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FROM THE AMERICAN PEOPLE

To Interested Applicants:

This Annual Program Statement (APS) publicizes the intention of the United States Agency for International Development (USAID), to fund one or multiple awards to address the overarching APS programmatic purpose.

Pursuant to the Foreign Assistance Act of 1961 as amended, the USAID Ghana Mission (USAID/Ghana), Office of Health, Population, and Nutrition (HPNO) invites concept papers for consideration for award under this APS. Awards under this APS are subject to 2 CFR 700 and 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

USAID is committed to engaging and working with local development partners to embrace their ideas on how to address sustainable development in the Country of Ghana. Local partners are strongly encouraged to submit concept papers in response to this APS.

The focus of this APS is to seek local development partners and international partners to proactively engage and, in some cases, collaborate and co-create to seize opportunities to inject new ideas, and innovate solutions to implement the programmatic areas identified in the APS. Prospective local and international applicants will be provided a fair opportunity to develop and submit a competitive concept paper to USAID for potential funding by the closing dates indicated in the APS. By each closing date, applicants will first submit a short concept paper that will be reviewed for responsiveness to the overall purpose, selected results, and focus. If an applicant is successful in the concept paper stage, the applicant may be invited to join a co-creation workshop or to submit a full application. Following the co-creation process, selected applicants may be requested to submit a full application.

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

If you have any questions, please contact Ms. Vida Assimeng-Kwakye at vassimengkwakye@usaid.gov and Ms. Lucrece Boko at Lboko@usaid.gov, indicating "Questions" in the subject line, and the APS Reference Number. Questions are due on the date and time indicated in the APS. Responses to questions will be furnished through an amendment to this notice posted to www.grants.gov. USAID cannot guarantee a response to questions before the closing date if the questions are received after questions due date.

Thank you for your interest in USAID programs.

Sincerely,

Sheila Bumpass

Sheila Bumpass
Agreement Officer
Regional Acquisition & Assistance Office
USAID/West Africa

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Annual Program Statement

Ghana Health Program (GHP)

APS No: 72064122APS00002

Issuance Date: August 30, 2022
Open Period: August 30, 2022 to August 29, 2023
1st Round Questions Due Date: September 2, 2022
1st Round Closing Date: October 19, 2022, at 17:00 GMT
2nd Round Questions Due Date: March 22, 2023
2nd Round Closing Date: June 22, 2023, at 17:00 GMT
CFDA #: 98.001

Pursuant to the Foreign Assistance Act of 1961 as amended, the United States Government as represented by the U.S Agency for International Development (USAID), Ghana Mission (Ghana), Office of Health, Population, and Nutrition (HPNO) invites applications (concept papers) for consideration for award under this Annual Program Statement (APS). Awards under this APS are subject to 2 CFR 700 and 2 CFR 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
The preferred method of distribution of USAID Annual Program Statements (APS) submission is electronically via http://www.grants.gov ("Grants.Gov"). Grants.gov provides a single source for United States Government (USG) competitive grant opportunities. This APS and any future amendments or additions can be downloaded from that website. It is important that interested organizations sign-up for e-mail updates with Grants.gov to receive alerts to this and other USG (including USAID) solicitations. To use this method, an applicant must first register on-line with Grants.gov. The registration process can take between three to five business days or as long as *four weeks* if all steps are not completed in a timely manner. Please visit http://www.grants.gov/applicants/organization_registration.jsp for the steps required to register. If you have difficulty registering on www.grants.gov or accessing the APS, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) registration requirements. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

USAID is committed to engaging and working with local development partners to embrace their ideas on how to address sustainable development in the Country of Ghana. Local partners are strongly encouraged to submit concept papers in response to this APS.

SECTION I: FUNDING OPPORTUNITY DESCRIPTION

The U.S. Agency for International Development (USAID) Mission to Ghana is pleased to announce the Ghana Health Program (GHP) Annual Program Statement (APS). GHP seeks to accelerate reductions in preventable maternal, newborn, and child morbidity and mortality in geographic focus areas of Ghana. The Ghana Health Program builds on Ghana's health and development progress to date in advancing the delivery of integrated health services for vulnerable populations. Technical assistance and service delivery activities will build the capacity, sustainability, and resilience of local institutions and health system actors. USAID envisions assistance under this program will significantly contribute to Ghana's progress outlined in national strategies addressing preventable maternal, newborn and child deaths, nutrition status, malaria and HIV. This includes a renewed focus on primary care using the Ghana Health Service Community Health Planning and Services policy, the emerging Network of Practice approach and rapid expansion of basic emergency obstetric and newborn care and support services.

USAID will issue assistance awards across four result areas: 1) Integrated Health Services focused on preventing maternal, newborn and child deaths consisting of maternal and child health, family planning, nutrition, and malaria focused activities; 2) Family Planning (FP) in the public and private sector; 3) Water, Sanitation and Hygiene Activities (WASH) led by non-traditional private sector serving vulnerable populations; and 4) HIV-focused care and treatment activities. Each result area has distinct geographic coverage as outlined in the appropriate section below. All awards made will be performance-based, capacity-building, and/or innovation focused. Sub-awards and sub-grants to local organizations may, in time, become transition awards. All awards will specify clear, achievable, and measurable outcomes mapped to priority health indicators, and connect to specific, national priorities and milestones established under the Ghana Health Service.

USAID/Ghana recently released a Country Development and Cooperation Strategy (CDCS) which outlines key development objectives and partnerships with the private sector, the Government of Ghana, and citizens to achieve the long-term goal of a more self-reliant nation offering a productive, healthy life to all its citizens, moving steadily toward achieving "Ghana Beyond Aid" in a generation. The CDCS identifies priority accelerator behaviors across Health, Economic Growth, Education, and Democracy and Governance to achieve three development objectives with a focus on northern Ghana. Activities will be conducted in alignment to the USAID/Ghana Country Development Cooperation Strategy 2020-2025 which is available at https://www.usaid.gov/sites/default/files/documents/CDCS-Ghana-August-2025x.pdf.

A. Background

Country Background

Ghana achieved significant improvement in health and nutrition outcomes since 2000 but faces continuing and new challenges. Based on the Maternal Health Survey 2017, under-five mortality decreased from 80 per 1,000 in 2008 to 56 in 2017, while the prevalence of stunting among under-five children declined from 28 percent in 2008 to 18 percent in 2017. The maternal mortality ratio declined from 470 per 100,000 births in 2005 to 310 in 2017 and the total fertility

rate declined from 4.4 in 2008 to 3.9 in 2017. The National Malaria Control Program reported Malaria case management, including testing, has improved significantly from 77% in 2016 to 95.4% in 2021 of outpatient cases confirmed. Malaria parasite prevalence continues to be high at 14% among children under five in 2019, from 27.5% in 2011. As reported by the National AIDS Control Program at the end of December 2020, Ghana had achieved 63-95-73 against the UNAIDS target of 95-95-95. Despite the progress made across the treatment cascade, gaps remain with case finding among men, children and other vulnerable groups, as well as with viral load coverage and suppression. Stigma and discrimination against persons living with HIV (PLHIV) and key populations persist. Significant disparities exist in the nutrition and food security situation across Ghana with prominent malnutrition, wasting and underweight across northern Ghana. The prevalence of stunting, wasting, and underweight among children under five years of age were 18, 7, and 13 percent and 43 percent of children under six months are exclusively breastfed based on the Multi-Indicator Cluster Survey released in 2018. Severe maternal outcomes and low birthweight babies among adolescent girls was identified as a severe public health concern since they are more likely to be malnourished. Additionally, maternal anemia was identified as a public health concern.

There is a need to build on development progress and achieve better health and nutrition outcomes in Ghana. Socio-economic inequalities in health and nutrition outcomes are a continuing challenge. For example, in 2017, households in the lowest socio-economic quintile experienced almost double the risk of under-five mortality (68 per 1,000) compared to households in the highest quintile (35 per 1,000) based on the Maternal Health Survey, 2017. Utilization of family planning is lower than would be expected given Ghana's economic level, and coverage, commodity gaps and community norms contribute to high unmet need among women of reproductive age and high fertility among adolescents.
In 2017, 56 percent of mothers from the poorest quintile delivered in a health facility, compared to 97 percent among the highest quintile. The rate of stillbirths is three times the global target, and while the neonatal mortality rate declined from 30 per 1,000 in 2008 to 25 in 2017 it represents almost half of under-five mortality. Approximately 70 percent of neonatal mortality occurs in low birthweight babies. Ghana's national average child immunization rates are relatively high, 3 percent of children, usually the poorest and most vulnerable, are part of a zero dose household/community where gaps of the most common immunization (diphtheria, pertussis, tetanus) reflect inequalities in access to basic services.

Maternal Health
Ghana has made impressive progress in reducing maternal mortality over the past two decades. Despite progress, approximately 308 per 100,000 women are estimated to die from complications of pregnancy and childbirth in 2017. Progress to reduce preventable deaths has slowed in recent years. Postpartum hemorrhage (primary cause of nearly one quarter of all maternal deaths globally), pre-eclampsia and eclampsia, maternal sepsis, complications during delivery, and unsafe abortion are the major causes of maternal mortality, accounting for nearly 75 percent of all maternal deaths. The majority of these causes are both preventable and/or treatable. There are maternal mortality disparities between regions. Key factors of inequity in coverage and access to quality antenatal, intrapartum, and postpartum care may include poverty, cultural and gender norms, education, age, ethnicity, religion, economic status, social stigma, and geographical location. These factors necessitate differentiated and multi-sectoral approaches to

increase equity in access to and use of health services and health service reform. The disparity between richest and poorest SES quintiles are notable for skilled birth attendance, severe maternal outcomes and death.

Newborn Health

Ghana achieved major strides in reducing under-five mortality rates, there is slower progress in reducing newborn deaths. Each year, UNICEF estimates 23 deaths per 1,000 live births occur among newborns of which an estimated 50% occur within one day of birth. Approximately 80 percent of newborn deaths are the result of premature birth, complications during labor and delivery such as birth asphyxia, and infections such as sepsis. Similar causes, particularly complications during labor, account for a large share of stillbirths. The periods of greatest risk for mortality are the hours that precede, and the hours and days that follow, birth. Several local studies indicate home delivery, delays in receiving care and gaps in newborn care interventions/post-natal care follow-up as factors. Targeted interventions at this critical time period likely provide the greatest potential for reducing preventable newborn deaths and stillbirths.

Child Health

Under-five mortality remains a public health problem despite significant declines in recent years. The estimated rates of death and poor health and well-being of children under-five are indicators of barriers to care including access to life-saving interventions. UNICEF estimates 44 deaths per 1,000 live births occur in 2020. The leading causes of death in children under-five are pneumonia, diarrhea, and malaria. Malnourished children, particularly those with severe acute malnutrition, have a higher risk of death from common childhood illnesses and nutrition-related factors

Family Planning and Reproductive Health

When women bear children too closely spaced together, too early or too late in life, or after five previous births, the health of the mother and baby are at risk. Providing couples and individuals with access to voluntary family planning is vital to ensuring safe motherhood, healthy families, and prosperous communities. Recent policy shifts by GOG regarding the integration of long-acting, reversible contraception into national health insurance benefits is an important step toward a stronger domestic program. Ghana Health Service (2021) reports a modern contraceptive prevalence rate of 29.5 percent among women in union/married and 22.5 percent among all women. Unmet need is estimated at 31.5 percent among women in union/married and 23 percent among all women. The national method mix is skewed toward delivering short term methods. Ghanaian women value hormonal methods for their effectiveness against pregnancy however concerns about their side effects, fertility impairment, and long-term health issues contribute to high rates of unmet need and discontinuation. High quality family planning counseling and service delivery approaches utilizing public and private sector service providers, as well as a broadened method mix of contraceptives are needed to reach women and couples who have discontinued contraceptive use and contribute to unintended births.

HIV

Ghana’s HIV epidemic is defined as mixed, with pockets of high prevalence in some geographical areas and sub-populations. Ghana’s National AIDS Control Program estimated

HIV prevalence of 1.7% among adults (Spectrum, 2021), 18.1% among Men who have sex with Men (GMS II, 2017), and 4.6% among FSW (IBBSS, 2020). Over the last two decades, the country has designed and implemented national strategies to prevent and control the epidemic. Despite the significant progress in Ghana's HIV response towards elimination of HIV, there are challenges to the country's ability to attain HIV epidemic control which include(i) limited availability of and accessibility to comprehensive preventive, treatment, care and support services; (ii) inadequate financial resources for prevention, care and treatment, and logistics; (iii) gender inequalities, stigma and discrimination and human rights related barriers that inhibit women, girls, key populations and other vulnerable groups' access to, uptake of, and retention in HIV related services.

Nutrition

Adequate maternal nutrition during the "first 1,000 days" is critical to improve the nutritional status of both the woman and infant and to reduce the risk of adverse birth outcomes, such as low birthweight and preterm birth. Marked reductions in child undernutrition can be achieved through: improving nutrition through dietary diversity for women of reproductive age, especially before and during pregnancy, practicing early and exclusive breastfeeding, and providing good-quality complementary feeding for infants and young children, with appropriate micronutrient interventions.

Inadequate diet in Ghana contributes to micronutrient deficiencies of vitamin A and iron. Iron deficiency is the primary cause of anemia. The Demographic Health Survey (2014) found that 24 percent of pregnant women in Ghana were moderately anemic during pregnancy, and as much as 48 percent of women in northern Ghana experienced anemia. The Ghana Micronutrient Survey (2017) found that 36 percent of children under five years old were moderately anemic, rising up to 40 percent in the northern regions. Countdown to 2030 (2017) identified about one-quarter of Ghanaian children are at risk of growth and development deficits due to physical and cognitive stunting. In much of the north, stunting rates are higher than the national average of 19% and peak at 33% in the Northern Region. Population Based Survey data collected in 2015 by Feed the Future observed stunting exceeds 40% in four of the Region's 25 districts. High prevalence of stunting in the north is strongly correlated with poverty and inappropriate nutrition practices (eg. diets highly reliant on starch and low consumption of proteins and green leafy vegetables and fruits). Evidence shows that stunting slows children's language, cognitive, physical, and socioemotional development.

WASH

Ghana experiences gaps in WASH services coverage, both drinking water and sanitation services. This is exacerbated by poverty and residence in rural settings. 2.1 million rural Ghanaians use unsafe water sources, and an additional 1.6 million must travel more than 30 minutes to collect water, mostly from contaminated surface water sources. Adequate WASH conditions and practices are a cornerstone to providing high-quality MNCH/FP health care services. An estimated 10-15 percent of maternal deaths are due to infections linked to unhygienic conditions during labor and poor hygiene practices during the six-week postpartum period. Simple, clean birth practices, including handwashing with soap for mothers and birth attendants in homes and health facilities, have been shown to improve newborn survival rates by

44 percent. Improving WASH conditions and practices is not only entirely feasible but also affordable and cost-effective.

Malaria

Malaria is a health and economic burden for Ghana. Malaria is endemic and perennial in all parts of the country, with seasonal variations more pronounced in the north. Transmission is markedly less intense in large urban centers as compared to rural areas. The high transmission season is April to June and September to November in the southern coastal areas and the middle forest areas. The high transmission season is July through November in the northern Sahelian areas. Ghana's entire population is at risk of malaria infection, but children under five years of age and pregnant women are at higher risk of severe illness due to lowered immunity. Malaria is the first cause of medical consultations in Ghana, with around 5 million confirmed malaria cases a year. The parasite prevalence continues to be high at 14% among children under five in 2019, from 27.5% in 2011. In line with international and regional recommendations, Ghana has adopted an ambitious strategic orientation to reach malaria pre-elimination by the year 2030, whereby all areas determined to be in the pre-elimination phase will no longer report any indigenous malaria cases and will be working to keep out all possible imported cases.

Ghana adopted mandatory confirmation of malaria infection by microscopy or malaria rapid diagnostic test for all suspected fever cases. Laboratory confirmation has improved significantly from 77 percent of malaria outpatient cases confirmed however tireless efforts are needed to achieve 100% testing before treatment. Ghana has also achieved one of the highest rates of intermittent preventive treatment for pregnant women in sub-Saharan Africa (78 percent), however, the difference between rural and urban, as well as the gap between socio-economic classes need to be reduced.

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

The Ghana Health Program award(s) will contribute to the results identified below. Validating the needs and gaps within these results *may* take place throughout the co-creation process. Co-creation enables coordinated problem-solving and solution development, making it easier to identify opportunities for innovation and systems changes. Co-creation further offers a valuable platform for forging new network connections and partnerships through which to implement activities. Not all concept papers will lead to the co-creation process.

Goal: The goal of the Ghana Health Program is to strategically contribute to the Government of Ghana's strategies to reduce preventable maternal, newborn and child deaths, including stillbirths, and improve their overall health and well-being by 2030. Activities are expected to advance Ghana toward increased localization, increasing the capacity of host-country institutions and local organizations to introduce, deliver, scale-up, and sustain the use of evidence-based, quality MNCH, voluntary family planning, malaria, global health security agenda-related and HIV services.

Expected Results: The Ghana Health Program award(s) will contribute to the results identified below.

Result 1: Increase access, utilization and quality of maternal and child health, family planning, malaria, and nutrition services to reduce preventable maternal, newborn and child deaths in northern Ghana.

Ghana launched a comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan aimed at ensuring increased and equitable access to high quality services for all by 2030. The strategic framework's goal is to end preventable deaths of women, newborns, children, and adolescents and ensure their health and wellbeing. Ghana's FP2030 country commitments contribute to reductions in maternal mortality and severe maternal outcomes. Maternal and newborn mortality remain high and annual progress has slowed since 2017. Delays in seeking, reaching, and receiving maternal care and gaps in basic emergency obstetric and newborn care throughout northern Ghana are major obstacles to achieving country targets of 70 maternal deaths per 100,000 and 12 newborn deaths per 1,000 live births. Rural populations and the poorest of society face the greatest obstacles to arriving and receiving care in a timely manner and remaining retained in services after discharge. The limitation of existing emergency transport options for rural populations remains a major barrier to emergency care. Additionally, the frequent shortage and stockout of essential medicines at primary care sites experienced in northern Ghana contributes to excessive bypass, emergency referral from primary to advanced care sites, severe maternal outcomes, and preventable deaths. Malaria is hyperendemic and continued focus on malaria in pregnancy and childhood services is crucial to reduce burden. Maternal and child malnutrition are critical factors in contributing to severe maternal/newborn and child health outcomes and death.

USAID envisions providing assistance to local organizations that will strengthen Ghana's efforts. Successful concepts will strengthen Ghana's national emergency obstetric and newborn care program in addition to broader maternal, newborn and child health, malaria, and nutrition services. Primarily, interventions will be conducted through technical assistance to primary and advanced health facilities within the focus area, engaging regional and district entities. Interventions building on existing strengths of system actors will accelerate progress toward the prevention of maternal, newborn and child deaths through interventions focused on community engagement and performance improvement of health system actors including Ghana Health Service, Christian Health Association of Ghana and member organizations, private health care networks, Ghana College of Nurses and Midwives, National Health Insurance Agency, National Ambulance Service, National Blood Service, Tamale Teaching Hospital, professional associations, local civil society organizations and local research institutions.

IR1.1 Strengthen primary and advanced health care services and health networks in the public and private sector to innovate, improve and deliver high quality routine and emergency care in maternity, newborn and child health services (including emergency obstetric/small and sick newborn care packages, malaria case management including in pregnancy and childhood illnesses; maternal and child nutrition; integrated family planning services).
IR1.2 Reduce delays and barriers to care through mixed models of emergency transport and differentiated care models for high risk patients during antenatal, intrapartum, postpartum/postnatal care and services for children under five years.
IR1.3 Strengthen national, regional and district leadership and stewardship of family planning, maternal, newborn, child and adolescent health and nutrition programs among health system

actors within the context of maternal health service redesign, the Network of Practice, and Community Health Planning and Services.
IR1.4 Support the training and mentoring of front-line health workers, in particular midwifery and nursing personnel and biomedical technicians, in skills and competencies in maternal, newborn and child health, nutrition and malaria services through local institutions.
IR1.5 Engage allied healthcare worker associations, professional associations, women and children to contribute and inform program planning, implementation and review.
IR1.6 Improve the routine availability and rational management of essential MCH, reproductive health and Malaria commodities and equipment
IR1.7 Strengthen the implementation of unified health information systems at advanced and primary care facilities to support the delivery of high quality care and program learning.

Result 2: Accelerate high quality voluntary family planning practices through sustained public and private sector engagement across Ghana.

The Government of Ghana (GOG) is making substantial strides to make FP services and methods broadly available across the country. During 2021, the GOG integrated long acting reversible contraceptive services into the national health insurance benefit package. Ghana continues to progressively increase contraceptive users and service readiness across the country. Ghana's recently announced FP2030 country commitments are envisioned to strengthen the sustainability of national FP efforts through a transition to domestically financed service provision and contraceptive security, continued expansion of modern contraceptive use among all women including an expansion of long-acting reversible methods, and a greater focus on adolescent programming. Challenges exist in reaching vulnerable and hard to reach subpopulations, ensuring service readiness at public and private sites and domestically financing the overall program.

USAID envisions providing assistance to local organizations that will strengthen Ghana's national FP program through targeted assistance to public and private sector service providers. The intent is to accelerate the availability of high quality voluntary family planning where data indicates there are gaps in access, utilization and quality. USAID supports a Total Market Approach to family planning and will strengthen private sector engagement and delivery of high quality voluntary FP services. Interventions aligned to GOG policy and building on existing strengths will accelerate the impact of Ghana's FP program. Notably, the recent GOG policy to integrate long acting reversible contraception FP services into the national insurance benefits package will serve as a key component of sustainability and method mix transition. USAID seeks to mobilize additional local civil society and private sector resources to ensure adolescent girls and young women are reached and their voices contribute to local and national planning, data analysis, quality monitoring and program review.

IR2.1 Assist national FP program at GHS in data use, planning and budgeting, contraceptive security, operational plans and guidelines and training in Family Planning/Reproductive Health. (national level TA)
IR2.2 Social marketing and private sector engagement by local organizations to reduce unmet FP needs.
IR2.3 Public sector scale-up of long-acting reversible contraceptive services to respond to unmet need.

IR2.4 Enhancing contraceptive security through strategic advocacy on domestic resource mobilization
IR2.5 Civil society, private sector service providers and champions engagement in achieving FP2030 country commitments.
IR2.6 Strengthen data systems on FP services in public and private service providers and communities and utilize data and small scale operational studies for program review and learning.

Result 3. Increased and more equitable access to safe, sustainable and climate-resilient drinking water and sanitation services through private sector engagement.

The Government of Ghana is making substantial strides to expand WASH services coverage to vulnerable populations across Ghana as part of its commitment to universal access to WASH by 2030. There are significant gaps in financing of WASH service expansion and, to date, private sector engagement remains constrained. Challenges exist in reaching vulnerable and hard to reach subpopulations and mobilizing private domestic resources to financing expansion.

USAID envisions providing assistance to local organizations that will strengthen Ghana's WASH activities through targeted assistance to public and private sector service providers. USAID envisions successful concepts will strengthen targeted efforts to mobilize non-traditional private sector partners in Ghana to contribute to WASH service coverage outcomes. The intent is to mobilize private resources to accelerate WASH service expansion and behavioral change where there are gaps in access, utilization, and quality.

IR3.1 Targeted WASH service expansion to the poorest through private sector engagement

IR3.2 Social mobilization and community empowerment through private sector engagement

Result 4: Increase HIV case finding and linkage to care and treatment - including viral load suppression, in PEPFAR's focus regions.

USAID/Health program aims to achieve the 95-95-95 targets in PEPFAR supported regions through focused implementation of innovative case finding, linkage to care and treatment strategies and ensuring continuity of treatment. Local organizations, as prime recipients of PEPFAR assistance, play a critical role in program sustainability and country ownership.

The following intermediate results will contribute to Result 4:
IR 4.1: Strengthened technical and managerial capacity of local civil society organizations (CSO) and Regional Health Directorates (RHDs) to provide sustainable high-quality care and treatment services, free of stigma and discrimination, including addressing service delivery related barriers to anti-retroviral treatment (ART) initiation for PLs and KPs.
IR.4.2: Local CSOs and RHDs supported to strengthen implementation of differentiated service delivery (DSD) models for increased efficiency and to promote community and facility engagement for optimal linkages and improved patient follow-up.
IR.4.3: Enhanced quality of patient-centered treatment services at both community and facility levels and optimized Quality Improvement and Quality Assurance (QI/QA) at the facility level.

IR.4.4: Improved generation, analysis, and use of strategic information related to HIV continuum of care services for PLHIVs and KP at community, facility, district and regional levels.
IR.4.5: Increased demand and improved enabling environment for comprehensive, sustainable, and quality HIV and AIDS Services for PLHIVs and KPs across the continuum of care.

SECTION II: AWARD INFORMATION

A. Funding

Program Area	Total Estimated Funding Levels
Maternal, Child, and Newborn Health	$22,510,000
Family Planning and Reproductive Health	$25,044,955
Nutrition	$4,600,000
Water, Sanitation, and Hygiene (WASH)	$2,000,000
Malaria	$2,500,000
HIV	$29,000,000

USAID plans to issue multiple awards under the program categories indicated below, and up to the possible ceiling amount. Subject to the above funding levels, there is no minimum or maximum financial contribution that may be requested by prospective applicants. However, the funding request must be significant enough to achieve the priorities and objectives set forth under this APS. As determined by the source of funding, awardee(s) will be expected to comply with the legal and USAID policy requirements that govern the Agency's programming.

B. Period of Performance

The anticipated length of the award (s) will be up to a maximum of five years. However, submitted concepts are not required to be for a five-year implementation period.

C. Expected Number of Awards and Implementation Mechanisms

USAID intends to utilize a mix of assistance instruments (grants, fixed amount awards, cooperative agreements) and multiple awards under the APS. The actual number of awards is subject to the availability of funds and the viability of concept papers and applications received. USAID reserves the right to award multiple awards, one award, or no awards.

D. Geographic Scope: Activities fall under Geographic Code 937.

Activities are to be focused in the areas specified below:

Result 1: Integrated Health Services	Result 2: Family Planning	Result 3: WASH	Result 4: HIV
National level technical assistance to health system actors. Assistance to Regional Health Directorates and local partners in the following regions: Northern region North East region Upper West region Upper East region Savannah region Targeted assistance in Sekondi-Takoradi metropolitan area of Western Regional Health Directorate.	National level implementation of family planning activities including technical assistance to public and private sector service providers, social marketing organizations. Focused intervention on fishing communities.	To be defined by private sector non-traditional partners.	Assistance to Regional Health Directorates in Western region Western North region Ahafo region; Support to local partner(s) in Western region; Western North region and Ahafo region

Note: USAID reserves the right to fund any or none of the applications submitted in any or none of the above mentioned priority areas.

E. Eligibility Information

Eligibility is not restricted and is open to all entities that can meet the requirements to receive USAID assistance. Organizations eligible to apply under this NOFO include, but are not necessarily limited to, U.S. and non-US non-profit or for profit non-governmental organizations (NGOs), private voluntary organizations, foundations, colleges and universities, civic groups, faith-based and community institutions, philanthropic organizations, and advocacy groups. For profit applicants should note that USAID policy prohibits the payment of fee/profit to the prime recipient under grants and cooperative agreements.

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

USAID will perform a risk assessment in accordance with 2 CFR 200.205 to determine the responsibility of Applicants considered for award. USAID may determine that a pre-award survey is required to conduct an examination that will serve as the basis for

determining whether the prospective recipient had the necessary organization, experience, accounting and operational controls, financial resources, and technical skills - or the ability to obtain them - in order to achieve the program objectives and to comply with the terms and conditions of the award. Depending on the results of the risk assessment, USAID will determine to execute the award, not execute the award, or to award with "specific conditions" (2 CFR 200.207).

USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

USAID is committed to engaging and working with local development partners to embrace their ideas on how to address sustainable development in the Country of Ghana. Local partners are strongly encouraged to submit concept papers in response to this APS.

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 funding.

An unsuccessful concept paper does not preclude the organization from submitting another concept paper.

F. Cost Share and Program Income

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

If an activity generates program income, the AO may approve use of program income to finance the non-Federal cost-share of an award (see also 2 CFR 200.307 and the standard provision "Program Income" stated in the request for full application).

SECTION III: CONCEPT PAPER SUBMISSION INFORMATION

Concept Paper Submission Instructions:

All questions related to this activity announcement must be submitted to the attention of Ms. Vida Assimeng-Kwakye at vassimengkwakye@usaid.gov (Lead Senior A&A Specialist) and Ms. Lucrece Boko at lboko@usaid.gov by the deadline specified above.

All concept papers must be written in English and submitted electronically via email. Concept papers must be submitted by email to of Ms. Vida Assimeng-Kwakye at

vassimengkwakye@usaid.gov (Lead Senior A&A Specialist) and Ms. Lucrece Boko at lboko@usaid.gov by the deadline specified above. When emailing a concept paper, each applicant must include the APS number and in the email subject line and attachments'/files' name(s). **Applicants must submit concept papers that are focused on one Result Area as outlined in the APS, either Integrated Health, Family Planning, WASH or HIV. Applicants may choose to submit separate concept papers for different result areas.** Concept papers must be submitted by the Applicant or pre-formed consortia only. No separate sub-awardee applications are accepted. Nor will USAID accept concept papers from individuals. USAID's email server cannot support more than 25 MBs of attachments per email.

Concept Paper Content and Format

This section presents guidance for the structure of the concept paper. To facilitate the competitive review of the concept papers, USAID will only consider concept papers conforming to the format prescribed below. The concept paper should have the following components:

1. Concept cover page (Limited to one (1) page)
2. Concept narrative including technical section; organizational capability section; and management approach section. (Limited to five (5) pages)
3. Concept estimated cost (Limited to two (2) pages)
4. Concept annex(es), to include end notes (Limited to three (3) pages)

The concept paper must be written in English and must not exceed page limitations indicated above. Concept papers must be presented in Times New Roman 12-point font, on standard 8.5" x11" or A4 paper, and be single spaced with no less than one-inch margins, with consecutively numbered pages. Figures, graphics, and tables may have less than Times New Roman 12-point font but must be readable. Any submissions exceeding the page limitations will not be considered beyond the established page limitation. The concept paper needs to be in either PDF or Microsoft Word format (.docx). The concept paper must be prepared according to the structural format set forth below.

Cover Page:
The cover page must follow the format noted below. On the cover page, the following must be included in this prescribed order:

1. Date
2. APS number
3. Name of the Applicant and consortium members (if applicable),
4. Title of the concept paper.
5. Specify a contact person for the prime applicant including the individual's name, title or position within the organization email address, and telephone number.
6. Indicate whether this concept paper is primarily focused on Integrated Health Services, Family Planning, WASH or HIV
7. Indicate the specific region(s) or specific health districts your concept intends to implement activities.

Concept Narrative:
The concept narrative should include the following:

a. Technical Approach: This section must address the Ghana Health Program description and selected Results/Intermediate Results in Section I of this document. The technical approach must:

i. Demonstrate an understanding of Ghana's population segments and their characteristics, access and utilization of health services in the geographic areas proposed; a consideration of traditional and system barriers to care including delays they may experience; the MNCH, FP, nutrition, WASH, malaria and HIV service capacity and needs in geographic areas proposed;

ii. Describe the Applicant's proposed approach and interventions to achieving a selected activity intermediate result(s) with sufficient elaboration on the feasibility, acceptability, and critical assumptions associated with the approaches;

iii. Include illustrative activities and describe expected outcomes and impacts to achieve the selected results.

b. **Organizational Capability:** Provide a clear and succinct narrative of relevant organizational capability and technical expertise, including specific strengths and potential contributions, in relation to the overall purpose of the Ghana Health Program.

c. Management Approach: Concept papers must describe organizational depth and breadth of experience/ability to carry out the proposed technical approach(es) and activities for the selected results. The concept paper must describe appropriate organizational capability and technical expertise and experience related to Ghana Health Program health priorities, which may include MNCH, FP, nutrition, WASH, malaria, gender, adolescent health, primary health care, community health systems, and health systems strengthening. If the applicant is a consortium, the concept paper must clearly describe the roles of the various partners and will be reviewed on whether its proposed partners represent the appropriate combination of organizations to develop and implement the proposed technical approach.

NOTE: Public documents referenced in the concept paper can be included as footnotes. Endnotes (if any) should be listed in the annex.

Submission of Estimated Implementation Cost of Concept:
Applicants must submit a summary budget (up to a maximum of five years in length) indicating the estimated cost to implement the activities described in the concept. The Applicant should utilize the following budget line items:

1. Personnel;
2. Fringe Benefits;
3. Travel & Transportation;
4. Equipment;
5. Supplies;
6. Subawards;
7. Construction;
8. Other Costs;
9. Total Direct Costs;
10. Indirect Costs (if applicable)

SECTION IV: CONCEPT EVALUATION CRITERIA AND ENVISIONED CO-CREATION

A. Review of Concept Papers

Once a concept paper is submitted, the appropriate personnel will conduct an initial review of the concept 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. USAID will provide the applicant a status of the submission within 45 days of the closing date. The initial review and communication will result in one of the following 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 or to provide clarification on the initial submission;
- a decision to invite the Applicant to participate in co-creation; or
- an invitation to submit a full application.

NOTE: A decision to engage in clarifications, discussions, or co-creation does not constitute a commitment to funding.

The following evaluation criteria will be used for the concept paper review.

Criteria 1: Impact: Ability to significantly contribute to the Government of Ghana Integrated Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Strategic Plan or HIV strategic priorities and the USAID CDCS intermediate results in specific geographic areas. Concept papers will be reviewed on the extent to which the concept demonstrates if the applicant's concept will significantly contribute to desired impacts on a public health scale, effectively and efficiently, in alignment with GOG and USAID defined strategies.

Criteria 2: Technical Approach: Concept papers will be reviewed on the extent to which the applicant clearly articulates its technical approach and convincingly demonstrates the rationale of how the approach(es) will contribute to country results in Integrated Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Strategic Plan or HIV strategic priorities. The proposed concepts must build upon better practices or lessons learned by the applicant, other organizations/institutions, or USAID under similar programs. Applicants are encouraged to propose innovative or novel concepts however they must give adequate background/rationale and discuss integration aspects into the existing systems of care. The proposed approach(es) must incorporate evidence-based, quality, innovative, and context-appropriate integrated health (including MCH, FP, WASH, nutrition and malaria), FP, WASH or HIV interventions. Illustrative activities will be reviewed on their feasibility, appropriateness, and likelihood to contribute to the achievement of the selected results.

Concept papers will be assessed on the extent to which local partner capacity, performance, and quality improvement are central elements of the technical approach and measures of success. The concept paper must articulate the proposed approach to ensure local ownership, sustainability, and institutionalization, as appropriate.

Criterion 3: Organizational Capacity/Management Approach and Partnerships Structure

Describe relevant organizational capability and experience to implement the proposed technical approaches and illustrative activities. Extent to which the technical approaches demonstrate a practical and effective structure for contributing to expected results identified in the APS. Specifically, the extent to which the Concept Paper demonstrates:

- The management approach draws on appropriate institutional and technical capacity to implement the proposed program effectively.
- Proposed partnerships/coalition/consortium and its related management strategy will optimize the contributions of all consortium members.
- Proposed partnerships, projects, and activities demonstrate a commitment and a clear strategy for working with local and underutilized partners.

The Evaluation Team will assess Concept Papers following this merit review criteria system:

Rating	Definition
Red	Concept Paper does not meet requirements of the solicitation and thus, contains one or more deficiencies and/or risk of unsuccessful performance is invariably high. Proposal is unawardable.
Amber	Concept Paper indicates a thorough approach and understanding of the requirements and contains more than one strength, and risk of unsuccessful performance is low to moderate.
Green	Concept Paper indicates an exceptional approach and understanding of the requirements and contains multiple strengths and risk of unsuccessful performance is low.

B. Full Application Review Process

If the Concept Review Committee decides a full application is warranted, a Request for Application (RFA) with application instructions and criteria will be provided to the selected The RFA should not be interpreted as a commitment to funding or guaranteed issuance of an award.

C. Co-Creation Process

As the Concept Review Committee decides, one or more than one applicant may be invited by USAID to a multistakeholder meeting to allow engagement among applicants, USAID/Ghana, and the Ghana Health Service or other system actors to strengthen the technical and management approach proposed in the selected concept papers. The engagement will also clearly define the activity description and will identify existing and new solutions that will enable Ghana Health Program to achieve the desired results and impact.

The primary component of the co-creation process will be a focused and intensive group workshop that may extend beyond one (1) day, for each expected result. In-person or virtual participation in the workshop will be required if the concept paper is selected for co-creation. Ideas described within the concept papers may be discussed and further developed in the workshop, but workshop thinking, and possible eventual full applications, will not be limited to these ideas. The workshop is also intended to help identify potential consortia and partnerships to support these new or existing solutions and activities. This may result in organizations moving forward with implementation, if an award is made, of the solution(s) based on essential and complementary knowledge, skills, capacities, and networks. More broadly, the workshop will facilitate learning, sharing, and networking across a range of partners and relevant technical experts. The workshop therefore may include host country technical experts, potential resource partners including development partners or end users. Discussions may continue between USAID and applicants and among applicants after the workshop is completed.

Applicants are requested to submit concept papers that are clear, concise, and present the very best of the applicant's envisioned or anticipated approach and capabilities to meeting the Ghana Health Program activity objectives. This will help lessen the time required for the co-creation discussions. If you are invited to co-creation your concept will be shared among other participants. Upon the co-creation conclusion, USAID/Ghana will identify applicant(s) with strong concept papers from which to request a full RFA based on the strength and determined viability of the technical approach outlined in the concept paper as well as demonstrated in the co-creation engagement.

Travel costs and any other costs associated with attending the workshop will not be reimbursed by USAID. If a successful concept paper applicant cannot attend the co-creation workshop in person or virtually, their concept paper may be removed from consideration for award.

SECTION V: APPLICATION PROCESS FOR CONCEPT PAPERS AND APPLICATIONS

The application process involves the following two steps:
Step 1: Submit Concept Paper to USAID/Ghana for review and approval.
Step 2: For approved Concept Papers, and as requested by the Mission, submit a Full Application.
For Concept Papers that do not fall within the strategic priorities, or which have expected results that are not linked to the desired approach, no further action will be taken. USAID/Ghana will notify respective applicant (s) of their unsuccessful applications.

Issuance of this APS does not constitute an award or commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the preparation and submission of an application. USAID further reserves the right to make or not make awards through this APS. The actual awards, if any, under this APS is subject to the availability of funding. *USAID will not provide funds under this APS for products and services that would be purchased through a contract.*

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

SECTION VIII – RELEVANT WEBSITES FOR REFERENCE

- 22 CFR 226
- ADS 303
- USAID Standard Provisions for U.S. Nongovernmental Organizations
- USAID Business Regulations and Policy
- 2 CFR 230 Cost Principles for Non-Profit Organizations (formerly OMB Circular A-122)
- 22 CFR 216 USAID Environmental Compliance Procedures

[END OF APS]