



**USAID**  
FROM THE AMERICAN PEOPLE

# USAID Benin Annual Program Statement-

## Strengthening Health Services, Demand and Systems

June 2023

# Logistics / Logistique

- French version of these slides posted on grants.gov.  
*La version en français de ces diapositives sera également publiée sur grants.gov.*
- We will be recording this session and will post the recording on grants.gov.  
*Nous enregistrerons cette session et publierons l'enregistrement sur grants.gov.*

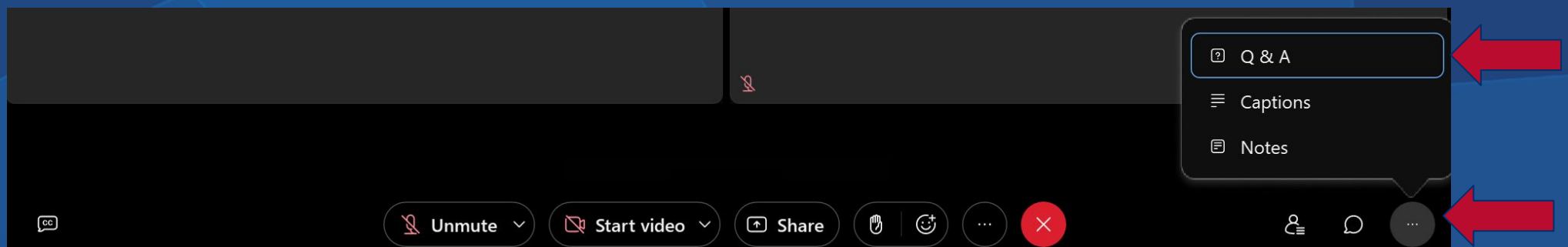
# Logistics / Logistique

- Please use the Q&A function at the bottom of your screen to submit your questions in English or French.

*Veillez utiliser la fonction de questions-réponses en bas de votre écran pour soumettre vos questions en anglais ou en français.*

- We will answer as many questions as we can in real time, and will post written responses to all questions on grants.gov on or about Thursday, June 15. The written responses will be the definitive responses.

*Nous répondrons autant de questions que possible en temps réel et nous publierons les réponses écrites à toutes les questions sur grants.gov le jeudi 15 juin, ou aux alentours. Les réponses écrites seront considérées comme les réponses définitives.*



Welcoming Remarks

Mot de bienvenue

# Agenda

1. APS Umbrella Program Description
2. Scope
3. Results Framework
4. Component 1
5. Component 2
6. Component 3
7. Application & Submission Information
8. Industry Q&A

# Umbrella Program Description

This USAID Benin Annual Program Statement (APS) is a strategic and comprehensive response to the key challenges confronting the health sector.

**GOAL:** Strengthen health services, demand, and systems in Benin. It directly contributes to USAID/Benin's 2022-2027 strategic objective - "Benin is more capable of fostering a healthier, more stable, and more democratic society."

# Scope

5 year award with 3 components:

1. Health Systems Strengthening (\$18-\$20 M)
2. Health Facility Services (\$22-\$25 M)
3. Community Health Outcomes Strengthening (\$18-\$20 M)

## Expected Results

In order to achieve the overarching goal in Benin, the APS is built around the following theory of change:

IF the system is strengthened; and

IF access to services is improved; and

IF the quality of services is improved; and

IF leadership, management, accountability, and governance of the health sector is increased;

**THEN** the health status of Benin will be improved.

# Results Framework

**GOAL: Strengthening health services, demand, and systems in Benin.**

**IR 1: Strengthened Health Systems**

**IR 2: Increased Demand for, Access to, and Quality of Services**

**IR 3: Improved leadership, management, accountability, and governance of health sector strengthened**

<b>Sub 1.1: Strengthened human resources for health</b>	<b>Sub 1.2: Increased data availability and use for decision-making within the health sector</b>	<b>Sub 1.3: Optimized use of resources to achieve better health outcomes</b>	<b>Sub 1.4: Health sector policies and guidelines effectively implemented</b>	<b>Sub 2.1: Increased access to evidence-based high impact health care interventions at facility and community levels</b>	<b>Sub 2.2: Increased knowledge, practices, and care-seeking behaviors</b>	<b>Sub 2.3: Private sector providers engaged</b>	<b>Sub 2.4: Increased engagement of local communities and stakeholders in health activities</b>	<b>Sub 3.1: Improved performance and accountability of MoH at all levels</b>	<b>Sub 3.2: Quality data are collected and managed for timely decision-making at all levels</b>	<b>Sub 3.3: Increased capacity of managerial/administrative entities to manage, finance, and coordinate health activities in a transparent manner.</b>
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# Component I: Health Systems Strengthening

(National, All Departments)

- Will strengthen human resources, data driven decision-making, Universal Health Coverage (UHC) expansion, as well as governance and accountability of the Ministry of Health (MOH):
  - Increasing data availability and use for decision-making within the health sector
  - Optimizing use of resources to achieve better health outcomes
  - Effectively implementing health sector policies and guidelines

# Desired Outcomes

- Strengthened human resource management for health
- Increased data availability and use for decision making in the private and public health sector
- Increased domestic resource mobilization and private sector investments for health
- Strengthened implementation and scale-up of the Universal Health Coverage (AM-ARCH) program
- Strengthened leadership, management, governance (LMG), and accountability of health sector

## Component 2: Health Facility Services

(24 communes in Atacora [9], Donga [4], Mono [6], and Plateau [5] Departments)

- Will provide comprehensive support at the different levels of the MoH (central, departmental, and facility) to ensure that quality maternal, neonatal, child, and youth health care is offered in both public and private health centers:
  - Coordination and management of quality, continuum-of-care health services offered across the public and private facilities for mother, newborns and children
  - Health provider capacity strengthening
  - Data analysis for decision-making related to maternal, newborn and child health

# Desired Outcomes

- Continuum of care system for pregnant women, newborns, and children improved
- Management of Emergency Obstetric and Newborn Care improved
- Quality of high-impact services for malaria, MNCH, and FP at facility level improved
- Adolescents and youths empowered in sexual and reproductive health
- Leadership, management, accountability, and governance at the health facility level improved

# Component 3: Community Health Outcomes Strengthening

(21 Communes in the Departments of Mono [4], Donga [3], Atacora [9] & Plateau [5])

Will support strengthening the network of interdisciplinary community health workers to improve the quality, access to, and uptake of high-impact services while increasing local administration of and citizen engagement in community health services.

## ***Eligibility Restricted to a Local Entity (defined in ADS 303):***

local entity means an individual, a corporation, a nonprofit organization, or another body of persons that—

- (1) is legally organized under the laws of;
- (2) has as its principal place of business or operations in; and
- (3) is (A) majority owned by individuals who are citizens or lawful permanent residents of; and (B) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance.

## Desired Outcomes

- Increased engagement of local communities and stakeholders in community health activities
- Increased community knowledge, practices, and care-seeking behaviors of key health issues through effective social behavioral change communication (SBCC) activities
- Increased coverage of services by CHWs in local communities
- Improved technical skills and performance of CHWs and *Agents de Santé Communautaires Qualifiés* (ASCQs)
- Increased capacity of local leaders, mayors offices, and *Association Nationale de Communes du Benin* (ANCB) to manage and finance community health activities

# — Application & Submission Information

## Phase I - Concept Papers

Applicants must first submit a concept paper before being invited to submit the full application if eligible.

### The Concept Paper:

- is a short, ten (10) page document where the applicant provides an overview of its idea;
- must be submitted in English or French;
- must follow the sections and corresponding page limits found in the APS.

# Phase I - Concept Papers

- **Concept papers will be evaluated on a Pass/Fail basis according to:**
  - a) **Merit Review Criteria #1- Technical approach:** The extent to which the concept paper proposes sound approaches to achieve the expected outcomes for each Component described in the APS
  - b) **Merit Review Criteria #2- Expected Program Results:** The extent to which the Applicant describes how the proposed outputs will achieve the expected outcomes detailed in the APS
  - c) **Merit Review Criteria #3- Organizational and Management Capacity:** The extent to which the Applicant and its sub-awardees demonstrate the institutional capacity to achieve expected outcomes

# Concept Development

- Applicants have flexibility to respond to all three components, one component, or two components.
- If the Applicant is responding to more than one component, separate Concept Paper will be required for each component.
- Applicant Concept Papers received after the Round I closure will be reviewed, so long as there is continuing need for concepts and funds remain available.
- Request for a second round of Concept Papers will be announced on the Grants.gov website and will be based on continuing need for innovative ideas under one or more of the components and funds availability.
- If an Applicant's Concept is not successful in the first round, the organization may submit another Concept Paper in a future round.

## Phase 2- Full Application

Full Application – Applicants who received a “pass” will be invited to submit a full application

- Full application instructions and criteria will be provided to the selected applicant(s).
- The NOFO will provide complete instructions for submission of a full application.
- The full application will detail and expand upon the concept(s) originally proposed.
- The full application also requires the applicant to complete specific USG forms and to provide additional information that USAID will need to move forward with an appropriate implementing instrument.
- All full applications will be reviewed for their technical merit against the full application merit review/evaluation criteria by the Merit Review Committee.

# THE FORECAST

1



Deadline for  
Submission of  
Concept Note  
June 23, 2023

2



Anticipated Release  
of Full RFA  
August 2023

3



Anticipated Deadline  
for Submission of Full  
Proposals  
September 2023

4



APS Closing Date:  
November 1, 2023

# Q&A



Could USAID please provide the anticipated award date for each component of this APS?

L'USAID pourrait-elle fournir la date d'attribution prévue pour chaque composante de cet APS ?

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USAID anticipates that awards will be made in the last quarter of Calendar Year 2023, in a staggered manner.

L'USAID prévoit que les subventions seront attribuées au cours du dernier trimestre de Année civile 2023, de manière échelonnée.

On page 11, USAID uses the term “medical departments.” Could USAID please define or clarify the term “medical departments”?

À la page 11, l'USAID utilise le terme « départements médicaux ». L'USAID pourrait-elle  
veuillez définir ou clarifier le terme « services médicaux » ?

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Medical departments refer to Health Zones.

Les services médicaux se réfèrent aux zones sanitaires.

What is the difference between Result 1.2 (increased data and use for decision-making) and Result 3.2 (Quality data are collected and managed for decision-making)? Is the difference that Result 1.2 refers to data at a management level and Result 3.2 refers to data at health service delivery levels? As there is overlap between these results, we seek clarity to avoid duplication.

Quelle est la différence entre le résultat 1.2 (augmentation des données et utilisation pour la prise de décision) et le résultat 3.2 (des données de qualité sont collectées et gérées pour la prise de décision) ? La différence est-elle que le résultat 1.2 se réfère aux données au niveau de la gestion et le résultat 3.2 se réfère aux données au niveau de la prestation des services de santé ? Comme il y a un chevauchement entre ces résultats, nous recherchons des éclaircissements pour éviter les doublons.

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Yes. IR 1.2 refers to data management and ensuring that actor's can and are accessing the data they need and using it for decision making. IR 3.2 ensures that data is collected in a timely, accurate, and complete manner and reported at the health service delivery level, which then informs decision-making at all levels of the health pyramid.

Oui. IR 1.2 fait référence à la gestion des données et à la garantie que les acteurs peuvent accéder et accèdent aux données dont ils ont besoin et les utilisent pour prendre des décisions. IR 3.2 garantit que les données sont collectées en temps opportun, de manière précise et complète, et sont rapportées au niveau de la prestation des services de santé, ce qui éclaire ensuite la prise de décision à tous les niveaux de la pyramide sanitaire.

5 minute break to prepare live Q&A

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5 minutes de pause pour préparer les questions-réponses en direct

**05:00**

# Q&A



# Next steps

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# Prochaines étapes



# Closing Remarks

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Mot de la fin

