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Dear Interested Applicants:

This Annual Program Statement (APS) publicizes in accordance with ADS 303.3.5.2(b) as the intention of the United States Government (USG), as represented by the United States Agency for International Development (USAID), Guinea Mission, to fund one or multiple awards to strengthen local health systems in targeted geographic areas so that Guineans can access a higher quality of health care in their communities and local public health facilities.

This APS document outlines the goal, purpose, expected results, and priorities of the Guinea Local Health System Strengthening (GLHSS) activity, and may result in multiple awards issued under subsequent APS Rounds. Note: when referencing GLHSS in this document, it is referring to the full portfolio of possible awards under this overall purpose. This document is an umbrella APS and will not solicit 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 Rounds under this APS.

For the purposes of the GLHSS APS, a “Round” is defined as a specific program description that falls under the larger GLHSS APS goal, purpose, and 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 GLHSS purpose, selected results, and Round’s focus and then scored according to the evaluation criteria provided in the Round document. Interested parties are

encouraged to monitor USAID's Business Forecast website to plan our issuance of a mix of assistance and acquisition awards. Please continue to monitor the business forecast for future updates or Rounds covered under this APS. The total number of Rounds to be released has not been determined at this time. USAID is anticipating issuing Round No. 1 sometime in February 2022.

USAID may utilize co-creation with prospective applicants during various stages of Round procurements and applicants may be invited to participate in virtual or in-person events. Following the concept paper stage (and co-creation event when called for), 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 not to conduct a co-creation workshop and request Full Applications from successful applicants at the concept paper stage, or to conduct co-creation at a later stage of the process.

As Rounds occur, notifications will be posted on [Grants.gov](https://www.grants.gov)

Thank you for your interest in USAID programs.

Sincerely,

Albert P. Asante
Regional Agreement Officer
Office of Acquisition and Assistance

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ABBREVIATIONS AND ACRONYMS

ADS	Automated Directives System
AIDS	Acquired Immunodeficiency Syndrome
ANAFIC	Agence Nationale de Finance des Collectivités
AO	Agreement Officer
AOR	Agreement Officer Representative
ASC	Agent de Santé Communautaire (Community Health Worker)
BIP	Branding Implementation Plan
CBO	Community Based Organization
CDCS	Country Development Cooperation Strategy
CFR	Code of Federal Regulations
CHW	Community Health Worker (Agent de Santé Communautaire – ASC)
CPA	Certified Public Accountant
COP	Chief of Party
COSAH	Comité de Santé et d’Hygiène
COVID	Coronavirus disease 2019
CSO	Civil Society Organization
DCOP	Deputy Chief of Party
DEC	Development Experience Clearinghouse
DHIS2	District Health Information System, version 2
DHS	Demographic Health Survey
DO	Development Objective
EA	Environmental Assessment
eLMIS	Electronic Logistics Management Information System
EMMP	Environmental Mitigation and Monitoring Plan
FAR	Federal Acquisition Regulation
FBO	Faith-based Organizations
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
GASS	Generally Accepted Auditing Standards
GAVI	The Global Alliance for Vaccines and Immunizations
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
GHSC	Global Health Supply Chain
GFATM	Global Fund to Fight AIDS, TB and Malaria
GNF	Guinean National Francs
GOG	Government of Guinea
HDI	Human Development Index
HSD	Health Service Delivery
IEE	Initial Environmental Evaluation
IPC	Infection Prevention and Control
KAP	Knowledge, Attitudes and Practice
GLHSS	Local Health System Strengthening Activity
LOE	Level of Effort
MCH	Mother and Child Health

MEL	Monitoring, Evaluation and Learning
AMELP	Activity Monitoring, Evaluation and Learning Plan
M&M	Mitigation and Monitoring
MOH	Ministry of Health
NFO	Notice of Funding Opportunity
NGO	Non-Governmental Organization
NICRA	Negotiated Indirect Cost Rate Agreement
OMB	Office of Management and Budget
PCG	Pharmacie Centrale de Guinée
PEV	Programme Elargi de Vaccination (Expanded Vaccination Program)
PMI	President's Malaria Initiative (U.S.)
PMP	Performance Management Plan
PNDS	Plan National de Développement Sanitaire (National Health Development Plan)
PNLP	Programme National de Lutte contre le Paludisme (National Malaria Program)
PQM	Promoting Quality of Medicines
PSA	Public Service Announcement
PSE	Private Sector Engagement
PSM	Procurement and Supply Management
RECO	Community Relays (Relais Communautaire)
RFA	Request for Applications
RH	Reproductive Health
SAM	System for Award Management
SBC	Social and Behavior Change
SC	Selection Committee
TB	Tuberculosis
UNDP	United Nations Development Program
UNFP	United Nations Population Fund
U.S.	United States
USG	United States Government
USD	United States Dollar
USAID	U.S. Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

SECTION A: FUNDING OPPORTUNITY DESCRIPTION

The U.S. Agency for International Development (USAID) Mission in Guinea is pleased to issue this APS for the implementation of an activity designed to strengthen local health systems in targeted geographic areas so that Guineans can access a higher quality of health care in their communities and local public health facilities.

A.1. Guinea Local Health System Strengthening (GLHSS) Overview

USAID/Guinea's health office proposes the design of a new health sector activity entitled: Guinea Local Health System Strengthening (GLHSS). Its design involved USAID/Guinea, USAID/Washington, the Ministry of Health (MOH) and stakeholders working in the health sector. This co-engagement process will continue during the five-year implementation phase and will identify health topics on which additional information is needed.

The core development problem that GLHSS will address is poor health outcomes. This problem will be addressed by responding to key challenges to the efficient functioning of the health system, with a particular emphasis on the local level. These challenges can be categorized into the following seven broad areas: Accessibility, Affordability and Quality of Care; Supply Chain Management; Leadership, Management and Governance; Human Resources; Health Information System; Social and Behavior Change; and Funding for the Health Sector. GLHSS will result in improved delivery of integrated health services in targeted areas, establishment of health enhancing social norms, stronger democratic norms and processes, and increased use of strategic information for decision-making.

The co-engagement process will maximize the use of innovative approaches to addressing the challenges facing Guinea's health sector. This process will require the rigorous collection of relevant data and information, and close collaboration for the life-of-project with key stakeholders in Guinea, MOH officials at the national and local levels, other donor representatives and concerned community leaders.

Throughout this process, creativity and flexibility on the part of the selected implementation agent in achieving stated activity objectives will be encouraged. Preference will be given to the formation of an implementation consortium that includes sub-awards to qualified local organizations. Moreover, an important element is the manner in which issues concerning gender, youth and people with disabilities are addressed. Also the implementing agent will be expected to involve USAID/Guinea's Democracy and Governance Office in the conduct of activities designed to strengthen democratic norms at the community level.

The activity will be implemented in the U.S. Presidential Malaria Initiative (PMI) target regions, namely the three regions of Boké, Kindia and Labé, and five communes of the capital city of Conakry. Together, these regions cover an estimated 50% of Guinea's total population. The activity will be designed and implemented with sufficient flexibility to allow changes as needed in its geographical focus zones so as to reflect Guinea's evolving political, social and health situations.

It will also have the flexibility to adjust its scope according to available funding resources and crisis situations.

GLHSS will contribute to sustainable improvements in the health status of target populations in these three regions and five Conakry communes. Thus, it directly supports the Mission's Development Objective (DO) 1: *Increased Capacity and Commitment of the Local Health System for Better Health Outcomes*. GLHSS will be the central pillar of USAID/Guinea's health service delivery and capacity building portfolio. It also consolidates two current USAID/Guinea bilateral health activities: Health Services Delivery (HSD) and Guinea's flagship PMI activity.

GLHSS will apply a systems approach that uses USAID resources to leverage and influence other actors, internal and external, working in Guinea's health sector. For example, USAID will collaborate closely with not only the MOH, but also with other donors such as the Global Fund to Fight AIDS, TB and Malaria (GFATM), United Nations Population Fund (UNFPA) and the World Bank. The aim will be to improve the accountability, management and decision-making capacity of local health system actors so that they are able to provide quality health services within targeted health districts. A strong emphasis will be placed on ensuring the integration of principles of equity, quality and resource optimization into the health delivery system at the community level.

A.2 Alignment with USAID/Guinea's Country Development Cooperation Strategy (CDCS), 2021 - 2025

The goal of this new five-year CDCS is: *More participatory governance for a healthier, more prosperous Guinea*. USAID/Guinea's new CDCS was approved on December 22, 2020 and has two Development Objectives (DOs). The first DO is: *Increased capacity and commitment of the local health system for better health outcomes*. This DO 1 is linked with, and supportive of, the second DO: *Democratic and economic governance strengthened*. The linkage between DOs 1 and 2 will be of the most importance for GLHSS at the decentralized level in the application of measures which improve the local governance of Guinea's health system.

GLHSS will stress creating gender- and youth-sensitive local health services. It will also partner with local private sector entities, CSOs, FBOs and women-led organizations to support and amplify its implementation. These partnerships fit well with USAID's New Partnership Initiative (NPI) and its Private Sector Engagement (PSE) policies. The successful implementation of GLHSS will enable the strengthening of health governance and accountability, especially at the local level.

A.3 Development Hypothesis

The overarching development hypothesis is that IF local health systems ensure quality and affordable health service provision; support norms and behaviors that enhance health; operate according to democratic norms and procedures; have sufficient funding, and use available data to inform decisions, THEN the local health systems will demonstrate increased capacity and

commitment to better health outcomes, and, thereby, engender greater trust by communities in the health system.

Underlying this central hypothesis are the following points:

IF health facilities and human resources are managed more effectively and at the decentralized level; health facilities have the required equipment, tools, training, and medicines; and health services are delivered in a people-centered fashion, THEN the local health system will have ensured the availability of quality, affordable and gender- and youth-responsive health services.

IF the targeted population and health care workers have the knowledge and beliefs needed to practice health-enhancing behaviors; health care workers provide unbiased care according to protocols; and key social and behavior change messages are disseminated in an effective manner, THEN an enabling environment for health-enhancing social norms and behaviors will be established.

IF local government responsiveness to the male and female population's concerns can be improved; civil society and media advocacy strengthened; targeted national level institutions strengthened; and consensus building increased among local stakeholders, THEN democratic processes that support improved health outcomes will be strengthened.

Investments that support the increased capacity of local health systems and encourage local actors to demonstrate their commitment to improved health outcomes are crucial for Guinea to move along the path towards greater self-reliance. In particular, local government entities will be encouraged to include in their plan funds needed to improve health services in their communities.

USAID/Guinea proposes to focus primarily on decentralized levels to strengthen the local health system to support improved health outcomes. The provision of quality services requires well-managed human resources within health service delivery points; necessary equipment, infrastructure, training, tools, and health consumables; and making health services available and affordable to all members of the population, including women, youth, marginalized and vulnerable groups.

Local health system actors are also critical in reinforcing positive social norms and governing the use of human and financial resources destined for the sector. Focusing on these areas, and using accurate information for decision-making across these areas, will create the necessary enabling environment for better health outcomes, particularly at the community level.

A.4 Critical Assumptions and Risk Factors

The critical assumptions that underpin this new activity include the following:

- The Government of Guinea (GOG) remains committed to both its decentralization and community health strategies.
- Current donor funding levels for Guinea's health sector do not decrease.

- USAID/Guinea will be able to identify effective incentives to strengthen the accountability of local health system actors.
- GOG and other relevant institutions are receptive to addressing any inequities in the health system which diminish the care provided to women and youth.
- USAID/Guinea's implementing partners will be able to identify positive change agents at the district, facility and the community level who can serve as models to other regions.
- The local health system will continue to function at a sufficient level to allow for the delivery of health services and the engagement of USAID.
- The Government of Guinea continues to provide funds to the health sector;¹ and
- No substantial changes in USAID funding to Guinea.

USAID/Guinea's Health Office has also identified the following possible health risks:

- Probability of outbreaks of other infectious diseases, as experienced during the 2014-2016 Ebola outbreak and in early 2021 with some Ebola cases reported in Guinea's Forest Region, and the Marburg case reported in 2021.
- The advent of a new wave of the COVID-19 pandemic could increase economic and food security hardships for the Guinean people, especially girls, women, youth, the marginalized and the most vulnerable.
- Misappropriation of Government of Guinea health resources could occur, resulting in underfunding of health activities; and
- An upsurge in the COVID-19 pandemic could reduce the use and delivery of routine health services and disrupt the procurement of essential medicines, as well as regular childhood vaccination and mosquito bed net distribution campaigns.

Overall, the evolving situation in Guinea could increase its fragility. Already, Guinea is ranked 15th from the bottom of a list ranking 179 countries on the 2020 Fragile States Index. Except for Nigeria, Guinea was ranked as the most fragile country in West Africa.

The design of this new activity will take into account the assumptions and risks outlined above, incorporating sufficient flexibility so that implementation can readily be adjusted to reflect the realities of the evolving operational situation and unforeseen circumstances.

A.5 Problem Statement and Rationale

The GOG's MOH National Health Development Plan (PNDS), 2015-2024, characterizes Guinea's health system as being weak and, thus, its overall performance is poor.² The PNDS cites low coverage (estimated at about 50 percent) of the population with essential quality health services. It

¹ The export of bauxite, diamonds and gold represents nearly 80 percent of the GOG's revenue.

² Ministère de la Santé, République de Guinée, Plan National de Développement Sanitaire (PNDS) 2015-2024, Mars 2015. https://mohs2017.files.wordpress.com/2017/06/guinea_plan_national_developpement_sanitaire_2015-2024_guinee_fin.pdf

also cites low institutional health care capacity as a major handicap to improving the health status of Guinea's population. As indicated below, this new activity will be designed to respond to key shortcomings in Guinea's health status, particularly in targeted communities.

The PNDS describes Guinea's health status as follows: morbidity and mortality levels are still too high, especially among vulnerable groups, including mothers and newborns; weak coverage for most of the essential health services and the doubtful quality of those services; inefficient and inequitable provision of health services; and an operational environment constrained by important obstacles and constraints, notably in the areas of adequate equipment and infrastructure. It notes this environment was worsened by the 2014-2016 Ebola outbreak and the health system is still recovering from the devastating impact of this epidemic.

The 2018 DHS does show some progress over the previous 2012 DHS.³ For example, in the 2018 DHS, 53 percent of women used maternity services available at their local health facilities whereas in 2012 it was reported that 40 percent of women used these services and 47 percent delivered their babies at home.⁴ Therefore, progress is possible, but many barriers remain to be overcome to ensure that an adequate level of quality health care is available to all Guineans.

A high variability of health services provided at local facilities demonstrates that serious issues of accessibility, affordability, acceptability, equity and quality persist. Financial barriers remain the most cited reason (60 percent) that women do not seek care at a health facility. The limited number of available skilled health workers (e.g., physicians, nurses and midwives) is also a serious concern, particularly in rural areas. This shortage of skilled workers, especially women, is highlighted by the lack of competent health providers who are able to provide quality emergency obstetric and newborn care in many health facilities.

Family planning⁵ (FP) is another area where much progress is needed. While the use of modern contraceptives is increasing, the unmet need for FP remains high at 22 percent and the overall demand is 33 percent. The persistent high unmet need for FP information and services reflects systematic obstacles to potential FP users.

The failure of the MOH to provide adequate vaccination coverage to children under five years of age against childhood diseases demonstrates one of the most important weaknesses of Guinea's health system. According to the DHS, immunization rates for this age group fell from 37 percent in 2012 to 24 percent in 2018, meaning almost one in four children in this age group has not received any of the recommended immunizations.

³ Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS 2012), Institut National de la Statistique, Ministère du Plan, Conakry, Guinée, Novembre 2013.

⁴ Enquête Démographique et de Santé (EDS V) 2018, Institut National de la Statistique, Ministère du Plan et du Développement Economique, Conakry, Guinée, Juillet 2019.

⁵ At present, USAID family planning programming is restricted to activities that do not directly support the government due to Section 7008 restrictions invoked following the September 2021 coup. These restrictions will remain in place until officials of a duly elected government take office. Therefore, GLHSS will need to be adequately flexible to focus family planning efforts exclusively on the private sector and communities, while remaining prepared to also incorporate family planning support to the government at such time as this may be allowed.

This low immunization rate has resulted in recurrent measles outbreaks in various regions. These outbreaks contribute to the continued high mortality rate of children under five years of age. The 2018 DHS reported 111 deaths per 1,000 live births. Neonatal births represented almost half of these deaths (48 percent). Other than these neonatal deaths, the key contributors to the deaths of children under five years of age are malaria, diarrhea and undernutrition.

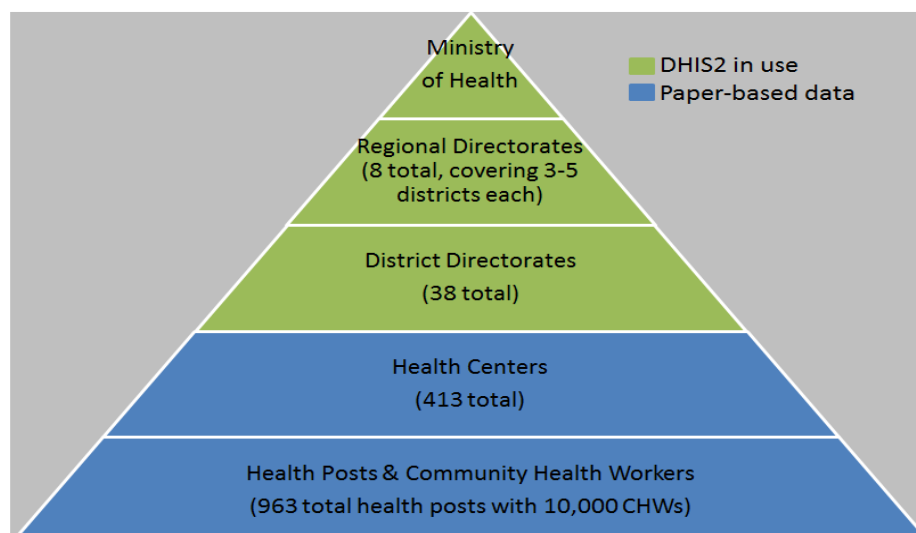
The high incidence of malaria in Guinea is worthy of special note. According to the MOH, malaria is endemic in Guinea and the leading cause of clinical consultations, hospitalizations and hospital deaths. Malaria is the biggest killer of children under the age of five (over 14 percent in this age group). Pregnant women have a high risk of contracting malaria. In response, PMI is the largest USG health care investment in Guinea. PMI is the largest funding stream for GLHSS.

Sub-optimal health behaviors sustained by socio-cultural factors contribute to high rates of preventable child and maternal deaths and infectious diseases. There is also a range of poor health practices related to hygiene and nutrition. In addition, harmful traditional practices such as female genital mutilation and cutting (FGM/C), early marriage and the low educational attainment of women and girls contribute to poor health status.

The low level of health service utilization in Guinea is influenced by a number of factors, including a perceived low quality of health services and a general lack of confidence in the public health system. Other contributing factors include incorrect knowledge and attitudes about health behaviors and risks. Another factor is the inconsistent quality and scale of social and behavior change (SBC) programming.

A.6 Structure of Guinea's Health System and Key Challenges

The administrative structure of Guinea's health system is depicted in the pyramidal graphic shown below. At the top of the graphic, the MOH headquarters in the capital city of Conakry includes 10 national health directorates, six disease control programs and two university hospitals. At the next lower level are eight regional directorates, one for each of Guinea's eight governmental administrative regions. Each of these regional directorates covers three to five health districts. There are 38 health districts managed by their respective district directorates. Under these districts are 413 health centers which cover collectively 963 health posts. Altogether, the MOH is staffed nationally with about 12,000 paid employees and about 10,000 community health workers supported by partners.



The following analysis of the Guinean health system is based on the interrelated and mutually reinforcing components of the World Health Organization's (WHO) Health Systems Framework for Action for Strengthening Health Systems.⁶ This framework emphasizes addressing bottlenecks in a collaborative, coordinated way, driven by desired health outcomes, to achieve sustainable system-wide effects. WHO also stresses that any effort to strengthen a health system must be a country-led process that is based on priorities set in a comprehensive national health strategy as has been done in the PNDS.

The design of GLHSS is also guided by the publications of USAID's Bureau for Global Health's Office of Health Systems. This office has noted the importance of the connection between formal health and community systems. This office describes the community health system as a set of local actors, relationships and processes engaged in producing, advocating for and supporting health in communities and households outside, but related to, the formal health system. This office also notes a growing recognition that effective partnerships between communities and health systems are needed to achieve and sustain positive health outcomes. In addition, a whole-of-society approach is considered an important factor that will contribute to the success of GLHSS. (See referenced USAID's 'Vision for Health System Strengthening 2030' released in April 2021.)

GLHSS focuses on making the health system work at the community level in its targeted geographic zones in order to expand universal primary health care on a sustainable basis. An underlying principle of this new activity is to develop a model which can be replicated in other regions of Guinea. The adoption of this model in other regions of Guinea will be an indicator of GLHSS' success.

SBC is an important element of GLHSS due to the pivotal role of behaviors on health outcomes, including behaviors of clients, health service providers, and health system managers. The USAID health program portfolio will focus on the community level, but also works at the central and operational (prefectural) levels to strengthen the health system at the local level. All work will be undertaken in close and constructive collaboration with concerned MOH officials, other donor representatives and stakeholders working in Guinea's health sector.

A summary description of seven key challenge areas facing Guinea's health sector is provided below. GLHSS will be designed to address to the maximum extent possible these formidable challenges and, thereby, improve the quality of health care and make Guinea's health system more resilient and sensitive to gender and youth issues at every level, especially at the household and community levels.

Challenge 1: Accessibility, Affordability and Quality of Care

Variations in the geographic distribution of the cost of services and standards of practice limit the Guinean population's access to skilled health personnel and quality health services. These

⁶ World Health Organization, Framework for Action for Strengthening Health Systems, 2007.
<https://www.who.int/healthsystems/strategy/en/>

variations are exacerbated by the fact that the Guinean health system relies heavily on international donor support. Donors may subsidize their priority technical areas, certain health districts and health facilities. In this context, effective donor coordination at the health district level is essential to provide targeted populations with all the health care services they need.

Although data on health financing is limited in Guinea, it is estimated, as previously noted, that households contribute the most (62 percent) to total health spending. Yet, the abject poverty of most Guineans means they cannot afford health care services. It is expected that Guinea's high level of poverty could deepen because of the prolonged COVID-19 pandemic. In spite of its vast mineral wealth, Guinea is ranked in the low human development category of the UN Development Program's (UNDP) annual Human Development Index (HDI). In 2020, Guinea was ranked 178 out of 189 countries on the HDI.

Multiple factors impact the quality of health services. Health workers are slow to implement new service delivery and treatment protocols. Too often, health workers lack the training or tools to provide quality care. This situation results in outdated procedures being used and poor service standards. Additionally, the lack of appropriate and properly maintained equipment, stable access to electricity, and safe and hygienic working conditions, undermines the quality of the services delivered at health facilities. The PNDS states that of the total 1,383 public health facilities in Guinea, half do not satisfy the MOH's minimal physical structure standards. Also, the MOH reports only 16 percent of facilities possess all the equipment it recommends.

It is also estimated that only nine percent of these facilities have potable water and three percent have electricity, a critical impediment to quality service delivery. It is also rare to find usable latrines, food services and an acceptable system for the disposal of bio-medical wastes. There is also a huge deficit in hospital beds. Guinea has one bed per 3,396 inhabitants whereas the WHO recommends one bed per 1,000 inhabitants.

Furthermore, most (at least 50 percent) rural Guineans do not have access to health facilities because they reside too far (five kilometers or more) from a health facility. The poor state of roads also makes it difficult to reach health facilities, even if transport is available and can be afforded. These barriers to accessing formal health facilities often cause people to consult local traditional healers. By strengthening accessibility and quality of the community health system, GLHSS will reduce this constraint and thus more people will be reached with quality health care.

Response: GLHSS will contribute to improved technical coordination among the various levels of the health system and with donors, CSOs, FBOs and private sector partners. This approach should help address issues related to uneven donor-provided service distribution. As donors and MOH authorities are more attuned to each other's needs and constraints, donors will be in a better position to fill existing gaps in health service delivery and avoid programmatic duplication.

Experience in Guinea and worldwide has demonstrated that introducing health service financing mechanisms can alleviate the direct cost burden on patients and, in the case of performance-based financing, can improve the quality of the services provided at health

facilities. GLHSS will advocate, as appropriate and possible, health financing mechanisms such as vouchers, community health insurance, and/or savings schemes.

Building on the experience and lessons learned from the previous seven-year HSD project and over ten years of PMI implementation, GLHSS will explore opportunities to partner with the private sector (for- and not-for-profit entities), local authorities, CBOs and FBOs to address the infrastructure, electrical, sanitation and equipment needs of health facilities. With an eye towards fostering local health system self-reliance, GLHSS could include, as appropriate, equipment or infrastructure support as an incentive for improving health facility performance.

Important strategies to increase accessibility to affordable, quality care include a highly motivated and well-trained health workforce, including community health workers, and mobile outreach which brings services from the health facility directly to remote communities. Both of these strategies will be supported by GLHSS to facilitate quality service delivery. GLHSS service delivery efforts will focus on the technical areas of malaria, family planning, and maternal and child health. In addition, if necessary and permissible with available funding streams, GLHSS will support COVID-related services and will be responsive to emerging pandemic threats and other shocks.

Challenge 2: Supply Chain Management

The supply chain system for essential medicines and commodities is plagued by poor planning, distribution, and stock management which leads to over or under stocking and wastage. The system for procuring and distributing essential medicines requires increased coordination and efficiency. Different donor and private sector procurement systems make it difficult to track the quantity, type and destination of drugs in Guinea.

Budgets for the procurement of essential medicines (both donor and government funded) are often non-transparent and commodity procurement is not based on reliable consumption information. Important logistical challenges (e.g., lack of roads and transportation, inadequate storage conditions, shortage of fuel and electricity to maintain cold chains for vaccines) reduce the availability of quality health commodities. According to a June 2018 audit report produced by GAVI (The Vaccine Alliance), an appropriate vaccine management procedure did not exist at Guinea's national storage warehouse. Moreover, data omissions and errors in inventory management records contributed to the expiration of vaccine doses provided by GAVI.

Response: GLHSS will be the main operational arm of USAID/Guinea's overall approach to strengthening commodity management at the health district level and below (health centers, health posts, and Community Health Workers). At this level, GLHSS will engage provincial and health facility managers in its targeted geographical zones in the management of these commodities as stipulated by national protocols. GLHSS will not introduce new tools, but will provide, as needed, training to concerned male and female health facility staff, making sure they use existing tools in an appropriate and transparent manner. GLHSS will facilitate the identification and implementation of sustainable solutions with local actors (mosques, churches, CSOs, FBOs, private businesses, community-based organizations (CBOs) and local leaders). In addition, stipends paid by USAID and other entities to CHWs

facilitate delivery of commodities to the last mile, as CHWs use these stipends to travel to monthly health meetings where they submit data and replenish commodities. Reducing reliance on donors for these stipends will be an important goal over the life of GLHSS and a topic of co-engagement.

At the national level, the pharmaceutical procurement, storage and distribution agency of Guinea, Pharmacie Centrale de Guinée (PCG), is responsible for importing and delivering to all public health facilities at all levels in Guinea the medicines and medical equipment they need to function efficiently. Recent reforms in PCG operations and the issuance in August 2020 of its new legal statutes offer the promise of improvements in the timely delivery to all points within Guinea of essential drugs and medical equipment.

USAID support to the PCG and the MOH will continue under the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project. PSM will continue to manage the bulk procurement and distribution of USAID-funded malaria commodities and family planning commodities. It is also envisioned that PSM will advocate to ensure the procurement and delivery of essential medicines to the health facilities in the geographic areas where GLHSS will be working. PSM will also be USAID/Guinea's main interlocutor at the national level with the MOH and other donors to determine the best way to harmonize existing supply chain systems in favor of strengthening the national supply chain, including the PCG. Since 2017, PSM has been assisting the MOH to develop a waste management system for the disposal of damaged or expired medical products. PSM has also worked since 2016 in collaboration with PMI to strengthen Guinea's supply chain for malaria commodities. This effort has included the installation and use of a software program (eLMIS) to improve logistical management of medical products.⁷

In addition to coordinating with PSM, GLHSS will also coordinate with another USAID central buy-in mechanism, Promoting Quality of Medicines (PQM). PQM worked closely with the MOH from 2014 to 2019 and its National Directorate of Pharmacy and Medicine and National Medicines Quality Control Laboratory to strengthen their capacity to assure the quality of medicines. PQM also supported MOH efforts to improve the overall regulation of medicines and to build a quality control system for all essential medicines. The activities of PQM, like PSM, are expected to be coordinated by GLHSS.

Challenge 3: Leadership, Management and Governance

Effective regulation, oversight and performance monitoring of the health workforce are compromised by societal norms that encourage allegiances to social networks that guarantee promotions to higher paying posts, rather than to clients, managers and supervisors. This lack of accountability, combined with an arbitrary health facility fee-based system, and low to non-existent government salaries, create opportunities for health sector workers to find “other means” for supporting themselves, which can translate into corrupt activities (e.g., selling health commodities which are free and the addition of hidden costs to otherwise “free” services).

⁷ eLMIS = Electronic Logistics Management Information System

Despite these shortcomings, past and current USAID experiences in Guinea have shown there are competent, self-motivated personnel at all levels of Guinea's health system. They are often hampered by the lack of resources, as well as practical, applied skills in management, budgeting, planning and problem-solving. Another human resource constraint is the centralized and unilateral nature of decision-making at the top levels of the MOH.

In terms of overarching governance documents (e.g., regulatory guidelines and frameworks), the MOH does have a comprehensive list of appropriate and internationally recognized policies, strategies and protocols. A challenge for GLHSS will be the effective implementation of these plans and strategies at the local level. Much will depend on the effectiveness of the decentralization process and the active participation of stakeholders.

Response: GLHSS will work with health sector authorities and service providers to reinforce their leadership and management skills, as well as accountability to their main stakeholders and key clients. USAID/Guinea's health office will work in concert with the Mission's Democracy and Governance (D/G) Office to improve stakeholder involvement in health services management at the level of targeted communities and health facilities. The joint efforts of these two USAID/Guinea offices will improve citizen oversight of service fees collected and the quality of services provided at health facilities.

GLHSS will also support MOH efforts to implement its decentralization agenda via its Community Health Strategic Plan. GLHSS will work closely with prefectural MOH health officials to gain their support in its targeted geographic areas to ensure the successful implementation of the health care decentralization process. GLHSS assistance in this area could include material, logistical, and technical assistance to enable local health authorities to improve their coverage in zones where USAID is working.

Overall, GLHSS will work to empower communities to use and demand a higher level of health services. Key to the mobilization of communities will be an effort to galvanize community leaders around health improvement efforts. Community empowerment in order to achieve better health outcomes at the local level will be a central theme that will guide the implementation of GLHSS.

Challenge 4: Human Resources for Health

In general, Guinea's health workforce is ill-adapted to the needs of the population (i.e., too many of the wrong type of providers based on population need), inadequately paid, poorly trained and motivated, and inequitably distributed. Recognizing that health worker salaries are low, there is a temptation to provide salary supplements to individual health workers under the guise of performance-based financing in order to achieve program objectives (e.g., increases in immunization coverage, supervision visits and training sessions). There is a consensus among health donors and MOH officials that this practice of providing salary supplements creates perverse incentives, compromising the vision the MOH has for the health system.

A huge challenge to providing quality health care in Guinea is that the vast majority of trained health care professionals reside in the capital city, Conakry. According to the MOH's PNDS, over 50 percent of its employees live and work in Conakry. Another estimated 15 percent are based in two regions, Kindia and Mamou. Therefore, about 35 percent (approx. 4,200) of the total of about 12,000 health care professional MOH employees are spread thinly over Guinea's remaining six administrative regions.

This inequitable distribution of MOH health personnel results in critical shortages of health professionals in rural areas. These shortages are exacerbated by limited training, low employee retention rates and an insufficient capacity to manage efficiently MOH human resources. The overall poor performance of health personnel discourages the local population and undermines trust in the quality of services provided by their local health facility.

A glaring observation is that there are insufficient women in Guinea's health workforce. Women serve as nurses, midwives and traditional birth attendants, but there are few women working as health facility managers. Also, there are few women medical doctors, particularly in rural areas. The latter may be due to the MOH taking gender into consideration when assigning health personnel (e.g., married women prefer working in urban areas so they can be near their families).

Response: Motivated Community Health Workers are critical to accessible, quality services at community level and therefore key to the success of GHLSS. GHLSS will provide technical assistance to propose sustainable solutions to advance the national Community Health Strategy. GHLSS will incentivize progressive local contributions to the financing of CHWs while providing limited stipends to CHWs in targeted regions as needed to ensure continuity of community services. USAID and the U.S. Embassy will continue to advocate for the full and timely payment of CHWs and other health cadres by the GoG. GLHSS and the entire USAID/Guinea Mission will support other donor efforts to rationalize health worker registries (e.g., identifying actual versus ghost workers) to enable the MOH to better comprehend the current status of its workforce.

At the regional, prefectural, district and community levels, GLHSS will improve technical and managerial skills, and raise the motivation of the health workforce. GLHSS will provide technical assistance and training support at the health district and community levels to reinforce the technical skills of community health workers and facility managers. GLHSS will also work to strengthen the administrative capacities of local health authorities. In addition to improving needed skills, non-material incentives such as training will help motivate workers to improve health service delivery and management.

GLHSS will work with health service providers and communities to identify other means of motivating health workers, paying attention to the different motivating factors for male and female health workers as well as youth. These means may include improving the physical working environment and introducing quality incentives. In the absence of direct salary payments, these activities will contribute to the body of knowledge on what factors motivate health workers. It would also be useful to examine what incentives health professionals based in Conakry need to work at other locations in Guinea.

Challenge 5: Health Information Systems

The current MOH systems to collect, enter, analyze and report health-related information are fragmented, impeding evidence-based decision-making. Nationally standardized tools for health data collection, analysis and transmission are not well disseminated. Donor and national disease-specific program priorities produce multiple data collection tools that result in duplicative data collection efforts. Data from private health facilities are not captured. Health center staff can spend approximately half of their time collecting and reporting data, thus reducing the amount of time they have to provide health care.

In 2016, USAID/Guinea assisted the MOH to begin the adoption of the DHIS2 software system to collect, analyze and report on pertinent health data.⁸ Thus far, data recorded in DHIS2 cover HIV, infectious diseases, maternal and child health, child immunization, disease surveillance, service delivery, and a comprehensive listing of health facilities. Health workers in all national, regional and district hospitals have been trained in the use of DHIS2. The use of DHIS2 is being expanded to the health center level and some health centers have tried to use DHIS2, but, generally, health centers depend on monthly paper records and do little, if any, analysis of the data collected. Generally, there is rarely feedback from the central level about data submitted by health centers; consequently, quality control of data is lacking, and health districts seldom use the data collected to make decisions. Moreover, PMI is using DHIS2 to collect digital data pertinent to malaria at the community level.

Response: GLHSS will support the expansion of the use of DHIS2 to health centers in its geographic focus areas. At the same time, GLHSS will work to rationalize the current system of data collection and analysis at the regional and prefectural health levels. GLHSS will work closely with local health facility staff and higher-level health managers to strengthen routine data collection, analysis and reporting, ensuring that data entered is sex-disaggregated and of good quality. GLHSS will also champion the elimination of data collection tools still in use that duplicate the DHIS2 system. Overall, GLHSS will work to ensure that DHIS2 is recognized nationally and used correctly at all health facilities, including the private sector and non-public health facilities. In addition, GLHSS will support the use of eLMIS for reporting and data analysis in its geographic zones.

Challenge 6: Social and Behavior Change (SBC)

Traditional gender, cultural, and societal norms perpetuate harmful practices which prevent individuals, including service providers, from adopting health-promoting behaviors. Other best practices related to education, civic participation and good governance are also constrained by these practices. Current and past SBC interventions have neither systematically analyzed nor addressed the key determinants of the harmful gender, cultural and societal norms that underlie these practices, influencing negative health outcomes. Therefore, innovation is needed to guide future SBC efforts.

⁸ DHIS2 = District Health Information System, version 2

More research is needed to clarify the determinants of desired health behavior change within the larger societal context, including exploring deeply issues affecting gender and youth. A special focus will be on the power dynamics at play at the community level and the incentives that drive negative behaviors which hinder the delivery and management of quality health services.

Communication channels (e.g., mass media, interpersonal and group discussions) are under-utilized and, when used, they are not used effectively. For example, Community Health Workers (CHWs) who are responsible for disseminating key health messages in rural areas lack materials to raise the awareness of their communities about negative and positive health behaviors and practices. CHWs need to be able to motivate communities to adopt healthy behaviors. Moreover, there is a multiplicity of health information, education and communication materials of varying quality and utility that often do not reflect adequately gender and youth issues, the local culture, or the linguistic and societal context.

Response: Culturally appropriate SBC activities, delivered through effective communications channels that use materials relevant to the local situation and context are essential to increasing knowledge and shifting social norms and individual attitudes. SBC communications (SBCC) will be an important complement to activities designed to achieve general societal behavior change. New SBC research will be undertaken in GLHSS' target zones to identify the cultural realities, social norms, and general attitudes and beliefs that need to be changed to achieve favorable health outcomes. The results of this research will provide SBC activities and communication campaigns with the information they need to develop high impact programs that result in the positive changes in behavior which improve the health profile of Guineans.

GLHSS will also help develop innovative national health communication approaches, strategies and standardized messages, including where appropriate, for mass campaigns (e.g., national immunization days, mosquito bed net distribution and disease awareness campaigns). GLHSS will take steps to ensure that all health practice demonstrations and messages are adapted to the local context. GLHSS will also support beneficial community-level and interpersonal health communication activities.

At the same time, GLHSS will undertake activities with health care providers to address any negative beliefs and biases they may possess as well as gaps in their knowledge with regards to improved health-enhancing behaviors. The aim will be to make health care workers influential examples of healthy behaviors to be adopted by the general population. GLHSS will also endeavor to ensure that the MOH has the capacity to implement effectively nationwide a training program on health-enhancing behaviors for all concerned health care professionals, men and women, as well as traditional authorities, birth attendants and religious leaders.

As a part of its SBC operational research agenda, GLHSS will contribute to the design and testing of a mix of proven and innovative approaches to address the behavior change challenges facing its targeted populations. Emphasis will be placed on changing negative

behaviors that affect the reduction of maternal and child under-five mortality (e.g., family planning, exclusive breastfeeding, FGM/C). The interactions between cultural norms and service provider behavior, including appropriate counseling and service delivery practices, will also be examined as part of this SBC exercise.

This subject will be among the special topics to be explored in-depth by prospective applicants, USAID/Guinea, and concerned stakeholders during the implementation of GLHSS as part of an ongoing co-engagement process. This subject includes appraising the capacity of the MOH to design and conduct effective national SBC campaigns.

Challenge 7: Funding for the Health Sector

One main reason that Guinea's health system does not function well is because of the insufficiency of financial resources at every level. It is estimated that only up to eight percent of the GOG's national budget is for its health sector, although it was recommended at a conference of African heads of state in Abuja, Nigeria in 2001 that a minimum of 15 percent of national budgets be devoted to each country's respective health sectors. (Referred to as the Abuja Declaration.) In Guinea's case, the actual amount of funding disbursed annually by the MOH is much lower than the amount of its annual budget.

The lengthy MOH integrated operational action plan (PAO) issued in January 2020 reported that the MOH only disbursed 37 percent of its planned annual budget for 2019 of over 239.5 billion Guinean Francs (GNF), equaling in U.S. Dollars (USD) about \$25 million.⁹ It is estimated that about 27 percent of total national expenditures on health is provided by the MOH. It is also estimated that the USD value of donor contributions to Guinea's health sector was higher in 2019 than the actual budget amount disbursed by the MOH.

Guinea has one of the lowest per capita health expenditures in the world. It was estimated in 2016 that Guinea spent about \$34 per capita on health expenditures. This compares to \$31 and \$66 spent per capita, respectively, in the neighboring countries of Mali and Sierra Leone. In this regard, Guinea is well below the Sub-Saharan Africa country average of \$83 spent per capita on health-related expenditures.¹⁰

Without sufficient financial resources, it is difficult to train, staff and pay sufficiently well-qualified staff at Guinea's health facilities at every level. Thus, the number of trained health professionals working in Guinea's health system is greatly inferior to the recommended level. This lack of funding also means that much of the health infrastructure is in a poor state and under-equipped. As noted earlier, this includes the absence of clean water and latrines, and electricity (thus no Internet) in many health facilities. The misuse of funding received at all levels is common. There is a lack of competent leadership, accountability and transparency at every level of Guinea's health system.

⁹ République de Guinée, Ministère de la Santé, Bureau de Stratégie et de Développement, Plan d'Action Opérationnel (PAO) Intégré 2020 du Ministère de la Santé, Janvier 2020.

¹⁰ World Health Organization Global Health Expenditure database (apps. who.int/nha/database)

The GOG's decision in October 2019 to provide 15 percent of mining revenues to local government entities (collectivités) via its Agence Nationale de Finance des Collectivités (ANAFIC) is promising. This GOG action is intended to support its decentralization process by providing local government collectivités (an elected community group) with needed funding for basic development activities. Part of these revenues should have gone to supporting the local health care system beginning in 2020. However, though these resources (the equivalent of about \$100 million) were provided to Guinea's locally elected bodies, they were not utilized for CHWs as anticipated.

Response: USAID/Guinea will continue to advocate for an increase in the percentage of the GOG's annual national budget that is allocated to the MOH. USAID/Guinea's health office will also collaborate with the Mission's D/G office to monitor the effective and transparent use of any budgetary increases to remedy deficiencies in the GOG's health care system. In addition, USAID/Guinea will also urge the MOH to increase its capacity to fully disburse and use efficiently its annual budget.

USAID/Guinea will also collaborate with other donors to discuss frankly with the MOH any gross misuse of GOG funding budgeted for the health sector and urge the MOH to take corrective actions. The use and size of the MOH's annual budget will be monitored by USAID/Guinea and be the subject of ongoing discussions within the donor community and with the MOH. USAID/Guinea will also monitor the utilization of ANAFIC funding received by collectivités and its use, if any, to address local health problems, offering advice as appropriate. All concerned need to recognize that the rational use of increased funding is needed to raise the level and quality of health care in Guinea.

Furthermore, GLHSS will advocate in its target geographic zones for funds provided to local government entities to be used to improve health facility infrastructure. It will also work with the D/G office to have a dialog with the Chambre des Mines de Guinée about increasing the contribution of the mining industry to the health sector. As noted, all these efforts will involve close collaboration with the Mission's D/G Office.

A.7 Lessons Learned

The main lesson learned from the evaluation of the first five-years (2015-2020) of USAID/Guinea's flagship HSD project was that increased impact could be achieved by decreasing the breadth and increasing the depth of any follow-on project. This is one reason USAID/Guinea's health team decided to reduce the new activity's geographic coverage from the seven regions covered by the previous HSD project to three regions and five Conakry communes covered by PMI. This reduction in geographic focus will allow for a more in-depth and impactful approach as well as greater consolidation with the PMI program. At the same time, efforts will be intensified under GLHSS to reach more deeply into communities and related health facilities.

Following recommendations of the HSD evaluation, GLHSS will therefore focus its efforts on fewer regions in order to achieve the aims of its assistance to Guinea's health sector. Previously, by stretching its resources to cover a larger geographic territory, desired results were not achieved.

Consequently, by concentrating resources on fewer regions and increased consolidation with PMI, GLHSS is expected to achieve a higher level of results.

Accordingly, under GLHSS, the regions of Faranah, Kankan and Mamou will not be covered. The MOH and other donors (e.g., the Global Fund, World Bank, EU, UN agencies (UNICEF, WHO, UNFPA, etc) will continue their health coverage of these regions. It is important to note that USAID/Guinea will work closely with HSD, other donors, and the MOH in the final year of HSD to facilitate a smooth transition.

It is believed that this integration of PMI activities with maternal/child health (MCH) and family planning/reproductive health (FP/RH) will result in greater impact at the community level and allow for a more holistic approach

Estimated core funding level by health area, subject to availability of funds:

Family planning	20%
Maternal and child health	25%
Infectious disease (malaria and possibly COVID)	55%

It is also believed this geographic realignment will strengthen the PMI program as it coincides with those regions and Conakry communes covered by this program. Basically, under GLHSS previous assistance in the areas of MCH and FP/RH in the regions of Faranah, Kankan and Mamou will instead be focused on those regions and communes covered by the PMI program. This change in geographic coverage is deemed necessary in order for USAID/Guinea's overall health program to achieve lasting results.

The HSD evaluation report also emphasized the need to support the MOH's national Community Health Strategic Plan, as well as increased accountability, collaboration, leadership and ownership at every level of the health system. This evaluation also highlighted the need to focus on critical requirements (e.g., pre-service training and human resource management) of improving the quality of health care delivery, particularly stressing the continuum of integrated care and the need for an efficient referral system. In addition, this evaluation recommended exercising flexibility in the design and implementation of a new activity so that activities can adapt readily to changing contexts and needs and be responsive to evolving beneficiary needs and priorities. All the lessons learned in the previous HSD project will be taken into account in the design of GLHSS.

Lessons have also been learned from the implementation of PMI (Stop-Palu+) which has been active in Guinea since 2011. These lessons are of particular importance because as noted earlier

malaria is endemic in all areas of Guinea and remains the number one health problem, particularly for pregnant women and children under five years of age. As also noted previously, malaria is the primary cause in Guinea of clinical consultations, hospitalizations and deaths. Obviously, reducing the high incidence of malaria will relieve the health system of its biggest burden, as well as save thousands of lives.

Any USAID health program working in Guinea to roll back malaria is required to work closely with the MOH's National Malaria Control Program (PNLP). The goal stated in the PNLN's National Strategic Plan 2018-2022 is: Reduce Malaria Related Morbidity and Mortality by 75 percent from the 2016 level, bringing Guinea to pre-elimination status by 2022. The implementation of this new activity will require continued close collaboration with the PNLN and the demonstration of economical but effective ways of reaching communities with malaria control activities.

Perhaps the most valuable lesson learned by years of experience with the PMI program is the constructive quality of its relationship with host country health personnel at every level. This quality is especially evident in the collaboration exercised in the preparation of annual PMI operational plans (MOPs). Also, PMI's collaboration with the Global Fund to achieve a higher impact in terms of reducing the incidence of malaria is another good practice. PMI's efforts to have the PNLN take clear ownership of Guinea's malaria control program is also worthy of note.

The operational mechanism used by PMI in Guinea can well serve as a model to replicate in other regions of Guinea, particularly with regard to its use of data systems and its conduct of a Monitoring and Evaluation (M&E) system to plan and make decisions. The manner PMI is able to collaborate with community health agents to collect data and diagnose and treat malaria is a good example of how other health services can function at the community level. The regular meetings between PNLN and PMI staff are instructive on how to share any lessons learned and apply them in practice.

Closely associated with PMI are lessons learned by PSM's work in Guinea since 2011 and PQM's activities in Guinea in the 2011 to 2019 period. PSM activities and experiences have contributed to a better understanding of the PCG's procurement and supply chain mechanisms. The results of PQM's work in Guinea have highlighted the importance and challenges of installing an effective quality assurance program for the control and use of essential medicines.

The lessons learned on how to cope productively with the COVID-19 pandemic are instructive. Learning how to operate effectively from remote locations has been a revelation in terms of maintaining an acceptable level of achievement in spite of the limitations caused by the pandemic. A notable example of keeping the work moving in spite of the restrictions imposed by the pandemic was the ability of in-country partners to modify protocols so that a nationwide Seasonal Malaria Chemoprevention (SMC) program for young children could be conducted in 2020.

While the 2014-2016 Ebola epidemic in Guinea was different from the COVID-19 pandemic in terms of its mode of transmission, symptoms, lethality and geographic locations, it provides some useful lessons, as does the Ebola outbreak in early 2021 in the Forest Region. Ebola was similar to COVID-19 in that they both discourage the general populace from using public health facilities.

The threat of a potential resurgence of Ebola and the current limitations imposed by the prolonged COVID-19 pandemic contribute to a reduction in the use of health facilities.¹¹ Like Ebola, the COVID-19 pandemic also requires USAID/Guinea staff time, for example to provide personal protective equipment to health facility staff, deliver COVID vaccine donations to the MOH.

Activity Goal, Intermediate Results, Focus Areas and Performance Factors

Goal: Contribute to sustainable improvements in the health status of Guineans

The achievement of this goal will be measured by the following changes experienced by communities and local health facilities supported by USAID:

- Evidence of an improvement in governance practices of prefectural health authorities and health service providers.
- Increased improvement in the accessibility of quality health services in USAID-supported geographic zones.
- Clients and citizens report improved satisfaction with the health services they receive.
- Health service delivery points report increased use of essential services; and
- CSOs and FBOs provide increased oversight of local health services.

It is anticipated that by the end of GLHSS in 2027 it will have contributed to the achievement of a number of key health status indicators included in the MOH's PNDS. The PNDS aims for a reduction from their 2015 levels in the following key health indicators by the end of 2024:

- Child under-five mortality ratio from 123/1,000 live births to 47/1,000 live births.
- Maternal mortality ratio from 724/100,000 live births to 349/100,000 live births.
- Neonatal mortality ratio of 33/1,000 live births to 12.5/1,000 live births.
- Infant mortality ratio from 67/1,000 live births to 26/1,000 live births.
- Prevalence of chronic malnutrition among children under five years of age from 31 percent to 21 percent.
- Prevalence of acute malnutrition from nine to four percent.

Note. Progress toward the achievement of these indicators and others will be documented in the scheduled sixth five-year 2023 Demographic Health Survey (DHS) led by USAID.

GLHSS Intermediate Results (IRs)

Prospective applicants for the implementation of GLHSS shall propose illustrative activities which will support the achievement of each of the four IRs indicated below (see Annex A GLHSS Results Framework). These activities can be in the indicated implementation focus areas cited for each IR

¹¹ It is noted on page nine of the annual FY 2016 Malaria Operational Plan of Guinea's U.S. Presidential Malaria Initiative that the Ebola epidemic caused people to change their health-seeking behavior, often for fever symptoms, and this would result in increased morbidity and mortality due to unaddressed malaria infections.

and others that the applicant considers relevant for the achievement of a respective IR. The applicant will also be encouraged to provide sample performance indicators for each IR, or modification thereof, in addition to the sample indicators provided below.

Intermediate Result 1: Provision of Quality Maternal and Child Health, Family Planning/Reproductive Health and Malaria Services Assured

Three sub-results are:

- Decentralized human resources are managed effectively
- Health facilities have the appropriate commodities, infrastructure and equipment
- People-centered preventative, curative and rehabilitation services offered

IR 1 Proposed Focus Areas:

- CHWs motivated and capable of providing services in line with GoG expectations
- Timely delivery, storage and administration of pharmaceuticals
- Preventive malaria care and treatment provided to pregnant women, mothers and young children
- Seasonal Malaria Campaigns conducted annually in approximately seven prefectures
- Distribution of nets in an estimated four regions for the mass net campaign anticipated in 2025 and routine distribution in four regions throughout implementation
- Quality obstetric care provided to women and newborns, including any non-communicable diseases affecting pregnant women
- Quality family planning services provided to women and couples
- Pregnant women give birth in sanitary conditions
- Local CSOs, FBOS and private sector entities fill health system functional gaps
- Effective management and supervision of human resources for health

Proposed sample indicators could include the following:

- Increased availability of quality essential drugs
- Worker absenteeism
- Reduced delays in payment of salaries to local public health facility staff
- Rate of reduction for clients reporting negative reception at health facilities

Intermediate Result 2: Health-Enhancing Social Norms Established

Four sub-results are:

- Targeted population knowledge, attitudes and practices (KAPs) concerning key health behaviors increased
- Targeted health care providers and managers provide unbiased services according to established protocols
- Effective social and behavior change communication strategies implemented
- Target population(s) measurably increases health-enhancing behaviors

IR 2 Proposed Focus Areas:

- Ample consultations undertaken to compile a list of positive health behaviors to promote (such as breastfeeding, malaria prevention and use of contraceptives)

- Innovative approaches to dissuade the widespread practice of FGM/C
- Actions to prevent and respond to gender-based violence (GBV)
- Activities to prevent early marriage and mitigate its consequences
- Awareness of the behaviors and practices by health providers and their patients that reduce positive health outcomes (e.g., in the areas of IPC and WASH)¹²
- Effective communication strategy for the adoption of positive health behaviors at the community level.

Proposed sample indicators could include the following:

- Reduction in belief that FGM/C is an acceptable practice
- Percentage increase in positive health behaviors in targeted population
- Rate of positive change in behavior of targeted population before and after SBC campaigns, especially as concerns women and youth
- Percentage increase of caregivers who seek health care when their child has a fever

Intermediate Result 3: Democratic Norms and Processes Strengthened

The four sub-results are:

- Local government responsiveness to citizen health needs strengthened
- Civil society and independent media strengthened
- Targeted national-level institutions strengthened
- Consensus building promoted among key political stakeholders

IR 3 Proposed Focus Areas:

- Improve the management of local health systems
- Funding for the MOH's Community Health Strategic Plan
- Reasonable share of funds received by decentralized governance bodies go to support local health system operations
- Local CSOs, FBOs, private sector entities and other concerned parties work together for the efficient functioning of local health facilities¹³
- Role of elected officials strengthened to sustain health services at the community level
- Local leaders demonstrate high level of accountability in health management
- CSOs, FBOs and private media play strong role in collaborating with health facilities
- Journalists report regularly and effectively accurate information on key health subjects

Proposed sample indicators could include the following:

- Proportion of GOG funds reaching local health facilities
- Number of community recommendations adopted to improve health service delivery
- Number of media staff and journalists trained to report accurately on health subjects
- Number of USG-supported national organizations implementing improvements
- Increased local budget allocations for CHW salaries

¹² IPC = Infection Prevention and Control.

WASH = Water, Sanitation and Hygiene.

¹³ PEV – Programme Elargi de Vaccination (Expanded Vaccination Program)

This IR is considered to be cross-sectoral and as such involves the participation of the Mission's Democracy, Rights and Governance (DRG) Office. GLHSS will jointly develop and implement a work plan with the implementing partner for the DRG portfolio that responds to this IR to strengthen democratic norms and improve health governance at the community level. This also represents an area of continuous co-engagement throughout the life of the activity.

Intermediate Result 4: Cross-Cutting: Use of Strategic Information for Decision-Making Increased

Four sub-results are:

- Regional, prefectural and local health committees are able to collect, analyze and correctly interpret the routine collection of health information (DHIS2)
- Access to routine health system information increased for non-health actors
- Operationality and linkages of key information systems (DHIS2, eLMIS, etc.) working in targeted health facilities
- Regular, interactive use of infectious diseases surveillance systems strengthened¹⁴

Proposed Focus Areas:

- Accurate sex-disaggregated data are generated and used correctly
- Routine health and logistics data is collected, analyzed and reported on accurately
- Data collection and reporting systems (e.g., DHIS2 and eLMIS) reinforced
- Two-way flow of health information for use by health personnel and non-health actors
- National infectious diseases surveillance system fully developed and operational

Proposed sample performance indicators could include the following:

- Number of local health committees that use data correctly for decision making
- Number of health workers, disaggregated by sex, able to collect and use data appropriately and competently
- Percentage of local radio stations using official MOH DHIS2 data reports in their health-related broadcasts
- Percentage of USG-supported health facilities with reliable access to internet¹⁵

This IR is considered cross-cutting as it concerns the implementation of all IRs.

All applicants will be encouraged to propose alternate focus areas and additional process, outcome and impact indicators. Innovative indicator and activity proposals are desired. Overall, proposed approaches to increasing knowledge and understanding of key behaviors, norms, beliefs and attitudes that impact upon health outcomes will be of high interest. Also, ways of collaborating constructively with USAID/Guinea's D/G Office will be welcome.

¹⁴ The basis of this system will be according to WHO's 2005 guidelines for International Health Regulations, third edition as published in 2016. <https://www.who.int/ihr/publications/9789241580496/en/>.

¹⁵ USG – United States Government

A.8 Hallmarks and Strengths of the Proposed Activity

A community, bottom-up approach will be followed by GLHSS to enlarge the number of beneficiaries and strengthen the promise of a sustainable health care system for all. In view of the many challenges facing public health facilities, the result of providing increased health care at the community level will be an increase in the number of Guineans reached. GLHSS' community approach also recognizes the ongoing decentralization process in Guinea that is moving to grant greater decision-making power to the prefecture level, communes and community levels. GLHSS will help strengthen this decentralization process. It will facilitate consideration of health concerns of communities in decentralized resource mobilization efforts and allocation decisions. In addition, it will give communities a greater say in the operations of their local health facility. GLHSS will apply a social and behavioral science lens to improve motivation and behavior of health workers, local officials, and community members.

GLHSS supports the MOH and is integrated, responsive to beneficiary needs and priorities, technically sound, and feasible. In many respects, it builds on the lessons learned of its predecessor projects, HSD and StopPalu+, but with increased technical and financial efficiencies as an integrated project GLHSS will build in its targeted geographic zones on the achievements of this former health project.

The final evaluation of the previous project recommended narrowing the focus of any follow-on project. Therefore, GLHSS will work in fewer geographic regions and concentrate on making health services work efficiently for more people at the community level. The goal of augmented assistance to improve health systems at the local level is to reinforce efforts to implement effectively the MOH's Community Health Strategic Plan.

While GLHSS will focus on the decentralized level, achieving the results desired will depend on maintaining existing, and forging new, strong and productive links between communities and their local public health service facilities. Therefore, this bottom-up approach will entail strengthening the functions and outreach capabilities of local public health facilities and, as appropriate and needed, higher levels of the health system, including the prefectural, regional and national levels. Community satisfaction with the improved performance of these links will help build needed trust in the local health system.

Important in building these links is the work of well-trained and -equipped CHWs and Community Relays (RECOs). CHWs and RECOs are the cornerstones of this community health approach.¹⁶ Well-performing and well-supported local health facilities, CHWs and RECOs will increase community commitment to making the local health system work for them. Communities will become more motivated and involved in efforts to mobilize their fellow citizens, men and women, to undertake actions that improve their health conditions, including positive behavior changes and the adoption of healthier practices.

¹⁶ CHW in French is Agent de Santé Communautaire (ASC) and RECO in French is Relais Communautaire.

Active community participation in the governance of the local health system is a necessary element in creating a consistent, productive and sustainable health care system which benefits equitably all concerned. By engaging communities more in the management of their health status, they become more resilient and vocal in demanding the health services they need, and should receive, from the GOG. This type of increased community participation supports the GOG's efforts to decentralize governance. A major aim of GLHSS will be to increase the capacity of communities, especially their health committees (e.g., Comité de Santé et d'Hygiène – COSAH), to participate actively in local health governance and the GOG's overall decentralization process. In this regard, the Mission's D/G office will be of assistance.

A main goal of GLHSS is to increase the number of beneficiaries reached with quality health care. As noted earlier, it is believed that greater numbers of people will be reached through this community approach. This increase in beneficiaries will reduce the cost per beneficiary and, consequently, lend itself to the sustainability of activities supported by GLHSS. The practice of cost efficiencies in the implementation of GLHSS will be applied. Attention will be exercised to not introduce recurrent costs that would be difficult to sustain by local and central government bodies after the end of GLHSS.

Coordination with and leveraging of other USG and donor efforts is an important hallmark of this activity. For example, USAID's economic growth office is designing a Global Development Alliance (GDA) award that would support electrification of health facilities. GLHSS will coordinate with this activity, for example, leveraging electrification as an incentive to motivate and reward high-performing facilities and their staff. Similarly, close collaboration with the DRG Office's governance activity will ensure that underlying local governance issues affecting the health sector will be addressed.

A.9 Relationship to Host Country Health Strategies

GLHSS is aligned with, and supportive of, the MOH's PNDS and its vision statement: "A Guinea where all populations are healthy, economically and socially productive, enjoying universal access to services and quality of health care, with their full participation."

The MOH plans to achieve this vision by focusing on the achievement of the following three broad strategic objectives and six sub-objectives:

Strategic MOH Objectives:

1. Strengthening the prevention and management of diseases and emergencies.
2. Promoting the health of mothers, children, adolescents and the elderly; and
3. Strengthening the national health system.

Strategic MOH Sub-Objectives:

1. Strengthening health services, particularly at the prefectural and community levels.

2. Ensuring adequate funding for the sector for universal access to health care.
3. Improving human resource management and development.
4. Improving access to medicines, vaccines, blood, infrastructure, equipment and their quality health technologies.
5. Developing the health information system and research in health.
6. Strengthening leadership and health governance.

In close coordination with the MOH, other donors and partners, GLHSS will contribute to achieving all three of these objectives and the six strategic sub-objectives.

GLHSS will give priority to supporting the achievement of the objectives of the MOH's Community Health Strategic Plan, 2018–2022.¹⁷ The three main objectives of this plan are:

- Increase the availability, consistency, utilization and the performance of the provision of quality community health services.
- Reinforce the participation of local communities and territorial 'collectivities' in the development of community health; and
- Develop the governance, the leadership and the management capacities of community health at every level.

This national plan aims to achieve the following four results:

- The full package of community health, including quality promotional services and preventive, curative and rehabilitation measures, are provided in 90 percent of communes.
- Ninety percent of territorial 'collectivities' and communities are involved with and contribute efficiently to resolving health problems in their respective zones;
- Eighty percent of financial resources necessary for the implementation of the community health strategic plan are mobilized; and
- The governance, the leadership and the coordination capacities of community health are in place and reinforced at all levels (80 percent of coordination meetings are held).

A.10 Host Government, USAID and Other Donor Health Assistance Activities

Many donors (multilateral, bilateral, non-governmental organizations and private sector entities) contribute annually to the funding and conduct of hundreds of activities in Guinea's health sector. The MOH's integrated 2020 PAO cites 2,606 externally funded activities, of which 1,725 have been completed.

¹⁷ Ministère de la Santé, République de Guinée, Direction Nationale de la Santé Communautaire et de la Médecine Traditionnelle, Plan Stratégique de Santé Communautaire, Avril 2018.
https://www.thecompassforsbc.org/sites/default/files/project_examples/Plan%20strat%C3%A9gie%20revis%C3%A9e%20de%20la%20sant%C3%A9%20communautaire.pdf

The USG has actively provided assistance to Guinea's health sector for over a decade. This assistance was mostly channeled via USAID and the U.S. Centers for Disease and Prevention (CDC). For the past five years, USAID has provided a total of over \$30M for the implementation of its HSD project in seven of Guinea's eight administrative regions. As noted earlier, USAID's Bureau of Global Health's PSM program also works in Guinea to improve the import, storage and distribution of high-quality drugs. USAID has also supported PQM's efforts to improve the quality control of essential medicines. USAID is the largest bilateral donor working in Guinea's health sector and a leader of donor coordination in this sector.

The CDC is a key partner in the implementation of the PMI and supports the MOH's infectious disease surveillance and research programs.

Since the onset of the COVID-19 pandemic in March 2020, all major donors have supported the MOH's pandemic response with numerous activities. USAID and the CDC are included among these donors. (The same applies to the outbreak of Ebola in Guinea's Forest Region in early 2021.) These pandemic response activities are expected to continue in 2022.

Other Major Health Sector Donors in Guinea

- The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) is an important partner in the implementation of the PMI program. It has budgeted \$136 million over the 2021-2023 period to reduce the prevalence of these three diseases. It supports regions not covered by GLHSS.
- The World Bank has provided over \$45 million for the implementation of its Health Service and Capacity Strengthening Project during the 2018-2023 period in two regions, Kankan and Kindia. This project aims to improve the utilization of reproductive, maternal, neonatal and child health (RMNCH) services.
- Part of The European Union's assistance program for Guinea is focused on the health sector. It has budgeted forty million Euros (approx. 47.2 million USD) in its 2014-2020 budget for activities which focus on reducing infant mortality and improving maternal health by strengthening health systems.
- GIZ (Germany's International Development Assistance Agency) has been implementing a reproductive and family health project in Guinea since 2015, focusing on the regions of Labé, Mamou, Faranah, Kindia and, since 2019, N'Zérékoré. (The amount of funding GIZ has budgeted for this project is unknown.)
- UNICEF (United Nations Children's Fund) has implemented for decades an annual multi-million-dollar, wide-ranging assistance program across Guinea to improve the health of children and their mothers. It has collaborated with other donors and the MOH to expand the geographic reach of its efforts to improve health at the community level.
- UNICEF works closely with other UN agencies. For example, in the Kankan, Labé and N'Zérékoré regions it collaborates with the UNDP to assist with the implementation of commune action plans. UNICEF also collaborates with the UN's Population Fund (UNFPA) and its work in the reproductive health area. UNICEF also partners with WHO in national immunization campaigns and efforts to prevent epidemics.

- UNICEF also relies on the UN’s World Food Program (WFP) to provide vulnerable populations with needed food. The WFP’s budget for its 2019-2022 Country Strategic Plan for Guinea is \$22.4 million.
- GAVI – The Vaccine Alliance has been at work nationwide in Guinea since 2000 to strengthen health systems and support annual childhood vaccination campaigns. Since 2000, it has disbursed almost \$67 million for its activities in Guinea. (The Gates Foundation is also interested in contributing to the vaccination of children in Guinea.)

A.11 USAID Guiding Principles

Sustainability. A key USAID priority is the ability of a country to solve its own development challenges. The overall purpose of GLHSS is to increase Guineans’ ability to plan, finance and manage their health system and their own health. All of the activities and interventions must be designed with this in mind. GLHSS will be designed to build sustainability and help Guinean communities, households, and individuals become more self-reliant in the management of their own health. It will help targeted communities be able to better manage their own finances for health, and help communities hold health workers and local government officials accountable for the availability and quality of health services. A key to GLHSS’s success will be the sustainable adoption of healthy behaviors and practices so that intensive external engagement is no longer needed in the future.

Collaborative Learning and Adaptive Management (CLAM) refers to incorporating an iterative learning process by undertaking on a regular basis analysis and the adaptation of best practices to the activity design in the local context. CLAM facilitates shock-responsive, adaptive programming and maximizes the attainment of the greatest impact. Establishing implementation decision points and milestones will be necessary during the life of GLHSS.

Engagement of Local Actors. Guinea has a rich social system and structure that plays a critical role in influencing key decisions that impact behaviors and the overall performance of the health system. Partnerships with local communities, schools and academic institutions, health care organizations, public and private providers, and professional societies, as well as faith-based, non-governmental, and civil society organizations, will be essential to the success of GLHSS.

Private Sector Engagement. USAID is committed to partnering with the private sector. Strategic and proactive engagement of the private sector improves the identification and definition of critical economic and social development problems; strengthens the design and implementation of promising solutions to those problems; and increases the sustainable impact of investments in developing countries. Therefore, Applicants are encouraged to explore partnering opportunities with the private sector through strategic and ongoing collaboration in order to increase the impact, reach, efficiency and effectiveness of GLHSS.

Conflict Sensitivity. All activities will be designed to take into account the security context of the regions, districts, and communities in which they will be implemented, and will be flexible enough to change if implementation in certain zones becomes impossible for security reasons. All activities will also be designed with a “conflict-sensitive lens” to ensure that nothing exacerbates existing conflicts. Women’s empowerment and positive youth development are key approaches,

including the intentional engagement of women and youth in the whole range of decision-making actions that affects their lives.

Resilience. For USAID, resilience is the ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth. USAID's resiliency guidance focuses specifically on areas where chronic poverty intersects with shocks, disease outbreaks and stresses to produce recurrent crises and undermine development gains. As appropriate, GLHSS is expected to:

- Proactively seek opportunities for joint programming that amplifies results.
- Describe joint interventions in annual work plans that clarify roles and responsibilities around specific programmatic linkages with other humanitarian activities.
- Conduct joint site visits with other humanitarian partners, when appropriate, to facilitate learning across activities.
- Actively participate in USAID partner meetings and learning events, including hosting those meetings when needed.
- Contribute to joint indicators linked to USAID/Guinea's CDCS results framework, analysis, and the diffusion of reliable information in collaboration with other USAID reporting systems and those, as appropriate, of other donors; and
- Respond to information requests and taskers coming from USAID.

Gender Equality and Social Inclusion. Gender issues are central to the achievement of USAID's development objectives. Gender equality and social inclusion (GESI) are a mandatory consideration for all USAID programming. It aims at ensuring that both men and women have equal opportunity to benefit from and contribute to economic, social, cultural and political development; enjoy socially valued resources and rewards; and realize their human rights.

In Guinea, there is a high and pervasive disparity in health outcomes caused by factors such as gender, wealth, ethnicity, disability, and geographic location. Applicants will need to strongly consider GESI issues when designing their technical approach and analyze the key exclusion issues in service delivery and how they will be minimized and monitored so that improved health outcomes will be achieved. Applicants are required to explicitly ask how gender issues such as identifying and understanding the causes of gender inequalities; differences in roles, responsibilities, and needs of men and women; and the relationships between men and women, within the same sex, and between older and younger men and women are linked to health care utilization.

Applicants must therefore integrate gender issues into all program components. Likewise, Applicants must articulate how GLHSS activities will ensure equal opportunities for historically marginalized populations in Guinea's diverse society. (USAID's Gender Equality and Female Empowerment Policy can be found at: <https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment>.)

Inclusive Development. USAID is committed to the inclusion of people who have physical and cognitive disabilities in line with the USAID Disability Policy. The objectives of the USAID

Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; and (3) to engage disabled people the maximum extent possible.

Flexibility. The design of GLHSS will allow for flexibility should the security situation or outbreaks arise that prevent the implementation of activities in certain areas.

Tailored, Evidence-Based Interventions. The social and cultural contexts of Guinea vary, as should approaches and interventions designed for different regions. Evidence-based and tailored SBC strategies will focus on achieving measurable changes in jointly identified priority behaviors with the highest potential to improve health, self-reliance, and resiliency outcomes and accelerate the prevention of child and maternal deaths. All interventions will also promote equitable gender norms, including shared decision-making within the household and active women's participation in community management and oversight of health services quality and systems functioning. Design and delivery of interventions should increase the capacity of community members and community structures to develop and implement their own evidence-based health strategies that are tailored to their contexts.

Collaboration Within and Across Sectors. Collaboration and coordination are critical to ensure maximum impact. The recipient is expected to collaborate closely and create synergies with other development partners implementing at the local level in the geographic areas covered. These partnerships include the following: required coordination with all partners operating in USAID/Guinea's designated prefectures, districts and communities, including coordination with other USAID supported interventions in other sectors, such as governance and other donors and actors in the health sector. Interventions should also be complementary.

Patient-Centered Approach: All activities related to the delivery of health services should use a patient-centered approach, consisting of enabling patients to exercise their rights and fulfill their responsibilities with transparency, respect and dignity, by giving due consideration to their values and needs. Patient-centered care treats the patient as a partner instead of just a recipient, empowering patients and providers and allowing for empowered individuals.

A.12 Monitoring, Evaluation and Learning

Of critical importance will be the elaboration of a strong and comprehensive Activity Monitoring, Evaluation and Learning Plan (AMELP) to track implementation progress, or lack thereof, towards the achievement of its stated results. Thus, the selected implementation agent must have a clear description of each key action and how they contribute to the achievement of the activity goal and, hence, USAID/Guinea's DO 1. The Applicant's AMELP must require the establishment of a baseline of data and information upon which progress toward achieving results can be measured. This plan will entail a continuous process of systematic monitoring so that implementation interventions can be modified as needed to ensure maximum impact.

The AMELP will also include a clear depiction of how the activity's key performance indicators will be tracked and the schedule for mid-term and final evaluations. This plan will be in conformance with USAID's Evaluation Policy. In particular, all planned evaluations will have a set of questions that will be communicated in advance to USAID/Guinea. The answers to these key questions will serve to alert USAID/Guinea to any problems the implementation agent is experiencing. The answers will also serve to forecast the level of success of GLHSS.

USAID/Guinea expects to learn from the information generated from the implementation agent's AMELP important lessons that it can use in the design of future similar activities. This information will also be used by USAID/Guinea to engage stakeholders from the MOH, other concerned donors and community beneficiaries. The steadfast and efficient execution of the AMELP is also expected to identify success stories worthy of wide dissemination by USAID.

USAID/Guinea may commission one or more independent evaluations. The GLHSS grant recipient will be expected to provide inputs as requested by USAID/Guinea to the evaluation team conducting this external evaluation. USAID/Guinea will advise in advance the selected implementation agent of when such evaluations will occur.

A.13 List of Key USAID References Consulted

[Country Development Cooperation Strategy \(CDCS\), 2021-2025](#)

[CDCS Gender Analysis, November 23, 2020](#)

[Youth Assessment, Situational Analysis Report, July 29, 2020](#)

[USAID/West Africa, Final Report, Regional Gender Analysis, April 2020](#)

[USAID Vision for Health System Strengthening 2030, April 2021](#)

SECTION B: FEDERAL AWARD INFORMATION

Issuance of this APS and/or related Rounds under this APS do not constitute an award commitment on the part of the U.S. Government, nor do those commit the U.S. Government to pay for any costs incurred in the preparation or submission of questions, comments, suggestions, Concept Notes, and/or Full Applications. Applicants submit Concept Notes/Applications at their own risk, and all preparation and submission costs are at their expense.

Note: This APS is not a request for Concept Notes. Applicants must provide Concept Notes in response to, and in accordance with the instructions provided in a specific Round to this APS. Specific information and instructions for Concept Notes submission under this APS will appear in individual Rounds. Each Round will be the exclusive source of funding through this APS and will be posted on www.grants.gov.

B.1. Estimate of Funds Available and Number of Awards Contemplated

USAID Guinea anticipates awarding multiple grants and/or cooperative agreements as a result of this APS to meet the Purpose and Results mentioned above. The actual number of assistance or contract awards, if any, under this APS is subject to the availability of funds and the interests and requirements of USAID, as well as the viability of eventual Applications received. There is no predefined minimum or maximum number of awards USAID Guinea will support through this APS. The financial range for award(s) will be specified in each Round.

B.2. Start Date and Period of Performance for Federal Award

The proposed period of performance for each agreement awarded as a result of each Round under this APS will not exceed five years in duration beginning from the negotiated start date, and subject to availability of funds. Full applications should propose activities for a five-year period of performance. If the expected period of performance will be less than five years for a specific Round, that Round's procurement document will include that information. Additionally, the anticipated start date for a possible award(s) will be specified in each Round.

Type of Instrument:

Awards that result from this APS may take the form of a grant, cooperative agreement. Each Round will define the type of award that will be issued.

B.3. Substantial Involvement

Consistent with ADS 303.3.11, under a Cooperative Agreement USAID/Guinea will be substantially involved in the implementation of GLHSS. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the program is to assist the recipient in achieving the supported objectives. It is expected that the USAID's Agreement Officer (AO) will delegate the following approvals to the AOR, except for changes to the Program Description, or the approved budget or key personnel, which may only be approved by the AO.

1) Approval of the Recipient's Implementation Plans

The annual Implementation Plan, and any subsequent revisions, are subject to approval by USAID AOR prior to implementing substantive work for each year of the Agreement. The AOR will ensure that the Implementation Plans align with GLHSS's stated goals, milestones, benchmarks and outputs, as well as fit within the scope, terms and conditions of the Cooperative Agreement.

2) Approval of Specified Key Personnel

USAID/Guinea has determined that the following five positions are key to the successful implementation of the program: the Chief of Party (COP), the Senior Malaria Advisor, the Senior Family Planning/Maternal and Child Health Advisor, the Monitoring, Evaluation, and Learning (MEL) Specialist and the Financial Manager.

3) USAID and Recipient Collaboration or Joint Participation

The following collaboration or joint participation of USAID and the recipient of the GLHSS award are authorized:

- a) Collaborative involvement in selection of advisory committee members: The AOR will be involved in the selection of advisory committee members. The AOR, USAID Project Management Team, and the Recipient will participate as members of this committee together with relevant stakeholders jointly selected by the AOR and the Recipient. This committee will ensure continuous co-engagement throughout activity implementation. Co-engagement will include in-depth study and discussion on topics of critical interest, which may include but is not limited to: female genital mutilation/cutting, private sector engagement, capacity building and sustainability, accountability and transparent decision-making, community health approaches and governance, incentive schemes to improve health worker performance, affordability of public health care services, adoption of positive health behaviors and practices, health financing, and links between information systems.
- b) USAID will approve sub-awards/sub-grants, pursuant to 2 CFR 200.308.
- c) The AOR will approve the recipient's final Activity Monitoring & Evaluation Plan (AMELP) which will be developed in consultation with USAID/Guinea. The AMELP will be aligned with the monitoring and reporting framework and other relevant reporting mechanisms required by USAID/Guinea. During the initial project planning period, the Recipient shall work closely with USAID/Guinea to establish major milestones, activity performance monitoring indicators, as well as baseline data and performance targets which will demonstrate successful achievement of the results expected of this new activity.
- d) The AOR will approve the Environmental Monitoring and Mitigation Plan (EMMP).

- e) The Agency and recipient collaboration or joint participation, such as when the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge. There should be sufficient reason for the Agency's involvement and the involvement should be specifically tailored to support identified elements in the program description.
- f) Agency monitoring to permit specific kinds of direction or redirection of the work because of requirements under the relevant USG annual Operational Plans (Malaria Operational Plan and Operational Plan) and/or the interrelationships with other projects or activities. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.
- g) Direct agency operational involvement or participation to ensure compliance with statutory requirements such as civil rights, environmental protection, and provisions for the handicapped that exceeds the Agency's role that is normally part of the general statutory requirements understood in advance of the award.
- h) Highly prescriptive Agency requirements established prior to award that limit the recipient's discretion with respect to the scope of services offered, organizational structure, staffing, mode of operation, and other management processes, coupled with close monitoring or operational involvement during performance over and above the normal exercise of Federal stewardship responsibilities to ensure compliance with these requirements.

B.4. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **935**. Any area or country including the cooperating country but excluding the foreign policy restricted countries.

B.5. Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the GLHSS activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

B.6 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 recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this APS.

In addition, GLHSS will comply with requirements of local and U.S. environmental law, with the most stringent followed in case of conflict between the two.

No activity funded under this APS will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that 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").

As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Agreement Officer Representative (AOR) shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

[End of Section B]

SECTION C: ELIGIBILITY INFORMATION

C.1. Eligible Applicants

Eligibility for this APS is not restricted. All qualified U.S. and non-U.S. organizations (other than those from foreign policy restricted countries) are eligible to apply. USAID welcomes applications from organizations which have not previously received financial assistance from USAID. Further, the organization must be a legally recognized, organizational entity under applicable law, legally registered in a country within the geographic code 935.

The Recipient must be a responsible entity. Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful Applicant will be subject to a responsibility determination and pre-award risk assessment by the Agreement Officer (AO). (see ADS 303.3.9 for more information).

First time recipients of USG or USAID funding may undergo a Pre-award Survey. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award.

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.

Pursuant to Code of Federal Regulations (CFR) 200.400(g), it is USAID policy not to award profit under assistance instruments such as Cooperative Agreements, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application. Forgone profit does not qualify as cost-share or leverage.

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".³²

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 in a manner allowable under the CFR and ADS references above.

If an organization does not submit a successful concept paper and is not invited to attend a cocreation workshop or submit a full application in a specific Round, that organization may still submit another concept paper in a future Round(s), if one occurs. Evaluation criteria will be revised

to the specifics of each Round; another submission in another Round does not guarantee a successful concept paper and invitation to attend a co-creation workshop/submit a full application.

C.2. Cost Sharing or Matching

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. Mobilization of funds from outside sources through cost share of award activities is highly encouraged.

For guidance on cost sharing in grants and cooperative agreements, please see the ADS 303.3.10 and 2 CFR for US NGOs. For non-US NGOs, all cost sharing would be subject to the Required as Applicable Provision "Cost Sharing" in ADS 303mab.

[End of Section C]

SECTION D: CONCEPT PAPERS SUBMISSION INFORMATION

Concept papers will be accepted under issued Rounds of the Guinea Local Health System Strengthening (GLHSS) APS. Please refer to the specific Rounds for detailed information on the concept paper submission guidance including concept paper requirements and evaluation criteria. General guidance for all Rounds under this APS is provided below.

Concept Paper Process

Concept papers received under GLHSS APS Rounds will be reviewed based on full and open competition and under the procedures and criteria identified in Section E and any additional criteria identified in each specific Round documentation. After a concept paper is received, USAID reserves the right to pose clarifying questions to applicants but may not opt to do so if it believes it has sufficient information in the concept paper itself. 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/goal in question (Section A 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 workshop.

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 criteria stated in the individual Rounds. The evaluation of the content in the concept papers against the Round-specific criteria will allow USAID to determine if an organization should submit a full proposal.

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. Additional information in the concept paper not requested by each Round of the APS may be removed and may adversely affect an applicant's evaluation/review.

Not every organization that submits a concept paper through a Round of this APS will automatically be selected to submit 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. USAID may limit the number of initial submissions selected to move forward based on efficiencies.

If requested to submit a full application, the applicant(s) (unless the applicant is an individual or 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)), are 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. Applicants must comply with the requirements listed above, at the time of application submission. 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.

[End of Section D]

SECTION E: APPLICATION REVIEW INFORMATION

Review of Concept Papers and Full Application

Once a Concept Paper has been submitted in response to this APS, USAID will conduct an initial review of the Concept Paper using the criteria outlined below.

The purpose of the initial review is to determine whether USAID wishes to engage in further discussions regarding the proposed approach and activities. The initial review and communication will result in one of three outcomes:

- a decision to forego further consideration of the approach proposed in the Concept Paper;
- a decision to provide the Applicant an opportunity to submit a revised Concept Paper (this is very rare) OR
- an invitation to submit a Full Application.

Co-Creation Opportunity

USAID may use co-creation with prospective applicants during this procurement using either virtual or in-person approaches and different formats (e.g. technical workshops, document review and feedback, etc.). The goals of co-creation may include one or more of the following:

- To explore and validate key challenges and problems, and then jointly develop promising solutions or adapt and expand upon existing solutions.
- To bring together a diverse group of potential applicants, to identify potential consortia and partnerships to support these new or existing solutions and activities.
- To facilitate learning, sharing, and networking across USAID, a range of partners and relevant technical experts.

Note: Any costs associated with attending a co-creation workshop will not be reimbursed by USAID.

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 that may or may not have submitted concept papers. Additional partners may 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 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 of this APS should be interpreted as a commitment to making an award of USAID funding.

Applicants are advised that participation in any co-creation process under 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 Review Process

Following concept paper review and evaluation, highly rated applicants will be asked to submit a full technical and cost application, through a Request for Application (RFA). The RFA will provide submission instructions and the evaluation criteria. The RFA should not be interpreted as a commitment to funding or guaranteed issuance of the award. Full applications received in response to the RFA, will be evaluated by the Merit Review Committee.

Each Round will provide evaluation criteria for the concept paper and a different set of evaluation criterias will be provided for the full application stage. 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.

[End of Section E]

ANNEX 1 – GLHSS RESULTS FRAMEWORK

