APS). This APS contributes to the Agency's health development priorities, which correspond to the goals of: preventing maternal and child deaths, controlling the HIV/AIDS epidemic, and combating infectious disease. *The purpose of this APS is to improve the enabling environment for equitable and sustainable health services, supplies and delivery systems through: policy development and implementation; adequate, predictable, and sustainable financing; enhanced government stewardship, transparency, and accountability; and an engaged and informed civil society prepared to advocate for improved systems and outcomes.* This APS has a specific emphasis on voluntary, rights-based family planning and reproductive health (FP/RH), and FP/RH integration with maternal and child health (MCH), and HIV/AIDS. It will encourage work across health elements, systems, and development sectors, with specific efforts in increasing FP/RH demand, facilitating FP uptake, and advancing other FP/RH-related outcomes.

USAID has a significant history of investment in policy, advocacy, financing, and governance (focused on stewardship, accountability, and transparency) to improve health outcomes. Continued investment in health and population policies and programs is essential to spurring country-level progress to meet the sustainable development goals (SDGs[1], see here) and to help improve individual lives, build communities, and advance democracy. Overall, USAID focuses on advancing U.S. national security and economic prosperity; demonstrates American generosity; and promoting a path to recipient countries' self-reliance and resilience.

Countries continue to face significant challenges in obtaining and sustaining both political and financial commitments to improve health outcomes, particularly in meeting the demand for family planning (FP), ending preventable child and maternal deaths, and achieving an AIDS-free generation. While some countries exhibit positive and notable gains in outcomes and systems strengthening, in-country commitment - both political and financial - generally remains difficult; health systems are strained and often unsupported; and civil society is still frequently excluded from important policy decisions, and from access to holding policy makers accountable. A supportive and strengthened environment has economic, political, administrative, and socio-cultural attributes that positively impact the ability of governments and stakeholders to engage effectively and in a sustained manner; it is critical that transparent and inclusive policy processes are in place to ensure that services, supplies, and delivery systems are grounded in sustainable policy and regulation and implemented equitably, and that needed resources are secured.

Rapidly changing global and country contexts continue to impact economic growth and the ability of local leaders to support a robust health system, and commitments to FP/RH in

particular. There is opportunity to increase country commitment to FP/RH through policies and regulations that expand the resource envelope for voluntary FP/RH services, supplies, and delivery systems, and the integration of FP/RH with HIV/AIDS and MCH, and to support a vital and resilient environment.

This APS builds on the work of USAID's flagship policy projects, including the Health Policy Plus (HP+) project and the Promoting Advocacy and Communication Enhanced (PACE) project, supporting key stakeholders and governments to ensure that global, national, and decentralized policies and resources prioritize and support foundational health structures, including critical services such as FP/RH. As part of a comprehensive view of health systems strengthening noted in USAID's Vision for Health System Strengthening 2030 [2], substantive changes in and implementation of policy may be required to support rapid and substantial increases in financial and human resources for sustainable, country-led development and FP/RH programming and its integration with HIV/AIDS and MCH in particular. Adequate, predictable, and sustainable financing, along with an emphasis on efficiency and effective allocation and use of resources, are required to assure broad and critical health policy implementation and effective quality service and delivery systems for required supplies. New approaches are needed as countries seek to improve the environment for FP/RH and its integration, and the related health outcomes and, finally, to promote entirely new approaches for funding of health services and determining required policy and regulatory changes. As decision-making and allocative responsibilities continue to devolve to the subnational level, it is essential to have improved accountability and transparency, with inclusion of those impacted by the policies in processes for health planning, and approaches that build capacity across a range of analytic, advocacy, and negotiation skills.

This APS has been designed with significant input from country partners, industry partners, and across USAID and its global partners. In addition to the focus areas outlined above, priority areas have been illuminated through a data collection process that included key informant interviews, a survey to the field and USAID missions, a review of USAID Operational Plans, and a request for information seeking industry input. Areas of new and renewed focus include vulnerable populations such as youth and adolescents; fragile contexts including public health emergencies like the COVID-19 pandemic; a specific focus on gender equity and equality; digital health; and innovative policy, advocacy, financing, and governance approaches that reflect the need for integration of strategic work in population, health, and the environment (Click here for more information on PHE [3]).

A. Background

USAID has a long history of advancing and supporting voluntary, rights-based family planning and reproductive health programs, with current programming in nearly 40 countries across the globe. As the world's largest bilateral donor in FP/RH, USAID is committed to helping countries meet the FP/RH needs of their people. USAID's FP/RH program covers the key components of successful family planning programs, and related reproductive health activities, including post-abortion care, other FP/MCH integration, FP/HIV integration, ending child marriage [4], female genital mutilation/cutting [5], reproductive empowerment, and gender-based violence [6]. USAID's programming is aligned with the Family Planning 2030 (FP2030) [7] vision of "a future where

women and girls everywhere have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children, and participate as equals in society and its development" and related guiding principles and focus areas. USAID recognizes that sustainable, country-led advancements in FP/RH and FP/RH integration will require strong and resilient health systems. Programming under PROPEL will align with the USAID's Vision for Health System Strengthening 2030 [8], noting a focus on efforts towards:

a. Equity. All people should have a fair opportunity to achieve their health potential.
b. Quality. Care that is safe, effective, efficient, timely, people-centered, integrated and equitable.
c. Resource Optimization. Promoting resource optimization by identifying and strengthening constituent processes within local health systems, assisting stakeholders in determining the most appropriate allocation and use of resources within the system, and promoting availability of health system resources adequate to deliver high-quality, accountable and responsive care that emphasizes the needs of underserved and socially excluded populations. Health system resources include, but are not limited to, human and financial resources, health care infrastructure, information resources, and medicines, and other health technologies.

A strategic approach across health elements and sectors, and with other global partners, that supports greater system strengthening is required to enhance the environment for FP/RH and FP/RH integration with HIV/AIDS and MCH.

Stakeholders were critical in the process undertaken to identify the thematic approaches under this APS, including sustainability through policy development and implementation, prioritization of increasing the envelope and environment for FP/RH financing, and the execution of evidence-based country plans. Increased transparency and accountability in government, as well as participation in evidence-based decision-making, are imperative to improving the enabling environment. Given the size of the youth and adolescent cohorts in USAID-assisted countries, improving the policy environment for health outcomes for these groups will advance the development of nations and their ability to effectively provide necessary services to their citizenry.

1. The Global Context

The need to engage and collaborate with global partners and donors is critical to the efforts and results of this APS. Leadership in global knowledge, technical work and evidence, and advocacy will be demonstrated and advanced through activities of this APS, in coordination with the entities below and other global actors, as appropriate.

a. FP2030 [9]. (here)

Over the last eight years, thanks to global commitments made as part of FP2020, significant progress has been made in creating an enabling environment for millions of girls and women to access modern contraception. FP2030 is the next iteration of this global commitment to family planning.

b. The Global Financing Facility (GFF) [10]. (here)

Launched in 2015 and housed at the World Bank, the Global Financing Facility is a global partnership of governments, civil society organizations, private sector, and multilateral organizations aimed at filling the funding gap for reproductive, maternal, newborn, child, and adolescent health and nutrition.

c. Reproductive Health Supplies Coalition (RHSC) [11]. (here)
Launched in 2004, the Coalition is made up of thought leaders from the global reproductive health community and is primarily focused on ensuring access to contraceptives and maternal health supplies.

d. UNFPA [12]. (here)
The United Nations Population Fund (UNFPA) is a multilateral agency that aims to improve reproductive and maternal health outcomes.

e. Foreign, Commonwealth and Development Office (FCDO) [13]. (here)
Established in June 2020, the Foreign, Commonwealth and Development Office (FCDO) is the result of a merger of the U.K's previous development agency, the Department for International Development (DfID), and the UK's previous Foreign Commonwealth Office.

f. Bill and Melinda Gates Foundation [14]. (here)
The Bill and Melinda Gates Foundation (BMGF) is a U.S. based foundation that works in 135 countries providing grants to address multiple areas, including FP/RH.

g. Clinton Foundation [15]. (here)
Established by former President, Bill Clinton, the foundation's work includes the Clinton Global Initiative, which addresses a range of development issues, including FP/RH.

h. The Global Fund to Fight AIDS, Malaria and TB [16]. (here)
The Global Fund is a partnership designed to accelerate the end of AIDS, Tuberculosis and Malaria as epidemics.

i. The World Bank [17]. (here)
The World Bank provides financing, policy advice, and technical assistance to governments of developing countries.

j. The World Health Organization (WHO) [18]. (here)
WHO works through its 150 country offices to improve health globally, produce international reference materials, and set global standards in health.

k. Other International and Local Organizations that work with USAID
Partnerships with a range of organizations throughout the world have significantly impacted demand, uptake, and service or product availability for FP/RH and its integration with other health elements. These organizations range from non-governmental organizations to universities, faith-based organizations, corporations and small businesses. Partners are based in the U.S. and elsewhere. For more information about and examples of USAID partnerships, click here [19].

2. Operating Context: USAID Initiatives and Projects

Previous USAID Policy Projects

USAID has invested in tools, models and approaches to improve policy, advocacy, financing, and governance in health for decades. Capitalizing on these investments, successes, and lessons learned will be critical to the success of PROPEL. Achievements to date include raising awareness of the impact of population growth on development, increasing budget allocation and execution for health and inclusion of FP/RH in UHC, substantive policy implementation, leadership development (particularly women leaders), and improved engagement of civil society to hold governments accountable for policies and programs.

Starting in the 1980s, PRH launched policy projects such as RAPID (Resources for Awareness of Population Impact on Development) and OPTIONS, followed by POLICY I and II, and the Health Policy Project (HPP). The current policy project (ending September 2021) for the Bureau for Global Health - the Health Policy Plus (HP+) project - works with in-country partners to sustain commitment to and ownership of policy responses, including health and relevant gender policies that support improvements in FP/RH, maternal health, and HIV/AIDS. The Policy and Advocacy Communication Enabled (PACE) APS suite of projects, focuses on engaging a diverse group of stakeholders with a multi-sectoral approach to population issues, advocacy, and communication.

Current USAID Initiatives and Projects

PROPEL will complement and build upon current and past policy projects, including HP+ and other mechanisms within USAID, and will complement other existing awards that also have policy, advocacy, financing, and governance (PAFG) components. Awards under the PROPEL APS will be unique within the Bureau for Global Health's portfolio for the focus on engaging in PAFG of FP/RH and FP/RH integration. PROPEL is expected to collaborate with related awards to ensure complementarity and avoid duplication of efforts. Current USAID awards that have a PAFG component with which PROPEL may coordinate include, but are not limited to:

a. Integrated Health Systems IDIQ and Task Order 1 "Local Health System Sustainability" (LHSS) (GH/OHS) (2019-2024) [20]: This mechanism supports partner countries and USAID operating units to plan and implement health system strengthening (HSS) solutions with the overall goal of improving health and transitioning capacity to local partners. The mechanism focuses on overall country HSS including a mix of public and private interventions. Complementary to this focus, PROPEL will focus on supporting policy, advocacy, financing, and governance for voluntary, rights-based FP/RH and FP/RH integration with HIV/AIDS and MCH.

b. Health Systems Strengthening Accelerator (HSSA) (GH/OHS) (2019-2023) [21]: The Health Systems Strengthening Accelerator (HSSA) is a five-year global initiative that supports countries to address health systems challenges that impede progress toward self-sustaining health systems. This project addresses persistent health systems problems at the local and global levels by identifying and analyzing root causes; translating relevant and the latest evidence; encouraging innovation and applying iterative adaptation

approaches; understanding political dynamics, motivation, and incentives; and focusing on institutionalization and sustainability. PROPEL will complement these efforts while providing a technical focus on FP/RH and FP/RH integration with other health areas.

c. MOMENTUM Suite of Projects (GH/MCHN/PRH) (2020-2025) [22]: The MOMENTUM Suite of Projects focuses on accelerating reductions in maternal, newborn, and child mortality and morbidity in high-burden, USAID-supported countries by increasing the capacity of host country institutions and local organizations to introduce, deliver, scale up, and sustain the use of evidence-based, quality maternal, newborn, and child health (MNCH) services, voluntary family planning (FP), and reproductive health (RH) care. PROPEL addresses policy, advocacy, financing, and governance, with a focus on government stakeholders and civil society and their role in creating an enabling environment for better private sector engagement. PROPEL's work will help advance access to high quality services through effective policy and resource development.

d. Policy Advocacy Communications Enhanced (PACE) Suite of Projects (GH/PRH) (2015-2022) [23] : The PACE Suite of Projects works closely with global actors, national and local governments, USAID missions, and civil society to build champions, bridge sectors, and distill evidence through data-driven, innovative products. PACE strengthens capacities in advocacy, policy communication, and negotiation, and increases commitments to multisectoral approaches. The newly awarded PACE-Building Capacity for Integrated Family Planning & Reproductive Health and Population, Environment and Development (PED) Action (BUILD) works to increase commitment and build individual and institutional capacity for cross-sectoral approaches that integrate population and FP with other development sectors. PROPEL will complement and build upon PACE's work by recognizing the changing landscape in FP/RH and FP/RH integration and pivot towards successes using new, innovative and cross-sectoral strategies.

e. African Collaborative for Health Financing Solutions (ACS) (Africa Bureau/Health) (2017-2022) [24] : ACS assists countries to address health financing challenges and advance universal health coverage (UHC) by using a highly participatory model that builds on national and regional capacity rather than traditional externally-sourced technical assistance. This involves working with both African regional and country-level experts and facilitators. PROPEL will complement these efforts by ensuring adequate FP/RH financing through capacity building.

f. USAID CATALYZE (Bureau for Development, Democracy and Innovation (DDI; PSE Hub) (2019-2027) [26]: USAID's CATALYZE project engages with domestic and international finance providers to mobilize private financing across sectors, geographies, and transaction types and sizes. This market development approach enables enterprises to obtain the necessary investment and working capital to sustain and grow their businesses and advance development priorities. CATALYZE is one of multiple USAID Private Sector Engagement projects aimed at strengthening partnerships with new or underutilized private sector firms. PROPEL will use financing techniques and employ local, regional, and country-level actors to create sustainable FP/RH infrastructure.

g. Frontier Health Markets (FHM) (GH/PRH) (2021-2027) [27]: FHM seeks to improve the functioning of local health markets and support the effective engagement and systemic inclusion of the private sector to advance voluntary family planning, maternal, newborn and child health (MNCH), malaria, TB, and HIV/AIDS outcomes. PROPEL seeks to use an integrated model to link FP/RH with HIV/AIDS and MCH to expand the resource envelope for health to support a vital and resilient health system. PROPEL will also strengthen the ability of host governments to steward mixed health systems and foster an enabling environment for private sector engagement in health related to FP/RH.

h. Market Access and Innovative Finance (MAIF) (GH/CII) (2020-2023) [28]: The MAIF award is designed to provide support services and technical assistance on designated requirements for a range of diverse market access activities, including strategic planning, market shaping, innovative financing, private sector engagement, and human-centered design. PROPEL will complement MAIF by providing a lasting foundation in financing efforts for FP/RH and integrated sectors.

i. Country Health Information Systems and Data Use (CHISU) (GH/OHS) (2020-2025) [29]: The CHISU project builds capacity for local leadership and engagement by strengthening health information systems (HIS) to improve interoperable information architecture and data use. This program addresses gaps and builds up and complements prior and current USAID investments in HIS and data driven decision making. PROPEL will advance HIS and promote greater data use for FP/RH and integrated sectors.

j. Digital Square (GH/CII) (2016-2026) [30]:
Digital Square empowers and enables countries in their efforts to develop digital systems and structures. It ensures that these systems are enduring and built to scale so governments and decision makers can access the information they need, when they need it, to ensure better health outcomes for all. PROPEL will coordinate and collaborate with Digital Square where digital systems and structures support the outcomes articulated in this APS.

3. Local Partners

Contributing to sustainable and equitable health systems that are transparent and accountable to civil society, including women, girls, and other vulnerable populations, requires ongoing engagement with local communities and partners. It also demands an understanding of local health needs and socio-cultural contexts that affect the availability of specific health services. Focusing on the effectiveness of stakeholder interactions, social accountability, and engagement is particularly critical in health policy. The policy process and political economy of health systems investment are dynamic and constantly evolving in response to changing circumstances and emerging challenges. Government, civil society, and other stakeholders need to possess the skills necessary to actively engage in all aspects of the policy process to support the development and implementation of sound health policies. Activities under PROPEL will work to increase capacity of individuals, communities, and institutions, and the effectiveness of their interactions; and to design, implement, and monitor policies and improve financing for a sustainable enabling

environment. Identifying and maximizing opportunities to enhance local partnerships to leverage greater total resources at country-level and support strategic solutions will be critical.

PROPEL will build on and diversify USAID's partner base through concentrated efforts to engage the private sector, including NGOs and CSOs, and other local actors (including youth and women's groups) at the country level for local intelligence and expertise. PROPEL aims to work with a variety of partners, including new partners by reaching, engaging, and increasing the capacity of such organizations using co-creation strategies. PROPEL's aims include furthering collaboration with local partners, enabling them to better access USAID support either via a sub-partner relationship with the prime implementing partner or via direct USAID support. PROPEL also aims to work with local partners to strengthen host country government health systems and reduce the reliance on foreign aid. PROPEL awards may issue performance-based, capacity-building, and/or innovation sub-awards and sub-grants to local organizations.

Alignment with the New Partnerships Initiative (NPI): (USAID's New Partnerships Initiative) calls for greater engagement with new and underutilized partners to leverage significant private and non-U.S. government funding to support and finance partner countries' own development. PROPEL will build on USAID's long history of working with local partners and will incorporate the aims of NPI to expand access to USAID support to new local partners, building their capacity to better address FP/RH outcomes within the larger health system. Where applicable, PROPEL will coordinate with NPI.

See Round-specific guidance for more information on local partner requirements.

a. Coordination with Ongoing and Existing Mechanisms In-Country.
PROPEL will complement, coordinate, support, and learn from existing awards implemented at country level. USAID's country level awards are often the most responsive to their environments and PROPEL will produce greater health outcomes through strong coordination with these mechanisms.

b. Enhancing Participation and Collaboration with Local Partners.
PROPEL's aims include furthering collaboration with local partners, enabling them to better access USAID support either via a sub-partner relationship with the prime implementing partner or via direct USAID support. PROPEL also aims to work with local partners to strengthen host country government health systems and reduce the reliance on foreign aid.

B. Technical Considerations

The principles below are critical to achieving the results of this APS and will be addressed throughout the implementation, monitoring, and evaluation of the awards made as a result of this APS.

The following principles and considerations may rise to the level of a thematic Round and/or may remain a cross-cutting consideration across Rounds. Please see Round-specific documents for further information.

Specific Integration Considerations

This APS has a specific emphasis on voluntary, rights-based FP/RH, and FP/RH integration with MCH and HIV/AIDS. However, the APS will strongly encourage work across health elements, systems and development sectors, with specific efforts to achieve results in FP/RH demand, uptake, and overall improvements in related health outcomes. Strategic, cross-sectoral, integrated planning and programming can effectively support the achievement of FP/RH outcomes and objectives, while contributing to the accomplishment of multiple other development goals and outcomes. In addition to the focal areas for integration noted above, this APS also seeks to advance and elevate the role of population and FP/RH across multiple development sectors and promote cross-sectoral approaches (such as Population Health and the Environment approach, here) [31], and the further development of in-country digital health technology (see USAID Vision for Action in Digital Health) [32]. Primary integration activities will highlight:

a. HIV/AIDS

Women of reproductive age are disproportionately affected by HIV/AIDS, especially in sub-Saharan Africa where women account for nearly 60% of people living with HIV. Adolescent girls and young women ages 15-24 are particularly vulnerable to HIV; they are approximately 14 times more likely to be infected than their male counterparts and have lower rates of retention in HIV care.[1] FP/RH and HIV/AIDS programs and policies have remained vastly separate, despite established connections between the fields. Women and adolescent girls with HIV/AIDS still have unintended pregnancies and should be free to make reproductive decisions without coercion through voluntarism and informed choice. Alarmingly, rates of unintended pregnancies remain high in women with HIV, and family planning interventions have been chronically underutilized in HIV prevention, care, and treatment programs, though both FP/RH work and HIV/AIDS work address similar populations.[2]

In 2003, the United States President's Emergency Plan for AIDS Relief (PEPFAR) was created, which marked a moment of significant attention and funding to control the HIV/AIDS epidemic. In 2014, PEPFAR launched the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) public private partnership, which promotes FP/HIV integration as part of a comprehensive package of HIV prevention services for adolescent girls and young women in 15 countries. PEPFAR implements a public health approach to achieve and maintain epidemic control through data-driven, accountable service delivery leading to greater impact. Many PEPFAR-supported countries are increasing their responsibility of sustaining their HIV/AIDS response; with this comes the integration of HIV services and resources into the public sector. Furthermore, USAID has a long history of FP/HIV service integration, but more effort is needed at the policy, finance, and governance level to integrate HIV/AIDS services into FP and primary care

1 Wilcher, R., Cates, W., Jr, & Gregson, S. (2009). Family planning and HIV: strange bedfellows no longer. *AIDS (London, England)*, *23 Suppl 1*(Suppl 1), S1–S6. https://doi.org/10.1097/01.aids.0000363772.45635.35

2 Wilcher, R., Cates, W., Jr, & Gregson, S. (2009). Family planning and HIV: strange bedfellows no longer. *AIDS (London, England)*, *23 Suppl 1*(Suppl 1), S1–S6. https://doi.org/10.1097/01.aids.0000363772.45635.35

systems. To support integration with HIV/AIDS, PROPEL may support PAFG activities that address one or more of the following:

- Legal and regulatory requirements for integration.
- Ability of governments to fund quality FP/RH services and integration with HIV/AIDS, through increased efficiency gains and resource optimization.
- Effectively targeting resources for greater impact on FP/RH, integration with HIV/AIDS, and related health outcomes.
- Equity and resource optimization to ensure that vulnerable populations - economically or socially - have access to quality FP/RH and integration services, supplies and information, are not faced with stigma or discrimination and are not faced with impoverishment from catastrophic spending to access services.
- Role of the private sector to contribute resources and provide greater access to healthcare services in FP/RH and integration activities within the HIV/AIDS space.

b. Maternal and Child Health (MCH)

Globally, the number of women and girls who died each year from complications of pregnancy and childbirth declined from 451,000 in 2000 to 295,000 in 2017. These improvements are remarkable in light of population growth in many countries where maternal deaths are the highest. However, this statistic still represents more than 800 preventable deaths per day. [3] USAID works to ensure that all women and children have the same chance of a healthy life, regardless of income, race, or creed. USAID has active projects in 25+ priority countries with the goal of integrating MCH with other related development sectors, such as immunization, nutrition, and water, sanitation, and hygiene (WASH). In addition, an integrated MOMENTUM suite of projects (here)[33] prioritizes integration with FP/RH in key areas such as private sector healthcare, improving service delivery, and generating evidence to support future programming. Although strides have been made to integrate maternal health with FP/RH, more work is needed as it relates to PAFG in this sector. A key priority is identifying and supporting concrete ways to integrate maternal and child health services, data, and policies with related health concerns, such as FP/RH. To support integration with MCH, PROPEL may support PAFG activities that address one or more of the following:

- Legal, regulatory, and policy requirements for improving integration between MCH, FP/RH, and related services.
- Improving the ability of governments to adequately plan, allocate, and fund quality FP/RH services and integration with MCH, through increased efficiency gains and resource optimization, finding synergies across the health portfolio.
- Effectively targeting resources for greater impact on FP/RH and integration with MCH and related health outcomes.
- Including civil society, especially women and vulnerable populations, in policy-making that directly impacts them, and fostering the accountability mechanisms to ensure ongoing impact.

[3] WHO, UNICEF, UNFPA and The World Bank, Trends in Maternal Mortality: 2000 to 2017 WHO, Geneva, 2019

- Equity and resource optimization to ensure that vulnerable populations - economically or socially - have access to quality FP/RH and integration services, supplies and information, are not faced with stigma or discrimination, and are not faced with impoverishment or catastrophic spending to access these healthcare services.
- Role of the private sector to contribute resources, provide greater access to healthcare services, and assist health authorities with the ability to scale successful integrated FP/RH and MCH interventions.

Gender Equity and Equality

USAID recognizes gender equality and female empowerment as core development objectives, fundamental to the realization of human rights and key to achieving positive health and development outcomes. Gender norms and expectations are established early in life and are reinforced by formal policy structures, families, and communities -fundamentally affecting health at the individual, local, and societal levels. The differential status of women, men, boys, girls, and people of other gender identities frequently impacts health outcomes and is viewed as a cross-sectoral issue that often intersects with FP/RH, MCH, HIV/AIDS, and integrated programming.

Investing in gender equality and women's empowerment can unlock human potential on a transformational scale. For societies to thrive, women and girls, and men and boys, and gender and sexual minorities must have equal access to education, healthcare, and technology. PROPEL seeks to advance the momentum towards gender equity and equality by reducing gender disparities in access to, control over, and benefit from resources, wealth, opportunities, and services - all while reducing gender-based violence and mitigating its harmful effects on individuals and communities. PROPEL seeks to increase the capacity of women and girls to realize their rights, determine their own life outcomes, make their voices heard and influence decision making in households, communities, and societies, as well as improve sensitive male involvement. This can be better accomplished through including women and girls in the development and implementation of gender-sensitive policies, increased financing for gender transformative activities, and awareness of gender positive approaches within civil society and leadership. In consultation with USAID, PROPEL will work to assure that sufficient effort is invested in monitoring and evaluating these activities, including collecting and analyzing gender-sensitive indicators and sex-disaggregated data, where feasible and relevant. This work will significantly improve PROPEL's progress towards the results outlined for policy, advocacy, financing, and governance, and the health outcomes sought. See USAID Gender Policy[34] .

Vulnerable Populations, Including Youth and Adolescents

Young people make up an especially large share of the population in developing countries, often requiring additional support and programming to meet their needs, as they are typically spending more time in school, entering the workforce later, and delaying having families longer than previous generations. As a suite of projects, PROPEL will emphasize the meaningful engagement and inclusion of youth and adolescents in policy development, implementation, and accountability processes as well as implement youth and adolescent-centered programming,

especially as it pertains to assisting adolescents and youth to take control of decision-making regarding voluntary and rights-based FP/RH, and FP/RH integration with MCH and HIV. PROPEL awards will employ a multi-sectoral approach, as described in the Positive Youth Development (PYD) framework [35], to address the protective factors that support youth resiliency, including positive health outcomes. See USAID Youth in Development Policy [36].

Other vulnerable populations such as people living in extreme poverty, indigenous peoples, sexual minorities, and those living in rural communities are also considered part of the focus of PROPEL. A core function of this APS is to improve the enabling environment for equitable and sustainable health services for all populations.

Fragile Contexts: Epidemics, Pandemics, Humanitarian Response

As a leader in global health programming for decades, USAID supports and invests in helping communities develop the infrastructure needed to combat infectious diseases, such as Ebola, HIV/AIDS, Tuberculosis, Malaria, and now COVID-19. In the wake of the COVID-19 pandemic in particular, voluntary family planning initiatives have been negatively affected by the reallocation of funds, stay at home orders, closure of services, supply chain disruptions, limited provision of FP/RH in-person care, and increases in gender-based violence.

Fragile contexts, whether due to COVID-19 or issues like political crisis, violent extremism, climate conditions, or natural disaster, will continue to impede progress towards achieving good health outcomes and rights-based, voluntary family planning options for all. PROPEL seeks to identify and address policy, advocacy, financing, and governance challenges in these fragile settings, and the resulting barriers to care. See USAID's Resilience Policy[37].

Digital Health Technology

Digital transformation can advance FP/RH health outcomes when paired with sufficient investment in the analog components of digital transformation. In 2020, USAID launched a Digital Health Vision to address issues around fragmentation and lack of sustainability and interoperability in the digital health technologies implemented in USAID partner countries. The Vision has four priorities: 1. Building country digital health capacity, 2. Advancing national digital health strategies, 3. Strengthening national digital health architectures, and 4. Leveraging global goods.

In the context of health services, countries have leveraged digital health technologies to increase and maintain access to FP/RH services. This has included the use of digital financing tools to increase access to health insurance or streamline reimbursement and payment systems, use of dashboards to hold governments and others accountable, and use of digital tools to collect real time data. PROPEL seeks to identify digital health technologies and approaches to address issues relevant to this APS and efforts to achieve FP/RH and integration outcomes. This could include (but is not limited to) building the digital health capacity of stakeholders such as government counterparts, civil society advocates, and others; supporting implementation of national digital health strategies and architectures that leverage existing investments and host country systems; and supporting the scale-up of global goods to reduce duplication and promote sustainability.

Capacity Development

PROPEL awards will utilize capacity development approaches to ensure individuals, communities, and local organizations possess the knowledge and expertise required to promote and sustain policies that are beneficial and responsive to the communities they serve. These critical stakeholders in the health system build capacity by sustaining positive policy change and supporting sustainable financing, and by effectively utilizing and promoting evidence for decision making. Overall, the PROPEL APS looks to apply capacity development approaches throughout the health system in order to support local capacity thereby ensuring the sustainability of results and continued action towards country health and larger development goals.

Prioritizing and focusing on the effectiveness of stakeholder linkages and platforms is particularly critical in health policy, where the process is dynamic and evolving in response to changing circumstances. Government, civil society, and other stakeholders will need to possess the means necessary to actively engage in all aspects of the policy process to support the development, implementation, and evaluation of sound health policies. PROPEL's capacity development activities will support countries and communities in their ability to effectively design, implement, and monitor policy, advocacy, finance, and governance efforts, with an emphasis on those efforts that impact FP/RH outcomes, and the integration of FP/RH with HIV/AIDS and Maternal Health.

Sustainability

USAID has made a commitment to support sustainable development through high-impact partnerships and local solutions. Partnerships between governments and stakeholders, including citizens, NGOs, CSOs, and the private sector, have been created and utilized to bring to scale innovative solutions to development challenges. To date, USAID has demonstrated this achievement through improved outcomes and critical health indicators, such as modern contraceptive prevalence rates, increased demand for FP, and reduced maternal mortality.

In the context of improving the enabling environment for FP/RH and FP/RH integration with HIV/AIDS and MCH, the PROPEL awards will support the implementation of resilient health policies and financing strategies, as well as evidence-based advocacy and decision making, that fuel countries' self-sustaining improvement of critical health indicators and achievement of country goals for health and development. Overall, PROPEL supports alignment with host-country government strategies, policies, and investments. Building sustainable programs and initiatives, with a focus on those that address policy, advocacy, financing, and governance, is imperative to the success of development efforts and reaching country goals, with a particular lens towards FP/RH programming and outcomes, and those that facilitate the integration with HIV/AIDS and MCH.

Collaborating, Learning, and Adapting (CLA) and Knowledge Management (KM)

Country health system officials and stakeholders must be able to implement systems that promote efforts to learn, adapt, and improve in response to changing circumstances. PROPEL seeks to promote the capacity of stakeholders to ensure that knowledge and learning from policy

implementation, financing approaches, advocacy strategies and government transparency and accountability efforts are generated, captured, shared, and used to improve FP/RH health outcomes. These successful efforts and approaches will be shared throughout the global community.

USAID's CLA framework[38], which is implemented through effective monitoring, evaluation, and adaptive learning, outlines strategies and processes for employing these techniques in USAID-funded projects. PROPEL awards will seek to leverage knowledge management principles and best practices through use of this framework.

Diversity, Equity and Inclusion (DEI)

PROPEL awards will employ a Diversity, Equity, and Inclusion (DEI) approach within its management and activity implementation, as defined by USAID's recently launched Diversity, Equity and Inclusion (DEI) strategy.[39] Diversity is defined to include "the variety of similarities and differences within the workforce that include, but are not limited to, the following: race, ethnicity, sex, sexual orientation, gender, gender identity, gender expression, sex characteristics, disability, native or indigenous origin, age, generation, culture, religion, belief system, marital status, parental status, socio-economic status, appearance, language and accent, education, geography, nationality, lived experience, job function, personality type, and thinking style. Equity seeks to ensure consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, including (but not limited to) Black, Latinx, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color, members of religious minorities, lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons, persons with disabilities, persons who live in rural areas, and persons otherwise adversely affected by persistent poverty or inequality. Inclusion is defined as a dynamic state in which diversity is leveraged to create a fair, healthy, and high-performing organization or community. An inclusive environment is safe, respectful, engaging, celebratory, and motivating and values the unique contributions of each employee as we strive to fulfill USAID's mission.

C. Statement of APS Goal, Purpose, and Expected Results

Goal

The goal of this APS is to contribute to USAID health development priorities to prevent maternal and child deaths, control the HIV/AIDS epidemic, and combat infectious disease.

Purpose

The purpose of this APS is to improve the enabling environment for equitable and sustainable health services, supplies and delivery systems through: policy development and implementation; adequate, predictable and sustainable financing; enhanced government stewardship, transparency, and accountability; and an engaged and informed civil society prepared to advocate for improved systems and outcomes. This APS has an emphasis on voluntary, rights-based FP/RH, and FP/RH integration with MCH and HIV/AIDS, and will work across health systems and development sectors to achieve results in FP/RH demand, uptake, and improved health outcomes.

Expected Results
Collectively, Rounds under this APS will seek to meet the goal and purpose of the APS through achievement of the five Intermediate Results (IRs) outlined below. Each round will address one or more of these five IRs and will outline sub-IRs that are specific to the theme or topic of the Round. Please see Round specific documents for this information.

IR-1
Sustainable, resilient, and context-responsive policies are developed, adopted, implemented and monitored that improve accessibility, accountability, affordability and reliability of quality FP/RH and integrated services, supplies, and information for all people.

USAID recognizes the foundational role policy plays in improving enabling environments for health and achieving the Agency's mission of ending extreme poverty and promoting resilient and democratic societies. A supportive and strengthened policy environment has political, socio-cultural, economic and operational characteristics that positively impact the ability of governments and stakeholders to engage effectively and in a sustained manner across health and other issues. This APS seeks to promote sound context-specific health policies, developed and implemented within a rights-based framework, coupled with stable, renewable resources for health to improve the sustainability of FP/RH services, supplies, and information.

IR-2
Adequate, predictable, and sustainable financing for health services, supplies, and information, with a focus on FP/RH and FP/RH/MCH and FP/RH/HIV integration, is optimized to meet country program needs at all levels.

Long-term sustainable financing is fundamental for a health system to deliver and maintain equitable, quality health services and supplies. Predictable and sustainable public and private financing is necessary to facilitate health policy development, strategic planning, and implementation and allows countries to adopt reforms to improve the enabling environment of the health system and improve health outcomes. This APS seeks to promote actions toward a strong national and subnational health financing system, including strategies for generating increased resources for FP/RH and FP/RH integration with HIV/AIDS and MCH; identification and prioritization of efficient and equitable use of available resources; and engagement with the private sector and other nontraditional funders.

IR-3
The environment for government stewardship, accountability, and transparency is improved, adaptable, and resilient, with a focus on FP/RH and FP/RH integration with MCH and HIV/AIDS.

Health systems do not stand-alone; the context in which they operate heavily influences effectiveness, efficiency, and ultimate sustainability of systems and programs. Improved health outcomes are tied not only to a well-functioning health system but also to the broader governance context in which that system operates. This APS seeks to promote and improve the enabling environment for policies, regulatory frameworks, and government actions that promote

accountable and transparent stewardship of resources and systems, with a continuing focus on FP/RH and FP/RH integration with MCH and HIV/AIDS. Activities will likely need an integrated approach including communities, civil society, private sector, and political stakeholders, while leveraging improved data collection and use, ultimately resulting in stronger health systems and sustainable improvements in health outcomes.

IR-4

Evidence-based advocacy approaches at the global, national, and sub-national level are used to promote and implement best practices in health policy, financing, and governance, with a focus on FP/RH and FP/RH integration with MCH and HIV/AIDS.

The promotion and scale-up of best practices is critical to advancing access to FP/RH information, supplies, and services. Effective advocacy approaches and tactics can significantly increase the reach of best practices and assure the use of evidence to support change, inclusion, expansion, or improvement in working towards critical goals. The participation and elevation of all voices is imperative to achieving rights-based advocacy for positive and sustainable development.

This APS seeks to promote best practices in health policy, financing, and governance through evidence-based advocacy strategies, including - but not limited to - those practices that incorporate data, include knowledge management and advancement, improve the capacity of policymakers to practice evidence-based decision making, and empower citizens to employ data-driven advocacy and accountability strategies. Overall, PROPEL seeks to promote knowledge generation and sharing, and to increase the evidence-base for PAFG through activities like data collection, modeling, targeted analysis, and capacity development for evidence generation. Possible approaches include - but are not limited to - optimizing partnerships, and coordinating efforts of donors, countries, and the public to identify and leverage best practices and lessons learned. PROPEL will provide significant global technical leadership in PAFG for FP/RH and FP/RH integration with HIV/AIDS and MCH.

IR-5

Cross-sectoral approaches are elevated and advanced for integrating voluntary FP/RH and population dynamics analytics and approaches across broader development sectors/goals, such as environment and climate change, food and water security, education, economic growth and livelihoods, resilience, peace and security among others.

Population dynamics such as rapid population growth, youth bulges, urbanization and migration place pressure on economic, environmental and social systems. Strategic cross-sectoral integrated planning and programming can effectively support the achievement of FP/RH outcomes and objectives, while contributing to the accomplishment of other development sector goals and outcomes, such as education, agriculture, climate change adaptation and mitigation, and economic growth. This APS will advance and elevate the role of population and FP/RH across multiple development sectors and promote cross-sectoral approaches in policy and program planning and implementation. This includes - but is not limited to - strengthening capacities and commitments of various stakeholders to plan, finance, and implement cross sectoral approaches that take into consideration gender, youth, and equity issues.

D. Legislation

This APS is issued under the Foreign Assistance Act of 1961, as amended. In each Round, award(s) will be made under relevant federal regulations and agency policy. For U.S. non-governmental organizations, awards must be administered according to 2 Code of Federal Regulations (CFR) 200 and 2 CFR 700, and USAID Standard Provisions will apply (http://www/usaid.gov/policy/ads/300/303maa.pdf). For non U.S. non-governmental organizations, USAID provisions for non U.S. non-government organizations will apply (http://www.usaid.gov/policy/ads/300/303mab.pdf).

SECTION II: AWARD INFORMATION

A. Funding:

The funding for the Rounds under this APS may be provided through the GH Bureau, mainly through the Office of Population and Reproductive Health, but also possibly through the other GH offices and AID/W regional bureaus, as well as USAID mission field support. As determined by the source of funding, awardee(s) will be expected to comply with the legal and policy requirements that govern the Agency's programming, including requirements governing voluntary family planning and reproductive health, HIV/AIDS, and/or other health programs.

FP/RH funds may be used only for activities that impact family planning and reproductive health outcomes, as defined in the Child Survival and Health Guidance.[4] In multi sectoral activities, FP/RH funds can be used to support the FP/RH components; funds from non–FP/RH sources must be used to support activities that do not directly affect FP/RH outcomes.

Pending funding availability, there may be multiple Rounds for this APS that will all aim to meet the Purpose and Results mentioned above. The financial range for award(s) will be specified in each Round.

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

USAID reserves the right to close or amend the APS on or before the closing date, stated on page 1. Therefore, for each issued Round, organizations are encouraged to apply as soon as possible to be considered for review to maximize the possibility of receiving available funding.

B. Period of Performance:

The proposed period of performance for each agreement awarded as a result of each Round(s) under this APS will not exceed five (5) years in duration beginning from the negotiated start date, and subject to availability of funds. Unless specified in the specific Round document, concept papers—and later in the process, full applications—must propose activities for a five-year period of performance, nothing more or less. If the expected period of performance will be less than five years for a specific Round, that Round document will include that information. Additionally, the anticipated start date for a possible award(s) will be specified in each Round.

C. Expected Number of Awards:

Multiple awards may be made as a result of the Round(s) of this APS. The actual number of awards under the Round(s) of this APS is subject to the availability of funds and the viability of

[4] http://www.usaid.gov/policy/ads/200/200mab.pdf

applications received. Accordingly, USAID reserves the right to award multiple awards, one award, or no awards at all under each Round. USAID also reserves the right to partially fund applications.

Note: As appropriate, feasible, and as requested by missions, the initial award(s) resulting from this APS will seek to transition direct USAID or other donor funding to local organizations that are sub-awardees on the initial award(s) by the end of the initial award(s).

D. Expected Implementation Mechanism:

One or more cooperative agreements (CAs) may result from the Round(s) of this APS.

E. USAID's Substantial Involvement:

Substantial involvement will be specific to each Round. Please see Round documents for the substantial involvement elements.

USAID's substantial involvement during the implementation of the program will be limited to approval by the Agreement Officer's Representative (AOR) – delegated to the AOR by the Agreement Officer (AO) -- of the elements listed below, except for any changes to the program description, key personnel, or the approved budgets that require AO approval:

1. Approval of the Recipient's Implementation Plans: Implementation plans include, but are not limited to, annual work plans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, international meeting preparation, research studies/protocols, and any changes to any activities, locations, and beneficiary population under the cooperative agreement.

USAID requires the approval of implementation plans annually to ensure alignment with stated goals, milestones, and outputs. The implementation plan communicates how and when the Recipient will complete award activities and is drafted annually to describe new and ongoing activities. This plan will be developed in partnership between the Recipient and the AOR team. The AOR will ensure that the implementation plans fit within the program description and the terms and conditions of the agreement.

2. Approval of Specified Key Personnel: Unless the Round document states differently, the Key Personnel for each Round will include the following positions:

   a. Project Director/Chief of Party
   b. Minimum of one Key Personnel Technical Expert (to be further specified in each Round)

Any additional Key Personnel positions will be specified in each Round.

Key personnel positions will require concurrence from the AOR and approval from the AO.

3. Agency and Recipient Collaboration or Joint Participation:

a. *Approval of the recipient's Monitoring and Evaluation plans.* This describes USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the award, including written guidelines for the content of annual reports and final evaluations in accordance with 2 CFR 200.328 and guidance conforming with PEPFAR reporting requirements at country level, if necessary. While an illustrative Activity Monitoring, Evaluation, and Learning (MEL) Plan may be requested in the full application submission, the final Activity MEL Plan will be developed in consultation with USAID post-award. During the initial award planning period, the awardee shall work closely with USAID to establish major milestones, program monitoring indicators, and baseline data and performance targets that will demonstrate successful achievement of the results addressed in the cooperative agreement. The Activity MEL plan shall be finalized within 90 calendar days of the award. The awardee and USAID will jointly review progress on a periodic basis.

b. *Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient.* USAID will participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

c. *Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects*. Activities will be included in the program description, negotiated in the budget, and made a part of the award. Note: the AOR will provide review of the proposed change, and the AO is the only individual who can provide approval for this element of substantial involvement.

d. *Concurrence on the substantive provisions of sub-awards.* 2 CFR 200.308 (or Mandatory Provision 3. Amendment of Award and Revision of Budget (August 2013) for non-US NGOs) requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. Some of the sub-award approval responsibilities may be delegated to the AOR. Please note that any contracts to any organization (not including those for supplies, material, equipment or general support services per 2 CFR 200.308(c)(1)(vi)), and sub-awards (sub-agreements or contracts) to foreign governmental organizations or parastatals of any amount, must be approved by the AO, and may warrant additional clearances.

4. Agency Authority to Halt a Construction Activity**.** The AO may immediately halt a construction activity if identified specifications are not met. However, construction

activities are not anticipated under any award(s) resulting from any Round under this APS pursuant to Automated Directive System (ADS) 303.

F. Intellectual Property

Intellectual Property is discussed in 2 CFR 200.448 and 2 CFR 200.315 (for US NGOs) and in Mandatory Provision 7. Title to and Use of Property (December 2014) (for non-US NGOs). In general, awardee(s) may elect to pursue ownership of intellectual property that is developed as a result of an award from a Round of this APS. In such cases, USAID would typically retain a nonexclusive, irrevocable, royalty-free license to use any such intellectual property.

G. Environmental Impact

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in 22 CFR 216 and in USAID's ADS Parts 201 and 204, which, in part, requires that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. All Round award recipient(s)' environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this APS. In addition, the recipient(s) must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

No award/activity funded under this APS will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that award/activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation").

It has been determined that activities conducted by awardee(s) under Rounds of this APS will not negatively impact the environment. In accordance with the 22 CFR 216.22, the project(s) will not have a significant effect on the human, physical and biological environment and qualifies for a "Categorical Exclusion" in the Initial Environmental Examination (IEE), considering the nature of activities anticipated under the Rounds of this APS. The AOR management team will continue to collaborate with the GH Environmental Officer to ensure the award(s) and associated activities incorporate environmentally sound principles in implementation and adhere to this determination of a "Categorical Exclusion." The activities under each award will be screened annually as part of the work plan review to ensure that program activities have not changed, resulting in potential environmental impacts and a chance of the threshold determinants. Further,

there must be integration of compliance responsibilities into all contracts and sub-awards under each prime award.

H. Authorized Geographic Code

Unless specified otherwise in the Round documents, the authorized geographic code for the procurement of services and commodities 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," per ADS 310.3.1.1).

I. Benefiting Geographic Areas

USAID funds health activities in almost 60 countries. PRH prioritizes 24 high-need countries as well as the additional Ouagadougou Partnership countries. Current MCH and PRH priority countries are Afghanistan, Bangladesh, Burma, DRC, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia. ***This does not, however, preclude activities in other USAID-supported countries.*** If a Round of this APS has a specific geographic focus, it will clearly state this.

SECTION III: ELIGIBILITY INFORMATION

A. Eligibility Criteria

U.S. and non-U.S. public, private, for-profit, and nonprofit organizations, as well as institutions of higher education, public international organizations, and non-governmental organizations, are eligible to submit a concept paper under each Round(s) of the APS. Further, the organization must be a legally-recognized, organizational entity under applicable law, not otherwise restricted by statute, regulation, Agency policy, or administrative determination (i.e., suspension and debarment) from receiving assistance, and legally registered in a country that is not a prohibited source per ADS 310.[5] If a Round restricts eligibility, it will be noted in the Round document in this section.

Each recipient must be a responsible entity. The AO may determine a Pre-Award survey is required and if so, would establish a formal survey team to conduct an examination that will determine whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program.

Organizations in developing countries are strongly encouraged to apply, inasmuch as they will support not only the objectives of this APS and the Round(s) they are applying to, but also USAID's objectives to build capacities in local organizations that are needed for sustainable development. USAID strongly encourages applications from potential new partners that meet the eligibility requirements and are willing to be subjected to a Pre-Award Survey. Concept papers from organizations that do not meet the above eligibility criteria will not be reviewed and evaluated. Individuals are not eligible to apply for any Rounds of this APS.

While for-profit firms may participate, pursuant to 2 CFR 200.400(g) it is USAID's policy not to award profit to prime recipients and subrecipients under assistance instruments. However, while profit is not allowed for sub-awards, the prohibition does not apply when the recipient acquires goods and services in accordance with 2 CFR 200.317 -326, "Procurement Standards." This is discussed more specifically in ADS 303sai "Profit Under USAID Assistance Instruments."[6] Program income may be generated under awards resulting from this APS. Program income for all award(s) resulting from Rounds under this APS may be used for cost-sharing or matching in accordance with 2 CFR 200.307(e) for US NGOs and the Required as Applicable Provision "Program Income" (December 2014) in ADS 303 for non-US NGOs. If the program income is to be utilized in a different way, the Round document will include this information. It must be used

[5] https://www.usaid.gov/sites/default/files/documents/1876/310.pdf

[6] https://www.usaid.gov/sites/default/files/documents/1868/303sai.pdf

in a manner allowable under the CFR and ADS references above. If program income is not allowable in a Round, the Round document will specify as such.

If an organization does not submit a successful concept paper and is not invited to attend the co-creation process/submit a full application in a specific Round, that organization may still submit another concept paper in a future Round(s), if one occurs. Review criteria will be revised to the specifics of the Round; another submission in another Round does not guarantee a successful concept paper and invitation to attend the co-creation workshop/submit a full application.

B. Cost Share

Cost share will be required in each Round (unless the Round document specifies otherwise). A required range for cost share will be provided in the request for full applications for each Round; the range will allow for the proposed amount to be commensurate with an eligible organization's financial capabilities and access to resources, especially those that have not previously partnered with USAID. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to the implementation of activities at the country level.

For guidance on cost sharing in grants and CAs, please see the ADS 303.3.10 and 2 CFR 200.306 for US NGOs. For non-US NGOs, all cost sharing would be subject to the Required as Applicable Provision "Cost Share" (June 2012) in ADS 303mab.

SECTION IV. CONCEPT PAPER SUBMISSION INFORMATION

Concept papers will be accepted under issued Rounds of this APS. Please refer to the specific Round documents for detailed information on the concept paper submission guidance including concept paper requirements and review criteria for the specific Round. General guidance for all Rounds under this APS is provided below.

NOTE: To be considered as a potential prime on a full application, an organization must submit a concept paper to the relevant Round. Please note that a single organization may not submit more than one concept paper, in total, to any given Round; **if an organization submits more than one concept paper to any Round, only the first one received (determined by email timestamp for the USAID POC) will be evaluated.** Each Round will clarify in this section if only solo organizations (not consortiums) can submit concept papers.

Concept Paper Process

Concept papers received under PROPEL APS Rounds will be reviewed based on full and open competition and under the procedures and review criteria identified in Section V of each specific Round documentation. Competition under PROPEL APS Rounds will consist of a two-step process where applicants first submit a concept paper for an initial competitive review:

1. All concept papers received during a Round will be evaluated by a USAID Selection Committee (SC) for responsiveness to the review criteria outlined in each Round. After a concept paper is received, USAID reserves the right to pose clarifying questions and conduct discussions with any applicant, but may opt not to do so if it believes it has sufficient information in the concept paper itself. Posing clarifying questions and conducting discussions with one applicant does not obligate USAID to do so with all applicants.

2. After the concept papers are evaluated, all successful applicants will be invited to submit a full application. Additional instructions and criteria for full application submissions will be provided after evaluation/review of concept papers, co-creation (if necessary), and when full applications are requested.

For applicants seeking to receive USAID funding to implement proposed activities under a Round of this APS, USAID's discussions with those applicants will take place within the parameters of publicly available information. These parameters provide ample room for extensive, robust discussions regarding the development problem/purpose in question (Section I of this APS, and specified in each Round), best practices, lessons learned in the relevant technical sectors, and pertinent research and evaluations and various other matters. After concept

papers have been submitted, USAID personnel can have highly specific, detailed activity design discussions with the applicants throughout the remainder of the process, e.g., up to and through any award that might be issued under a Round of this APS. USAID also reserves the right to make an award without discussions if determined to be in the Government's best interest.

Additionally, USAID may make an award on the basis of initial concept papers received, without scheduling a co-creation process. If a Round has a co-creation process, the Round document will include that information.

Concept papers should be free of any intellectual property that the applicant wishes to protect, as the concept papers may be shared with other organizations as part of the co-creation process. However, once potential partners have been invited to engage in further discussions, they will work with USAID to identify proprietary information that requires protection. Therefore, organizations submitting concept papers provide USAID a royalty free, non-exclusive, and irrevocable right to use, disclose, reproduce, and prepare derivative works, and to have, or permit others to have, use of any information contained in the concept paper submitted under each Round(s) of this APS. If USAID engages with the organization regarding its concept paper, the parties can negotiate further intellectual property protection for the organization's intellectual property. Organizations must ensure that any submission under all Round(s) of this APS is free of any third party proprietary data rights that would impact the license granted to USAID herein.

Concept papers are not evaluated against other concept papers, but rather against the concept paper review criteria in Section V for each specific Round. The evaluation/review of the content in the concept papers against Section V for each specific Round will allow USAID to determine if an organization could propose a potentially successful and responsive technical approach in a full application. Due to the number of concept papers received, USAID is not able to provide details on why concept papers were not selected/passed. USAID may limit the number of initial submissions selected to move forward based on efficiencies.

No additions or modifications to concept papers will be accepted after the submission date for each Round of this APS. Concept papers that are submitted late or are incomplete may not be considered for the co-creation process or request for full applications (if co-creation is not conducted). Additional information in the concept paper not requested by each Round of the APS will be removed and may adversely affect an applicant's evaluation/review.

Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)), is required to:

i. Be registered in SAM (System for Award Management) before submitting its application;

ii. Provide a valid DUNS (Data Universal Numbering System) number in its application; and
iii. 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.

USAID will not make a Federal award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant. Per 2 CFR Appendix I to Part 200, Full Text of the Notice of Funding Opportunity, Section E, 3, USAID informs all potential applicants:
"i. That the Federal awarding agency [USAID], prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM, currently Federal Awardee Performance and Integrity Information System (FAPIIS) (see 41 U.S.C. 2313);
ii. That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that a Federal awarding agency [USAID] previously entered and is currently in the designated integrity and performance system accessible through SAM;
iii. That the Federal awarding agency [USAID] will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in CFR 200.205 Federal awarding agency review of risk posed by applicants."

Co-Creation Process

Each Round document will determine the most appropriate co-creation process based on the needs of that specific Round. Examples of co-creation may include posting a draft Round program description for feedback; co-creation workshops before posting the solicitation or after evaluation of concept papers; requests for information; virtual sharing of concept papers, etc. The Round document may also state that a co-creation process is not occurring for that specific Round.

Note on additional partners/resources: Until full applications are submitted, both the applicant and USAID may identify and include potential additional technical partners and/or potential resource partners[7] that may or may not have submitted concept papers. Additional partners may

[7] Shared resourcing may be accomplished through funding by USAID, the award recipient, and/or third parties ("resource partners"), either through cash resources or the exchange of other resources, both tangible and intangible, such as in-kind contributions, expertise, intellectual property, brand value, high-value coordination, and access to key people, places, and information. Co-investing does not require equally shared resourcing (such as 1:1 leverage), but

be included as sub-partners on a full application if there is an agreement to do so between the potential sub-partner, the original concept paper applicant, and USAID, but this is not guaranteed. Discussions with potential technical and/or resource partners may continue throughout each Round's process and during implementation.

USAID reserves the right to remove any co-creation participant from award consideration should the parties fail to reach agreement on activity concept, design, award terms, conditions, or cost/price within a reasonable time, the participant fails to provide requested additional information in a timely manner, or the U.S. Government believes it is in its best interest.

Note: None of USAID's communication during the co-creation process in all Rounds of this APS should be interpreted as a commitment to making an award of USAID funding.

Applicants are advised that participation in the co-creation process under Rounds of this APS is entirely at their own risk; the Government is not responsible for any costs incurred by the applicant, if the applicant decides to accept the invitation to co-create with USAID. A commitment to an award of USAID funding is only made when a cooperative agreement is signed by the Agreement Officer.

Full Application Process

After the evaluation of the concept papers (and co-creation process if applicable), if the Merit Review Committee decides a full application(s) is warranted, full application instructions and criteria will be provided to the selected applicant(s) or groups of applicants that are proposing to work together. All full applications will be reviewed for their technical merit against the full application evaluation criteria by the Merit Review Committee. Using its technical expertise, the Merit Review Committee may suggest revisions and additions to the proposed project as well as potential partners and resources. USAID will continue to have robust communication with applicants, potential partners, and other key stakeholders regarding the technical substance of the evolving approach, as well as the identity and roles of proposed or additional partners. USAID may request that key personnel of applicants deemed responsive and eligible deliver an oral presentation describing their proposed technical approach to inform the technical merit review.

Agreement Officer Determination. If the Merit Review Committee selects application(s) for funding, its review will be shared with the Agreement Officer for cost analysis, final approval and award negotiation. During this stage, the Apparently Successful Applicant(s) and USAID can further design the technical approach, and clarify general resource requirements, additional partner involvement, and management control of the project under the guidance of the Agreement Officer. The Apparently Successful Applicant(s) may also be asked to provide

rather resource contributions that are appropriate to the specific project's objectives, considering the comparative advantages brought by the participation of each party and the award type.

additional information about its technical approach, capacity, management and organization, proposed cost and budget, responsibility, and representations and certifications. The Agreement Officer will engage in final review, negotiation, and determinations of award responsibility, and cost reasonableness, and will draft a cooperative agreement, to be reviewed by the Apparently Successful Applicant(s). The standard provisions for awards are generally prescribed by law and regulation for cooperative agreements. Information regarding possible award provisions will be offered to all selected applicants that are invited to submit a full application, as well as the final award provisions to the Apparently Successful Applicant(s) when the cooperative agreement is drafted. USAID reserves the right to accept applications in their entirety or to select only portions of the application to award. If the Apparently Successful Applicant(s) and USAID cannot arrive at a mutually agreeable arrangement, the Agreement Officer will not make the award(s), which will be at no cost to the Government.

Funding Restrictions

Construction is not an allowable activity for any award(s) under this APS. Also, USAID does not allow reimbursement of pre-award costs under any Round of this APS.

SECTION V. EVALUATION CRITERIA

Evaluation criteria are specific to each Round. Please see Round documents for evaluation criteria.

ENDNOTES

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