

# User Guide To USAID/Washington Health Programs





# **Users Guide to USAID/Washington Health Programs**



# User Information

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## **Locating the Electronic Copy of the User's Guide**

This guide and the most recent updates to its information can be found on the USAID website at the Global Health homepage <http://www.usaid.gov/what-we-do/global-health>

## **Who to Contact for Additional Information on the User's Guide:**

Please contact Clairmont Austin (caustin@usaid.gov) in the Bureau for Global Health for additional information on the User's Guide.

## **Accessing the Services in the Global Health Programs**

This Users Guide includes the preferred method for USAID operating units to access the awards described in the Project Directory.

Most projects that show "Field Support" as the preferred method of access may also be accessed using Operating Year Budget (OYB) transfers. This alternate method generally is available to provide additional, flexible ways that accommodate unique or unusual Mission circumstances. For further information about these alternatives, kindly contact the respective project COR/AORs.

Two types of awards that are especially designed for field mission use are Indefinite Quantity Contracts (IQC) and Leader with Associates Cooperative Agreements (LWA). Both methods are designed to provide quick and simple access to technical services in health by providing an "umbrella" of pre-selected sets of contractors or recipients of cooperating agreements. Under both mechanisms, missions initiate and manage the awards. Missions should contact the project COR/AORs for assistance in initiating task orders under IQCs or for negotiating associate awards under LWAs. For general information on IQCs and LWAs, please visit the Global Health intranet section for field missions.



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# Introduction to the Bureau for Global Health

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## **Center for Accelerating Innovation and Impact**

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### **Office of Country Support**

*Bradley Cronk - Director*

### **Office of Health Systems**

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*Kathryn Panther - Deputy Director*

### **Office of HIV/AIDS**

*David Stanton - Director*

*Lin Liu - Deputy Director*

*Michele Russell - Deputy Director*

### **Office of Infectious Disease**

*Elizabeth Fox - Director*

*Sarah Blanding - Deputy Director*

*Kelly Saldana - Deputy Director*

### **Office of Maternal/Child Health and Nutrition**

*Barbara Hughes - Director*

*TBD - Deputy Director*

*TBD - Deputy Director*

### **Office of Policy, Programs, & Planning**

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### **Office of Population & Reproductive Health**

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## Bureau for Global Health Office and Functions

The Bureau for Global Health (GH) staff manages an array of technical projects, providing technical support to USAID missions and field programs, garnering support for our programs with stakeholders, and nurturing and galvanizing stronger partnerships with the development community. This global leadership is influencing the worldwide health agenda, increasing the likelihood of successful health programs, encouraging the wider global community to adopt new technologies and approaches, and to pursuing USAID priorities and goals.

### **Center for Accelerating Innovation and Impact**

*Director: Wendy Taylor*

The Center for Accelerating Innovation and Impact (CII) promotes and reinforces the application of innovative, business-minded approaches to address key bottlenecks in the development, introduction, and scale-up of global health technologies and interventions; thereby accelerating impact against some of the world's most important health challenges. CII engages luminaries across sectors to identify best practices and push the boundaries of current thinking; catalyzes transformational innovation and partnerships; and applies cutting-edge market tools and practices to support the rapid introduction of, access to, and uptake of priority health innovations.

### **Office of Country Support**

*Director: Bradley Cronk*

The Office of Country Support (OCS) is GH's front line to provide broad, strategic assistance and support to missions. With changing initiatives and priorities, OCS facilitates communication between missions and headquarters to manage Agency and field challenges. As a critical nexus, OCS interfaces with missions, GH technical offices, regional bureaus, and other pillar bureaus to ensure coordinated strategic and programmatic assistance to countries. OCS leads the Global Health Country Team System, drawing on GH staff expertise across offices, fostering country support from a "whole of health" program perspective.

### **Office of Health Systems**

*Director: Karen Cavanaugh*

*Deputy Director: Kathryn Panther*

Strengthening health systems is critical to enabling countries to effectively address complex health challenges in an evidence-based and sustainable way, in order to improve health outcomes and protect against extreme poverty. In September 2012, USAID's Global Health Bureau established the Office of Health Systems (OHS) as USAID's center of excellence and focal point to provide worldwide leadership and technical expertise in health systems strengthening (HSS). OHS has since led the development of USAID's Vision for HSS, which presents an integrated, comprehensive and holistic approach to partner with countries to improve their health systems. OHS retains a multidisciplinary team of experts across all areas of HSS, including financing, governance, human resources for health, quality improvement, service delivery, pharmaceutical systems and information management. This team guides USAID's health systems strengthening work and supports USAID's field programs through technical assistance to missions and through five global HSS projects. The Office of Health Systems increases the visibility and consistency of USAID's long-standing work to assist low and middle income countries to strengthen their health systems and make them more resilient, in order to end preventable child and maternal deaths, achieve an AIDS-free generation and protect communities from infectious diseases, by advancing universal health coverage and supporting the global health security agenda.

## **Office of HIV/AIDS**

*Director: David Stanton*

*Deputy Director: Michele Russell*

*Deputy Director: Lin Liu*

The Office of HIV/AIDS (GH/OHA) has overarching responsibility for the full range of USAID's HIV/AIDS programs and serves as the Agency's lead office for implementing the interagency President's Emergency Plan for AIDS Relief (PEPFAR). GH/OHA's primary functions are to provide strategic direction, technical leadership, and support to field programs, and to effectively manage headquarters programs devoted to ending the global HIV/AIDS epidemic. As a lead partner in the PEPFAR interagency process, GH/OHA makes decisions concerning the strategic allocation of financial and human resources in the sector and provides leadership in designing, implementing, monitoring, and evaluating HIV/AIDS programs.

### **Budget & Operations Division**

Budget and Operations Division (GH/OHA/BOD) is responsible for coordination and oversight of all administrative, financial, budget and program operations activities across OHA.

### **Prevention, Care & Treatment Division**

Prevention, Care and Treatment Division (GH/OHA/PCT) provides a combination of HIV/AIDS medical, technical and programmatic expertise to support PEPFAR goals and to improve health outcomes. The Division:

### **Priority Populations, Integration & Rights Division**

Priority Populations, Integration and Rights Division (GH/OHA/PIR) provides technical leadership and support to missions in effectively planning, implementing and monitoring cross-cutting approaches to the HIV/AIDS response. The PIR Division has a specific emphasis on priority and key populations, including orphans and vulnerable children (OVC), youth, integrated services (family planning/HIV, nutrition/HIV), gender, and human rights.

### **Research Division**

Research Division (GH/OHA/RES) provides technical leadership HIV/AIDS research.

### **Strategic Coordination & Communication Division**

Strategic Coordination and Communication Division (GH/OHA/SCC) serves as the primary liaison between OHA and key global HIV/AIDS implementers and stakeholders.

### **Strategic Information, Evaluation & Informatics Division**

Strategic Information, Evaluation and Informatics Division (GH/OHA/SIEI) provides strategic direction, technical leadership, and support to OHA and USAID missions in managing and utilizing data systems. The Division focuses on building capacity in program monitoring, surveillance, and evaluation to increase the impact of programs on the HIV epidemic and to demonstrate accountability for PEPFAR funded programs at headquarters and in the field.

### **Supply Chain for Health Division**

Supply Chain for Health Division (GH/OHA/SCH) leads OHA's commodities program in support of PEPFAR.

### **Systems & Program Sustainability Division**

Systems and Program Sustainability Division (GH/OHA/SPS) provides technical leadership and strategic direction on issues related to systems strengthening and financing of HIV/AIDS programs.

## **Office of Infectious Disease**

*Director: Elizabeth Fox*

*Deputy Director: Sarah Blanding*

*Deputy Director: Kelly Saldana*

The Office of Infectious Disease (GH/ID) is the Agency's lead for infectious disease programs and issues, and manages the Global Health Bureau's activities and engagement in infectious diseases, including tuberculosis (TB), Neglected Tropical Diseases (NTD)s, malaria under the President's Malaria Initiative (PMI), and Emerging Threat/Pandemic Preparedness and Response. GH/ID is responsible for technical direction and leadership and external engagement on infectious disease issues, including working with external partners, providing technical support to USAID's field missions and programs, and managing programs and centrally-managed infectious disease funding.

### **Emerging Threats Division**

The Emerging Threats Division (GH/ID/ETD) provides the technical leadership, program implementation and financial management for the Agency's centrally funded pandemic threats program, and provides support for response to other infectious disease emerging threats. The goal of the program is to minimize the global impact of existing pandemic threats and pre-empt the emergence and spread of future pandemic and major infectious disease threats. GH/ID/ETD draws on expertise from across the animal and human health sectors to build regional, national, and local "One Health" capacities for the promotion of measures and practices for prevention of disease emergence, and for early detection and rapid deployment of effective countermeasures should a new disease threat emerge. early disease detection, laboratory-based disease diagnosis, rapid response and containment, and risk reduction.

### **Malaria Division**

The Malaria Division (GH/ID/MAL) has primary responsibility for establishing the strategic priorities for the President's Malaria Initiative (PMI) and for leading the planning, implementation, oversight and results reporting for the Initiative. The Malaria Division is responsible for supporting the US Global Malaria Coordinator on the global stage and with Principle Actors across USG Agencies involved in international malaria control and elimination efforts. The Malaria Division provides technical guidance and implementation support to PMI priority programs across Africa, Southeast Asia and Latin America. The Malaria Division is responsible for technical oversight of PMI country programs including oversight of country malaria program financial and implementation management. The Malaria Division also has responsibility for managing malaria cooperative agreements and contracts including malaria commodities procurement, vector control, and malaria case management activities and USG support to global programs and partnerships. In addition the Division is responsible for managing operational research studies and new malaria drug, insecticide, and vaccine research investments.

### **Neglected Tropical Diseases Division**

The Neglected Tropical Diseases Division (GH/ID/NTD) provides the technical leadership, program implementation and financial management for the Agency's centrally funded Neglected Tropical Diseases (NTDs) Program. GH/ID/NTD provides the direction concerning the strategic allocation of financial and human resources in the sector and in designing, implementing, monitoring, and evaluating programs. The primary focus of NTD funding is on activities that control and/or eliminate the burden of NTDs that can be addressed with effective and wide-scale strategies such as mass drug administration with preventive chemotherapy and other proven interventions. GH/ID/NTD prioritizes the following seven neglected tropical diseases: lymphatic filariasis, schistosomiasis, trachoma, onchocerciasis, and three soil-transmitted helminthes (hookworm, roundworm, and whipworm).

### **Tuberculosis Division**

The Tuberculosis Division (GH/ID/TB) provides technical leadership, project management, country support, and supports agency requirements to lead the U.S. Government's international TB program. GH/ID/TB strategically directs the financial and human resources to achieve the USG global TB strategy as well as the USAID implementation plan goals and objectives. GH/ID/TB provides support through prevention and care programs in countries implementing USAID supported TB activities, focusing on accelerating detection and treatment of TB, expanding prevention and treatment of multi-drug resistant TB programs, scaling-up of TB-HIV integration, and developing TB service delivery platforms. GH/ID/TB manages USAID's TB research programs to identify new and improved drug regimens, other technologies to prevent and treat TB, and improved approaches to implementing TB programs. GH/ID/TB represents USAID and the U.S. Government in international fora as well as leads international TB for the USG interagency.



## **Office of Maternal/Child Health and Nutrition**

*Director: Barbara Hughes*

*Deputy Director: TBD*

*Deputy Director: TBD*

The Office of Maternal and Child Health and Nutrition (GH/MCHN) serves as the Agency's technical and policy lead on maternal and newborn health; child survival; immunization; and nutrition, with a focus on ending preventable child and maternal deaths. Cross-cutting activities managed by the Office in support of this goal address private sector partnerships, community health systems, social and behavior change communication, multilateral partnerships, gender, and monitoring and evaluation. The MCN office contributes to the achievement of the Agency's Feed the Future goals as well as those laid out in the Agency's Multi- sectoral Nutrition Strategy and Water and Development Strategy.

### **Child Health and Immunization Division**

The Child Health and Immunization Division (GH/MCHN/CHI) provides technical and policy leadership addressing the leading killers of children in the post-neonatal period. This includes treatment of pneumonia and diarrhea, vaccine-preventable diseases, as well as emerging issues brought about by the shifting disease burden. The Division also manages the Agency's significant investments in Gavi, The Vaccine Alliance as well as our contributions to the Global Polio Eradication Initiative.

### **Maternal and Newborn Health Division**

The Maternal and Newborn Health Division (GH/MCHN/MNH) provides technical and policy leadership, and support to the field, in state-of-the-art approaches to accelerating reductions in maternal and newborn mortality, focusing on the USAID-assisted countries with the highest burdens of mortality and using evidence-based approaches to scale-up proven interventions to address the leading causes of mortality. The Division manages diverse activities, to achieve this goal, including cross-cutting as well as focused technical assistance and multi-stakeholder partnerships with private sector, non-governmental organizations, and professional associations.

### **Nutrition and Environmental Health Division**

The Nutrition and Environmental Health Division (GH/MCHN/NEH) provides technical leadership and direction in nutrition, micronutrients, food security, and a range of environmental health issues. The Division focuses on maternal, infant and young child nutrition, micronutrient supplementation, food fortification, and developing innovative products to improve diet quality for sustainable nutrition and food security programming. The Division also focuses on safe water, sanitation, and hygiene, as well as improvements in poor indoor air quality, with a strong emphasis on behavior and household-level interventions.

### **Research and Policy Division**

The Research and Policy Division (GH/MCHN/RP) is responsible for technical leadership, guidance, and coordination to advance the integrated use of policy, data, research and development to accelerate the uptake, scale-up, and sustained effective use of maternal, newborn, child, nutrition and food security and environmental health programming. The division brings together a multidisciplinary team of implementation research, community systems development, policy understanding, social and behavior change and monitoring and evaluation experts who manage a portfolio of activities as well as work in conjunction with various stakeholders to use analytical and policy tools to reduce mortality, severe morbidity, and advance sustained development.

## **Office of Policy, Programs, & Planning**

*Director: Ben Gustafson*

The Office of Policy, Programs, and Planning (OPPP) has primary responsibility for GH's strategic planning, budgeting, programming, and procurement functions. OPPP provides leadership, advice, and support for overall strategic direction, resource allocation, and procurement planning. It supports efforts to monitor and promote the effectiveness of programs and the achievement of GH objectives and is integrally involved in performance monitoring and program evaluation. Additionally, OPPP houses the team that takes the lead in GH donor coordination activities.

### **Division of Strategy, Analysis, Outreach, & Evaluation**

Strategy, Analysis, Evaluation, and Outreach Division (GH/OPPP/SAEO) undertakes strategic planning, which includes overall sector and program planning, policy, monitoring and evaluation, and services to coordinate such activities within GH and with other units within the Agency. SAEO serves as the primary GH resource for USAID evaluation policies and practices; oversees implementation of the GH evaluation plan, and analyzes and disseminates evaluation findings, conclusions, recommendations, and best practices as appropriate. SAEO leads GH in liaising with, coordination of, and communication with bilateral donors, other U.S. Government agencies and foundations, and provides Bureau-wide communications and knowledge management services.

### **Program Implementation & Budget Management Division**

Program Implementation and Budget Management Division (GH/OPPP/PIBM) is responsible for providing programmatic support to GH technical office staff, from activity design through implementation. It also takes the lead in procurement planning, monitoring, and tracking of all procurement actions. PIBM staff prepares and monitors GH's budgets, which includes the management of GH program and operating expenses, operating year budget, and the monitoring of GH's pipeline.

## **Office of Population & Reproductive Health**

*Director: Ellen Starbird*

*Deputy Director: Alisa Cameron*

The Office of Population and Reproductive Health (PRH) provides strategic direction, technical leadership and support to field programs in population, voluntary family planning, and reproductive health. It manages programs that advance and apply state-of-the-art technologies, expand access to quality services, promote healthy behaviors, broaden contraceptive availability and choices, strengthen policies and systems to address family planning and reproductive health needs, and improve data collection and use.

### **Commodities Security & Logistics Division**

Commodities Security and Logistics Division (GH/PRH/CSL) promotes the long-term availability of a range of high-quality contraceptives, condoms and other essential reproductive health supplies, and strengthens global and country systems from manufacturer to service sites.

### **Policy, Evaluation, & Communication Division**

Policy, Evaluation, and Communication Division (GH/PRH/PEC) creates the enabling environment for sexual and reproductive health. PEC works with partners within USAID and externally to:

- Promote effective sexual and reproductive health advocacy, policy, financing, and governance;
- Collect, analyze, and evaluate data for evidence-based decision making; and
- Develop and implement communication efforts to influence attitudes, norms, and behaviors of beneficiaries and providers.

### **Research, Technology, & Utilization Division**

Research, Technology, and Utilization Division (GH/PRH/RTU) provides technical leadership in building scientific and empirical knowledge, and ensures its use in the design and implementation of effective, efficient, high-quality family planning and reproductive health programs.

### **Service Delivery Improvement Division**

Service Delivery Improvement Division (GH/PRH/SDI) improves access to and quality of reproductive health and family planning services and information in USAID supported countries. SDI provides leadership in developing and applying innovative strategies and best practices that improve the performance of individuals, organizations, and systems for the sustainable delivery of quality family planning at scale.

## **Office of Professional Development & Management Support**

*Director: Sharon Carney*

*Deputy Director: Deborah Melton*

The Office of Professional Development and Management Support (PDMS) is responsible for three functional areas in the Bureau for Global Health: professional and organizational development, personnel, and administrative support

### **Administrative Support Team**

Administrative Support Team (GH/PDMS) manages the GH Operating Expense budget, in collaboration with GH/OPPP/Controller, and associated procurement activities. It also provides all logistic and systems support to Bureau staff, including space planning and assignments; network, remote, and telephone access; equipment and supplies; interface with the Office of Security (SEC) for security clearances and badges; and maintenance of Vital Records, Emergency Contact Information, Continuity of Operations Planning (COOP) and Emergency Procedures.

### **Personnel Team**

Personnel Team (GH/PDMS) maintains the Bureau manage-to-budget records; assists Bureau managers in developing workforce analyses and plans, position descriptions, and statements of work (SOWs); coordinates the annual evaluation processes and Awards programs for the Bureau; processes recruitment requests and selection approvals through SDAA/GH; coordinates with the Office of Human Capital and Talent Management (HCTM), with the Office of Acquisition and Assistance (OAA), and directly with Institutional Contractors of GH/PDMS to provide for both direct and non-direct hire staff for the GH Bureau, other Washington bureaus and offices, and overseas missions.

### **Professional Development Team**

Professional Development Team (GH/PDMS) manages professional and organizational development activities and training, which include the PHuNdamentals Course, eLearning, and State of the Art (SOTA) workshops for Washington and overseas Agency staff, and manages the Global Health Professional and Organizational Development Program (GH-POD).

## **Office of the Assistant Administrator**

Office of the Assistant Administrator (AA/GH) Assistant Administrator: Ariel Pablos-Méndez Senior Deputy Assistant Administrator: Wade Warren Deputy Assistant Administrator: Jennifer Adams Deputy Assistant Administrator: Katherine Taylor U.S. Global Malaria Coordinator: Timothy Ziemer Science Advisor: James Shelton The Office of the Assistant Administrator provides oversight to GH and leadership for the Global Health Initiative (GHI), creating support for GHI, and helping to mainstream GHI principles into all GH activities and programs. The Office has ultimate responsibility for the quality of GH's programs and the capacity of its workforce. It provides leadership on the design, implementation, review, coordination, and evaluation of GH initiatives, programs, and activities. The Office, through the Center for Accelerating Innovation and Impact (CII), is the focal point for accelerating the introduction and scale up of innovative GH interventions. In addition, the Office promotes coordination between U.S. government agencies and departments providing assistance to vulnerable children in low- and middle-income countries.

# Project Listing

## *Bureau for Global Health*

This section of the Users' Guide includes descriptions of three kinds of activities:

1. Contracts and cooperative agreements that have an explicit mandate to address technical needs that cut across Global Health and mission health Strategic Objectives, such as data collection, monitoring and evaluation, and communication for behavior change.
2. Mechanisms to access non-direct hire technical and administrative personnel.
3. Mechanisms that provide systems support, such as database management, indicator tracking, and report preparation.

Some of these activities are managed by inter-office teams from the Bureau for Global Health's three technical offices. Others are managed within the Office of Professional Development and Management Support and the Office of Strategic Planning, Budgeting, and Operations on behalf of the Bureau for Global Health as a whole.

# Office of Health Systems

*Bureau for Global Health*

## **Office of Health Systems**

*Director: Karen Cavanaugh*

*Deputy Director: Kathryn Panther*

**Applying Science to Strengthen and Improve Systems (ASSIST)**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-12-00101

**Project Number:**  
936-3104.15

**Duration:**  
9/1/2012 - 9/1/2017

**Geographic Scope:**  
Worldwide

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**Purpose**

ASSIST is the follow-on to the Health Care Improvement (HCI) project, which has reached its ceiling. ASSIST builds on the modern quality improvement approaches used in the US health system and over 20 years of GH efforts to adapt these approaches to the needs of USAID-assisted health systems.

ASSIST supports teams of host country providers to study the way they implement health services, and to test changes in implementation that might improve outcomes. A published 12 country study demonstrates the effectiveness of modern QI for outcomes such as compliance with evidence-based clinical guidelines, family planning acceptance rates, reduction in postpartum hemorrhage, tuberculosis treatment completion rates, and prevention of mother-to-child transmission of HIV. Both clinical and community level services were included in the study.

ASSIST also supports health system leaders to scale up improvements and to institutionalize ongoing improvement efforts as a permanent, integral part of delivering health services. ASSIST will also advance the state-of-the-art for QI in lower- and middle- income countries by integrating research, evaluation, and knowledge management activities into technical assistance.

**Services Provide**

Modern QI approaches can produce rapid, quantitative improvements in a wide range of health processes. In addition to health services themselves, these approaches have also been effective for management processes such as records management and workforce management. Specific approaches include:

- Improvement collaboratives which organize up to 50 facilities to address a specific topic;
- Development of accreditation and other regulatory strategies;
- Pay-for-performance programs addressing quality;
- Quality of care and quality improvement evaluations;
- Performance improvement technologies, including more effective training and human resources management;
- mHealth (mobile health) to strengthen health systems and improve health care quality; and,
- Health systems strengthening for non-communicable diseases/ injuries.

**Special Notes:**

N/A

**Means of Access**

Field Support

## Health Finance and Governance Project (HFG)

### Purpose:

The purpose of the Health Finance and Governance Project is to increase the use of priority health care services, including primary health care services, by partner countries' populations through improved governance and financing systems in the health sector. Partner countries' health systems are constrained from delivering intended results by inefficient use of resources, weak health governance structures, and ineffective operations. Under this project, partner countries will increase domestic resources for health care, manage those resources more effectively, and increase the efficiency of purchasing decisions. Improved governance of the health sector will occur through improved partner country capacity in stewardship, increased quality engagement of civil society and private sector, and stronger systems of strategic planning and management.

### Services Provided

HFG is USAID's flagship project in health finance and governance. It focuses on four key areas and integrates activities across them:

- Finance: increasing financing of health from domestic sources; reducing financial barriers that inhibit access to priority health services; increasing efficiency of health sector resource allocation.
- Governance: increasing partner countries' capacity to manage and oversee health systems at the national, provincial and district level; strengthening capacity of civil society and private sector for meaningful engagement with host country government; improving transparency and accountability of financial processes and financial management systems.
- Operations: country institutions develop administrative processes and structures that are efficient, equitable, and equipped to deliver quality services; improving public financial management systems to become more transparent and meet international standards of fiduciary soundness; increasing use of high-functioning systems to efficiently manage, deploy and incentivize the health workforce; increasing capacity to employ effective health sector strategy and planning systems including budgeting, payroll and logistics.
- Research and information: advancing the global health systems research and development agenda; increasing institutional and human capacity in health systems research; developing and using health systems performance measurement tools and indicators; developing and implementing standards for health system strengthening activity design.

### Special Notes:

N/A

### Means of Access:

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-12-00080

**Project Number:**  
936-3104.14

**Duration:**  
9/1/2012 - 9/1/2017

**Geographic Scope:**  
Worldwide

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**HRH2030**

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

AID-OAAA-A-15-00046

**Project Number:**

936-9300.01

**Duration:**

9/1/2015 - 8/1/2020

**Geographic Scope:**

Worldwide

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**Purpose**

Human Resources for Health (HRH) 2030 is USAID's flagship project to strengthen the global health workforce. HRH2030 supports countries in developing the sufficient, fit-for-purpose and fit-to-practice health workforce needed to end preventable child and maternal deaths (EPCMD), achieve an AIDS-Free Generation (AFG), protect communities from infectious diseases (PCID), achieve the Global Health Security Agenda (GHSA), and reach the goals of Family Planning 2020 (FP2020). HRH2030's key strategic priorities include: capturing data for evidence-based decision making and improving the logical link between investments in HRH, health outcomes, and broader development goals; flexibility and responsiveness to countries evolving HRH technical and geographic priorities; leveraging USAID's cross-sectoral expertise in education and economic growth for HRH; and collaborating and establishing partnerships at the global, regional, and country levels to advance shared HRH goals. HRH2030 brings a state-of-the-art approach for advancing the health workforce agenda forward and driving greater impact at the country level. The project is well positioned to support priorities outlined in the WHO Global Strategy on HRH: Workforce 2030 through provision of tailored country-level technical assistance to meet context-specific priorities for local human resources and health systems.

**Services Provide**

HRH2030 project interventions focus on four key areas and integrate activities across them:

- Improving performance and productivity of the health workforce;
- Increasing the number, skill mix and competency of the health workforce;
- Strengthening HRH/HSS leadership and governance capacity; and
- Increasing sustainability of investment in HRH.

HRH2030 has a cross cutting theme focused on research and evaluation with 15% of all core and field funds dedicated to implementing activities that contribute to the evidence base on HRH by demonstrating impact and advancing the discussion on causal pathways from HRH interventions to improved health outcomes.

HRH2030 Consortium Partners include Amref Health Africa, Palladium, Thinkwell, University Research Co., LLC (URC), American International Health Alliance (AIHA), Royal Tropical Institute (KIT), and Open Development, LLC.

**Special Notes:**

N/A

**Means of Access**

Field Support

## Promoting the Quality of Medicines (PQM)

### Purpose:

PQM's mandate is to help assure the quality and safety of priority medicines by strengthening medicines quality assurance systems in developing countries to protect public health. PQM is USAID's response to the growing challenge posed by substandard and counterfeit medicines. These medicines can cause treatment-failure and adverse effects, increase morbidity and mortality, and contribute to more rapid emergence and spread of antimicrobial resistance. In addition to representing a significant public health threat, these medicines also risk undermining past and current health investments.

### Services Provided

The PQM program (1) provides technical assistance in strengthening national medicines regulatory capacity; (2) works with international prequalification mechanisms and selected manufacturers to increase the supply of quality-assured medicines of relevance to priority USAID health programs; (3) promotes and supports evidence-based interventions to combat substandard and fake medicines in the supply chain; and (4) provides technical leadership and global advocacy regarding the importance of medicines quality assurance.

Illustrative activities include:

- Strengthen national medicines quality control laboratories, establish postmarketing surveillance systems, and address quality-assurance related aspects of procurement, medicines registration, and licensing;
- Improve compliance of selected manufacturers with good manufacturing Practices (GMPs) and support them in dossier preparation for WHO prequalification or other recognized prequalification systems;
- Build or support regional and international partnerships to exchange medicines-related information and take corrective actions to address substandard and counterfeit medicines problems;
- Collaborate with USG agencies, WHO, the World Bank, the Global Fund, the Global Drug Facility, the IOM, and others, to expand the availability of quality-assured medicines and support system strengthening efforts directed toward improving the quality of medicines at the country level;
- Test medicine samples, as needed, for USAID and USAID's collaborating partners; and,
- Develop pharmacopeial monographs and reference standards, as well as new medicines quality assurance tools, approaches, and methodologies as needed.

### Special Notes:

N/A

### Means of Access:

Field Support, Global

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
GHS-A-00-09-00003

**Project Number:**  
936-3104.8

**Duration:**  
9/1/2009 - 9/1/2019

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**Systems for Improved Access to Pharmaceuticals and Services (SIAPS)**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-11-00021

**Project Number:**  
936-3104.13

**Duration:**  
9/1/2011 - 9/1/2017

**Geographic Scope:**  
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**Purpose**

SIAPS works to strengthen essential areas of the pharmaceutical sector, including regulatory capacity, supply chain management, pharmaceutical financing and services, and pharmaceutical management information systems. Within this context, SIAPS addresses USG priority health elements including malaria, HIV/AIDS, family planning and reproductive health, tuberculosis, maternal and child health, neglected tropical diseases, and Ebola. SIAPS focuses on enhancing pharmaceutical services through patient-centered solutions while continuing to support essential supply chain functions and medical products supply security. The SIAPS goal is to support the achievement of improved and sustained health outcomes by applying a systems strengthening approach consistent with the Global Health Initiative principles. The SIAPS result areas address the five health systems components (governance, human resources, information, financing, and service delivery) as they pertain to pharmaceutical management, informing the design of potential interventions to ensure that they respond to health element and cross-cutting concerns in support of health system strengthening.

**Services Provide**

- Strengthen governance in the pharmaceutical sector by ensuring that transparency and accountability are embodied across all health system components impacting on pharmaceutical systems, including medicines policies, legislation, regulations, and norms and standards, and that national pharmaceutical sector development plans are strategic and evidence based;
- Increase and enhance the capacity of individuals, institutions, and networks in pharmaceutical management, including the capacity of organizations to provide pharmaceutical services and TA in pharmaceutical management systems strengthening;
- Address the information for decision-making challenges in the pharmaceutical sector by ensuring that systems support both products and patients, that tools are broadly available and used, and that strategic information is available and used for planning purposes;
- Strengthen the capacity of existing financing strategies and mechanisms to improve access to medicines by ensuring the most efficient use of existing financial resources, supporting the generation of additional financial resources, designing alternative financing strategies, and developing effective medicines strategies under Universal Health Coverage; and
- Apply proven tools and approaches to strengthen supply chains and, pharmaceutical services to assure product availability, patient safety and therapeutic effectiveness, improved medication use, and the mitigation of the emergence and spread of antimicrobial resistance.

**Special Notes:**

N/A

**Means of Access**

Field Support, Global

# Office of HIV/AIDS

*Bureau for Global Health*

## **Office of HIV/AIDS**

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*Deputy Director: Michele Russell*

*Deputy Director: Lin Liu*

**EQUIP**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-00070

**Project Number:**  
936-8105.B

**Duration:**  
10/2/2015 - 10/1/2019

**Geographic Scope:**  
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**Purpose**  
The major purpose of the EQUIP Consortium is to provide countries with innovative and customized solutions that increase HIV testing and linkage to care, widen the coverage of ART, expand the capacity for viral load monitoring, and improve retention of patients on ART. EQUIP seeks to quickly respond to requests from PEPFAR countries and deliver solutions tailored to the specific context and area. By focusing on the differentiation and customization of service delivery, cost-effectiveness, and technical/resource suitability of each solution, EQUIP is able to provide solutions that are both scalable and achieve substantial impact. The EQUIP Consortium is led by Right to Care, and consists of Anova Health Institute, Kheth’Impilo, Partners in Hope, and MatCH.

**Services Provide**  
EQUIP provides technical assistance, and where requested direct service delivery, focused on the following five solution areas:

1. Alternative modes of ART delivery such as, but not limited to, community based distribution, technology assisted distribution, and other optimized drug distribution to individuals and the cost-effectiveness of these models
2. Innovative approaches and more effective technologies for viral load monitoring including rapid cost-effective scale up methods for programs which lead to greater efficiencies in training, sample transport, result reporting, and quality assurance
3. Use of technology and innovative programmatic strategies to enable more effective linkage activities from diagnosis to treatment, adherence and retention, using community and facility collaboration models for HIV and HIV/TB co-infected individuals
4. Successful care and treatment approaches that directly respond to the needs of key populations as measured by increases in the number of HIV+ individuals in key population groups that are on treatment and retained in care.
5. Promising “Test and Treat” strategies and the cost-effectiveness of models used, as they are brought to scale globally.

**Special Notes:**  
N/A

**Means of Access**  
Core and Field Support

## Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project

### Purpose:

AIDSFree aims to improve the quality and effectiveness of high-impact, evidence-based HIV and AIDS interventions such as PMTCT, VMMC, condom promotion, HTC as a gateway to care and treatment, and other emerging approaches in order to meet country-specific goals and objectives globally.

AIDSFree is a five-year cooperative agreement led by JSI Research & Training Institute, Inc., with partners Abt Associates, Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH.

### Services Provided

AIDSFree provides capacity development and technical support to USAID missions, host-country governments, and HIV implementers at the local, regional, and national level. The project can support the following activities:

- Address structural barriers, and identify opportunities to support scale-up or piloting of new approaches in geographic priority areas;
- Develop evidence-based tools, protocols, and standard operating procedures;
- Monitor and evaluate interventions, support data collection, analysis, and utilization;
- Facilitate organizational capacity assessments;
- Utilize gender analysis to target appropriate interventions;
- Facilitate south-to-south technical exchanges; and,
- Engage the private sector to foster and develop public-private partnerships;

### Special Notes:

N/A

### Means of Access:

Core and Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00046

**Project Number:**  
936-8102.01

**Duration:**  
7/1/2014 - 7/17/2019

**Geographic Scope:**  
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## 4Children - Coordinating Comprehensive Care for Children\*

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-14-00061

**Project Number:**

936-8104.01

**Duration:**

9/15/2014 - 9/16/2019

**Geographic Scope:**

Worldwide

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**Purpose**

The overarching purpose of the 4Children project is to improve health and well-being outcomes for orphans and vulnerable children (OVC) affected by HIV and AIDS and other adversities. 4Children seeks to support systems and structures at country and regional levels for promoting evidence-based interventions to protect against risk, interrupt cycles of vulnerability, and build pathways to resilience leading to an AIDS-free generation and contributing to overall improvements in quality of life and productivity in vulnerable children and their families.

**Services Provide**

Led by Catholic Relief Services, the 4Children team includes core partners IntraHealth, Maestral, Pact, Plan and Westat, and collaborating partners African Child Policy Forum (ACPF), Parenting in Africa Network (PAN) and Regional Psychosocial Support Initiative (REPSSI). With a highly qualified project team, an extensive roster of technical experts, and an established presence in all potential target countries, 4Children is poised to provide customized, rapid and cost-effective capacity building support to governments and civil society in strategic technical and organizational areas. Project activities will contribute to the following objectives:

1. To increase the generation and use of evidence through surveillance and research to inform strategic child welfare and protection programming for children affected by AIDS and other adversities;
2. To support countries to scale up evidence-based child welfare and protection programming for children affected by AIDS and other adversities from the household and community levels to the national level; and,
3. To create an enabling environment, focused on local capacity and ownership, that is conducive to sustainable and quality child welfare and protection programming for children affected by AIDS and other adversities.

**Special Notes:**

\*Formerly C3

**Means of Access**

Core and Field Support

## Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASPIRES)

### Purpose:

The primary goal of the project is to support gender-sensitive programming, research, and learning to improve the economic security of highly vulnerable individuals, families and children infected or affected by HIV/AIDS, as well as key populations at high risk of acquiring HIV.

### Services Provided

ASPIRES focuses on efficient provision of technical assistance (TA) to scale up high-quality interventions in the areas of consumption support, money management, and income promotion. The project will also focus on design and implementation of rigorous research to evaluate programs and inform a new understanding of best practices in economic strengthening.

The ASPIRES approach include:

- Using current evidence and state-of-the-art approaches to promote scalable, high-quality programming;
- Employing robust research methods to expand the evidence base and promote innovation;
- Building the capacity of national stakeholders to implement evidence-based programming as well as to monitor and evaluate programs;
- Coordinating with other donors, local and national governments, and global partners; and,
- Integrating an explicit gender perspective in research, tools, policy and standards recommendations, and technical assistance.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-LA-13-00001

**Project Number:**  
936-8100.01

**Duration:**  
7/1/2013 - 6/30/2018

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## Grant Management Solutions (GMS 2) Project

**Agreement Type:**

Contract

**Agreement Number:**

OAA-C-12-00040

**Project Number:**

936-3090.129

**Duration:**

10/1/2012 - 9/30/2016

**Geographic Scope:**

Worldwide

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**Purpose**

This contract provides technical assistance to improve the functioning of Global Fund grants to fight AIDS, tuberculosis, and malaria. The aim of the GMS project is to improve the functioning of Global Fund grants, and thereby increase the effectiveness and efficiency of prevention, care and treatment interventions for HIV/AIDS, TB and malaria in countries seeking TA. The mission of GMS is to provide urgent, short-term TA to CCMs and PRs for the purpose of unblocking bottlenecks and resolving systemic problems that hinder the response to the three diseases, as well as to engage in capacity building and knowledge dissemination activities.

**Services Provide**

GMS has three objectives:

1. Provide urgent, short-term, management-related technical support to Global Fund grantees in order to allow and improve the functioning of Global Fund grants, thereby increasing the quality and effectiveness of prevention, care and treatment interventions for HIV/AIDS, tuberculosis and malaria. This urgent, short-term support will constitute the majority of the support provided. Medium-to-long-term technical assistance may also be provided on a more limited basis as directed by the COR. This support is generally provided in four technical areas:

- Organizational development (including governance and leadership) for Global Fund Country Coordinating Mechanisms (CCMs);
- Program and financial management for Global Fund Principal Recipients (PRs);
- Procurement and supply management (PSM); and
- Monitoring and evaluation (M&E)

2. Scale up the number of local people and institutional entities that have knowledge of the Global Fund and can provide high quality management support to Global Fund grantees, by engaging in mentoring and training relationships with 12 regional entities.

3. Develop knowledge-sharing platforms. This involves developing, collating, and widely disseminating tools/guidance/curricula/ lessons learned with the broader Global Fund community, including other technical support providers.

**Special Notes:**

Core funding (applications accepted from CCMs and PRs and reviewed by U.S. Government Global Fund Technical Support Advisory Panel [TSAP]) and Field Support.

**Means of Access**

Core and Field Support

## Joint U.N. Programme on HIV/AIDS (UNAIDS III)

### Purpose:

The UNAIDS III grant seeks to expand UNAIDS' response to the global HIV epidemic by supporting its 2011-2015 Strategy, which aims to advance global progress in achieving targets for universal access to HIV prevention, treatment, care, and support; to halt and reverse the spread of HIV; and to contribute to the achievement of the Millennium Development Goals by 2015. The scope of the grant provides core support to the following strategic areas:

- Leadership and advocacy
- Coordination, coherence and partnerships
- Building country ownership, mutual accountability & sustainable capacity
- Knowledge translation
- Measurement of progress and improved accountability

### Services Provided

In addition to the focus areas listed above, UNAIDS III supports the following components:

- Combination Prevention – predicated on the idea that no single intervention is effective alone in the control of HIV transmission;
- Smart Investments – with the expectation that the UNAIDS Secretariat can play a leadership role in helping all stakeholders to maximize the impact of every dollar;
- Country Ownership – with the ultimate goal of having recipient countries plan, oversee, manage, deliver, and eventually finance health programs that are fully responsive to the needs of their people;
- Women, Girls and Gender Equality – acknowledging the need to address the disproportionate impact of HIV / AIDS on women and girls, UNAIDS should play a key role in redressing gender imbalances, empowering women and girls and improving health outcomes for individuals, families, and communities;
- OVC and other Key Populations – UNAIDS should continue to strengthen its engagement with civil society and networks of people living with HIV in order to facilitate their full, active and meaningful participation;
- Strategic Information – acknowledging that UNAIDS has played a leading role in coordinating efforts to harmonize and synthesize HIV data for decision-making, UNAIDS should continue to guide the coordination, development and use of strategic information;
- Technical Support Facilities (TSF) – which provide technical support on possible solutions for Global Fund grants experiencing implementation bottlenecks. This is demand driven and includes capacity building of local experts and groups to provide longer-term support.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

### Agreement Type:

Grant

### Agreement Number:

AID-GH-IO-12-00001

### Project Number:

936-6002

### Duration:

9/27/2012 - 9/30/2017

### Geographic Scope:

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## Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project

<b>Agreement Type:</b> Cooperative Agreement	<b>Purpose</b> The Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project is led by FHI 360 in partnership with IntraHealth International, Pact and the University of North Carolina (UNC), Chapel Hill. LINKAGES aims to accelerate the ability of partner governments, key population (KP) civil society organizations and private sector providers to more effectively plan, deliver and optimize comprehensive HIV/AIDS prevention, care and treatment services at scale that reduce HIV transmission among KPs sex workers, men who have sex with men, transgender persons, people who inject drugs, and their partners and extend life for those who are HIV-positive. This central mechanism is a five-year cooperative agreement providing for both core-funded and field-supported key populations (KP) programs.
<b>Agreement Number:</b> OAA-A-14-00045	
<b>Project Number:</b> 936-8103.01	
<b>Duration:</b> 6/11/2014 - 6/10/2019	
<b>Geographic Scope:</b> Worldwide	
<b>COR/AOR:</b> Enilda Martin	<b>Services Provide</b> The project includes the following results:
<b>Telephone:</b> (571)-551-7277	<b>Result 1:</b> Increased availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for key populations.
<b>Fax:</b> N/A	<b>Result 2:</b> Demand for comprehensive prevention, care and treatment services among key populations enhanced and sustained.
<b>Email:</b> enmartin@usaid.gov	<b>Result 3:</b> Strengthened systems for planning, monitoring, evaluating and assuring the quality of programs for key populations.
<b>TA:</b> Cameron Wolf Tisha Wheeler	LINKAGES provides overarching technical leadership in KP programming. It offers a range of approaches, tools, Standard Operating Procedures, technical assistance and related support that can be tailored for differing priorities and needs. At the country level, LINKAGES will engage governments, KP civil society organizations and networks, and private providers to jointly plan, implement and evaluate project interventions – using accessible, shared data to inform and adapt programming on an ongoing basis. Use of a cascade framework and related toolkit will enable local stakeholders to visualize, analyze and tailor solutions to address gaps in the HIV prevention, care and treatment continuum through state-of-the-art, evidenced-based interventions and quality assurance processes. The LINKAGES overarching capacity strengthening approach emphasizes south-to-south technical assistance and mentoring. Gender will be a cross-cutting theme used to inform the design, implementation, and monitoring and evaluation of sustainable activities at scale.
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<b>Activity Director:</b>	<b>Special Notes:</b> N/A
<b>Organization:</b> FHI 360	<b>Means of Access</b> Core and Field Support
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## Livelihood and Food Security Technical Assistance II (LIFT II)

### Purpose:

LIFT II provides technical assistance to design and establish referral systems for economic strengthening, livelihood and food security (ES/L/FS) services in conjunction with and as a means to enhancing engagement, adherence and retention of PLHIV and other patients in clinical care and treatment. LIFT II is a five-year project aimed at strengthening ES/L/FS services delivery in conjunction with health programs, working with USG agencies, implementing organizations, governments, civil society and the private sector. The primary goal of LIFT II is to support evidence-based, gender-sensitive programming to improve household food security and resilience as a component of a continuum of nutrition and health care.

### Services Provided

LIFT II provides technical assistance in support of ES/L/FS activities, particularly in the context of Nutrition Assessment, Counseling and Support (NACS) programs including: conducting assessments of country ES/L/FS activities; developing ES/L/FS strategies and implementation plans; designing and supporting monitoring and evaluation of ES/L/FS activities to assess impact, cost effectiveness, potential for replicability and scale-up, and sustainability; supporting policy development for ES/L/FS programs; leveraging of other donor resources; and strengthening implementing partner capacity, including training and quality improvement. LIFT II focuses on establishing referral systems at the local level that assess the needs of individuals and families, refers them to local ES/L/FS services, strengthens those services, and tracks those served to promote retention and adherence in clinical care.

### Special Notes:

LIFT II is an Associate Award in the Office of HIV/AIDS under the Bureau for Economic Growth, Education and Environment (E3) FIELD Support Leader with Associate (LWA) Cooperative Agreement, managed by FHI 360, for the purpose of supporting the effective design and delivery of integrated ES/L/FS strengthening programs. Core funding is limited, but initial support for country assessments and programs design and planning can be requested from OHA. Country-level agencies can access further ES/L/FS technical support through funding of their own associate awards or by adding funds to the OHA LIFT II award.

### Means of Access:

Core and Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-LA-13-00006

**Project Number:**  
936-8400.01

**Duration:**  
8/1/2013 - 7/31/2018

**Geographic Scope:**  
Worldwide

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**YouthPower: Evidence and Evaluation - Task Order #1**

**Agreement Type:**  
Direct Task Order

**Agreement Number:**  
OAA-TO-15-00011

**Project Number:**  
936-8101.Ha

**Duration:**  
4/24/2015 - 4/23/2020

**Geographic Scope:**  
Worldwide

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**Purpose**  
YouthPower: Evidence and Evaluation - Task Order #1 falls under the YouthPower: Evidence and Evaluation IDIQ, which is a multiple award IDIQ designed to conduct research, evaluate innovative programs, disseminate information and strengthen/expand the evidence base for cross-sectoral and sector-specific approaches in positive youth development. This task order will support the agency to invest in positive youth development research and evaluation within and across multiple sectors, including health, education, economic opportunity, peace and security, democracy, human rights and governance and strive to evaluate the impact of cross-sectoral youth programming. As the prime contractor, Making Cents International will provide leadership in promoting best and promising practices evidence and research within and across youth development sectors.

The activities planned under this Task Order will complement activities planned under YouthPower: Implementation IDIQ - Task Order #1.

Additionally, Making Cents International will be conducting the following sub-tasks:

1. Create and manage a YouthPower website to serve as a learning hub for cross-sectoral youth development.
2. Establish and maintain a cross-sectoral youth learning network to disseminate research, evaluation, and learning products.
3. Develop a standard indicator reporting system to be used by the YouthPower: Implementation IDIQ and YouthPower: Evidence and Evaluation IDIQ holders.
4. Analysis of positive youth development vs. problem/risk behavior youth programming.
5. Provision of evidence and evaluation support to USAID Missions and operating units, as needed, through evaluation & research technical assistance.

**Services Provide**

N/A

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## YouthPower: Evidence and Evaluation IDIQ

### Purpose:

The maximum contract ceiling for this IDIQ is \$72 million dollars. There are six (6) IDIQ holders, including four (4) small business set- asides. Operating units can access this mechanism through direct task orders.

The YouthPower: Evidence and Evaluation IDIQ is designed to conduct research, evaluate innovative programs, disseminate information and strengthen/expand the evidence base for cross-sectoral and sector-specific approaches in positive youth development. This IDIQ will support the agency to invest in positive youth development research and evaluation within and across multiple sectors, including health, education, economic opportunity, peace and security, democracy, human rights and governance and strive to evaluate the impact of cross-sectoral youth programming. IDIQ holders form consortia of diverse organizations that bring a range of sector expertise to support single-sector and holistic cross-sectoral youth programs.

Activities include but are not limited to: designing, managing, and publishing rigorous impact evaluations in a variety of international settings including conflict, fragile, and crisis-affected environments; designing, conducting, and publishing performance evaluations, using mixed methods in a variety of international settings including conflict, fragile, and crisis-affected environments; design and implementation of cross-sectoral youth assessments; facilitation of strategy design and program design support to USAID and other donors; establishing data collection and monitoring procedures and systems; capacity development, training, and technical assistance in the area of design, monitoring and evaluation; management of knowledge management initiatives including information and communications technologies (ICT), new media, and communities of practice; and research in the area of international cross-sectoral youth development.

USAID expects the YouthPower: Implementation IDIQ holders and the YouthPower: Evidence and Evaluation IDIQ holders to collaborate throughout the life of both projects.

### Services Provided

N/A

### Special Notes:

N/A

### Means of Access:

Direct Task Order

**Agreement Type:**  
IDIQ

**Agreement Number:**  
Multiple

**Project Number:**  
936-8101

**Duration:**  
4/21/2015 - 4/20/2020

**Geographic Scope:**  
Worldwide

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Dexis Consulting Group  
IBTCI  
Making Cents  
International  
Mendez England &  
Associates  
Social Impact

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**Website:**

**Email:**

**YouthPower: Implementation - Task Order #1**

<b>Agreement Type:</b> Direct Task Order	<b>Purpose</b> YouthPower: Implementation IDIQ - Task Order #1 falls under the YouthPower: Implementation IDIQ, which is a multiple award IDIQ designed to support USAID to invest in positive youth development programming that works within and across multiple sectors, including health, education, economic opportunity, peace and security, and democracy, human rights and governance. Operating units can access this mechanism through core and field support buy-in. The purpose of Task Order #1 is to support and advance the implementation of USAID’s Youth in Development Policy through technical assistance in cross-sectoral, positive youth development programming to USAID Missions and operating units. Task Order #1, led by FHI 360, will strengthen the capacity of USAID operating units, youth development institutions and systems (to include the government, civil society organizations (CSOs), and private sector/business community) to design, implement and sustain positive youth development programming across sectors. Task Order #1 will also facilitate the use of innovative approaches for both implementation and capacity building activities. Some such approaches may include, but not be limited to, the use of information and communications technologies (ICT) and new media tools to strengthen youth engagement and participation and the development of public-private partnerships. This task order will also increase youth engagement in development efforts. Programming will consider the needs of adolescent girls, young women, and at risk and vulnerable populations while considering gender and cultural norms. The activities planned under this Task Order will complement activities planned under YouthPower: Evidence and Evaluation IDIQ - Task Order #1.
<b>Agreement Number:</b> OAA-TO-15-00003	
<b>Project Number:</b> 936-8101.Da	
<b>Duration:</b> 2/26/2015 - 2/25/2020	
<b>Geographic Scope:</b> Worldwide	
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<b>Organization:</b>	<b>Services Provide</b> N/A
<b>Telephone:</b>	<b>Special Notes:</b> N/A
<b>Website:</b>	<b>Means of Access</b> Core and Field Support
<b>Email:</b>	

## YouthPower: Implementation IDIQ

### Purpose:

The maximum contract ceiling for this IDIQ is \$375 million dollars. There are six (6) IDIQ holders, including one (1) small business set-aside. Operating units can access this mechanism through direct task orders.

The YouthPower: Implementation IDIQ is designed to support USAID in the implementation of its Youth in Development Policy (2012). It will enable the agency and its partners to invest in positive youth development programming that works within and across multiple sectors, including health, education, economic opportunity, peace and security, and democracy, human rights and governance. IDIQ holders form consortia of diverse organizations that bring a range of sector expertise to support single-sector and holistic cross-sectoral youth programs.

The YouthPower: Implementation IDIQ will cover a range of functions related to the cross-sectoral youth program design, piloting, implementation, scale-up, and capacity development. Activities include but are not limited to: project implementation; capacity development of local partners and stakeholders; management of sub-awards to local stake-holders; design and implementation of cross-sectoral youth assessments, piloting of innovative approaches and documentation of results; implementation of action research and performance evaluations; data collection and monitoring; and training of local stakeholders in cross-sectoral youth project assessment, design, and implementation.

USAID expects the YouthPower: Implementation IDIQ holders and the YouthPower: Evidence and Evaluation IDIQ to collaborate throughout the life of both projects.

### Services Provided

N/A

### Special Notes:

N/A

### Means of Access:

Direct Task Order

**Agreement Type:**  
IDIQ

**Agreement Number:**  
Multiple

**Project Number:**  
936-8101

**Duration:**  
2/23/2015 - 2/22/2020

**Geographic Scope:**  
Worldwide

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## Advancing the Microbicide Pipeline

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00096

**Project Number:**  
936-3090.137

**Duration:**  
9/30/2013 - 9/29/2018

**Geographic Scope:**  
Worldwide

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**Purpose**  
To advance promising ARV-based microbicides through preclinical and early-/mid-stage clinical testing.

**Services Provide**  
This project includes the following aims:

- Advance DS003-based tablet and ring through Phase I/II clinical evaluation;
- Advance maraviroc and maraviroc-combination rings through formulation and preclinical development; and,
- Identify and evaluate new and early development ARV compounds with alternative mechanisms of action for pipeline progression.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## Antiretroviral Therapy Simplification- Drug Regimen (ART-DR)

### Purpose:

This five-year agreement, awarded under a Broad Agency Announcement (BAA), represents partnerships between public and private sector organizations - led by Wits Reproductive Health & HIV Institute and including ICAP, Mylan Laboratories Limited, University of Liverpool, and Medicines Patent Pool - and focuses on the optimization of antiretroviral therapy (ART) through the development of novel drug combinations and formulations that will provide the greatest impact on improving patient outcomes, while reducing costs. The technical advances will be supported by an integrated and novel approach to ensure accelerated adoption of these developed ART regimens in global guidelines for resource limited settings, where they are most needed. The ART optimization will be accomplished through four distinct activities under ART-DR to develop ARV drug regimens that are cheaper to produce, more potent, and better tolerated; and supported through the fifth activity that will create a method for more efficient assessment and rapid adoption of information to inform global guidelines.

### Services Provided

This project includes the following activities:

1. Accelerate introduction of an optimized first-line regimen using a TAF and DTG combination.
2. Accelerate the application of a novel nanotechnology to develop innovative, low cost formulations of protease inhibitors.
3. Support testing, development, and introduction of new ARV regimens containing only two active agents as improved first-line and/or second-line regimens.
4. Actualize potential cost-savings through reduced dose formulations, including efavirenz and lower dose DRV.
5. An innovative approach to rapidly decrease the time from global guidelines inclusion of optimized ARVs to national regulatory approval and patient uptake at scale within low-income, high HIV-burden settings.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-00069

**Project Number:**  
936-8105.A

**Duration:**  
10/2/2015 - 10/1/2020

**Geographic Scope:**  
Worldwide

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**Clinical Activities, Preparation of New Drug Application Dossier, and Implementation Studies for Tenofovir-based Oral Tablets for the Prevention of HIV Acquisition in Women**

<p><b>Agreement Type:</b> Cooperative Agreement</p> <p><b>Agreement Number:</b> OAA-A-14-00011</p> <p><b>Project Number:</b> 936-3090.142</p> <p><b>Duration:</b> 11/8/2013 - 11/7/2016</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Lee Claypool</p> <p><b>Telephone:</b> (571)-551-7212</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> lclaypool@usaid.gov</p> <p><b>TA:</b> Elizabeth Russell</p> <p><b>Telephone:</b> (571)-551-7245</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> erussell@usaid.gov</p> <p><b>Activity Director:</b> Gustavo Doncel</p> <p><b>Organization:</b> CONRAD, Eastern Virginia Medical School</p> <p><b>Telephone:</b> (757)446-5026</p> <p><b>Website:</b></p> <p><b>Email:</b> doncelgf@evms.edu</p>	<p><b>Purpose</b> The objectives of this program are to complete clinical and regulatory activities required for licensure of tenofovir (TAF) – based oral tablets for the prevention of vaginal HIV acquisition in women and to provide information about its implementation in African populations.</p> <p><b>Services Provide</b> This project includes the following activities:</p> <ul style="list-style-type: none"><li>• Completing FACTS001-related clinical activities;</li><li>• Completing clinical studies required for TAF-based tablet licensure;</li><li>• Assisting in the preparation of the NDA for daily F/TAF and TAF, for H prevention in women;</li><li>• Implementation studies of TAF-based tablets in Africa;</li><li>• Conducting a bridging/bioequivalence study to support the regulatory approval of a TAF-based tablet which can safely be used vaginally.</li></ul> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Core and Field Support</p>
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## Dapivirine Ring Microbicide Licensure Program

### Purpose:

To successfully obtain regulatory approval for the monthly dapivirine vaginal ring from the Medicines Control Council (MCC) in South Africa and as broadly as possible from other National Regulatory Authorities in Africa and other regions of the world with significant HIV epidemics.

### Services Provided

This project includes the following aims:

- Completion of IPM 027 with ongoing and expanded adherence measurements;
- Implementation of a Phase IIIb trial in IPM 027 research centers.
- Preparation and filing of regulatory dossiers; and,
- Execution of studies to reduce the cost of manufacturing dapivirine ring.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00095

**Project Number:**  
936-3090.136

**Duration:**  
9/30/2013 - 9/29/2018

**Geographic Scope:**  
Worldwide

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**Development of Novel On-Demand and Longer-Acting Microbicide Product Leads**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00010

**Project Number:**  
936-3090.143

**Duration:**  
11/18/2013 - 11/17/2018

**Geographic Scope:**  
Worldwide

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**Purpose**  
To develop new on-demand and longer-acting microbicide products that can reach or be ready for clinical testing with the timeframe of the agreement and meet the criteria of being more potent, acceptable, discreet, longer and broader acting in order to improve adherence and effectiveness.

**Services Provide**  
This project includes the following activities:

- Advancing the clinical development of novel TFV-based products that are already or will be in clinical testing prior to the start of this project;
- Developing improved, more effective microbicide products using on-demand and longer-acting drug delivery systems; and,
- Expanding the preclinical pipeline by designing and testing new formulations incorporating novel microbicide candidates with different mechanisms of action.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## EMOTION: Enhancing Microbicide Uptake in High-Risk End Users

### Purpose:

This project aims to increase the uptake and use of microbicides by women at high risk of HIV infection through a comprehensive introduction package and marketing campaign. EMOTION's partners will design these outputs through an integrated human-centered design (HCD) strategy validated by qualitative and

quantitative socio-behavioral research. HCD draws from the extensive socio-behavioral literature discussing how lifestyles, hygiene practices, sexual risk-taking, activities preceding intercourse, and potential for covert use may affect the uptake of microbicides. In addition to focusing on individual behavior and social, peer, and community influences, HCD studies aim to understand how product design, branding, packaging, and messaging influence the user's choices, confidence, and long term engagement with the product. HCD studies have been extensively used in the technology, retail, communications, entertainment and health care fields. Project EMOTION will harness the latest advancements from

these private sector approaches and combine them with leading socio-behavioral techniques to accelerate product development in the HIV prevention field. The EMOTION team includes collaborators IDEO, Abt Associates, RTI International, and CAPRISA to identify individual, couple, and community based drivers for and barriers to product use, as well as define and test product changes at the design, packaging, access and messaging levels in order to increase microbicide demand, use, and adherence.

### Services Provided

This project will use the human-centered design (HCD) approach to optimize the design of dosage forms, messages, delivery modalities, and educational campaigns to facilitate microbicide product uptake and consistent use via four specific aims:

1. Leverage deliverables from baseline research;
2. Develop initial design iterations of microbicide products within cost, regulatory, stability, and safety limits;
3. Conduct a randomized cross-over design where women use 2 microbicide products to measure adherence and protocol compliance over time; and
4. Test a large-scale roll-out and distribution campaign for at least one microbicide dosage form.

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Cooperative Agreement

### Agreement Number:

OAA-A-15-00033

### Project Number:

936-3090.154

### Duration:

7/20/2015 - 7/17/2020

### Geographic Scope:

Worldwide

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**International AIDS Vaccine Initiative (IAVI)**

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-11-00020  
**Project Number:**  
936-3090.66  
**Duration:**  
9/13/2011 - 9/12/2016  
**Geographic Scope:**  
Worldwide  
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**Purpose**  
USAID provides support to the International AIDS Vaccine Initiative (IAVI), a non-governmental organization, to accelerate the development of an effective vaccine for HIV prevention. This proposal builds upon IAVI’s established infrastructure and track record in AIDS vaccine R&D, country programs, and public policy with the primary goal of ensuring the development and distribution of safe, effective, accessible preventive HIV vaccines for use throughout the world, with a particular focus on developing countries. The purpose of the research is grounded in the stark reality of the economic and social devastation of the pandemic in Africa and Asia, a public health catastrophe.

**Services Provide**  
USAID funds are used to support:

- Vaccine Development Partnerships that are focused on advancing HIV vaccine candidates to clinical trials. Vaccine Development Partnerships link scientists in industrialized and developing countries with counterparts in the private vaccine industry. This team approach provides the technical, organizational, and financial resources needed for vaccine development. The desired result is that significantly improved vaccine products are developed and prioritized, and the most promising are tested in clinical trials;
- The Core Immunology Laboratory, which provides standardized reagents, training for developing country scientists, and quality assurance/quality control for laboratory testing associated with HIV vaccine clinical trials;
- Non-human primate studies to assist in the pre-clinical development and evaluation of HIV vaccine candidates;
- Site development and community preparations for HIV vaccine efficacy trials in developing countries. Vaccine clinical trial centers have been established in Kenya, Uganda, Rwanda, Zambia, South Africa, and India;
- Clinical trials of vaccine candidates and that these studies proceed efficiently and at the highest ethical standards to inform product development and prepare for efficacy trials in developing countries; and,
- Public policy research to accelerate and support HIV vaccine research and development and future access. To achieve these results, IAVI is proposing an ambitious but realistic scope of work supported by IAVI’s growing network of clinical trial centers in developing countries in East and Southern Africa and India that we make ready and sustain, to flexibly utilize for efficacy trials of the most promising vaccine candidates.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## IS APS: ENGAGE4HEALTH

### Purpose:

A Combination Strategy for Linkage and Retention, ENGAGE- 4HEALTH is one of eight studies awarded under the first round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>).

ENGAGE4HEALTH addresses the challenges of ensuring effective linkage from HIV testing to HIV care and retention in HIV care among individuals who have successfully linked to care. Linkage and retention remain challenging in many PEPFAR priority countries. Available data suggest that less than one-third of individuals who test positive are successfully linked to and retained in HIV care at one year. Previous research has failed to address the multiple concurrent barriers newly diagnosed HIV patients face in the linkage from HIV testing to HIV care. In addition, most previous research has examined retention in HIV care instead of identifying weaknesses in linkage.

ENGAGE4HEALTH, a site-randomized study in Mozambique, will compare the effectiveness of a combination of interventions, versus the current standard of care, on linkage and retention of newly diagnosed HIV patients. Patients will be followed from initial testing to retention in care one year later. In addition, ENGAGE4HEALTH will look at the incremental effect of providing non-cash financial incentives in conjunction with the combination of interventions compared to the combination of interventions alone. ENGAGE4HEALTH hypothesizes that a combination of interventions of linkage and retention will be more effective in mitigating the multiple barriers HIV-positive patients face when moving from diagnosis to treatment.

### Services Provided

The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-12-00027

**Project Number:**  
936-3090.126

**Duration:**  
7/12/2012 - 7/11/2016

**Geographic Scope:**  
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**IS APS: Evaluation of the National South African Female Condom Program**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00069

**Project Number:**  
936-3090.133

**Duration:**  
9/11/2013 - 12/12/2016

**Geographic Scope:**  
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**Purpose**  
“Evaluation of the National South African Female Condom Program: Investigating Factors Associated with Uptake and Sustained Use” is one of two studies awarded under the second round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>). The female condom was identified by the Reproductive Health Supplies Coalition in 2011 as one of several under-used reproductive health technologies having the potential to expand choice in reproductive health and family planning programs, add value to the method mix, and respond to the needs of diverse types of clients. The female condom is also key to increasing HIV protection options and is the only female-initiated HIV prevention barrier method. South Africa has one of the largest and best-established, public-sector male and female condom programs world-wide. This evaluation aims to strengthen the program through identification of strategies that are most likely to enhance its acceptability, effectiveness and efficiency, enabling evidence-based adaptation for program scale-up. A Cascade Model will be applied to identify and understand program and behavioral challenges affecting uptake of female condoms. This model will analyze “fall off” at various stages, including: (1) the macro-structural level; (2) service delivery; (3) provider promotion via counseling and provision of FC; (4) gender; (5) users (initial adoption and continuation of use over 12 months); and (6) user access to a sustained supply of female condoms. The evaluation will comprise three complementary components, each interrogating different junctures of the Cascade Model using a mixed-methods approach: a national evaluation sample of female condom distribution sites; a cohort of 300 new female condom acceptors and 60 of their partners for longitudinal assessment of key outcomes related to condom use, HIV-related behaviors, and relationship characteristics; and key informant interviews with policymakers and program managers to identify critical issues such as overall program leadership and coordination, training, supply and commodity security, advocacy, monitoring and integration with other programs.

**Services Provide**  
The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## IS APS: HIV Prevention 2.0

### Purpose:

“HIV Prevention 2.0 (HP2): Achieving an AIDS-Free Generation in Senegal” is one of two studies awarded under the second round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>).

Individual level biological and behavioral risks among key populations are contextualized by higher order risk factors including size and density of social and sexual networks, as well as stigma operating at the community level and affecting public policies. Recipient’s studies have consistently demonstrated that the manifestations of stigma targeting key populations in the African context limit both the provision and uptake of effective HIV prevention, treatment, and care programs. The dual reality of the importance of HIV risks among key populations in generalized epidemics and the role of stigma in driving risks necessitates characterizing valid tools to measure stigma in these populations and effective interventions to reduce it.

The study will measure impacts of a scalable package of integrated stigma mitigating interventions for key populations, including men who have sex with men and female sex workers. Employing a non-randomized prospective cohort design in Dakar, Senegal, outcomes will include coverage of HIV and health services and, for participants living with HIV, adherence to antiviral therapy and viral load measures. A multifaceted approach will employ behavioral and web-based community interventions in order to support biomedical services deployed in Dakar through the Ministry of Health. The premise relies on the continuum of HIV care for key populations that asserts the most effective process for diagnosis, linkage and retention to care for populations at highest risk of HIV acquisition and transmission is the availability of testing services and access to treatment.

### Services Provided

The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00089

**Project Number:**  
936-3090.134

**Duration:**  
9/27/2013 - 9/26/2016

**Geographic Scope:**  
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**IS APS: Situkulwane Lesiphephile - Safe Generations**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-12-00020

**Project Number:**  
936-3090.120

**Duration:**  
7/11/2012 - 10/31/2016

**Geographic Scope:**  
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**Purpose**  
Improving Approaches to ARV Therapy for HIV+ Pregnant Women (Situkulwane Lesiphephile - Safe Generations) is one of eight studies awarded under the first round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>).

Mother-to-child transmission of HIV is attributable to 90 percent of new pediatric HIV infections worldwide, evidence indicates that initiating ARV therapy during pregnancy can effectively reduce MTCT. Many factors including but not limited to timely, diagnosis of maternal HIV and initiation of ARV therapy, have prevented effective PMTCT efforts.

This study will evaluate the feasibility and cost-effectiveness of providing all HIV-positive pregnant women lifelong triple ARV therapy, regardless of CD4 count (Option B+), in the Kingdom of Swaziland. All enrolled women and their infants will be comprehensively followed up to determine outcomes. The goal of the study is to show that a single, streamlined approach to ARV therapy for HIV-positive pregnant women will lead to more effective PMTCT.

**Services Provide**  
The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## IS APS: The Kabehe Study

### Purpose:

Kigali Antiretroviral and Breastfeeding Assessment for the Elimination of HIV (The Kabehe Study) is one of eight studies awarded under the first round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>).

In 2010, the World Health Organization released a series of guidelines for the prevention of mother-to-child transmission of HIV (PMTCT). These guidelines highlighted effective infant feeding practices and emphasized the use of ARVs to make extended breast feeding a safe option for HIV-positive women and children. The Government of Rwanda took these guidelines a step further and initiated all HIV-positive women on lifetime ARV therapy in addition to infant feeding counseling and support programs to reduce pediatric HIV and allow for safe breast feeding practices. However, large evidence gaps on how to effectively carry out national PMTCT programs to eliminate pediatric HIV in resource-limited countries exist. Challenges of PMTCT program scale-up include adherence to long drug regimens and regular attendance at prenatal and postnatal clinics for safe breast feeding practices.

The Kabehe Study will examine the effectiveness and feasibility of universal ART for HIV-positive pregnant women coupled with infant feeding counseling and food support on 18-month HIV-free survival of HIV-exposed children in Kigali, Rwanda. Other objectives include determining factors associated with optimal infant growth and adherence to the ART regimen. This study addresses the lack of evidence that exists in how to effectively scale up ARV therapy and infant feeding counseling and support for PMTCT efforts in low-resource countries, and how effective these programs are in reducing mother-to-child transmission (MTCT).

### Services Provided

The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Cooperative Agreement

### Agreement Number:

OAA-A-12-00024

### Project Number:

936-3090.124

### Duration:

7/6/2012 - 7/5/2016

### Geographic Scope:

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## IS APS: The Partners Demonstration Project

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-12-00023

**Project Number:**

936-3090.123

**Duration:**

7/13/2012 - 7/12/2016

**Geographic Scope:**

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**Purpose**

An open-label, pilot demonstration and evaluation project of antiretroviral based HIV-1 prevention among high-risk HIV-1 serodiscordant African couples, the Partners Demonstration Project is one of eight studies awarded under the first round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>).

In Africa, HIV serodiscordant couples account for a substantial proportion of new HIV infections. Several studies have shown pre-exposure prophylaxis (PrEP) and initiation of antiretroviral therapy (ART) can significantly reduce HIV transmission. However, some HIV-infected individuals do not want to begin ART until they are symptomatic, and national guidelines for ART typically are based on WHO guidelines for HIV-infected persons with CD4<350. Providing PrEP to the HIV-negative partner as a bridge until the HIV-infected partner initiates ART and achieves viral suppression could be an effective method to prevent HIV transmission in HIV serodiscordant couples.

This study looks to examine the feasibility and effectiveness of bridging PrEP to ART in decreasing HIV transmission among HIV serodiscordant couples. The primary objectives are to identify high-risk HIV serodiscordant couples in Kenya and Uganda based on an empiric risk score and the factors that affect the successful implementation of PrEP as a bridge to ART. Other objectives include measuring the proportion of individuals who achieve sustained adherence to ART and PrEP, and determine the impact of the bridging strategy on HIV transmission and cost-effectiveness. This project will study how to translate the efficacy of antiretrovirals for prevention of HIV transmission into a public health delivery model focused on HIV serodiscordant couples.

**Services Provide**

The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

**Special Notes:**

N/A

**Means of Access**

Core Funding

## IS APS: Thol'impilo: Bringing People into Care

### Purpose:

An Evaluation of Strategies to Accelerate Entry into Care following HIV Diagnosis, Thol'impilo: Bringing People into Care is one of eight studies awarded under the first round of the Annual Program Statement: Implementation Science Research to Support Programs under PEPFAR (IS APS, <http://go.usa.gov/Ye83>).

Late initiation of ART of newly diagnosed HIV-positive patients contributes to the high HIV, associated mortality, and HIV incidence in South Africa. Even after raising the CD4 count threshold to initiate therapy, late entry to ART remains a prevalent problem in South Africa. One proposed reason for late entry is the failure to connect people who test positive for HIV into immediate care. This has led to increased HIV associated mortality and contributed to HIV transmission. Thol'impilo: Bringing People into Care looks to examine how to increase effectively and efficiently the timely entry into care among people recently diagnosed as HIV-positive.

Thol'impilo: Bringing People into Care assigns HIV-positive HTC patients to 1 of 4 arms: POC CD4 testing, POC CD4 testing and care facilitation/case management, POC CD4 testing and transport assistance, or standard of care. Each strategy tested addresses key barriers to timely initiation of ART; health perceptions, personal barriers, and structural barriers.

Other factors that will be examined include the time to initiate ART among those eligible, retention in care 6 months from entry, cost-effectiveness, and impact on mortality and HIV transmission.

### Services Provided

The APS supports implementation science research and evaluation activities, but it does not provide funding to support or establish service delivery activities.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-12-00028

**Project Number:**  
936-3090.127

**Duration:**  
7/12/2012 - 7/11/2016

**Geographic Scope:**  
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## Microbicide Adherence Measurement and Optimization

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-14-00003

**Project Number:**

936-3090.145

**Duration:**

11/8/2013 - 11/7/2016

**Geographic Scope:**

Worldwide

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**Purpose**

To create a coherent, validated, and feasible adherence measurement and support package for use in ARV-based vaginal ring trials. The package will integrate evidence and best practices related to adherence measurement and support together with promising biomedical inventions.

**Services Provide**

This project includes the following aims:

- Develop, test, and refine adherence support messages and other communications that can be used in future clinical trials to maximize ring adherence;
- Develop a vaginal ring psychometric adherence scale that is inexpensive and easy to administer, with better predictive ability than current self-report adherence measures;
- Produce designs, models, and/or prototypes for innovative tools to measure ring adherence, using “smart” and biometric technologies to detect ring insertion and/or removal; and,
- Establish a Consortium for Ring Adherence to provide a much needed mechanism for interdisciplinary collaboration in advance of clinical trials to address known challenges preemptively.

**Special Notes:**

N/A

**Means of Access**

Core Funding

## Microbicides APS Round 3: CHARISMA

### Purpose:

Community Health Clinic Model for Agency in Relationships and Safer Microbicides Adherence (CHARISMA) is one of the five studies awarded under the third rounds of the Microbicides Annual Program Statement. Research to date suggests that male partner approval or active support is often desired, required or culturally indicated for women's microbicides use, although products are female initiated and designed to empower women to protect themselves from HIV autonomously. Participants in previous microbicides studies have described a wide spectrum of ways in which product use and partner relationships interact with one another. The purpose of this study is to increase women's agency to consistently and safely use microbicides and mitigate IPV. CHARISMA is awarded to Research Triangle Institute in collaboration with its partners, the University of Washington, FHI 360, Wits-RHI and Sonke Gender Justice. CHARISMA is a five-year cooperative agreement with a ceiling of \$4.9 million. The period of performance is July 20, 2015 through July 17, 2020.

### Services Provided

The project has the following aims:

1. Identify improved approaches to measure and address the social impacts and harms of microbicides use;
2. Develop and pilot test the CHARISMA intervention to increase women's agency to safely use microbicides and mitigate IPV; and
3. Disseminate knowledge and promote uptake of promising practices for future microbicides and multipurpose prevention technology projects.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-00032

**Project Number:**  
936-3090.156

**Duration:**  
7/20/2015 - 7/17/2020

**Geographic Scope:**  
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**Microbicides APS Round 3: GEMS (Global Evaluation of Microbicide Sensitivity)**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-00031

**Project Number:**  
936.3090.155

**Duration:**  
7/20/2015 - 7/17/2020

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Worldwide

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**Purpose**

Global Evaluation of Microbicide Sensitivity (GEMS) is one of the five studies awarded under the third rounds of the Microbicides Annual Program Statement. GEMS is a comprehensive analysis of drug resistance risk during roll-out of ARV-based microbicide/PrEP. The project encompasses laboratory and computational research, programmatic data, and policy development and evaluation. It will be working closely with partners and collaborators in key organizations and stakeholders in the ARV-prevention field. GEMS is awarded to University of Pittsburgh in collaboration with its partners, FHI 360, University College London, Lancet/BARC-SA, and SCHARP. GEMS is a five- year cooperative agreement with a ceiling of \$1.9 million. The period of performance is July 20, 2015 through July 17, 2020.

**Services Provide**

The project will implement the following activities:

1. Conduct laboratory studies to characterize resistance risk with ARV-based prevention
2. Conduct modelling studies to characterize resistance risk with ARV-based prevention
3. Develop of policy recommendations for HIV testing and resistance monitoring during microbicide/PrEP roll-out
4. ARV resistance monitoring during microbicide/PrEP roll-out

**Special Notes:**

N/A

**Means of Access**

Core Funding

## Microbicides APS Round 3: POWER

### Purpose:

Scalable, Effective Delivery of Microbicides and PrEP for Young Women in Kenya and South Africa (POWER) is one of the five studies awarded under the third rounds of the Microbicides Annual Program Statement. POWER will develop and evaluate effective, scalable strategies that are context-specific and gender responsive for closing critical gaps in microbicide and PrEP delivery for African women in high HIV incidence settings. It uses multidisciplinary methods to understand women's preferences for using microbicides and PrEP. It will conduct demonstration projects with strategic pilots of delivery strategies, first with oral PrEP, given the anticipated timeline of availability of topical microbicides, and then rapidly transitioning to a menu of microbicide and PrEP options. Using a gender-focused approach, we will characterize choice, uptake, early adherence, and identify cost-effective delivery models, including assessment of repeat HIV testing, decision-making within partnerships, and the interface with reproductive health services. All activities will include results dissemination, sharing of lessons learned, and provision of technical assistance, facilitating success for delivery of high-impact prevention for women and leveraging collaborations across this APS. POWER is awarded to University of Washington in collaboration with its partners, KEMRI, Desmond Tutu HIV Foundation, Wits RHI, Research Triangle Institute, Carnegie Mellon University and Massachusetts General Hospital.

### Services Provided

The project has the following aims:

1. Conduct formative research
2. Establish open cohort prevention demonstration projects
3. Pilot and adapt scalable microbicide and PrEP adherence support intervention and delivery strategies
4. Conduct cost analyses and mathematical modelling
5. Disseminate findings and provide technical assistance

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-00034

**Project Number:**  
936-3090.151

**Duration:**  
7/24/2015 - 7/23/2020

**Geographic Scope:**  
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**Non-ARV-Based Microbicide**

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-14-00009  
**Project Number:**  
936-3090.146  
**Duration:**  
12/11/2013 - 12/10/2018  
**Geographic Scope:**  
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**Purpose**  
To develop a safe, effective, and acceptable non-ARV-based microbicide that protects users against HIV and also STIs and that can be delivered via different vehicles suitable for provision through public-sector programs.

**Services Provide**  
The project includes the following aims:  

- Develop a griffithsin microbicide to be formulated as a sustained-delivery vaginal ring and an on-demand nanofiber delivery system;
- Demonstrate the safety and efficacy of the griffithsin formulations against HIV and other STIs in vitro, ex vivo, and in vivo;
- Identify and follow the regulatory path needed to secure INDs to advance the griffithsin microbicides for clinical testing; and,
- Plan and conduct a first-in-human Phase 1 clinical study on a griffithsin gel.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## Optimizing Prevention Technology Introduction On Schedule (OPTIONS)

### Purpose:

Product introduction for public health technologies, such as microbicides and ARV-based HIV prevention products, requires an extensive array of skill sets. The OPTIONS consortium consists of FHI360, Wits RHI, and AVAC, and represents a multidisciplinary, international collaboration focused on ARV-based prevention research-to-rollout continuum. The purpose of OPTIONS is to develop a streamlined, adaptable product delivery platform for current and future microbicide and ARV-based HIV prevention products.

### Services Provided

The project includes the following aims:

- Developing evidence-based business cases and coordinating investment strategies for ARV-based prevention product introduction that will ensure timely global, national, and private sector commitments in priority areas;
- Supporting country level regulatory approval, policy development, program planning, marketing, and implementation strategies for ARV-based prevention product introduction;
- Facilitating and conducting implementation science to advance the introduction of and access to microbicides and ARV-based prevention technologies; and
- Provide technical assistance and support for health systems strengthening with rapid use of data to identify and address implementation bottlenecks throughout the value chain.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-00035

**Project Number:**  
936-3090.152

**Duration:**  
7/24/2015 - 7/23/2020

**Geographic Scope:**  
Worldwide

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**Project SEARCH: Population Council Task Order (HIVCore)**

**Agreement Type:**

Direct Task Order

**Agreement Number:**

OAA-TO-11-00060

**Project Number:**

936-3106-Ta

**Duration:**

9/30/2011 - 9/30/2016

**Geographic Scope:**

Worldwide

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**Purpose**

The task order is being led by Population Council with the following partners: Futures Group, Elizabeth Glaser Pediatric AIDS Foundation, and University of Washington. The purpose of this task order is to improve access to and quality and effectiveness of HIV/AIDS treatment, care and support, and prevention of mother to child (PMTCT) service delivery programs in developing countries through operations research. Studies and evaluations conducted under the task order will identify and address gaps in programming knowledge in these areas and increase the evidence base for scaling up promising approaches. The task order can accept field support from all USAID Missions for HIV treatment, care and support and PMTCT operations research and basic program evaluation activities. Project evaluations (e.g., mid-term and endline project performance evaluations) will not be undertaken under this task order.

**Services Provide**

- To identify critical knowledge gaps and conduct operations research and evaluation activities to inform program strategies relating to quality, sustainability, cost effectiveness, and efficiencies;
- To identify service delivery approaches for successful program implementation, guideline adoption and adaptation to achieve the greatest sustainable programmatic outcomes through small-scale and basic program evaluations; and,
- To document and disseminate promising approaches and best practices within a framework of operations research to promote utilization of results.

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

**PROJECT SOAR (SUPPORTING OPERATIONAL AIDS RESEARCH)****Purpose:**

The goal of Project SOAR (Supporting Operational AIDS Research) is to improve the quality and impact of HIV and AIDS program outcomes by strengthening operations research and evaluation activities. Project SOAR supports the PEPFAR Blueprint Roadmap for Driving Results with Science and contributes to PEPFAR's Impact Agenda. Project SOAR is awarded to the Population Council in collaboration with its partners, the Elizabeth Glaser Pediatric AIDS Foundation, Futures Group, Futures Institute, Johns Hopkins University, and the University of North Carolina at Chapel Hill. Project SOAR is a five-year cooperative agreement with a ceiling of \$70 million. The period of performance is September 15, 2014 through September 14, 2019. This mechanism accepts both core funds and field support.

**Services Provided**

The project will advance an operations research and evaluation agenda, in collaboration with the Office of HIV and AIDS and USAID country teams in three areas:

1. Conducting high quality operational research and evaluation studies to improve and advance HIV and AIDS program implementation;
2. Capacity building to strengthen local institutions' capacity to design and conduct high quality operational research and evaluation, and;
3. The project will advance an operations research and evaluation agenda, in collaboration with the Office of HIV and AIDS and USAID country teams in three areas:

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00060

**Project Number:**  
936-8401

**Duration:**  
9/15/2014 - 9/14/2019

**Geographic Scope:**  
Worldwide

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## The Development and Testing of an Injectable Antiretroviral Agent, Cabotegravir Long-Acting, for HIV Prevention in Women.

<p><b>Agreement Type:</b> Cooperative Agreement</p> <p><b>Agreement Number:</b> OAA-A-15-00040</p> <p><b>Project Number:</b> 936-3090.153</p> <p><b>Duration:</b> 7/24/2015 - 7/23/2019</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Benny Kottiri</p> <p><b>Telephone:</b> (571)-551-7228</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> bkottiri@usaid.gov</p> <p><b>TA:</b> Delivette Castor</p> <p><b>Telephone:</b> (202)-808-3874</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> dcastor@usaid.gov</p> <p><b>Activity Director:</b> Salim Abdool-Karim</p> <p><b>Organization:</b> CAPRISA</p> <p><b>Telephone:</b> +27 31 2604550</p> <p><b>Website:</b></p> <p><b>Email:</b> salim.abdoolkarim@cap risa.org</p>	<p><b>Purpose</b> This award facilitates a public private alliance, under the Global Development Alliance (GDA) APS, between ViiV Pharmaceuticals and CAPRISA, to identify a novel and safe HIV prevention product for young women, centered on Cabotegravir. ViiV is a leader in the pharmaceutical industry and provides the necessary data, clinical trial material, and licensure experience required for the cabotegravir collaborative study; while CAPRISA acts as the implementing partner for trial design, recruitment, and post-trial research around the product. In an environment where recent enthusiasm revolving around antiretrovirals as prophylaxis has been tempered with the challenge of adherence, Cabotegravir long-acting injectable formulations offer potential solutions for improving adherence in at risk women in South Africa, who would prefer an alternative to oral prophylaxis formulations. The greater context of Cabotegravir’s role among the larger risk factors contributing to HIV incidence, such as age of partner, type of partner, presence of genital inflammation, adherent use of oral PrEP, is largely unknown. The project is designed to gain insights on criteria that will be crucial for future trials, and the accelerated approval of a final product.</p> <p><b>Services Provide</b> This project includes the following activities:</p> <ul style="list-style-type: none"><li>• Identifying risk factors for HIV acquisition in young at risk HIV-uninfected women;</li><li>• Assessing the acceptability, uptake, and adherence to biomedical prevention and behavioral prevention options; and</li><li>• Informing future large efficacy trials.</li></ul> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Core Funding</p>
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## Thin-Film Polymer Device for Microbicide Delivery

### Purpose:

To develop a novel microbicide sustained-release delivery system in the form of a subcutaneously injected and biodegradable thin-film polymer device that improves on the effectiveness, acceptability, usage, and accessibility of existing microbicide delivery systems. To test the safety, pharmacokinetics (PK), pharmacodynamics (PD), and acceptability of ARVs systemically delivered through the novel TFPD by conducting IND-enabling pre-clinical and Phase I clinical studies.

### Services Provided

This project includes the following activities:

- Identification of lead and back up ARV candidate and technology development;
- Pre-IND/preclinical research;
- IND regulatory activities;
- Pilot product manufacturing and clinical translation; and,
- Phase I clinical work

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Cooperative Agreement

### Agreement Number:

OAA-A-14-00012

### Project Number:

936-3090.144

### Duration:

11/15/2013 - 11/14/2018

### Geographic Scope:

Worldwide

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**Validation of Objective Measures of Product Adherence for Microbicide Trials**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00005

**Project Number:**  
936-3090.141

**Duration:**  
11/6/2013 - 11/5/2016

**Geographic Scope:**  
Worldwide

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**Purpose**  
To develop a composite, sensitive, and robust panel of biomarkers which objectively measure (1) vaginal/rectal insertion of product, (2) semen exposure, and (3) drug/placebo delivery at the mucosa to permit a rational interpretation of microbicide results.

**Services Provide**  
This project includes the following activities:

- Optimizing and automating biomarkers of vaginal insertion, semen exposure and product/gel delivery from returned, used vaginal applicators;
- Validating a triple adherence marker in clinical studies utilizing timed intercourse, intravaginal insemination and directly observed insertion of TFV and placebo gel applicators in the U.S. and Africa; and,
- Applying the triple adherence markers to a subset of returned gel applicators from the FACTS 001 and CAPRISA 008 studies.
- Discovering biomarkers to differentiate rectal from vaginal insertion of returned microbicide gel applicators.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) - HIV/AIDS Task Order

### Purpose:

The purpose of the Global Health Supply Chain - Procurement and Supply Management single award IDIQ contract is to ensure uninterrupted supplies of health commodities to prevent suffering, save lives, and strengthen supply chain systems in low and middle-income countries. The IDIQ has three task orders, one of which directly support the Presidents Emergency Plan for AIDS Relief (PEPFAR).

### Services Provided

As a holder of the GHSC-PSM IDIQ, the Chemonics consortium will help improve the availability of health commodities and provide supply chain technical assistance by meeting the following objectives:

Objective 1: Global Commodity Procurement and Logistics This includes:

- Health commodity procurement.
- Logistics.
- Health commodity quality assurance.
- Data Visibility.

Objective 2: Systems Strengthening Technical Assistance This includes:

- Strategic planning.
- In-country logistics.
- Capacity building.
- Enabling environments.

Objective 3: Global Collaboration to Improve Long-Term Availability of Health Commodities This includes:

- Global Strategic engagement.
- Global market dynamics.
- Advocacy.
- Global coordination.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

### Agreement Type:

Direct Task Order

### Agreement Number:

OAA-TO-15-00007

### Project Number:

936-3090.212

### Duration:

4/20/2015 - 4/19/2020

### Geographic Scope:

Worldwide

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**Global Health Supply Chain - Quality Assurance (GHSC-QA)**

**Agreement Type:**  
Contract  
**Agreement Number:**  
OAA-C-15-00001  
**Project Number:**  
936-3090.148  
**Duration:**  
1/1/2015 - 12/31/2019  
**Geographic Scope:**  
Worldwide  
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**Purpose**  
This contract will serve as the primary vehicle through which USAID will assure the quality of health commodities procured in support of global health programs.

**Services Provide**  
To accomplish this overall contract goal, FHI 360 will

- Establish a comprehensive quality assurance program;
- Design and implement a quality control strategy;
- Provide technical leadership in forums within the quality assurance arena;
- Provide technical assistance to partner country medicines regulatory authority, other government bodies, and academic institutions; and,
- Collaborate with global partners (e.g., Global Fund, UNFPA) and other contractors within the Global Health Supply Chain Program.

**Special Notes:**  
The QA contract is one of six mechanisms under the Global Health Supply Chain Program. Core funding will support the vendor prequalification, recall management, SOP generation, quality control testing, global collaboration, and other activities within this contract. Field support will fund the technical assistance and capacity building activities under this contract.

**Means of Access**  
Core and Field Support

## Global Health Supply Chain – Rapid Test Kits (GHSC-RTK)

### Purpose:

The Global Health Supply Chain – Rapid Test Kits TO (GHSC- RTKs) serves as the singular means of procuring HIV RTKs within the GHSC Program. The GHSC was designed to provide supply chain technical assistance as well as commodity procurement for the Bureau of Global Health, regardless of the commodity type. As the primary diagnostic tool for determining HIV/AIDS status and the gateway for care and treatment of HIV positive people, RTKs play a vital role in combatting the global HIV/AIDS epidemic. Without an adequate and timely supply of quality RTKs, HIV/AIDS programs cannot function. Thus Remote Medical International (RMI) will play a vital role in supporting the USG’s goal of achieving an AIDS-free generation in our lifetime. The primary objective of this Contract is to ensure the availability of approved HIV Rapid Test Kits (RTKs) using a global procurement strategy. An RTK is defined as an assay for the diagnosis of infection with HIV-1/2 or type specific diagnosis of HIV-1 and HIV-2, from which test results can be read directly, within 30 minutes of the time the specimen is applied to the device, without calibration or calculations. The USAID | Global Health Supply Chain – Rapid Test Kits (GHSC- RTKs) project will have the responsibility for the procurement and shipment of HIV rapid test kits (RTKs) to designated destinations and stakeholders for use in host country HIV and AIDS programs. Other procurement and supply chain-related services will be provided by other contracts within the GHSC Program. This TO is a small business set aside.

### Services Provided

Procurement of HIV Rapid Test Kits with delivery to an in-country consignee.

### Special Notes:

N/A

### Means of Access:

Working Capital Fund, Core and Field Support

### Agreement Type:

Direct Task Order

### Agreement Number:

OAA-TO-15-00004

### Project Number:

936-3090.150

### Duration:

2/27/2015 - 2/26/2018

### Geographic Scope:

Worldwide

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Supply Chain Management System (SCMS)

**Agreement Type:**  
Direct Task Order

**Agreement Number:**  
GPO-I-03-05-00032

**Project Number:**  
936-3090.140

**Duration:**  
6/1/2009 - 9/26/2016

**Geographic Scope:**  
Worldwide

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**Purpose**  
SCMS is a multi-billion dollar program funded by PEPFAR, managed by USAID and implemented by Partnership for Supply Chain Management (PfSCM). The purpose of the program is to ensure the uninterrupted supply of quality health commodities to people impacted by HIV/AIDS, and to promote sustainable supply chains in partner countries, in collaboration with U.S. agencies and other stakeholders.

SCMS is implemented by the Partnership for Supply Chain Management, a non-profit consortium of thirteen organizations led by John Snow, Inc., Research & Training Institute (JSI) and Management Sciences for Health (MSH).

Other partners include:  
Booz Allen Hamilton, Crown Agents USA, Inc., i+solutions, The Manoff Group, MAP International, North-West University, Northrop Grumman, Imperial Health Science (IPS), UPS Supply Chain Solutions, Voxiva, 3i Infotech.

**Services Provide**  
The program’s three main objectives are: Support and Operate a Global Supply Chain; Technical Assistance and System Strengthening; and global collaboration with other stake holders. The technical staff supports the prevention, care and treatment activities of PEPFAR in 22 countries. Working with partner countries, the USG’s investment in health commodity procurement through SCMS to date is over \$2 billion, which includes 3,500 types of health products from 200 suppliers, delivered to 23 countries. This includes antiretroviral medicines, test kits, laboratory supplies and equipment, drugs for opportunistic infections, therapeutic food, and male circumcision kits.

As of September 2014, the USG’s total investment in supply chain technical assistance through the SCMS program is valued at approximately \$400 million. This assistance has been provided at various levels and functions of developing country supply chains, including the following areas: forecasting; supply planning; procurement; warehousing; inventory control systems; laboratory harmonization; drug regulatory environments; logistics, warehousing, and other health management information systems. These investments have had a spill over effect, benefiting public health supply chains across multiple health areas.

**Special Notes:**  
N/A

**Means of Access**  
Core and Field Support

## Expenditure Analysis Technical Assistance to Partners (EATAP)

### Purpose:

This three-year project was developed to deliver technical assistance to President's Emergency Plan for AIDS Relief (PEPFAR) implementing partner (IP) organizations in selected countries to complete the PEPFAR Expenditure Analysis (EA) reporting requirement proposed by the Office of the US Global AIDS Coordinator (S/GAC) and document the lessons learned from the implementation of the Expenditure Analysis Initiative.

### Services Provided

The purpose of EATAP is to provide in-country and virtual technical assistance to PEPFAR implementing partners. EATAP is intended to aid in the fulfillment of the expenditure analysis reporting requirements by implementing partners and to that effect will among others:

- Deliver technical assistance and provide training sessions as necessary to implementing partners during the EA data collection period;
- Resolve EA content and data queries raised during the data collection timeframe and after close of the data collection period when the EA team has run all data quality checks;
- Ensure that implementing partners' EA data are accurate and complete prior to submission to the EA data collection module by close of the data collection period; and,
- EATAP is assisting PEPFAR in the development of a Budget Allocation Calculator.

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Contract

### Agreement Number:

OAA-C-13-00041

### Project Number:

936-3090.138

### Duration:

8/9/2013 - 7/31/2016

### Geographic Scope:

Worldwide

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# Office of Professional Development & Management Support

*Bureau for Global Health*

**Office of Professional Development & Management Support**

*Director: Sharon Carney*

*Deputy Director: Deborah Melton*



**Global Health Fellows Program II (GHFP II)**

<p><b>Agreement Type:</b> Cooperative Agreement</p> <p><b>Agreement Number:</b> OAA-A-11-00025</p> <p><b>Project Number:</b> 936-3105.10</p> <p><b>Duration:</b> 10/1/2011 - 3/1/2017</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Michael Wilburn</p> <p><b>Telephone:</b> (571)-551-7158</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> mwilburn@usaid.gov</p> <p><b>TA:</b></p> <p><b>Telephone:</b> N/A</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> N/A</p> <p><b>Activity Director:</b> Sharon Rudy</p> <p><b>Organization:</b></p> <p><b>Telephone:</b> (202)661-8024</p> <p><b>Website:</b> www.ghfp.net</p> <p><b>Email:</b> srudy@ghfp.net</p>	<p><b>Purpose</b> GHFP-II, led by the Public Health Institute (PHI), helps USAID address its immediate and emerging human capital needs by developing a diverse group of global health professionals to support and sustain the effectiveness of the Agency’s current and future health programs. This cadre of global health talent is motivated, technically excellent, well-supported, representative of the diversity of the American people, and committed to contributing to USAID’s success in key global health priority areas.</p> <p><b>Services Provide</b> The GHFP-II team identifies, recruits, hires and manages the performance and professional development of fellows and interns at all levels in areas such as maternal and child health, malaria, avian influenza and other emerging threats, HIV/AIDS, TB, family planning, and reproductive health, and other public health disciplines. Fellowships are generally limited to two years with the option to extend for an additional two years.</p> <p>In the U.S., placements can occur in Washington DC, USAID Bureaus, other federal agencies, and USAID partner organizations. Outside the US, placements can occur in Missions, Ministries, NGOs, and USAID partner country offices. Innovations include rotations, Foreign Service National exchanges and professional development, and supporting new types of participants such as short-term, private sector fellowships (with GHFP-II partner CDS Solutions). Non-traditional participants and placements at a variety of sites provide added value in accomplishing the strategic objectives of the Agency and participating NGOs/PVOs/CBOs. Internships include a cohort summer program based in Washington DC, international placements and internships on-demand and upon-request.</p> <p>GHFP-II provides advisory services to onsite managers who oversee fellows and interns to encourage efficient and effective oversight of fellows and interns. GHFP-II partner, Management Systems International (MSI), helps support an integrated performance-oriented approach to the fellows’ professional development, setting their experience into a larger career strategy. Services include coaching and an active alumni program.</p> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Field Support, Core and Field Support</p>
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# Office of Population & Reproductive Health

*Bureau for Global Health*

## **Office of Population & Reproductive Health**

*Director: Ellen Starbird*

*Deputy Director: Alisa Cameron*

Central Contraceptive Procurement (CCP)

<b>Agreement Type:</b> Contract	<b>Purpose</b> Serving as the central procurement mechanism for missions to purchase high quality contraceptives and condoms.
<b>Agreement Number:</b> AID-OAA-TO_10-00066	<b>Services Provide</b> CCP utilizes the field support mechanism for the transfer, obligation, and disbursement of all USAID funds designated for contraceptives, male and female condoms. CCP is currently implemented through the USAID   DELIVER PROJECT Task Order 5 (TO5), to provide procurement, warehousing and freight services. CCP provides a mechanism for independent testing to monitor the quality of products donated to USAID programs. The quality control and testing of products is implemented by FHI360.
<b>Project Number:</b> 936-3057	
<b>Duration:</b> 5/29/1990 - 12/31/2018	
<b>Geographic Scope:</b> Worldwide	
<b>COR/AOR:</b> Padmini Srinivasan	Condom availability and use in most countries is inadequate and funding for the procurement of condoms in PEPFAR non-focus countries is often unavailable. To fill this important gap, CCP administers the Commodity Fund (CF). The CF aims to increase condom availability for HIV and AIDS prevention by providing condoms free of charge to non-focus countries.
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<b>TA:</b>	<a href="http://www.usaid.gov/our_work/global_health/pop/techareas/contraprocedure.html">http://www.usaid.gov/our_work/global_health/pop/techareas/contraprocedure.html</a>
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<b>Email:</b> N/A	<b>Special Notes:</b>
<b>Activity Director:</b>	<b>Means of Access</b> Field Support
<b>Organization:</b>	
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<b>Website:</b>	
<b>Email:</b>	

**DELIVER PROJECT (Deliver II) Task Order 4 Technical Assistance****Purpose:**

DELIVER Task Order 4's objective is to increase the availability of essential health supplies in public and private services through strengthened supply chains and supportive environments for commodity security. Task Order 4 will continue to implement best practices and provide technical services that were offered under the DELIVER Task Order 1, while further aligning its work to support the Global Health Initiatives, such as EPCMD, AFG, and FP2020.

**Services Provided**

Improve and strengthen in-country supply chains: TO4 supports research, assessments, analyses, supply chain designs, and capacity building to ensure that in-country supply chains are able to meet the commodity requirements of health programs, and accommodate the growing need for, and influx of, supplies across multiple disease and health areas. Areas of expertise include product selection, forecasting, financing, procurement, quality assurance, distribution, inventory management, storage, logistics management information systems, and disposal. TO4 places renewed focus on end-to-end supply chain strengthening, and addressing key bottlenecks throughout the supply chain, particularly procurement, infrastructure, transport, and last mile distribution.

Strengthen environments for commodity security: To strengthen country environments for commodity security, TO4 focuses on financing and resource mobilization, policies and regulations, market segmentation and market development, and advocacy and leadership. An overarching emphasis is to build local capacities to gather, analyze, and use quality data for decision making. While much of this work will focus on in-country environments, TO4 also collaborates with and support partners at the global and regional levels to strengthen commodity security.

Across all technical areas, TO4 will place new or expanded focus on capacity and skills transfer, research and innovation, leveraging partners, and knowledge management and communications.

**Special Notes:**

Means of Access Field Support – TO4 accepts funds from all health directives.

**Means of Access:**

Field Support

**Agreement Type:**

Contract

**Agreement Number:**

OAA-TO-10-00064

**Project Number:**

936-3089.Ad

**Duration:**

9/1/2010 - 2/2/2017

**Geographic Scope:**

Worldwide

**COR/AOR:**

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**Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) -  
Family Planning/Reproductive Health Task Order 3**

<b>Agreement Type:</b> IDIQ	<b>Purpose</b> The GHSC IDIQ provides procurement and delivery of essential health commodities and comprehensive technical assistance for supply chain strengthening and commodity security across all health elements.
<b>Agreement Number:</b> AID-OAA-TO_15-00010	<b>Services Provide</b> Task Order 3 serves as the primary vehicle through which USAID procures and delivers FP/RH commodities, but the funding will flow through CCP for procurement. It provides technical assistance for supply chain strengthening and commodity security for FP/RH programs in partner countries. Upon request, Task Order 3 will support in-country supply chain (e.g. quantifications/forecasting, transportation, warehousing, and information systems), in order to ensure availability of FP/RH commodities to clients.
<b>Project Number:</b> 936-3089.04	<b>Special Notes:</b> N/A
<b>Duration:</b> 4/20/2015 - 11/28/2020	<b>Means of Access</b> Field Support
<b>Geographic Scope:</b> Worldwide	
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**Global Health Supply Chain - Technical Assistance (GHSC-TA)****Purpose:**

These awards aim to strengthen country management of health commodities, providing the full range of technical assistance needed to ensure the long-term availability of health commodities in public and private services worldwide. These awards will serve all health elements (HIV, family planning, malaria, MCH, TB, etc.)

**Services Provided**

This award provides various services around strategic planning and design assistance. Technical assistance for in-country logistics will improve delivery of health commodities to service sites (including forecasting, supply planning, pharmaceutical selection, procurement TA, quality assurance TA, warehousing, inventory management, distribution, logistics management information systems, data collection, health care waste management, etc.) The project will also address the following areas: Capacity Building - effective transfer of skills, knowledge, and technology for improved and sustained performance; Enabling Environments - strengthen enabling environments (financing human resource, policy, governance and leadership) to improve supply chain performance; Global Collaboration - global strategic engagement with partners for planning and implementation. Support global partners to utilize lessons learned and share best practices; Advocacy – continued awareness-raising and advocacy to improve availability of health commodities; and Coordination – effective coordination with all USAID funded supply chain activities and within the IDIQ.

**Special Notes:**

Means of Access Mission-issued Task Orders and Field Support: USAID Missions may develop their own country-specific scopes of work and compete them among the four holders. Task orders will then be issued and managed by Mission Contracting Officers and CORs, providing Missions with the ability to customize and closely manage the assistance they receive. USAID/Washington plans to issue one or more central task orders against this award, which Missions may access through field support.

**Means of Access:**

Field Support

**Agreement Type:**  
IDIQ

**Agreement Number:**

**Project Number:**  
REQ-GH-14-000066

**Duration:**  
3/1/2015 - 3/1/2020

**Geographic Scope:**  
Worldwide

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Health Communication Capacity Collaborative (HC3)

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
AID-OAA-A-12-00058

**Project Number:**  
936-3091.05

**Duration:**  
9/26/2012 - 9/25/2017

**Geographic Scope:**  
Worldwide

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**Purpose**  
HC3 is the flagship project for behavior change in the Global Health Bureau. It is designed to complement and add value to behavior change activities supported by USAID Missions worldwide by responding to critical needs in technical leadership, capacity strengthening, research, and innovation. It focuses on the technical areas of family planning/reproductive health, HIV/AIDS, malaria, and maternal and child health.

**Services Provide**  
HC3 will focus on strengthening in-country capacity to implement state-of-the-art health communication, including mass media, community-level activities, interpersonal communication, and new media. The project will provide tailored capacity strengthening to a range of indigenous partners, including governments, NGOs, creative professionals, and academics, with activities to develop individuals, organizations, and national systems. HC3 will also provide technical leadership in health communication that includes professional exchange, analysis of emerging trends, and development and dissemination of technical and operational guidance. The project will be characterized by a strong focus on implementation science, emphasizing rigorous evaluation, documentation, and diffusion of effective practices.

The five core strategies employed by HC3 are:

- Improving and sustaining health communication through a defined capacity improvement cycle based upon current best practices;
- Facilitating increased capacity at the graduate and undergraduate levels among universities in Africa, Asia and elsewhere;
- Supporting collaborative learning, exchange and capacity strengthening through in-person and virtual communities, including the Springboard (<http://www.healthcomspringboard.org/>) and the Health COMPass (<http://www.thehealthcompass.org/>);
- Harnessing new media and igniting innovation to improve behavioral impact; and,
- Building the evidence base for health communication through rigorous research and evaluation.

**Special Notes:**  
HC3 Partners: Management Sciences for Health (MSH), NetHope, Ogilvy Public Relations, PSI, and Internews

**Means of Access**  
Field Support

**Health Policy Plus (HP+)****Purpose:**

HP+ aims to strengthen and advance health policy priorities, with a special emphasis on FP/RH, HIV/AIDS, and MCH across global, national, and subnational levels. It strives to improve the enabling environment for equitable and sustainable health services, supplies, and delivery systems through policy development and implementation, with an emphasis on voluntary, rights-based health programs, and by strengthening in-country partners' capacity to navigate complex environments for effective policy design, implementation, and financing aligned to country priorities. Cross cutting principles, critical to achieving the results of HP+, include gender equality, equity, capacity development, and sustainability; the project capitalizes on previous investments and focuses sharply on building capacity and sustainability into every aspect of the project.

**Services Provided**

HP+ provides country governments, local partners, and global initiatives with the tools, analyses, and technical assistance they need for:

**Policy:** Develop, adopt, implement, and monitor evidence-based health policies that improve equity, access, availability, affordability and acceptability of quality health services, supplies, and information.

**Health Financing:** Increase sustainable, predictable, and adequate financing for programs and health policy implementation.

**Accountability and Transparency:** Improve the policy environment for public stewardship, accountability, and transparency.

**Leadership and Advocacy:** Advance the Sustainable Development Goals (SDGs) through global leadership and advocacy. The project nurtures local organizations and institutions, supports development of financing approaches, and builds active and sustainable engagement of civil society with government in both decision making and coordinated action. These approaches and efforts, embedded in the project at global, national and decentralized levels, engender sustainability of results and continued action toward country development goals. Partners: Palladium, Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, the White Ribbon Alliance for Safe Motherhood, and ThinkWell.

**Special Notes:**

N/A

**Means of Access:**

Field Support, Global

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-15-0051

**Project Number:**  
936-7201.01

**Duration:**  
8/28/2016 - 8/29/2020

**Geographic Scope:**  
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Knowledge for Health II (K4Health)

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
AID-OAA-A-13-00068

**Project Number:**  
936-7200.01

**Duration:**  
9/11/2013 - 9/10/2018

**Geographic Scope:**  
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**Purpose**

Program managers and service providers rely on accurate, relevant health information, knowledge and expertise to do their jobs most effectively. K4Health addresses impediments to accessing, using and adapting health knowledge and information and facilitates knowledge and information use and exchange by developing and improving knowledge management (KM) practices and services. Project partners include Johns Hopkins Center for Communication Programs, FHI360, Management Sciences for Health, and IntraHealth International.

**Services Provide**

K4Health provides global leadership in health knowledge management and supports health knowledge and information synthesis, exchange, adaptation and use to support quality programs and services and improve health outcomes. The project's major components include:

A comprehensive global web portal at <http://www.k4health.org> that offers:

- Self-directed eLearning courses for just-in-time learning;
- Toolkits featuring key materials on priority health topics, designed to be practical collections of trusted public health resources;
- Virtual discussions and webinars that provide access to a community of experts from around the world;
- Printed copies of the Global Family Planning Handbook and Wallchart;
- An online library of health images for editorial use; and,
- A searchable health research database focused on family planning/reproductive health and related topics.

Regional-and country-level technical assistance in building KM capacity and providing health-related KM services, including assistance in:

- Assessing and identifying knowledge and information needs of health providers and program managers, and developing strategies to better meet those needs;
- Supporting collaborative knowledge exchange and sharing among providers and program managers through local communities of practice, blended or eLearning tools and both face-to-face and virtual collaborations; and,
- Establishing country or regional online repositories or physical resource centers, and developing local capacity to manage and sustain them.

**Special Notes:**

N/A

**Means of Access**

Field Support

## Policy, Advocacy and Communication Enhanced for Population and Reproductive Health (PACE)

### Purpose:

The project's purpose is for family planning and population issues to be included in policies and programs as key to sustainable and equitable development and economic growth through increased political and financial commitment for FP/RH at global, national, and decentralized levels.

### Services Provided

PACE works with national and local governments, civil society organizations, development networks, and other local institutions to build capacity to design and implement effective population and family planning advocacy strategies. Under this award, PRB produces World Population Data Sheets, Engage multi-media presentations, and briefing packages. PRB trains journalists and researchers on how to interpret data for various audiences. PACE interventions focus on:

Strengthening individual and institutional capacity in advocacy, policy communications, and negotiations.

Increasing commitment for multi-sectoral approaches to integrated population, health, environment, climate change, resilience, food security, livelihoods and security programs.

Analyzing, synthesizing and disseminating data and evidence in order to engage policy and advocacy audiences

### Special Notes:

N/A

### Means of Access:

Field Support, Global

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-16-0002

**Project Number:**  
936-7201.02

**Duration:**  
11/10/2015 - 11/11/2020

**Geographic Scope:**  
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The Demographic and Health Surveys Program (DHS-7)

**Agreement Type:**  
Contract  
**Agreement Number:**  
OAA-C-13-00095  
**Project Number:**  
936-3083.15  
**Duration:**  
9/8/2013 - 9/9/2018  
**Geographic Scope:**  
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**Purpose**

To improve the collection, analysis and presentation of population, health, and nutrition data; and to facilitate use of these data in planning, policymaking, and program management. The project seeks to increase understanding of a wide range of health issues by improving the quality and availability of data on health status and services, and by enhancing the ability of local organizations to collect, analyze, and disseminate such information. This phase will emphasize sustainability through capacity building and increased host-country ownership, as well as synthesis, analysis and triangulation of data.

**Services Provide**

The DHS Program is USAID’s major source of nationally representative and cross-nationally comparable population, health, and nutrition data. It addresses host country and global data needs to guide policies and programs. The Program provides technical assistance to local partners for implementing the following surveys:

Standard Demographic and Health Survey (DHS) which is typically conducted at intervals of four to five years;

AIDS Indicators Survey (AIS), which collects data for monitoring and evaluating HIV/AIDS programs;

Malaria Indicator Survey (MIS), which collects data used for monitoring the performance of malaria programs;

Service Provision Assessment (SPA), a facility-based survey that collects data on facilities’ readiness to provide essential health services and quality of services.

The DHS Program also provides technical assistance for biomarker data collection to measure a range of conditions, including infectious and sexually transmitted diseases, chronic illnesses such as diabetes, micronutrient deficiencies, and exposure to environmental toxins.

Compared to previous iterations of the contract, The DHS Program will emphasize:

Capacity strengthening across the survey continuum, including sampling, data processing, and data analysis;

Deeper analyses utilizing DHS data in conjunction with other data sources or novel methodologies;

Expansion of new technologies to facilitate data collection and use.

**Special Notes:**

N/A

**Means of Access**

Field Support

## Transform

### Purpose:

Transform, a five-year, multiple-award IDIQ, was designed to infuse innovative practices from a range of disciplines into USAID-supported social and behavior change. Transform contractors include organizations expert in marketing, advertising, human-centered design, social psychology, and behavioral economics, among other fields.

Transform emphasizes creative thinking, exceptional design, and high-quality production and implementation. It builds upon USAID's past and current work in social and behavior change, marrying implementers' long-standing focus on country context, strategy development, capacity strengthening, and scale, with novel and effective approaches from the private sector and creative fields.

### Services Provided

Transform contractors will provide relatively short-term, targeted technical assistance or implementation services, working closely with in-country implementing partners to identify, pilot, and evaluate new approaches to behavior change research and programming.

Illustrative task orders could include:

Strengthening the quality of existing social and behavior change activities through the introduction of new practices in research and design. Such practices could include immersive formative research methods drawn from anthropology, marketing, or human-centered design; systematic and insightful approaches to audience segmentation and profiling; or, rapid and rigorous strategies for message and materials testing, among others.

Piloting state-of-the-art approaches to the use of "new" and social media in the context of multi-channel communication interventions.

Addressing intractable social and behavior change challenges through bold or creative communication campaigns or other types of behavior change interventions. The five pre-qualified IDIQ contract teams are primed by: Camber Collective - FHI 360 - Population Services International - The Manoff Group - University Research Co.

### Special Notes:

N/A

### Means of Access:

Direct Task Order

**Agreement Type:**  
IDIQ

**Agreement Number:**  
Multiple

**Project Number:**  
936-3091

**Duration:**  
1/14/2014 - 12/13/2019

**Geographic Scope:**  
Worldwide

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US Census Bureau Interagency Agreement

**Agreement Type:**  
IAA  
**Agreement Number:**  
AID-GH-T-16-00001  
**Project Number:**  
936-6002.02  
**Duration:**  
5/2/2016 - 9/30/2024  
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**Purpose**  
The Interagency Agreement (IAA) with the U.S. Census Bureau (USCB) seeks to increase the quality, quantity, and utility of country-level data to support the 2020 Round of Censuses and the data requirements of SDGs. This IAA strengthens the capability of statistical offices in developing countries to collect, analyze, disseminate, and use data to increase understanding of population structure and demographic trends and their implications for development planning and policy-making. Emphasis is placed on capacity building; technical assistance provided through this IAA can be in support of the census, surveys, or general institutional capacity building.

**Services Provide**  
This interagency agreement with the USCB will focus on:  
• Country-specific technical assistance to build the capacity of national statistical organizations to implement censuses and other surveys, including technical consultations and training in census design, management procedures, data collection and processing, demographic data analysis, dissemination, and use of census data;  
• In-country, regional and U.S.-based workshops and study tours including training activities to strengthen capacity to design and manage census and survey implementation and to analyze, disseminate and use demographic data; and,  
• Centrally coordinated activities that support worldwide efforts to improve collection, analysis and use of census and survey data, including maintenance and dissemination of the Census and Survey Processing System (CSPro), a public domain software package for entering, editing, tabulating, and disseminating census and survey data.

**Special Notes:**  
N/A

**Means of Access**  
Field Support

## Combination Contraceptive and Anti-HIV Vaginal Ring

### Purpose:

To develop and evaluate a safe, effective, and acceptable contraceptive and HIV/AIDS prevention technology.

### Services Provided

This five-year project, recently extended an additional three years, focuses on the development of a 90-day vaginal ring that combines the recently proven HIV prevention drug, tenofovir, with the hormonal contraceptive, levonorgestrel. If shown to be safe, effective and acceptable, this combination ring would confer protection against HIV while delivering a highly effective contraceptive method, thus filling two reproductive health needs in one product.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-10-00068  
**Project Number:**  
936-3107.15  
**Duration:**  
9/30/2010 - 12/31/2018  
**Geographic Scope:**  
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**Delivering Contraceptive Vaginal Rings Project**

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-13-00075  
**Project Number:**  
936-7301.02  
**Duration:**  
10/1/2013 - 9/30/2018  
**Geographic Scope:**  
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**Purpose**  
This project will further the development and introduction of two new woman-initiated contraceptive methods by:  
  
Completing the development and regulatory approval of the one- year Nesterone®/Ethinyl-Estradiol (NES/EE) contraceptive vaginal ring (CVR), and initiating its introduction into priority countries;  
  
Expanding availability in developing country markets of the three-month Progesterone Vaginal Ring (PVR) for postpartum women who are breastfeeding. The NES/EE CVR and PVR will be piloted for introduction through both the public and private sectors, including through social marketing and not-for-profit providers, with the potential of reaching up to twenty-five million users. Introduction strategies will focus on provision through multiple channels, including commercial outlets and community outreach initiatives. To complete this work, the Population Council will collaborate with donors and agencies involved in obtaining regulatory approvals and prequalification, as well as procurement organizations to facilitate the process of introduction.

**Services Provide**  
Pending approval from the U.S. FDA and specific national regulatory bodies, this project will focus on catalytic activities to facilitate the introduction of these woman-initiated products at a country level through existing regulatory and service delivery networks. This work will include advocacy and advocacy research, market analyses and consumer research, development of packaging/delivery approaches, engaging policymakers/decision-makers, and adaptation at scale. The field implementation phase will include seeking political/resource commitments, partnerships, integration with existing programs and M&E.

**Special Notes:**  
N/A

**Means of Access**  
Field Support, Core Funding

**Envision FP****Purpose:**

The objective of Envision FP is to develop, introduce, and expand understanding of contraceptive technologies and approaches to enhance choice and reduce unmet need.

**Services Provided**

The project's research agenda includes:

Refining existing contraceptive methods, such as: a. A lower-cost, lower-dose subQ DMPA injection b. Extended use of the injectable, Sayana Press c. An improved post-partum IUD applicator

Responding to product-related issues that arise from the field and impact provision, including:

A rapid-response team to address product-related issues as they arise with proactive risk mitigation activities

Extending the recommended duration of Implanon and LNG IUS based on documented safety/efficacy data

Research on reported interactions between contraceptives and other drugs, and recommendations for next steps

Developing new methods to fill gaps, including:

Novel progestin-based delivery systems for 3-6 months' contraception

Highly effective, low-cost, non-surgical approaches to permanent contraception.

The prime partner for Envision FP is FHI360. The project team will focus on key challenges and opportunities for contraceptive users and programs in an effort to broaden method choice and increase access to quality, affordable, and acceptable contraceptives.

**Special Notes:**

N/A

**Means of Access:**

Field Support, Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
AID-OAA-A-15-00045

**Project Number:**  
936.7301.04

**Duration:**  
8/17/2015 - 8/16/2020

**Geographic Scope:**  
Worldwide

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**Expanding Effective Contraceptive Options (EECO)**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00088

**Project Number:**  
936-7301.01

**Duration:**  
10/1/2013 - 9/30/2018

**Geographic Scope:**  
Worldwide

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**Purpose**

Over 100 million women cite method-related reasons for non-use of modern contraceptives, underscoring the need for new and improved contraceptive methods and greater method choice.

The EECO project is designed to support the research, development and introduction of technologies that meet the full range of sexual and reproductive health needs of women and girls. The EECO team’s objective is to produce roadmaps for introducing and creating demand for new woman-initiated family planning methods, including vaginal gels, barrier methods, and intra-vaginal rings. EECO will produce actionable information on how best to register products, which distribution and communication channels have the most traction, what kind of training and advocacy is required, and how to segment the market for each method. These results can then be extrapolated to bring products to national scale, helping to fill critical gaps in the family planning method mix.

**Services Provide**

EECO will take a comprehensive approach, including clinical research as necessary, product registration and regulatory work, consumer and provider research, stakeholder advocacy, marketing and distribution, and establish an M&E feedback loop with product developers. WomanCare Global (WCG) is the prime. WCG will bridge the private sector and non-profit worlds by linking upstream product developers/suppliers and downstream marketing and distribution partners. WCG will lead regulatory and quality assurance efforts, will register and make products available, and will pilot intensive medical detailing with providers. Additional partners include PSI, the social marketing partner who will work with existing health networks to market and distribute products; the International Center for Research on Women (ICRW), who will conduct research with potential users and providers; Evofem, the biotech partner; and, Every1Mobile, the m-health partner.

**Special Notes:**

N/A

**Means of Access**

Field Support, Core Funding

## Fertility Awareness for Community Transformation (FACT)

### Purpose:

To answer significant research questions related to how fertility awareness (FA) and fertility awareness-based methods (FAM) can contribute to an increase in overall family planning access and use.

### Services Provided

In developing countries, a woman's lifetime risk of dying due to pregnancy and childbirth is one in 75, nearly 100 times higher than the risk in developed countries. Studies also show that an estimated 220 million women are not using any family planning method, despite wanting to avoid pregnancy. Providing these women with information and the full range of family planning methods—including fertility awareness-based methods (FAM)—not only saves lives, but also improves other social, educational, environmental and economic indicators.

Work under the FACT Project is fostering an environment where women and men can take actions to protect their reproductive health throughout the life-course by testing strategies to increase fertility awareness and expand access to FAM at the community level.

The FACT Project is testing two hypotheses:

1) Increasing access to fertility awareness information leads to increases in family planning use. Fertility awareness covers a range of key information, including how specific family planning methods work, how they affect fertility, and how to use them; and it can create the basis for understanding communication about and correctly using family planning. FACT is developing and testing this hypothesis based on state-of-the-art social and behavior change communication (SBCC) theory and practice to assess their effect at the individual, couple, family, and community levels.

2) Increasing access to fertility awareness-based methods has an impact on overall contraceptive use. Following the successes of the AWARENESS and FAM Projects that successfully proved that increasing access to fertility-based methods like SDM, LAM and the Two-Day Method led to an increase in overall contraceptive use, the Institute for Reproductive Health intends to test this hypothesis by exploring more cost-effective interventions to increasing access to FAM, including group teaching approaches.

In addition, the Responsible, Engaged and Loving (REAL) Father's Initiative focuses on the design, evaluation, and scale-up of an innovative mentoring program and community awareness campaign designed to reach young fathers (aged 16-25) to reduce the incidence of intimate partner violence and physical punishment of children. In order to address underlying causes of domestic violence, the intervention is designed to challenge the gender norms and sexual scripts that often trigger coercion and violence in relationships and to teach effective parenting, communication, and problem-solving skills. The intervention is being scaled up two regions of Uganda.

### Special Notes:

N/A

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00083

**Project Number:**  
936.7041.03

**Duration:**  
10/1/2013 - 9/30/2018

**Geographic Scope:**  
Worldwide

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## Gender Roles, Equality and Transformations (GREAT) Project

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-10-00073

**Project Number:**

936-3107.13

**Duration:**

9/30/2010 - 3/30/2017

**Geographic Scope:**

Worldwide

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**Purpose**

The Gender Roles, Equality, and Transformation (GREAT) Project aims to develop and test a package of evidence-based, scalable, life-stage tailored interventions to transform gender norms, reduce gender-based violence, and promote gender-equitable attitudes and sexual and reproductive health among adolescents (ages 10-19) in post-conflict communities in northern Uganda.

**Services Provide**

This six and a half-year project is implemented by Georgetown University's Institute for Reproductive Health (IRH) in partnership with Save the Children International and Pathfinder International and their respective implementing partners, Straight Talk Foundation and Concerned Parents Association. The project conducted formative research to identify opportunities to promote the formation of gender equitable norms and improved sexual and reproductive health among adolescents and the significant adults in their lives. The research design includes innovative qualitative methods, such as collecting life histories from young people at different stages of the life course and in-depth interviews with individuals nominated by youth as significant influencers in their lives. Based on a life course perspective, a package of interventions was developed, tailored for target age groups: very young adolescents ages 10-14; unmarried older adolescents ages 15-19; newly married and newly parenting adolescents ages 15-19; and adults. Interventions were designed to transform gender norms and attitudes and foster healthier, more equitable, behavior within each group. The project employs an ecological framework that encourages community engagement to provide an enabling environment for individual change. Intervention components were designed to be implemented with limited resources in order to maximize the potential for scale-up. The GREAT intervention package was rolled out through existing community structures and platforms with behavior change tools that required minimal training and facilitation to use. Research results showed that exposure to the GREAT interventions was related to improved sexual and reproductive health attitudes and behavior, more gender-equitable attitudes and behavior, and less violence among adolescents. Newly married/parenting couples are more likely to seek and use family planning methods. Adults exposed to GREAT are more likely to provide young people positive advice on gender, couple relationships, avoiding pregnancy and partner violence. New local organizations were identified and are participating in the scale-up phase of the project. The package of interventions was revised, based on lessons learned during the pilot study. Implementation guidelines were developed to provide a reference tool to support the new organizations as they integrate GREAT into their ongoing activities. Research is being conducted to evaluate the accessibility, feasibility, and scalability of the intervention.

**Special Notes:**

N/A

**Means of Access**

Field Support

## Increasing Age of Marriage

### Purpose:

The Population Council will systematically test a combination of interventions to delay marriage and track associated program costs with a view to scale-up.

### Services Provided

This cooperative agreement seeks to provide evidence regarding the reduction of early marriage as a social determinant for reproductive health. The project will undertake a quasi-experimental study. Interventions will include community education, programs to build the educational and economic assets of girls, and direct incentives. Baseline and endline surveys will measure impact of the programs on the age at marriage and the ongoing documentation will monitor program participation and cost. An important element is the team building with local partners, engaging local governmental and nongovernmental partners as well as promoting south-to-south exchanges and capacity building. The development of a clear evidence base and costing data will be supporting research utilization and scaling up of proven approaches. This study will be conducted in Ethiopia, Tanzania, and Burkina Faso.

### Special Notes:

N/A

### Means of Access:

Field Support

### Agreement Type:

Cooperative Agreement

### Agreement Number:

OAA-A-10-00002

### Project Number:

936-3107.09

### Duration:

9/30/2010 - 9/29/2016

### Geographic Scope:

Worldwide

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## IPM Combination Contraceptive and Anti-HIV Vaginal Ring

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-11-00029

**Project Number:**  
936-3107.18

**Duration:**  
9/30/2011 - 9/29/2018

**Geographic Scope:**  
Worldwide

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**Purpose**  
To develop and evaluate a safe, effective and acceptable contraceptive and HIV/AIDS prevention technology.

**Services Provide**  
This five-year project, recently extended an additional two years, aims to formulate a sixty day vaginal ring that combines the potential HIV prevention drug, dapivirine, with a hormonal contraceptive. Dapivirine showed high potency against HIV in early studies, and is currently being studied in a large-scale efficacy trial in a ring formulation. This project will focus on integrating a hormonal contraceptive into the dapivirine ring, with the end goal of successfully formulating a potent and inexpensive combination ring that is effective for sixty days.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## Passages: Transforming Social Norms for Adolescent & Youth Sexual & Reproductive Health

### Purpose:

Passages aims to develop evidence and promote application of effective, scalable interventions to transform social norms related to sexual and reproductive health (SRH) among youth, especially newly married couples, first-time parents, and very young adolescents.

### Services Provided

Passages will bridge the gap between science and effective policy and practice and will:

- 1) Pilot, replicate, and scale-up social norm interventions and apply implementation science principles to explain what makes interventions effective and sustainable at scale in real world contexts;
- 2) Strengthen in-country capacity to plan, implement, and monitor and evaluate the scale-up of effective pilot initiatives; and
- 3) Distill and share evidence and foster dialogue on integration, measurement, and evaluation of normative interventions.

Passages will help USAID missions and other partners through the following activities:

- Provide technical assistance to health programs, including family planning activities, and other sector programs interested in including social norm interventions to, for example, empower women, prevent gender-based violence, and delay marriage.
- Raise awareness and strengthen the capacity of national and organizational stakeholders to understand and address at scale the social norms that affect family planning uptake.
- Support assessments and systems-based planning to expand and scale-up evidence-based approaches to establish social norms which support SRH.
- Conduct 'realist' evaluations of existing social norm interventions to inform expansion.
- Design and conduct research to measure the effect of normative interventions and assess their expansion. Apply new approaches to measure gender norms, conduct research with early adolescents, and monitor and evaluate scale-up.

### Special Notes:

<http://irh.org/projects/passages/>

### Means of Access:

Field Support, Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
AID-OAA-A-15-00042

**Project Number:**  
936-7300.02

**Duration:**  
7/1/2015 - 6/30/2020

**Geographic Scope:**  
Worldwide

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**SILCS Cervical Barrier + Tenofovir (TFV) Gel**

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-11-00064  
**Project Number:**  
936-3107.19  
**Duration:**  
9/30/2011 - 9/29/2016  
**Geographic Scope:**  
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**Purpose**  
To develop and evaluate a safe, effective and acceptable contraceptive and HIV/AIDS prevention technology.

**Services Provide**  
The five-year project aims to test the safety and effectiveness of the one-size-fits-most SILCS cervical barrier, combined with tenofovir (TFV) gel, the only topical product shown to prevent the acquisition of HIV and herpes simplex virus (HSV) in women. If this combination of products is shown to be safe, effective and acceptable, it will provide a user-initiated, non-hormonal contraceptive method that also delivers protection against HIV and HSV.

**Special Notes:**  
N/A

**Means of Access**  
Core Funding

## Tekponon Jikuagou

### Purpose:

To reduce unmet need for family planning in Benin through social network interventions.

### Services Provided

This six-year project is implemented by Georgetown University's Institute for Reproductive Health (IRH) in partnership with CARE International and Plan International. The methodology includes social network analysis to identify strategies to increase women's access to and use of family planning and reproductive health services.

Formative research has found that deeply embedded social norms related to gender roles underlie unmet need for family planning. The goal is to create a social environment that enables married couples to achieve their fertility desires by fostering reflective dialogue and catalyzing discussion about social norms related to family planning, and diffusing information through formal and informal social groups, influential opinion leaders, and well-connected individuals.

Based on a social network approach, an intervention package was designed, with the expectation that it would be scaled-up if found to be effective. Results of the pilot intervention showed significant changes at individual, family and peer levels, and at the level of the social network. Couple communication increased, as did modern method use. Women and men exposed to TJ were significantly more likely to perceive their network as supportive of family planning use, which in turn led to increased uptake of contraception. The package of interventions was revised, based on lessons learned during the pilot study, and a user's guide to implementing the TJ package was finalized to provide a reference tool to support new user organizations, as the intervention was taken to scale. New organizations were identified and are participating in the scale-up phase of the project. These organizations are integrating TJ activities into on-going nutrition, savings & loan, literacy, and water, sanitation and hygiene (WASH) projects. Data collection and analysis during the scale-up phase will test the effectiveness of the adjusted package in new organizational and cultural contexts and health zones. Monitoring projects on scale-up activities will provide information on the fidelity and quality of implementation of the TJ package of interventions, as well as the pace and geographic expansion. Lessons will be documented to inform family planning and scale-up efforts in Benin, West Africa, and at a global level.

### Special Notes:

N/A

### Means of Access:

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-10-00066

**Project Number:**  
936-3107.17

**Duration:**  
9/30/2010 - 9/30/2016

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## The Evidence Project

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-13-00087

**Project Number:**

936-7300.01

**Duration:**

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**Geographic Scope:**

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**Purpose**

As the Office of Population and Reproductive Health's flagship implementation science project, The Evidence Project focuses on generating, translating, and using evidence to strengthen and support scale-up of evidence-informed family planning/reproductive health (FP/RH) policies and programs.

**Services Provide**

Through The Evidence Project the Population Council and its partners:

Generate new evidence to increase the effectiveness of FP/RH programming. The Evidence Project will generate new evidence through rigorous research to address existing key FP/RH program issues of global significance, including developing and testing strategies to address these issues in a variety of contexts. In addition, The Evidence Project will have the capacity to design and conduct studies that respond to critical emerging issues, evidence gaps and country needs.

Synthesize and share evidence in order to accelerate scale-up of evidence-based improvements in FP/RH policies and programs. The Evidence Project will consolidate both new and existing evidence through syntheses, systematic reviews, case studies and other strategic analyses as well as package and disseminate lessons learned for use by key FP/ RH audiences at global, regional, and country levels.

Provide technical assistance (TA) for application and use of evidence to improve FP/RH programming. The Evidence Project will provide TA that responds to program priorities at country and regional levels and builds capacity for generating and translating evidence into practice (e.g., TA to cost programs; to incorporate evidence into service delivery guidelines, tools and/or program plans; and to monitor and evaluate scale-up of high-impact FP/RH practices).

**The Evidence Project Partners:**

Population Council in collaboration with INDEPTH Network, International Planned Parenthood Federation (IPPF); Management Sciences for Health (MSH); PATH; and, Population Reference Bureau (PRB).

**Special Notes:**

N/A

**Means of Access**

Field Support

## TRANSFORM Task Order 1: Promoting Health, Adjusting the Reproductive Environment (PHARE)

### Purpose:

The purpose of Task Order 1: Promoting Health, Adjusting the Reproductive Environment (PHARE) is to design, implement, and evaluate innovative social and behavior change strategies for improving reproductive health in francophone West Africa. Focus countries will include the nine Ouagadougou Partnership countries and the Democratic Republic of Congo. The objective is to generate innovative and evidence-based social and behavior change communication (SBCC) strategies that address barriers to modern contraceptive use, transform attitudes about reproductive health, and promote family planning in West Africa.

### Services Provided

Activities under Task Order 1 will address the role of the social environment in shaping desired fertility and limiting access to services with an emphasis on gender integration across activities. Activities will target women and men as users of contraception with tailored attention to those who influence reproductive health behavior including parents, healthcare providers, and community leaders. The needs of youth will also be prioritized. Activities will reach underserved populations, particularly those in rapidly growing urban areas and in lower wealth quintiles. Services acquired under Task Order 1 may include:

Design, implementation, and evaluation of new interventions

Design and implementation of specialized activities to complement existing interventions

Provision of technical assistance to strengthen capacity in key marketing and promotion functions

### Special Notes:

N/A

### Means of Access:

Field Support, Core Funding

### Agreement Type:

Direct Task Order

### Agreement Number:

AID-OAA-TO-15-00037

### Project Number:

936-3091.06

### Duration:

10/1/2015 - 9/30/2020

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Africa

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**Advancing Partners and Communities Project**

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-12-00047  
**Project Number:**  
936-3084.10  
**Duration:**  
10/1/2012 - 9/30/2017  
**Geographic Scope:**  
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**Purpose**  
The Advancing Partners and Communities Project will advance and support community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. It will provide global leadership for community-based programming, execute and manage small and medium-sized subawards, support procurement reform by preparing awards for execution by USAID, and build technical capacity of organizations to implement effective programs.

**Services Provide**  
The project will accept all types of funding and addresses all health sector areas including family planning, HIV/AIDS, maternal and child health, and control of infectious disease.

Advancing Partners & Communities is positioned to provide a wide range of technical services to Missions, some of which include:

Conduct assessments, introduce and promote innovative and high impact strategies, and provide virtual or on-the-ground technical assistance to bilateral programs in the design of demonstration projects and national scale-up efforts of private and public-sector community family planning programs.

Provide technical and organizational capacity building services for local NGOs that will prepare them to implement and monitor effective programs and receive funding directly from USAID.

Provide grant-making services: Conduct fully open and targeted competitive solicitations; determine eligibility of awardees; prepare cooperative agreement documents for execution by USAID; execute actionable sub-awards; and execute sub-awards competed by an APS.

Provide Missions a wide range of grant management and oversight services for awards to local organizations: monitoring of progress and expenditures of programs, ensuring financial accountability of grantees, supporting program monitoring and evaluation, ensuring compliance with all USAID requirements, including branding and family planning requirements.

**Special Notes:**  
N/A

**Means of Access**  
Field Support, Core Funding

## Bayer HealthCare USAID Contraceptive Security Initiative

### Purpose:

The Bayer-USAID Contraceptive Security Initiative (CSI) is an innovative public-private partnership that seeks to address the ever-increasing need for affordable contraceptives in the developing world. Through the CSI, Bayer and USAID are collaborating to introduce a commercially-sustainable oral contraceptive, at an affordable price, to middle income women across Sub-Saharan Africa. The Global Development Alliance (GDA) partnership leverages Bayer resources and USG resources in a 2-to-1 match.

### Services Provided

The CSI project introduces a new, affordable contraceptive product – MicrogynonFe – which has a price point above the social marketing and public-sector level, and below commercial prices. This strategy attracts contraceptive users to the middle of the market and seeks to create a permanent market niche for “Tier 2” brands. Bayer has pledged to maintain this low-cost and accessible pricing strategy well beyond the expiration of its agreement with USAID. This will grow the overall number of OC users in a sustainable way, and allow governments and donors to better target subsidized products to lower income market segments.

Bayer invests in product launch, distribution, and retail access for the new brand -- bringing to bear its existing manufacturing, packaging, export/import and distribution capabilities to assure that the product is fully commercially sustainable. The CSI uses local pharmacies as the primary distribution channel to consumers and promotes sustainable market access for mid-priced contraceptives.

USAID resources support an initial period of demand-creation advertising and other market-building communications in order to help build initial product awareness and grow the Tier 2 market segment. Bayer has subcontracted Meridian Group International to develop and manage these in-country promotional activities.

They currently operate in Ethiopia, Tanzania, Uganda, Rwanda, Ghana, Malawi, and Kenya, and plans to launch in four additional countries.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
GPO-A-00-09-00004

**Project Number:**  
936-3085.06

**Duration:**  
9/1/2009 - 9/1/2019

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**Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A)**

<p><b>Agreement Type:</b> Cooperative Agreement</p> <p><b>Agreement Number:</b> OAA-A-11-00024</p> <p><b>Project Number:</b> 936-3101.09</p> <p><b>Duration:</b> 9/30/2011 - 9/29/2019</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Patricia MacDonald</p> <p><b>Telephone:</b> (571)-551-7026</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> pmacdonald@usaid.gov</p> <p><b>TA:</b> Andrea Harris</p> <p><b>Telephone:</b> (571)-551-7343</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> aharris@usaid.gov</p> <p><b>Activity Director:</b> Carina Stover</p> <p><b>Organization:</b> Pathfinder International</p> <p><b>Telephone:</b> (202)775-1977</p> <p><b>Website:</b></p> <p><b>Email:</b> cstover@e2aproject.org</p>	<p><b>Purpose</b> Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) is a five-year, worldwide cooperative agreement. The purpose of E2A is to increase global support for the use of evidence-based best practices to improve family planning and reproductive health (FP/RH) services, access, and quality. The project will strengthen service delivery by supporting scale-up and institutionalization of proven interventions in the health system. E2A will work to integrate FP/RH with other health and non-health services, mitigating gender barriers, and enhancing informed decision-making for women and girls.</p> <p><b>Services Provide</b> E2A will work in partnership with USAID’s regional and country missions, host country partners, and international organizations to:</p> <p>Introduce large-scale implementation of family planning evidence-based practices;</p> <p>Provide technical assistance to apply systematic approaches, monitor and evaluate scale-up;</p> <p>Conduct youth and gender assessments, integrate youth and gender across service delivery interventions, and evaluate effectiveness of youth and gender approaches and models;</p> <p>Introduce and test innovative service delivery approaches;</p> <p>Provide technical assistance to support the integration of family planning into other health areas including FP/HIV and FP/MNCH and integration of family planning into non-health areas including workplace and environmental models; and,</p> <p>Document and synthesize evidence of high-impact practice in family planning.</p> <p>The project is led by Pathfinder International with a consortium of partners: Management Sciences for Health (MSH), IntraHealth, Program for Appropriate Technologies in Health (PATH), ExpandNet, and the African Population and Health Research Center (APHRC).</p> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Field Support, Core Funding</p>
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## Leadership, Management, and Governance

### Purpose:

The Leadership, Management, and Governance (LMG) project is a five-year cooperative agreement that addresses the gap for sustainable leadership, management and governance capacity at all levels of the health system. Using highly effective interventions, the LMG project supports health care providers, program managers, and policymakers to achieve better health system performance and better health outcomes. The LMG project fosters strong country ownership, gender equity and evidence-driven approaches by promoting the implementation of sound health policies, effective management, transparency, accountability, and engagement with civil society and the private sector.

### Services Provided

The LMG Project interventions:

Foster global leadership and advocacy for improved leadership, management and governance capacity;

Strengthen the delivery of quality family planning and other health services through improved leadership, management and governance capacity;

Support the establishment and expansion of health managers as a professional cadre;

Develop and strengthen pre-service education in leadership, management and governance;

Develop and strengthen in-service leadership, management and governance education and training with Ministries of Health and local non-governmental and faith-based organizations;

Expand the awareness and use of tested tools, models and approaches to strengthen leadership, management and governance capacity throughout the public sector and civil society organizations;

Generate knowledge and conduct research to expand the knowledge base of the effect of enhanced leadership, management and governance capacity on health services outcomes in family planning, maternal and child health, HIV/AIDS and other health areas; and,

Develop and update indicators for tracking country-led leadership, management and governance processes and capacity building.

LMG is implemented by Management Sciences for Health (MSH) with partners African Medical and Research Foundation (AMREF), International Planned Parenthood Federation (IPPF), Yale University Global Health Leadership Institute (Yale GHLI), Johns Hopkins University Bloomberg School of Public Health (JHSPH), and Medic Mobile.

### Special Notes:

N/A

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-11-00015

**Project Number:**  
936-3099.07

**Duration:**  
9/29/2011 - 9/30/2016

**Geographic Scope:**  
Worldwide

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Postabortion Care Family Planning (PAC-FP)

<p><b>Agreement Type:</b> Cooperative Agreement</p> <p><b>Agreement Number:</b> OAA-A-14-00050</p> <p><b>Project Number:</b> 936-6200</p> <p><b>Duration:</b> 8/1/2014 - 8/1/2019</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Carolyn Curtis</p> <p><b>Telephone:</b> (571)-551-7006</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> ccurtis@usaid.gov</p> <p><b>TA:</b> Claudia Conlon</p> <p><b>Telephone:</b> (571)-551-7497</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> cconlon@usaid.gov</p> <p><b>Activity Director:</b> Grace Lusiola</p> <p><b>Organization:</b> EngenderHealth</p> <p><b>Telephone:</b> (212)561-8000</p> <p><b>Website:</b> www.engenderhealth.org</p> <p><b>Email:</b> info@engenderhealth.org</p>	<p><b>Purpose</b> To expand postabortion care (PAC) clients' access to a range of contraceptive methods, including long-acting reversible contraceptives (LARCS) and permanent methods (PMs), along with providing immediate life-saving care. Many women who obtain PAC have an urgent need for family planning (FP); in obtaining FP services, they have a right to FP options, respect, confidentiality, and high-quality care. The PAC-FP project increases informed and voluntary use of LARCs/PMs by PAC clients, through two main strategic objectives; (1) Building local capacity to deliver postabortion family planning services with the inclusion of LARC/PMs among the methods women can choose from and to support future scale-up; and (2) Generating and communicating knowledge to advance access to LARCs/PMs through PAC.</p> <p><b>Services Provide</b> Build local capacity to deliver quality postabortion family planning (PAC-FP) services, including LARCs/PMs, among a wide range of methods from which women can choose by using a systems approach, holistic approach to capacity building, and gender integrated approach;</p> <p>Conduct implementation research to demonstrate the PAC-FP model, provide technical assistance, tools and materials to catalyze scale-up of the model;</p> <p>Document scale-up of the PAC-FP model progress and process;</p> <p>Generate and communicate knowledge at country and global levels to advance access, knowledge, and best practices about post-abortion family planning;</p> <p>Improve organization of PAC services to facilitate on-site family planning service provision, service quality, logistics, policymaking, community and support for post-abortion family planning, and gender-related and other provider/community attitudes and norms that limit service access;</p> <p>Generate community/client demand by helping partners integrate messages/activities targeting women, men, and/or leaders into existing community/BEmONC outreach and BCC;</p> <p>Increase national/district decision-maker support for PAC FP services;</p> <p>Promote sustainability of the PAC-FP model by enhancing programmatic, institutional, and financial capacity of interventions, healthcare workers, and facilities.</p> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Field Support, Core Funding</p>
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## Support for International Family Planning & Health Organizations II: Sustainable Networks (SIFPO2/IPPF)

### Purpose:

SIFPO2/IPPF aims to increase access to and use of high quality, affordable family planning (FP) and other health information, products and services globally by strengthening and leveraging this organization's global reach, with local affiliates, network of FP clinics and other health platforms.

### Services Provided

SIFPO2/IPPF works to strengthen global and local organizational capacity to deliver high quality FP and other health services to priority groups and improve sustainability of country level FP and other health programs through financing mechanisms, capacity building, and local partnerships.

SIFPO2/IPPF offers a wide array of technical services available to missions and their counterparts. IPPF is working to:

Strengthen the delivery of quality FP services and other health services, as appropriate, to priority populations, through providing the services directly or providing training and support to public or private health care providers;

Strengthen quality assurance standards to improve program performance; use data for decision making to improve program implementation and client centered care;

Increase organizational sustainability of country level FP and other health programs to improve capacity and become sustainable, while still responding to the needs of underserved and marginalized groups;

Provide or build capacity of providers on gender sensitive and youth friendly health services;

Use vouchers, social franchising, social marketing, mobile outreach strategies, and dedicated provider models, to increase use of voluntary family planning, including long-acting reversible contraceptives and permanent methods, and other health services;

Test financing mechanisms, (vouchers, insurance or contracting) to build financial sustainability and participate in a total market approach.

SIFPO2/IPPF is implemented by International Planned Parenthood Federation, with partners Population Council and eight Member Associations.

### Special Notes:

N/A

### Means of Access:

Field Support, Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00038

**Project Number:**  
936-7400.03

**Duration:**  
5/13/2014 - 5/12/2019

**Geographic Scope:**  
Worldwide

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**Support for International Family Planning & Health Organizations II: Sustainable Networks (SIFPO2/MSI)**

<b>Agreement Type:</b> Cooperative Agreement	<b>Purpose</b> SIFPO2/MSI aims to increase access to and use of high quality, affordable family planning (FP) and other health information, products and services globally by strengthening and leveraging this organization’s global reach, with local affiliates, network of FP clinics and other health platforms.
<b>Agreement Number:</b> OAA-A-14-00036	
<b>Project Number:</b> 936-7400.01	<b>Services Provide</b> SIFPO2/MSI works to strengthen global and local organizational capacity to deliver high quality FP and other health services to priority groups and improve sustainability of country level FP and other health programs through financing mechanisms, capacity building, and local partnerships.
<b>Duration:</b> 4/18/2014 - 4/17/2019	
<b>Geographic Scope:</b> Worldwide	
<b>COR/AOR:</b> Marguerite Farrell Elaine Menotti	SIFPO2/MSI offers a wide array of technical services available to Missions and their counterparts. MSI is working to:
<b>Telephone:</b> (571)-551-7011 (571)-551-7033	Strengthen the delivery of quality FP services and other health services, as appropriate, to priority populations, through providing the services directly or providing training and support to public or private health care providers;
<b>Fax:</b> N/A	Strengthen quality assurance standards to improve program performance; use data for decision making to improve program implementation and client centered care;
<b>Email:</b> mfarrell@usaid.gov emenotti@usaid.gov	Increase organizational sustainability of country level FP and other health programs to improve capacity and become sustainable, while still responding to the needs of underserved and marginalized groups;
<b>TA:</b>	Provide or build capacity of providers on gender sensitive and youth friendly health services;
<b>Telephone:</b> N/A	Use vouchers, social franchising, social marketing, mobile outreach strategies, and dedicated provider models, to increase use of voluntary family planning, including long-acting reversible contraceptives and permanent methods, and other health services; and,
<b>Fax:</b> N/A	Test financing mechanisms, (vouchers, insurance or contracting) to build financial sustainability and participate in a total market approach.
<b>Email:</b> N/A	
<b>Activity Director:</b> Megan Elliot	
<b>Organization:</b> Marie Stopes International (MSI)	SIFPO2/MSI is implemented by Marie Stopes International, with partners FHI 360, EngenderHealth, and Grameen Foundation.
<b>Telephone:</b> +44 (0) 207-636-6200	<b>Special Notes:</b> N/A
<b>Website:</b>	<b>Means of Access</b> Field Support, Core Funding
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## Support for International Family Planning & Health Organizations II: Sustainable Networks (SIFPO2/PSI)

### Purpose:

SIFPO2/PSI aims to increase access to and use of high quality, affordable family planning (FP) and other health information, products and services globally by strengthening and leveraging this organization's global reach, with local affiliates, network of FP clinics and other health platforms.

### Services Provided

SIFPO2/PSI works to strengthen global and local organizational capacity to deliver high quality FP and other health services to priority groups and improve sustainability of country level FP and other health programs through financing mechanisms, capacity building, and local partnerships.

SIFPO2/PSI offers a wide array of technical services available to Missions and their counterparts. PSI is working to:

Strengthen the delivery of quality FP services and other health services, as appropriate, to priority populations, through providing the services directly or providing training and support to public or private health care providers;

Strengthen quality assurance standards to improve program performance; use data for decision making to improve program implementation and client centered care;

Increase organizational sustainability of country level FP and other health programs to improve capacity and become sustainable, while still responding to the needs of underserved and marginalized groups;

Provide or build capacity of providers on gender sensitive and youth friendly health services;

Use vouchers, social franchising, social marketing, mobile outreach strategies, and dedicated provider models, to increase use of voluntary family planning, including long-acting reversible contraceptives and permanent methods, and other health services;

Test financing mechanisms, (vouchers, insurance or contracting) to build financial sustainability and participate in a total market approach.

SIFPO2/PSI is implemented by Population Services International, with partners International Center for Research on Women, Results for Development, PharmAccess Foundation, and World Health Partners.

### Special Notes:

N/A

### Means of Access:

Field Support, Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00037

**Project Number:**  
936-7400.02

**Duration:**  
4/18/2014 - 4/17/2019

**Geographic Scope:**  
Worldwide

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Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus)

<p><b>Agreement Type:</b> Cooperative Agreement</p> <p><b>Agreement Number:</b> OAA-A-15-00067</p> <p><b>Project Number:</b> 936-7401.01</p> <p><b>Duration:</b> 10/1/2015 - 9/30/2020</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Lois Schaefer Caroll Vasquez</p> <p><b>Telephone:</b> (571)-551-7046 (571)-551-7067</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> lschaefer@usaid.gov cvasquez@usaid.gov</p> <p><b>TA:</b> Jasmine Baleva Malia Boggs</p> <p><b>Telephone:</b> (571)-551-7319 (571)-551-7386</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> jbaleva@usaid.gov mboggs@usaid.gov</p> <p><b>Activity Director:</b> Susan Mitchell Caroline Quijada</p> <p><b>Organization:</b> Abt Associates Abt Associates</p> <p><b>Telephone:</b> (301)347-5000 (301)347-5000</p> <p><b>Website:</b></p>	<p><b>Purpose</b> SHOPS Plus will strengthen and support the private health sector to provide comprehensive health services while helping to achieve the goals of EPCMD, an AIDS Free Generation, FP 2020 and other USG priorities.</p> <p><b>Services Provide</b> SHOPS Plus serves as a focal point of USAID’s leadership in the private sector and builds on USAID's strong history of private sector programming worldwide, including the work of predecessor projects PSP-One and SHOPS. SHOPS Plus implements a total market approach to foster long-term, sustainable delivery of information, products and services to all market segments or population groups at the community and facility levels. The project will focus prominently on health financing in the private sector as it relates to universal health coverage, public sector engagement and stewardship, innovation, support to and within health systems, integration of services, and research to test and scale up proven and emerging private sector models and approaches. SHOPS Plus offers a variety of technical services available to Missions and their counterparts such as:</p> <ul style="list-style-type: none"><li>Conducting private health sector assessments</li><li>Implementing health financing strategies to remove barriers to care</li><li>Changing private provider and consumer knowledge and behavior</li><li>Increasing provider access to credit</li><li>Scaling up provision of priority health services through the private sector</li><li>Introducing innovation and new technologies to improve private health sector service delivery SHOPS Plus is implemented by Abt Associates and their SHOPS Plus consortium partner organizations.</li></ul> <p><b>Core Partners:</b> Banyan Global, Iris Group, Marie Stopes International, and Population Services International</p> <p><b>Specialized Partners:</b> American College of Nurse Midwives, Avenir Health, Broad Branch Associates, Hyperakt, Insight Health Advisors, Praekelt Foundation, and the William Davidson Institute at the University of Michigan.</p> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Field Support, Core Funding</p>
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# Office of Policy, Programs, & Planning

*Bureau for Global Health*

**Office of Policy, Programs, & Planning**

*Director: Ben Gustafson*

## Global Health Program Cycle Improvement Project (GH Pro)

**Agreement Type:**

Contract

**Agreement Number:**

OAA-C-14-00067

**Project Number:**

936-3098a.19

**Duration:**

7/1/2014 - 7/1/2019

**Geographic Scope:**

Worldwide

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<https://sites.google.com/a/usaid.gov/gh-pro/home> (Internal)

**Purpose**

The GH Pro contract provides USAID operating units working on health-related activities in headquarters and the field with the short and medium-term technical services. It is a follow-on contract to the 5-year GH Tech Project and GH Tech Bridge contracts I-V. For more information please visit our USAID Google Site: <https://sites.google.com/a/usaid.gov/gh-pro/>

**Services Provide**

GH Pro provides consultants for:

Technical assistance: Individuals and teams for strategic planning, project design, assessments/analytical work and other types of technical assistance.

Mission/staffing support: Managerial and technical support for short-term and medium-term assignments (up to 6 months) to fill gaps from temporary absences and provide surge capacity.

Logistical support for meetings/conferences: Assistance for planning, organizing, and implementing meetings, conferences, workshops, and other events.

Evaluation: Performance assessment and evaluation services through independent consultant teams. Typically appropriate for examining a single activity (mechanism).

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Knowledge Management Services II (KMS II)

### Purpose:

The purpose of the KMS II task order is to provide Knowledge Management Services that enhance USAID capacity to manage and evaluate its programs, and to demonstrate and to document the importance and impact of its global health portfolio.

The Task Order has two main functional areas:

1. Data Analysis, Management, and Reporting; Information Dissemination; and Evaluation Planning and Analysis; analysis of health program and financial data and the production of related reports to support senior-management decisions and investments, to comply with Congressional reporting requests and requirements, to inform external audiences of USAID health programs, and to provide support in designing complex program and impact evaluations.
2. Systems Development, Operation, and Maintenance: maintenance of existing data bases and othe IT-based resources including the Global Health Bureau's content on internet and intranet sites, the development of new systems and/or data bases, the introduction and application of new IT tools, and the promotion of practices to provide better access to and sharing of information and knowledge to help guide the design and management of USAID health programs.

### Services Provided

KMS II provides services to all offices of the Bureau for Global Health and is able to accept funds from all GH Elements and all GHCS funds from other USAID operating units. This activity can also accept non-health funding for support to a range of services in conjunction with Health programs. Services include:

- Use of a broad range of data sources and advanced analytic methods to ensure accurate, robust analyses;  
Systematic examination of links between health indicators and socioeconomic and governance data that help explain indicator trends and identify program gaps;
- Information system designs that allow for the integration and accessibility of information sources;
- Information dissemination products, such as "Success Stories" and "Best Practices" that incorporate analysis results;
- Educational and public information functions such as conferences and briefings.

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Contract

### Agreement Number:

OAA-M-14-00011

### Project Number:

936-9100

### Duration:

9/1/2014 - 9/1/2019

### Geographic Scope:

Worldwide

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**MERLIN**

<p><b>Agreement Type:</b> Various</p> <p><b>Agreement Number:</b> Varies</p> <p><b>Project Number:</b> Varies</p> <p><b>Duration:</b> 10/1/2015 - 10/1/2018</p> <p><b>Geographic Scope:</b> Worldwide</p> <p><b>COR/AOR:</b> Juan Carlos Rodriguez Shannon Griswold Douglas Johnson Sophia van der Bijl</p> <p><b>Telephone:</b> N/A</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> jcrodriguez@usaid.gov sgriswold@usaid.gov dojohnson@usaid.gov svanderbijl@usaid.gov</p> <p><b>TA:</b></p> <p><b>Telephone:</b> N/A</p> <p><b>Fax:</b> N/A</p> <p><b>Email:</b> N/A</p> <p><b>Activity Director:</b></p> <p><b>Organization:</b></p> <p><b>Telephone:</b></p> <p><b>Website:</b></p> <p><b>Email:</b></p>	<p><b>Purpose</b> MERLIN is a USAID endeavor led by the U.S. Global Development Lab and in partnership with the Bureau for Policy, Planning and Learning and the Bureau for Global Health. It aims to source, co-create and co-design development solutions that innovate on traditional approaches to monitoring, evaluation, research and learning (MERL).</p> <p><b>Services Provide</b> MERLIN is comprised of several different mechanisms, each with its own specialty. The MERLIN team can help you select among the options.</p> <p>The Developmental Evaluation Pilot Activity (DEPA-MERL) will test the effectiveness of a developmental evaluation approach, as well as accompanying monitoring and evaluation tools and flexible contracting mechanisms, in achieving effective programming for innovative interventions, untested theories of change, and/or implementation in complex contexts. Partners: Social Impact (prime), Search for Common Ground, The William Davidson Institute at the University of Michigan.</p> <p>Rapid Feedback MERL is a collaborative approach to learning and adapting. Improved data capture and compressed feedback loops provide decision-makers with timely, actionable evidence. Design and implementation decisions can be optimized to maximize chances of impact and improve prospects for long-term success. Partners: Results for Development Institute (prime), Abt Associates Inc., Mathematica Policy Research, Notre Dame Initiative for Global Development.</p> <p>SPACES MERL aims to bring a variety of tools and methodologies that decision makers can use (alone or in combination) to enhance assessment of innovation impact potential and to provide a comprehensive systems analysis. Partners: Global Obesity Prevention Center at Johns Hopkins University (prime), Global Knowledge Initiative, LINC, Resilient Africa Network at Makerere University School of Public Health.</p> <p>The application of Balanced Design, Monitoring, Evaluation, Research and Learning (BalanceD-MERL) can help produce flexible and nimble D-MERL frameworks, by building capacity to adhere to the following principles: credible, right-sized, responsible, utilization-focused, and relevant. Partners: World Vision (prime) Innovations for Poverty Action, Institute for Development Impact, Search for Common Ground, The William Davidson Institute at the University of Michigan.</p> <p><b>Special Notes:</b> N/A</p> <p><b>Means of Access</b> Field Support, Core Funding</p>
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# Bureau-wide Projects

*Bureau for Global Health*



## World Health Organization Consolidated Grant

**Agreement Type:**  
Grant

**Agreement Number:**  
GHA-G-00-09-00003

**Project Number:**  
936-3100.51

**Duration:**  
9/1/2009 - 9/1/2016

**Geographic Scope:**  
Worldwide

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### Purpose

This grant provides support for collaborative activities with USAID and the World Health Organization (WHO) in a wide range of health-related activities, including infectious diseases, maternal and child health, family planning, safe motherhood, newborn health, reproductive health, environmental health, and HIV/AIDS.

### Services Provide

The consolidated grant to WHO consolidates most of the Bureau for Global Health's agreements with WHO under one mechanism. The grant supports broad USAID-WHO collaboration at WHO headquarters in Geneva as well as at regional and country offices, in tuberculosis, malaria and other vector borne diseases (e.g., dengue), disease surveillance, research, antimicrobial resistance, maternal and child health, family planning and reproductive health, and HIV/AIDS. This grant replaces the former Umbrella Grant (AAG-G-00-99-00005).

- Specifically, support is provided to WHO's relevant technical and program divisions for technical input and assistance in the development, implementation and/or evaluation of health programs and studies including:
- Global strategy development
- Technical analyses
- Demonstration activities and feasibility studies
- Capacity building
- Policy reform
- Health Systems Strengthening
- Project evaluation and assessments
- Monitoring and evaluation
- Education/information strategies
- Maternal and neonatal health
- Infectious diseases
- Pandemic Influenza and other emerging threats
- Family Planning and Reproductive Health
- Implementing Best Practices in Family Planning
- Medical Eligibility Criteria (MEC)

Proposed programs should include a 13 percent program support fee and an environmental screening fee of \$2,500 per proposal.

### Special Notes:

N/A

### Means of Access

Field Support

**Global Health Supply Chain Program -Business Intelligence & Analytics (GHSC-BI&A)****Purpose:**

This contract will serve as a primary vehicle through which USAID can house program data, perform analysis and understand data trends in support of global health programs.

**Services Provided**

To accomplish this overall contract goal, IntelliCog will:

- Provide a software as a service data collection and analysis solution;
- establish a web-based data warehouse;
- create analysis, graphics, and dashboards around data sets;
- integrate data sets to allow for cross-data comparisons;
- promote data governance policies and processes;
- provide data analyst support to help data owners understand and create meaningful data analysis; and
- collaborate with global partners (e.g. Global Fund, UNFPA, etc.) and other contractors within the Global Health Supply Chain Program to allow data exchange and analysis.

**Special Notes:**

The BI&A contract is one of six mechanisms under the Global Health Supply Chain Program. Core funding will support the initial data collection, data analysis, software as a service (SaaS) solution, SOP generation and governance, quality control testing, global collaboration, and other activities within this contract. Field support will fund additional data set collection, data integration, data analysis, and analytics creation activities under this contract.

**Means of Access:**

Core and Field Support

**Agreement Type:**

Contract

**Agreement Number:**

OAA-M-14-00006

**Project Number:**

936-3090.147

**Duration:**

5/1/2014 - 4/30/2019

**Geographic Scope:**

Worldwide

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**Procurement and Supply Management Project (PSM)**

<b>Agreement Type:</b> IDIQ	<b>Purpose</b> The purpose of the Global Health Supply Chain - Procurement and Supply Management single award IDIQ contract is to ensure uninterrupted supplies of health commodities to prevent suffering, save lives, and strengthen supply chain systems in low and middle income countries. The IDIQ has three task orders that directly support the Presidents Emergency Plan for AIDS Relief (PEPFAR), the President’s Malaria Initiative (PMI), and Population and Reproductive Health.
<b>Agreement Number:</b> OAA-I-15-00004	
<b>Project Number:</b> 936-3090	
<b>Duration:</b> 4/15/2015 - 4/15/2020	<b>Services Provide</b> As a holder of the GHSC-PSM IDIQ, the Chemonics consortium will help improve the availability of health commodities and provide supply chain technical assistance by meeting the following objectives: Objective:
<b>Geographic Scope:</b> Worldwide	
<b>COR/AOR:</b>	
<b>Telephone:</b> N/A	1. Global Commodity Procurement and Logistics This includes: <ul style="list-style-type: none"><li>• Health commodity procurement.</li><li>• Logistics.</li><li>• Health commodity quality assurance.</li></ul>
<b>Fax:</b> N/A	2. Systems Strengthening Technical Assistance This includes: <ul style="list-style-type: none"><li>• Data Visibility.</li></ul>
<b>Email:</b> N/A	3. Global Collaboration to Improve Long-Term Availability of Health Commodities This includes: <ul style="list-style-type: none"><li>• Strategic planning.</li><li>• In-country logistics.</li><li>• Capacity building.</li><li>• Enabling environments.</li></ul>
<b>TA:</b>	
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<b>Special Notes:</b> N/A	
<b>Activity Director:</b> Jennifer Mulnik	<b>Means of Access</b> Direct Task Order
<b>Organization:</b> Chemonics	
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## MEASURE Evaluation Phase IV

### Purpose:

MEASURE Evaluation Phase IV is a five-year Leader with Associates Cooperative Agreement with a ceiling of \$180 million. The project builds on GH's decades-long effort to improve health sector monitoring and evaluation (M&E) and strengthen country health information systems (HIS). The objective of MEASURE Evaluation Phase IV is to enable countries to strengthen their national, community, and facility-based systems to generate high-quality information that is used for decision making at all levels of the health system. To achieve this objective, the project concentrates on four results:

1. Strengthened collection, analysis, and use of routine health data;
2. Improved country-level capacity to manage health information systems, resources, and staff;
3. Methods, tools, and approaches improved and applied to address health information challenges and gaps;
4. Increased capacity for rigorous evaluation.

### Services Provided

MEASURE Evaluation Phase IV is a GH Bureau-wide project in that it provides assistance to all health elements and includes a portfolio of integrated, system-wide strengthening approaches. This phase of the project emphasizes strengthening the collection, analysis, and use of routine health information, and overarching country HIS sustainability. Related areas of technical assistance (TA) include system design and interoperability, and data quality, security, management, analysis, visualization, and use. Another area of emphasis for the project is increasing local capacity for implementation of rigorous evaluation (including impact evaluation). Related areas of TA include quantitative/qualitative study design, protocol development, gender and ethical considerations, use of geographic information, and mentorship and training. MEASURE Evaluation Phase IV is not intended for the implementation of performance evaluation.

### Special Notes:

N/A

### Means of Access:

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-L-14-00004

**Project Number:**  
936-8300.01

**Duration:**  
7/1/2014 - 6/1/2019

**Geographic Scope:**  
Worldwide

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**Global Health Support Initiative II (GHSI-II)**

**Agreement Type:**

Contract

**Agreement Number:**

OAA-C-10-00049

**Project Number:**

936-3105.06

**Duration:**

6/15/2010 - 6/15/2016

**Geographic Scope:**

Worldwide

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**Purpose**

This is a USAID Direct Institutional Administrative Support Services Contract that provides human resource-based support services to USAID's health programs worldwide. Persons hired under this contract will be mid-career or senior professionals in technical areas, with support staff, and will supplement USAID's cadre of health professionals.

**Services Provide**

Persons hired under this contract may serve in the Bureau for Global Health, Regional Bureaus in Washington, D.C., or in field missions around the world (excluding support staff), and they will complement USAID's cadre of health professionals in technical and professional specialties. Their duties will focus on supplementing health programs with their specific skills and experience. These professionals will be expected to contribute to Agency technical leadership in the health sector. Specific goals that they are expected to embrace include:

- Improving global health, including child, maternal and reproductive health;
- Reducing disease, especially HIV/AIDS, malaria, tuberculosis, and polio; and
- Increasing access to improved drinking water and sanitation services.

**Special Notes:**

N/A

**Means of Access**

Field Support

**Technical Assistance Support Contract 4, Africa (TASC4 AFRICA)****Purpose:**

The purpose of TASC4-Africa is to contribute to improvements in the health of people, especially women, children and other vulnerable populations in countries in the developing world, through expansion of basic health services, including family planning, strengthening national health systems, and addressing global issues. Depending on their scope, task order (TO) awards under TASC4-Africa will contribute to one or more of the nine global health program elements of the Investing in People program area.

**Services Provided**

As it contributes to the overall outcome of EPCMD and achieving an AIDS-free generation, TASC4- Africa will:

- Engage in long-term, in country coordination and implementation of population, health, nutrition, and infectious disease activities;
- Provide short-term technical consultations and program implementation support;
- Disseminate information through seminars, workshops, conferences, and working papers;
- Increase capacity of host-country decision makers and technical personnel to design and implement population, health nutrition, and infectious disease interventions;
- Augment technical and programmatic capacity available to USAID/Washington and Missions;
- Conduct and/or oversee implementation of operations, applied research and development activities.

**Special Notes:**

N/A

**Means of Access:**

Field Support, Direct Task Order

**Agreement Type:**

IDIQ

**Agreement Number:**

Multiple

**Project Number:**

936-3106

**Duration:**

6/1/2014 - 6/1/2019

**Geographic Scope:**

Africa

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Encompass (S)

FHI 360

Futures Group

Initiatives Inc. (S)

IntraHealth

International

John Snow Inc.

Midego Inc. (S)

Management Sciences

for Health

PSI

RTI International

**Technical Assistance Support Contract 4, Information and Communication Technology for Health (TASC4 ICT)**

**Agreement Type:**  
IDIQ

**Agreement Number:**  
Multiple

**Project Number:**  
936-3106

**Duration:**  
5/1/2014 - 5/1/2019

**Geographic Scope:**  
Worldwide

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**Purpose**

TASC4 ICT provides USAID missions and bureaus with an opportunity to acquire highly customized sets of skills to support the planning development and application of relevant and sustainable technology for strengthening information systems within the health sector. It may also provide missions and bureaus with technical assistance in delivering effective solutions for health communication and social mobilization, including behavior change communication and public/media relations that support various health activities.

**Services Provide**

TASC4 ICT provides service in the following areas:

- Computer Systems Design Services
- Data Management Services
- IT Infrastructure Management Services
- Health Communication Services
- Organizational Development and Change Management Support Service

Information on USAID Intranet:

- USAID Google Site: url below or search "Health ICT" on Google Site. <https://sites.google.com/a/usaid.gov/tasc4-information-and-communication-technology-for-health/>
- My.USAID.gov: Find us on the new my.usaid.gov intranet by searching for "Health ICT".

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Global Health Professional and Organizational Development (GHPOD)

### Purpose:

The GHPOD program is focused on improving the effectiveness of USAID's health sector by developing and increasing capacity of its health professionals through high quality professional and organizational development services worldwide. GHPOD provides a variety of PD and OD activities that focus on technical, management, leadership, and personal and effectiveness. The prime contractor is Social Impact. GHPOD is a base-year plus three option years Task Order under the Transparency, Accountability, and Performance (TAP) Indefinite Quantity Contract (IQC) (No. AID-OAA-10-00013).

### Services Provided

The program offers a broad range of tailored organizational and professional development assistance through training, teambuilding, strategic planning, and meeting facilitation. Services available through PDMS and GHPOD include:

- Management and Leadership training for improved delegation, influencing, financial & project management, meeting management, leadership, and collaboration within alliances and initiatives.
- Personal effectiveness training in learning to use Myers Briggs Type Indicator (MBIT), emotional intelligence, managing change, and presentation skills.
- Orientation sessions providing new staff overviews of the global health sector, help in setting goals and individual development plans, as well as opportunities to learn from more experienced staff.
- Technical conferences, workshops, and other activities to support technical excellence and learning in key elements of the health sector.
- Team and organizational development retreats that focus on organizational structure, workforce analysis, work planning, improved communication or management practices, program redirection and strategy development.
- Performance management assessments, training, and systems to assist supervisors and staff in effective management of staff performance with and engagement of local partners in health programs.
- Professional leadership and management coaching to support skill acquisition for staff in need of personalized management support.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

### Agreement Type:

Direct Task Order

### Agreement Number:

OAA-TO-12-00030

### Project Number:

936-3105.12

### Duration:

8/1/2012 - 8/1/2016

### Geographic Scope:

Worldwide

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# Center for Accelerating Innovation and Impact

*Bureau for Global Health*

**Center for Accelerating Innovation and Impact**

*Director: Wendy Taylor*

Engage HCD (Human-Centered Design)

**Agreement Type:**  
Contract

**Agreement Number:**

**Project Number:**  
936-9002.01

**Duration:**  
7/1/2015 - 7/1/2018

**Geographic Scope:**  
Worldwide

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**Purpose**

Engage HCD is a contracting vehicle available to USAID's Bureau for Global Health and Missions to procure state-of-the-art human-centered design services. HCD is defined as a process in which the needs, wants, and limitations of end users of a product, service, or process are given extensive attention at each stage of the design process. HCD can be characterized as a multi-stage problem solving process that not only requires designers to analyze and foresee how users are likely to use a given solution, system, or service, but also to test the validity of their assumptions with regard to user behavior in real world tests with actual users. The chief difference from other design philosophies is that HCD tries to optimize the solution, system, or service around how users can, want, or need to use the product, rather than forcing the users to modify their behavior. In so doing, HCD increases the likelihood of users adopting the product or service.

The implementing partner of this work is a new division of Dalberg called the Design Impact Group (DIG). This cross-disciplinary team is made up of anthropologists, designers, human-factor engineers, and business-model designers.

CII is piloting the more intentional use of HCD in a variety of ways across USAID's Global Health work. As such, we will be selective early on in the use of this mechanism to ensure that we are leveraging this new offering in an impactful and sustainable way, while allowing us to best demonstrate and learn from its use in a variety of settings. We encourage proposals and look forward to working with both our Washington and field colleagues as we evaluate potential applications of this work.

**Services Provide**

The HCD process can be applied in a variety of ways and settings. Some of the more common ways are:

Prototype products and services before piloting and scaling. Design programs around human needs. Develop strategies and tools for supporting innovation and design. Please reach out to (David Milestone) for a more detailed overview of this work, previous examples, and how it could be applied.

**Special Notes:**

The HCD process can be applied in a variety of ways and settings. Some of the more common ways are:

Prototype products and services before piloting and scaling  
Design Programs around human needs  
Develop strategies and tools for supporting innovation and design  
Please reach out to the Activity Manager (David Milestone) for a more detailed overview of this work, previous examples, and how it could be applied.

**Means of Access**

Core and Field Support

## Project Last Mile GDA

### Purpose:

USAID, the Coca-Cola Company, the Global Fund to Fight AIDS Tuberculosis and Malaria, and the Bill and Melinda Gates Foundation recently established an alliance to improve the delivery of medicines in developing country markets and, in particular, to those citizens residing in and around the last mile of the medical supply chain. The Alliance seeks to utilize the supply chain expertise and technical capabilities of Coca-Cola — a company whose supply chain is characterized as one of the widest reaching in the world. By leveraging the business intelligence of Coca-Cola in operating efficient and effective supply chain systems, the Alliance seeks to build the strategic capacities of central medical stores and/or those entities or programs responsible for medical commodity distribution. The objective of building this capacity is to increase availability and accessibility of essential medicines in Africa as the initial focus and then in developing countries worldwide.

### Services Provided

- Build the strategic capacities of central medical stores and other public health supply chain entities and programs to operate efficient and effective supply chain systems;
- Design interventions and solutions focused on reducing stock-outs and improving operational efficiencies in the delivery of priority healthcare products;
- Transfer relevant Coca-Cola institutional knowledge to entities and persons involved in developing countries' public health supply chain and capabilities including but not limited to the areas of quantification and forecasting, planning and procurement, data collection, distribution, communication and other relevant supply chain and marketing capabilities; and,
- Set up and maintain longer term mentor and advisory relationships between relevant in-country Coca-Cola bottler/distributor personnel and personnel in the country's public health supply chain to sustain the impact of the Alliance's efforts.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

### Agreement Type:

GDA Grant

### Agreement Number:

OAA-A-14-00047

### Project Number:

936-9001.01

### Duration:

6/1/2014 - 6/1/2019

### Geographic Scope:

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## Saving Lives at Birth: A Grand Challenge for Development

**Agreement Type:**

Cooperative Agreements

**Agreement Number:**

Various

**Project Number:**

936-4000.09

**Duration:**

1/1/2014 - 1/1/2020

**Geographic Scope:**

Worldwide

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**Purpose**

Saving Lives at Birth: A Grand Challenge for Development - a partnership of USAID, the Government of Norway, the Bill and Melinda Gates Foundation, Grand Challenge Canada, the UK Department of International Development (DFID), and the Korea International Cooperation Agency (KOICA) - calls on the brightest minds across the globe to develop groundbreaking prevention and treatment approaches for pregnant mothers and newborns during the vulnerable hours surrounding birth. Since the launch of Saving Lives at Birth in 2011, five annual rounds of awards have been made to support a portfolio of 92 novel technology, service delivery, and demand-simulation solutions for use in low resource settings through 108 awards.

Awards under Saving Lives at Birth include: 1) seed awards to develop and test new ideas, 2) validation awards to introduce and validate the effectiveness of innovations to reach proof-of-concept and 3) transition awards to support successful innovations' scale-up. Of the 108 awards, 73 are managed by USAID, and 43 of these are still active - two active from Round 1, four active from Round 2, seven active from Round 3, twenty-two active from Round 4, and eight active from Round 5.

**Services Provide**

N/A

**Special Notes:**

N/A

**Means of Access**

Core Funding

# Office of Infectious Disease

*Bureau for Global Health*

## **Office of Infectious Disease**

*Director: Elizabeth Fox*

*Deputy Director: Sarah Blanding*

*Deputy Director: Kelly Saldana*

## Centers for Disease Control and Prevention IAA Agreement II

**Agreement Type:**

IAA

**Agreement Number:**

AID-GH-T-15-00002

**Project Number:**

936-6002

**Duration:**

4/1/2015 - 9/30/2020

**Geographic Scope:**

Worldwide

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**Purpose**

To strengthen the delivery of infectious disease and other health programs in developing countries by accessing technical expertise from the Centers for Disease Control and Prevention (CDC) and collaborating with the CDC to address infectious disease and other health problems in the developing world.

**Services Provide**

The umbrella Interagency Agreement (IAA) with CDC allows USAID to access technical expertise from CDC, a world-renowned source of specialized technical experience and expertise in the international health field. The IAA supports activities in the control and prevention of infectious diseases including tuberculosis, malaria, disease surveillance, antimicrobial resistance, neglected tropical diseases, and environmental health.

Specific work plans are developed with appropriate centers or divisions within CDC and activities take the form of short-term consultancies or long term technical assistance. Activities include:

- Technical and program support for the development and implementation of appropriate global/regional/country-level health programs and strategies;
- Monitoring and evaluation of global/regional/country-level health activities, projects and programs; and,
- Studies, assessments, evaluation and other research activities to assist in policy dialogue, planning and formulating health programs.

Missions can access the IAA through field support for either short-orlong term technical assistance.

**Special Notes:**

N/A

**Means of Access**

Field Support

**PSA- Procurement Support Award (Jefferson Consulting Group)****Purpose:**

USAID's Bureau for Global Health awarded Jefferson Solutions (Jefferson) the Procurement Support Award (PSA), a five-year support contract, in July 2013. The PSA allows Global Health and the USAID Missions to quickly access dedicated resources to support acquisition and assistance (A&A) efforts for Global Health-funded and health-related projects. The PSA is also able to provide additional project support on an as-requested basis.

**Services Provided**

The PSA is a time and materials contract designed to save time and agency resources in the A&A process. The PSA can provide support to both health offices and the Office of Acquisition and Assistance (OAA).

The PSA supports the full acquisition and assistance lifecycle for Global Health-funded and health-related projects. The Washington Office as well as USAID Missions can request PSA staff for short-term or long-term services. We provide support for the following activities: Assist in the negotiation and administration of contracts, grants, cooperative agreements and interagency agreements

- Planning Phase: Assist with Concept Papers, Project Appraisal Documents (PAD), Statements of Work, Proposal Instructions, Evaluation Criteria, Choice of Instrument Memo, and IGCE;
- Solicitation Phase: Support OAA with RFPs and RFAs;
- Evaluations Phase: Support TECs with Evaluation Plans, Compliance Reviews, Cost/Price Analysis, Reference Reviews, Etc.;
- Award Phase: Prepare award documentation in GLAAS and support in post-Award debriefs;
- Post Award: Track deliverables, maintain documentation; and,
- PSC Recruitment: Develop position descriptions, build candidate databases, recruit and screen candidates, develop PSC solicitations, manage applications, check references, conduct interviews, and develop award documents.

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**

Contract

**Agreement Number:**

OAA-M-13-00004

**Project Number:**

936-6200.02

**Duration:**

8/1/2013 - 8/31/2018

**Geographic Scope:**

Worldwide

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## DELIVER - Emerging Pandemic Threats Task Order 6

**Agreement Type:**

Task Order

**Agreement Number:**

OAA-TO-11-00015

**Project Number:**

936-3100.57

**Duration:**

2/28/2011 - 9/30/2016

**Geographic Scope:**

Worldwide

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**Purpose**

The objectives of DELIVER Task Order 6 are twofold: ensure the timely, consistent, and efficient provision of critical public health commodities to respond to infectious disease outbreaks; and provide technical assistance to countries to develop efficient, effective systems to maintain their health system laboratory supply needs through the operation and management of a secure, reliable, agile, and efficient supply chain and the provision of technical assistance.

**Services Provide**

DELIVER Task Order 6 works with the Emerging Pandemic Threats (EPT) Program partners to assist developing countries to:

- Develop supply chain management capacity through advocacy for investment in supply chains to improve laboratory capacity and quality of services;
- Build the capacity of their laboratories through supply chain management technical assistance in support of EPT Program partners with:
  - logistics system assessment,
  - logistics system design and implementation,
  - logistics management information systems (LMIS), manual and web-based,
  - product selection and use,
  - quantification (forecasting and supply planning),
  - commodity financing and procurement,
  - inventory management, storage and distribution,
  - national commodity security policy and strategy,
  - capacity building in logistics management,
  - logistics monitoring and supportive supervision,
  - other supply chain innovations and initiatives (e.g. supply chain integration, outsourcing/third party logistics services, workforce excellence in supply chain management);
- Facilitate laboratory strategic planning workshops to ensure that supply chain issues are addressed;
- Procure public health commodities and other supplies required to effectively and rapidly respond to outbreaks of infectious diseases globally; and,
- Coordinate the in-country receipt, distribution, and transportation of commodities including developing processes and standards for ordering, receiving, transferring, transporting, storing, releasing, and distributing commodities within recipient countries.

**Special Notes:**

N/A

**Means of Access**

Core Funding

**Food and Agriculture Organization of the United Nations (FAO) Umbrella Grant****Purpose:**

To provide support to FAO to carry out collaborative activities with USAID to prevent and control highly pathogenic avian influenza (HPAI) and other emerging zoonotic diseases of significant public health concern as well as other diseases, such as H1N1 influenza, that can infect both humans and animals. The overall objective is to reduce the risk of human exposure by reducing infections in animals.

**Services Provided**

This umbrella grant mechanism allows USAID missions and bureaus to provide support to FAO either to headquarters or to regional and country offices for specific technical input and assistance related to avian influenza and other zoonotic diseases of significant public health concern, including H1N1 influenza. USAID supports FAO as the lead international organization for animal health activities, with capacities to support outbreak surveillance and investigation, response, planning and preparedness, improved biosecurity, disinfection, public-private partnerships and communications.

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**  
Grant

**Agreement Number:**  
GHA-G-00-06-00001

**Project Number:**  
936-3100.32

**Duration:**  
9/1/2006 - 4/30/2019

**Geographic Scope:**  
Worldwide

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One Health Workforce (OHW)

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
OAA-A-15-00014  
**Project Number:**  
936-6600  
**Duration:**  
11/1/2014 - 11/30/2019  
**Geographic Scope:**  
West/Central/East  
Africa and  
South/Southeast Asia  
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**Purpose**

This project will build on existing One Health University Networks in Africa and South East Asia to provide solutions to the workforce needs of national ministries and the private sector, as well as focus on strengthening the operational capacities of the university networks. A partnership between the University of Minnesota and Tufts University will support institutions under OHW in strengthening faculty Capacities for OH teaching, research, and community outreach, to ensure that graduates are prepared with core competencies and skills for preventing, controlling, detecting and responding to zoonotic diseases. Ultimately this will position the One Health Networks as long-term sustainable leaders in One Health.

**Services Provide**

1. Work through the regional and country networks to support universities to strengthen their graduate and undergraduate preparation of future health workers to meet country OH workforce needs (e.g., the future OH workforce) by:
  - a. Targeting training programs to identified needs at the country level; Promoting cross-disciplinary, cross-institutional and cross-sectoral (public-private-academic) collaboration in training
  - b. Transforming the classroom through innovative and problem based teaching and training;
  - c. Incorporating practical experience and skill building (One health practice) into training programs-both existing and new.
2. Work through the regional and country networks to support universities to strengthen their graduate and undergraduate preparation of current health workers to meet country OH workforce needs by:
  - a. Creating in-service continuing education programs designed to strengthen capacity in government and the private sector in an ongoing basis to meet identified country OH workforce needs;
  - b. Designing applied training programs aimed at advancing in service careers through remote/service-based certificate, masters and doctorate level training programs.
3. Help strengthen Regional and national university networks in ways that promote their sustainability by:
  - a. Reviewing and strengthening their organizational systems including financial, management, and communication;
  - b. Identifying sustainable strategies to engage and support universities and faculty.

**Special Notes:**

N/A

**Means of Access**

Core Funding

**Predict-2****Purpose:**

The overall goal of the PREDICT-2 project is to improve characterization of biological and behavioral risks to better understand which locations, “epidemiological zones, or interfaces are most associated with spillover, amplification, and spread of zoonotic viruses with pandemic potential. The activity has the following overarching objectives:

*Objective 1: Viral monitoring*— conduct monitoring of priority viral families in wildlife and human populations at “high-risk” animal-human interfaces to expand existing data sets, allowing for more-detailed understanding of the biological drivers responsible for zoonotic virus spillover, amplification, and spread.

*Objective 2: Risk characterization*— conduct monitoring of behaviors, practices, and conditions at the “high-risk” animal-human interfaces where viral monitoring is being conducted in wildlife, livestock, and human populations to expand existing data sets and allow for more-detailed understanding of the behavioral drivers that contribute to zoonotic virus spillover, amplification, and spread.

*Objective 3: Global surveillance networks and analysis*— improve collection and use of data related to monitoring and responding to priority zoonotic viruses with pandemic potential.

*Objective 4: Validation of “One Health” approaches*— gather evidence for policy makers to show the value of One Health investments.

**Services Provided**

- Technical assistance, limited operational support, and capacity strengthening for host-country institution viral surveillance and laboratory testing.
- Longitudinal monitoring of a limited number of priority zoonotic viral families (e.g. influenza, coronaviruses) with pandemic potential, to track changes in geographic and host distribution, transmissibility, infectivity, and viral evolution.
- Technical assistance, limited operational support, and capacity strengthening for host-country institutions to conduct surveillance of behaviors, practices, and conditions at the “high-risk” animal-human interfaces where viral monitoring is being conducted in wildlife, livestock, and human populations.
- Modeling to predict spillover, amplification, spread using biological and behavioral monitoring data to predict which locations, epidemiological zones, or interfaces have highest risk for spillover, amplification, and spread of zoonotic viruses with pandemic potential.

**Special Notes:**

N/A

**Means of Access:**

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
AID-OAA-A-14-00102

**Project Number:**  
936-4002

**Duration:**  
9/1/2014 - 9/30/2019

**Geographic Scope:**  
Worldwide

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**Preparedness & Response (P&R)**

**Agreement Type:**  
Cooperative Agreement  
**Agreement Number:**  
AID-OAA-A-14-00098  
**Project Number:**  
936-4002  
**Duration:**  
10/1/2014 - 9/30/2019  
**Geographic Scope:**  
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**Purpose**  
A project within USAID's Emerging Pandemic Threats 2 Program (EPT-2), the goal of the Preparedness and Response Project (P&R) is to enable national governments to establish and strengthen systems, policies and practices for the prevention, detection, response and control of emerging disease threats, especially zoonotic diseases. The project has two major objectives:  
  
(1) establish and strengthen National One Health Platforms, which are formal groups of senior technical and administrative government representatives from a broad range of sectors who meet on a regular basis to coordinate for improved health with each sector and for prevention and control of zoonotic diseases, and  
  
(2) initiate and support development, testing and implementation of multi-sectoral National Preparedness and Response Plans for Public Health Emergencies.  
**Services Provide**  
N/A  
**Special Notes:**  
N/A  
**Means of Access**  
Core Funding

**DELIVER Malaria Task Order 7****Purpose:**

To provide USAID Missions and Bureaus with a worldwide mechanism to support the goals and objectives of the President's Malaria Initiative and USAID's goal of reducing the burden of malaria in Africa. It will support USAID's implementation of malaria prevention and treatment programs through the procurement, management, and delivery of high quality, safe, and effective malaria commodities; the provision of on-the-ground logistics capacity, technical assistance, and pharmaceutical management expertise; and technical leadership to strengthen the global supply, demand, and financing of high quality malaria commodities.

**Services Provided**

Procurement of high quality, safe, and effective malaria commodities with on-the-ground logistics capacity, technical assistance and pharmaceutical management expertise. The goals of this task order are as follows:

- To improve and expand USAID's provision of malaria commodities to programs through direct procurement and delivery to country;
- To strengthen in-country supply systems and capacity for effective management of malaria commodities; and,
- To improve global supply and long-term availability of malaria commodities.

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**

Task Order

**Agreement Number:**

OAA-TO-11-00012

**Project Number:**

936-3100.54

**Duration:**

3/1/2011 - 9/30/2016

**Geographic Scope:**

Worldwide

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**Global Health Supply Chain Procurement and Supply Management Malaria Task Order 2**

**Purpose**

To provide USAID Missions, Bureaus and operating units with a worldwide mechanism to support the President’s Malaria Initiative’s and USAID’s goal of reducing the burden of malaria and supporting related activities pursuant to USAID’s maternal and child health and other infectious disease goals. It will primarily support USAID’s implementation of malaria programs through the procurement, management and delivery of high quality, safe and effective malaria commodities; the provision of on-the-ground logistics, supply chain and related systems strengthening technical assistance and implementation capacity; and provide technical leadership to strengthen the global, demand, financing and introduction of existing and future malaria commodities.

**Services Provide**

Procurement, management and delivery of high quality, safe, and effective malaria commodities with on-the-ground logistics capacity, technical assistance and implementation capacity. The objectives of this task order are as follows:

- Improve the provision of health commodities through global commodity procurement and logistics;
- Strengthen in-country supply chain systems through supply chain technical assistance; and,

Global collaboration to engage strategically to improve long term global supply of health commodities.

**Special Notes:**

N/A

**Means of Access**

Field Support

**Agreement Type:**

Task Order

**Agreement Number:**

AID-OAA-TO-15-00009

**Project Number:**

936-3090

**Duration:**

4/1/2015 - 4/30/2020

**Geographic Scope:**

Worldwide

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**Indoor Residual Spraying 2 Task Order 6 (The PMI AIRS Project)****Purpose:**

To support planning and implementation of indoor residual spraying (IRS) programs to prevent malaria. This task order will enhance USAID's ability to implement IRS programs on the ground through cost-effective commodities procurement for IRS, IRS logistics systems, access to technical expertise, and implementation of IRS in countries affected by malaria. The IRS 2 TO 6 contract places added emphasis on building the capacity of Ministries of Health and local institutions to plan, conduct, supervise and monitor IRS programs.

**Services Provided**

1. Establish cost-effective supply chain mechanisms including procurement, distribution and storage of IRS-related commodities and execute all aspects of logistical plans for IRS-related activities.
2. Implement safe and high-quality IRS programs and provide operational management support (i.e., field supervision, operations planning, and day-to-day implementation management) and expert short-and long-term technical and administrative assistance, primarily in the PMI focus countries but also in other countries where USAID supports malaria programs (specified annually by USAID).
3. Provide on-going monitoring and evaluation for activities and ensure quality control measures for commodities, operations, and monitoring are established and/or refined and implemented.
4. Contribute to global IRS policy – setting and country – level policy development of evidence – based IRS and disseminate experiences and best practices.
5. Contribute to the collection and analysis of routine entomological and epidemiological data, in order to effectively monitor and promote evidence-based vector control interventions, including PMI or USAID-directed research and the piloting of relevant, novel tools/technologies.
6. Strengthen the capacity of NMCPs, health personnel and other relevant institutions in the managerial, technical, supervisory, and evaluative functions of IRS (Components 1-3) by engaging, training, and supervising personnel at the central, provincial, district, and community levels. In addition, ensure that planning and implementation of IRS includes attention to gender considerations and that IRS continues to protect women and children of targeted communities from malaria.

**Special Notes:**

N/A

**Means of Access:**

Core and Field Support

**Agreement Type:**

Contract

**Agreement Number:**

OAA-TO-14-00035

**Project Number:**

936-3100.Gc

**Duration:**

9/1/2014 - 9/30/2017

**Geographic Scope:**

Worldwide

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**International Federation of Red Cross and Red Crescent Societies (IFRC) Umbrella**

**Agreement Type:**  
Grant

**Agreement Number:**  
GHA-G-00-08-00006

**Project Number:**  
936-3100.48

**Duration:**  
9/1/2008 - 9/30/2018

**Geographic Scope:**  
Worldwide

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**Purpose**  
The purpose of this grant is to support the IFRC’s efforts to prevent and control malaria and tuberculosis.

**Services Provide**  
This grant will provide a flexible and simple means for USAID operating units to access the federation’s headquarters and field office expertise to support tuberculosis and malaria activities. Through individual proposals, USAID missions or headquarters will be able to work with IFRC to customize scopes of work, work-plans, budgets, and indicators to meet the needs of the country, USAID mission and IFRC, in coordination with other funding partners. In general, activities will focus on utilizing Red Cross and Red Crescent volunteers to increase insecticidetreated net (ITN) ownership, increase the correct and consistent use of ITNs, improve understanding and awareness of the signs and symptoms of malaria, and provide community-based activities to help scale-up proven malaria prevention and treatment interventions. In the area of TB, activities will focus on increasing the detection and treatment of tuberculosis using proven interventions and engage in international partnership to support the goals of the Stop TB program.

**Special Notes:**  
N/A

**Means of Access**  
Field Support

## IVCC: Bringing Insecticide-based Tools to Market

### Purpose:

The Innovative Vector Control Consortium (IVCC) is an international public-private partnership whose aim is to foster research and development of new vector control products and tools for public health, including new insecticides and insecticide formulations. IVCC was awarded a 5-year Cooperative Agreement in September 2013 to support its work to advance 3 novel insecticide candidates to the final stages of development by 2019.

### Services Provided

IVCC is working with private sector industry partners to develop cost-effective alternatives to pyrethroid insecticides for public health use in malaria control. Activities related to insecticide development include testing on lead compounds and selection of alternative chemical classes for consideration. Testing encompasses human and environmental toxicology, biological efficacy, cross-resistance, and stability. In addition, IVCC aims to accelerate market entry for new vector control products

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-13-00086

**Project Number:**  
936-6301

**Duration:**  
10/1/2013 - 9/30/2018

**Geographic Scope:**  
Worldwide

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**Malaria Vaccine Development Program (MVDP) / Naval Medical Research Center (NMRC)**

**Agreement Type:**

Various

**Agreement Number:**

GHA-T-00-09-00004

**Project Number:**

936-6300

**Duration:**

9/1/2013 - 9/30/2018

**Geographic Scope:**

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**Purpose**

To develop malaria vaccines for use in control programs in the developing world. Through a cadre of partners dedicated to the malaria vaccine development enterprise, MVDP maintains a pipeline of candidate vaccines in pre-clinical, clinical and field evaluation.

**Services Provide**

The USAID MVDP has been successful in building strategic partnerships with some of the most capable malaria vaccine groups in the world. Through these partnerships, the program currently works toward vaccines that attack the parasite both in the liver and in the blood stream using both standard and innovative technologies to acquire key insights into how to best overcome the parasite's evasion tactics.

**Special Notes:**

N/A

**Means of Access**

## Malaria Vaccine Development Program (MVDP) / Walter Reed Army Institute of Research (WRAIR) Umbrella

### Purpose:

To develop malaria vaccines for use in control programs in the developing world. Through a cadre of partners dedicated to the malaria vaccine development enterprise, MVDP maintains a pipeline of candidate vaccines in pre-clinical, clinical and field evaluation.

### Services Provided

The USAID MVDP has been successful in building strategic partnerships with some of the most capable malaria vaccine groups in the world. Through these partnerships, the program currently works toward vaccines that attack the parasite both in the liver and in the blood stream using both standard and innovative technologies to acquire key insights into how to best overcome the parasite's evasion tactics.

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Various

### Agreement Number:

GHA-T-00-08-00007

### Project Number:

936-6300

### Duration:

9/1/2013 - 9/30/2018

### Geographic Scope:

Worldwide

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## MalariaCare

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-12-00057

**Project Number:**

936-3100.118

**Duration:**

9/1/2012 - 9/30/2017

**Geographic Scope:**

Worldwide

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**Website:****Purpose**

Program for Appropriate Technology in Health (PATH) and its partners were awarded a 5-year Cooperative Agreement in September 2012 to support PMI focus or non-focus countries to scale up high-quality malaria diagnosis and case management services for malaria and other childhood illnesses; and to strengthen laboratory diagnostic capacity for malaria and other infectious diseases.

**Services Provide**

Under MalariaCare, PATH and its partners will work to improve accuracy of diagnostic testing in the public sector; increase the percentage of suspected malaria patients who received a diagnostic test for malaria; increase the percentage of patients who receive appropriate treatment for malaria or other related illness, consistent with the diagnostic test; and strengthen lab systems at country level for diagnosis of malaria and other infectious disease. PATH's partners on the MalariaCare project include Medical Care Development International (MCDI), Population Services International (PSI), and Save the Children. MalariaCare offers comprehensive technical support to USAID Missions and national governments to expand high-quality diagnosis and treatment for malaria and other childhood illnesses and infectious diseases. Our services include technical assistance, implementation support, training and capacity-building, policy development, and monitoring and evaluation. The project also contributes to global leadership to advance worldwide malaria control efforts by identifying and sharing innovations and best practices in malaria diagnosis and treatment. The MalariaCare team's expertise includes laboratory strengthening, malaria diagnosis and treatment, and community-based management of sick children in both the public and private sectors

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Medicines for Malaria Venture

### Purpose:

The Medicines for Malaria Venture MMV was established in 1999 to build and manage a research and development portfolio capable of leading to the registration of at least one new antimalarial drug every five years. Although partnered with industry, MMV's focus is on discovery and development of drugs that will be affordable to populations living in malaria endemic areas. MMV manages and directs research and development activities carried out at a broad variety of institutions, comprising 42 academic and pharmaceutical organizations located in 10 different countries. At present, there are 38 candidate anti-malarial agents in MMV's portfolio, including several completely new therapeutic targets. This portfolio is highly dynamic and managed to accelerate the identification and development of promising candidates and also the recognition and rapid replacement of less promising drug projects.

### Services Provided

Emphasis in the MMV portfolio is being placed on developing drugs and drug combinations that:

- Are effective against drug-resistant strains of P. Falciparum;
- Improve patient compliance with therapeutic regimens of 3 days or less;
- Have a low propensity to select for drug resistance;
- Are safe in young children and pregnant women;
- Have potential for use as intermittent preventive treatment in pregnancy; and,
- Cost of product is no more than \$1.00 U.S. per treatment

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
GHS-A-00-04-00014

**Project Number:**  
936-3100.13

**Duration:**  
9/1/2007 - 9/1/2017

**Geographic Scope:**  
Worldwide

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## VectorWorks

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-14-00057

**Project Number:**

936-6301

**Duration:**

10/1/2014 - 9/30/2019

**Geographic Scope:**

Worldwide

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**Purpose**

VectorWorks project is a comprehensive and innovative program to support countries to achieve and maintain high levels of coverage and use of long-lasting ITNs as well as to facilitate the adoption of proven alternative vector management interventions, including those targeting specific sites or populations.

**Services Provide**

The project will build upon previous successful investments in longlasting ITNs and offer state-of-the-art approaches to scale-up additional tools. This agreement goal reflects USAID/PMI's intent to continue investments in ongoing and new areas of emphasis related to achieving and maintaining high ownership and use of long-lasting ITNs and potentially other alternative vector management interventions that may be identified in the future.

The project is implemented by Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, with its partners: Population Services International, Tropical Health, Tulane University, the Mennonite Economic Development Associates, and the Swiss Tropical and Public Health Institute. The agreement has three objectives:

- Objective 1: Develop and promote policies at both the international and national levels to encourage sustained, high levels of coverage and use of long-lasting ITNs and/or alternative vector management interventions;
- Objective 2: Design, conduct and analyze results from monitoring, evaluation, and operational research activities in order to improve current best practices of long-lasting ITNs and/or alternative vector management interventions; and,
- Objective 3: Promote and support country-level implementation of malaria prevention activities to ensure sustained high level coverage and use of long-lasting ITNs and, as needed, targeted coverage and appropriate use of alternative vector management interventions

**Special Notes:**

N/A

**Means of Access**

Field Support

**Coalition on Operational Research for Neglected Tropical Diseases GDA (COR-NTD)****Purpose:**

The global momentum to control or eliminate Neglected Tropical Diseases (NTDs) accelerated dramatically following new and expanded commitments by private and public partners endorsing the London Declaration calls for new efforts to advance research and development. Such research is especially critical for those NTD programs targeting disease elimination.

Many aspects of the research in NTDs are common to all of the current disease-specific NTD initiatives. These disease-specific initiatives of share similar technical approaches and programmatic objectives.

The purpose of this project is to capitalize on the similarity in the different NTD disease-specific approaches to promote both efficiency and effectiveness in related operational research (OR) supporting these programs. Critical research priorities have been identified through a series of consultative processes on NTD OR hosted by BMGF and the NTD Support Center (NTD-SC) at the Task Force for Global Health (TFGH). The COR-NTD will define the most important research gaps and unmet needs that can be addressed through coordinated OR.

**Services Provided**

- Help focus the NTD research community on its common challenges by creating a network of investigators to identify and prioritize the NTD research needs;
- Define and undertake a coordinated research initiative targeting these prioritized needs;
- Improve the timeliness of the OR response to new challenges identified by NTD country programs;
- Work with the donor community to ensure that support for research is adequate to meet program needs;
- Collaborate with other NTD research efforts (e.g., DFID-funded research); and,
- Harness the comparative advantages of BMGF and USAID in spearheading this initiative.
- Help focus the NTD research community on its common challenges by creating a network of investigators to identify and prioritize the NTD research needs;
- Define and undertake a coordinated research initiative targeting these prioritized needs;
- Improve the timeliness of the OR response to new challenges identified by NTD country programs;
- Work with the donor community to ensure that support for research is adequate to meet program needs;
- Collaborate with other NTD research efforts (e.g., DFID-funded research); and,
- Harness the comparative advantages of BMGF and USAID in spearheading this initiative.

**Special Notes:**

N/A

**Means of Access:**

Core Funding

**Agreement Type:**

Grant

**Agreement Number:**

OAA-G-14-00008

**Project Number:**

936-6502

**Duration:**

6/1/2014 - 6/30/2019

**Geographic Scope:**

Africa

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## Delivering a Macrofilaricide to Address Urgent Treatment Needs of Patients Suffering from Onchocerciasis and Lymphatic Filariasis GDA (DNDi)

<b>Agreement Type:</b> GDA Grant	<b>Purpose</b> Filarial diseases cover three debilitating infectious diseases caused by parasitic worms: onchocerciasis (river blindness), lymphatic filariasis (LF, or elephantiasis), and loiasis (African eye worm, or Loa loa). More than 1 billion of the world's poorest people are at risk and an estimated 128 million people suffer from LF; 47 million with onchocerciasis; and unknown numbers with loiasis.
<b>Agreement Number:</b> OAA-G-14-00010	
<b>Project Number:</b> 936-6501	
<b>Duration:</b> 9/1/2014 - 9/30/2019	Programs for the treatment and control of filarial diseases through mass drug administration (MDA) have been in place for over 20 years but have only met partial success. Current drug treatments use microfilaricides, killing only the larvae that mature by passage through an insect vector. While this is effective in reducing transmission treatment, it must be repeated at regular intervals for the life of the adult worm (up to 17 years), making implementation extremely difficult in endemic countries. There is an urgent need for a macrofilaricide, targeting adult worms that can be used for onchocerciasis and LF, particularly in Loa loa co-endemic areas. The purpose of this GDA is to develop a macrofilaricide for use in individual case management and, after appropriate testing, as an alternative preventive treatment in MDA programs.
<b>Geographic Scope:</b> Africa	
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<b>TA:</b>	<b>Services Provide</b> The goal of the DNDi Filaria Program is to improve individual patient care and contribute to efforts to treat, control, and eliminate filarial infections by developing a safe, efficacious, affordable, and field-adapted macrofilaricidal drug to treat onchocerciasis and/or LF patients in need. DNDi and partners aim to advance four drug candidates to Phase I clinical testing of safety and tolerability as well as defining maximum tolerated dose for use in efficacy testing.
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<b>Email:</b> N/A	<b>Means of Access</b> Core Funding
<b>Activity Director:</b>	
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**End Neglected Diseases (END) in Africa: Family Health International 360 (FHI 360)****Purpose:**

Neglected Tropical Diseases (NTDs) affect the health of over one billion people worldwide, with over two billion people at risk, especially among those living in poverty in remote rural areas or urban slums. Children are disproportionately affected and can live with the consequences their whole lives, including severe physical pain, irreversible disability, gross disfigurement, mental impairment, and, in some cases, death.

The purpose of this agreement is to support the control of seven NTDs in Africa. These diseases include lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (snail fever), three soil transmitted helminthes (hookworm, roundworm, and whip-worm), and trachoma, all of which can be controlled or eliminated in an integrated fashion using costeffective strategies for preventive chemotherapy (PCT) with highly effective drugs, many of which are donated by major pharmaceutical companies.

**Services Provided**

This cooperative agreement implemented by Family Health International 360 (FHI360) focuses on the expansion of NTD control or elimination programs in African countries. FHI360 provides managerial assistance, supports robust monitoring & evaluation systems, and coordinates reporting of technical progress. FHI360 also provides careful managerial oversight of funds to grantees that have experience implementing integrated NTD control or elimination programs and advanced financial accounting and fiscal management systems. FHI360 provides managerial capacity, organizational skills, a proven track record in managerial technical assistance, and development of streamlined work plans and budgets. FHI360 also has a history of close working collaboration with Ministries of Health and/or Ministries of Education in developing countries. NTD-specific technical direction and decision making under this award will be coordinated directly by USAID.

**Special Notes:**

N/A

**Means of Access:**

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-10-00050

**Project Number:**  
936-3100.55

**Duration:**  
9/1/2010 - 9/30/2018

**Geographic Scope:**  
Africa

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## ENVISION

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-11-00048

**Project Number:**

936-3100.58

**Duration:**

9/1/2011 - 9/30/2019

**Geographic Scope:**

Worldwide

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**Purpose**

To provide USAID and the Bureau for Global Health with assistance to decrease the burden of Neglected Tropical Diseases (NTDs) that inflict economic, psychosocial and physical damage on the poorest populations of the developing world.

The special focus of this cooperative agreement is the control, and in some cases, elimination, of seven NTDs – lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (snail fever), blinding trachoma, and soil-transmitted helminths (hookworm, roundworm, and whipworm) in 14 countries via targeted preventive chemotherapy delivered through mass drug administration. Most of the drugs required are donated through highly successful public-private partnerships with several major pharmaceutical companies.

Led by RTI International and its partners, this project follows and builds on the Neglected Tropical Disease Control Program, USAID's first NTD project launched in 2006. ENVISION will continue to focus on an integrated approach to deliver NTD treatments to target countries, documenting control and elimination through comprehensive monitoring and evaluation.

**Services Provide**

Support host countries to prepare and execute comprehensive country plans for NTDs using preventive chemotherapy and integrated strategies to reduce costs and improve health outcomes by controlling and in some cases eliminating the targeted diseases.

- Issue and manage grants in target countries focused on supporting host country governments to introduce and/or scale up integrated NTD programs;
- Develop global technical tools and guidelines with the World Health Organization to support integrated implementation of NTD programs and dissemination of best practices;
- Provide technical assistance through an on-demand 'Technical Assistance Facility'; and,
- Coordinate resource mobilization, expertise, NTD-specific technical direction and award decision-making at central level (GH)

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Morbidity Management and Disability Prevention for Blinding Trachoma and Lymphatic Filariasis (MMDP)

### Purpose:

USAID's NTD Program is focused on the control, and in some cases, elimination, of seven NTDs through the delivery of preventative drug treatments through mass drug administration (MDA). The Morbidity Management and Disability Prevention (MMDP) Project is a complementary investment, which aims to help countries meet elimination targets for trachoma and lymphatic filariasis (LF) and alleviate the suffering and debilitating effects of these diseases. This will be achieved through the development of tools and best practices for the provision of quality services for the management of the morbidity, disability and disfigurement associated with trachoma and LF.

### Services Provided

This project will provide assistance to a subset of countries already supported by USAID's NTD Program to develop tools and best practices to increase quality and access to MMDP services for LF and blinding trachoma, including surgeries, and assist them in monitoring these interventions. This strategic and complementary investment aims to aid in the achievement of elimination targets and alleviate the suffering of individuals facing the debilitating consequences of blinding trachoma and LF.

### Special Notes:

N/A

### Means of Access:

Core Funding

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00054

**Project Number:**  
936-6500

**Duration:**  
7/1/2014 - 7/31/2019

**Geographic Scope:**  
Africa

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## Onchocerciasis Elimination Program of the Americas (OEPA)

**Agreement Type:**

Grant

**Agreement Number:**

OAA-G-12-00020

**Project Number:**

936-3100.61

**Duration:**

9/1/2012 - 9/30/2017

**Geographic Scope:**

Worldwide

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**Purpose**

Onchocerciasis, commonly called river blindness, is a blinding disease, with severe economic and social consequences. In Latin America, onchocerciasis was present in 13 foci within six countries: Brazil, Venezuela, Mexico, Ecuador, Guatemala, and Colombia. Despite significant progress in eliminating disease transmission in 11 of the 13 foci (in all but Venezuela and Brazil), and Colombia, and Ecuador, and Mexico receiving verification of elimination in 2013, and 2014, 2015 respectively, challenges remain to fully eliminate onchocerciasis in hard-to-reach, indigenous populations in the Amazon region.

The Carter Center's Onchocerciasis Elimination Program for the Americas (OEPA) works closely with each endemic country's Ministry of Health to eliminate river blindness from the region. Aimed at eliminating the first parasitic disease from a region, this grant contributes to the public health of the entire Latin American region and meet a key goal within the GHI strategy - the elimination of onchocerciasis in Latin America. It is expected that river blindness in the Americas will no longer plague the population in the next four to five years.

**Services Provide**

The Carter Center prepares and executes onchocerciasis elimination activities in each of the six endemic countries;

- In Brazil and Venezuela, OEPA supports the distribution of Merck donated Mectizan® four times per year to hasten elimination in the remote, cross-border Yanomami area;
- Health education, advocacy and awareness of onchocerciasis in all six countries;
- Maintaining and enhancing national and regional technical coordination and activities, including robust monitoring and evaluation, in all six countries; and,
- Preparation for verification of elimination in Guatemala and Mexico.

**Special Notes:**

N/A

**Means of Access**

Core Funding

## Challenge TB

### Purpose:

Challenge TB serves as one of USAID's main country level TB implementation mechanisms. Challenge TB aligns with the WHO post- 2015 Global TB Strategy and the new USG TB Strategy to enhance focus on improving patient-centered quality TB services, building local capacity and the utilization of innovations and new technologies to move forward in the global fight against TB.

### Services Provided

Challenge TB is implemented by lead partner KNCV Tuberculosis Foundation, and other consortium partners include American Thoracic Society, FHI 360, IRD, International Union Against Tuberculosis and Lung Disease, Japan Anti-Tuberculosis Association, MSH, PATH and WHO. The project provides an array of services to reach, cure and prevent TB under three overarching objectives:

1. Improved access to patient-centered quality TB, drug-resistant TB, and TB/HIV services;
2. Strengthened TB platforms; and,
3. Prevention of transmission and disease progression

### Special Notes:

N/A

### Means of Access:

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00029

**Project Number:**  
936-6400

**Duration:**  
9/1/2014 - 9/30/2019

**Geographic Scope:**  
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## Global Alliance for TB Drug Development

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

GHS-A-00-08-00012

**Project Number:**

936-3100.39

**Duration:**

9/1/2008 - 9/30/2018

**Geographic Scope:**

Worldwide

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**Purpose**

The Global Alliance for TB Drug Development (TB Alliance) is a non-profit, public-private partnership with the mission to develop new TB drugs that shorten and simplify treatment, treat MDR-TB and better treat latent infection. The TB alliance was created to address the lack of market incentives that brought research and development efforts for new TB drugs to a virtual standstill after the 1960s.

**Services Provide**

As a not-for-profit public-private partnership, the TB alliance links the best practices and drives of the private sector with the health equity priorities and resources of the public sector. This process helps design new ways to leverage worldwide science and market forces for public good. With a sole focus on new TB drug development, the TB alliance has established a strong pipeline of drug candidates. Anticipated developments include:

- Introduction of at least one moxifloxacin-based new treatments shortening regimen to the field and registration globally;
- Movement of a multidrug-resistant TB (MDR-TB) treatment through Phase III trials;
- Development of treatments for drug-resistant TB and drug-sensitive TB.

**Special Notes:**

N/A

**Means of Access**

Core Funding

## STOP TB Partnership

### Purpose:

The purpose of the Stop TB Partnership is to realize the goal of elimination of tuberculosis (TB) as a public health problem, and ultimately to obtain a world free of TB. Its mission is to: (i) ensure that every TB patient has access to effective diagnosis, treatment, and cure; (ii) stop transmission of TB; (iii) reduce the inequitable social and economic toll of TB; and, (iv) develop and implement new preventive, diagnostic, and therapeutic tools and strategies to stop TB. An important partner in USAID's TB program, this grant focuses on three main areas: 1) Support for the Global TB Drug Facility (GDF) and; 2) Support for key activities of the Stop TB Partnership Secretariat related to priority areas of USAID's strategy.

### Services Provided

Global TB Drug Facility (GDF): The GDF is a mechanism of the STB Partnership and is under the direction of the STB Partnership Secretariat. The GDF is the largest supplier of quality-assured patient treatments (first line drugs, second line drugs and pediatric formulations) worldwide in the public sector. GDF is a unique TB medicines procurement mechanism, and also provides technical assistance and innovative tools to countries. This grant supports the work of the GDF, including: monitoring of GDF recipients to assess program performance; rational use of anti-TB drugs; financial flows and drug management; procurement of anti-TB drugs via a competitive bidding process; technical assistance to improve the management of anti-TB drugs; the promotion of fixed-dose-combination products; the development and testing of new products such as diagnostic kits; general GDF management and information management and support; the development of a comprehensive advocacy strategy for the GDF to help ensure that it has adequate resources to implement work plan activities.

Support for the STB Partnership Secretariat and other technical areas: The Secretariat supports relations with all the Stop TB partners, and encompasses liaison with current Partners, potential partners and global initiatives (e.g., the Global Fund). In addition, specific initiatives will be supported with a focus on governance, partner engagement, and strategic planning by strengthening support to partnership bodies, including the Coordinating Board, Working Groups, the Challenge Facility for Civil Society, and the Global Coalition of TB Activists (GCTA).

### Special Notes:

N/A

### Means of Access:

Field Support

### Agreement Type:

Grant

### Agreement Number:

AID-GH-IO-15-00002

### Project Number:

936-3100.46

### Duration:

2/3/2015 - 9/30/2019

### Geographic Scope:

Worldwide

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**TB Care - II**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-10-00021

**Project Number:**  
936-3100.53

**Duration:**  
9/1/2010 - 9/30/2017

**Geographic Scope:**  
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**Purpose**  
The purpose of TB CARE II is to establish a mechanism to support USAID operating units in the implementation of their TB control and prevention programs through the introduction and expansion of the components of the WHO-recommended STOP TB Strategy and contribution to the overall USAID goal and objectives in select countries by 2015. This award is a follow-on mechanism to TB CAP.

**Services Provide**  
TB CARE II, implemented by University Research Corporation (URC), in partnership with Project Hope, Partners in Health (PIH), and Jhpiego, will work in two key areas:

- Technical Assistance. Provide short and long-term technical assistance to USAID Missions and Regional Platforms in implementing and scaling-up priority interventions in accordance with the STOP TB Strategy and future longer-term plans. TB CARE II will respond to the global TB epidemic by providing well-coordinated state-of-the-art, context appropriate, technically sound and cost-effective consultation and technical assistance to high-prevalence countries and Missions. TB CARE II will engage experts in all aspects of TB control, including strengthening DOTS, programmatic management of drug resistant TB (and extensively drug resistant TB – XDR TB), improving laboratory capacity, infection control, and TB/HIV-AIDS collaboration.; and,
- Global Technical Leadership, Support Bureau for Global Health core programs and further USAID global technical leadership in TB control by focusing on catalytic activities and approaches to scaling-up the STOP TB Strategy. Activities will complement and expand existing global TB control efforts by working in collaboration with other global TB partners and maximize on-going efforts to accelerate the pace of DOTS expansion to meet global targets, including programmatic management on drug-resistant TB.

**Special Notes:**  
N/A

**Means of Access**  
Field Support

## TB Communications Award

### Purpose:

The TB Communications Award provides communications services to assist the USAID TB Team in describing its work to a variety of audiences.

### Services Provided

LRG provides communications and publishing services to effectively describe the work of the TB Team to a variety of audiences. By designing and producing reports, creating media materials and executing events, the TB team's efforts can reach a wider audience thereby making a bigger impact. The needs of the team include publications such as an annual report to Congress, implementation of a communications plan for World TB Day, materials for other TB events throughout the year, and the production of media materials. The contractor works with the TB team to strategically plan for new ways to better communicate USAID's efforts.

### Special Notes:

N/A

### Means of Access:

Core Funding

### Agreement Type:

Contract

### Agreement Number:

OAA-N-13-00002

### Project Number:

936-3100.62

### Duration:

9/1/2013 - 9/30/2016

### Geographic Scope:

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## TREAT TB

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

GHN-A-00-08-00004

**Project Number:**

936-3100.47

**Duration:**

9/1/2008 - 3/31/2016

**Geographic Scope:**

Worldwide

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**Purpose**

Technology, Research, Education and Technical Assistance for Tuberculosis (TREAT TB) is a cooperative agreement with the International Union Against Tuberculosis and Lung Disease (IUATLD), also known as The Union. TREAT TB focuses on field evaluations of diagnostic techniques for TB, clinical trials and operations research to improve patient management, treatment efficacy, disease prevention, and infection control measures for TB and MDR TB. TREAT TB also provides for field support to address key TB and TB/HIV issues through operational research to improve the national TB program's performance.

**Services Provide**

This agreement will promote programmatically relevant research in the focus countries of the TB element and can accept field support funds from any mission with TB funds for technical assistance related to operational research. The primary interventions will include:

- Field evaluations of new/adapted diagnostic tools and translational research to continually update the globally-recommended diagnostic algorithm;
- Operational research to overcome constraints to implementing or introducing current and new tools/approaches;
- Clinical trials to improve MDR-TB patient management, treatment efficacy, and disease prevention;
- Technical assistance to USAID missions for the design and implementation of field trials of new tools and operational research to address programmatic constraints; and,
- Evaluation research to monitor the impact of new tools and approaches.

**Special Notes:**

N/A

**Means of Access**

Field Support

# Office of Maternal/Child Health and Nutrition

*Bureau for Global Health*

## **Office of Maternal/Child Health and Nutrition**

*Director: Barbara Hughes*

*Deputy Director: TBD*

*Deputy Director: TBD*

Health and Emergency Response Support (WHO: Polio, Immunizations, CS, ID)

**Agreement Type:**

Grant

**Agreement Number:**

AAG-G-00-97-00019

**Project Number:**

936-3080.03

**Duration:**

9/1/1996 - 9/30/2022

**Geographic Scope:**

Worldwide

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**Purpose**

- To implement activities to eradicate polio;
- Improve immunization services; and
- Improve disease surveillance.

**Services Provide**

This grant supports activities implemented through WHO country, regional and headquarter offices in support of polio eradication in the context of strengthening immunization and disease control programs. The grant supports USAID's five-part polio eradication strategy:

- Partnerships between all interested public and private sector parties;
- Routine immunization and immunization systems: cold chain refurbishment/management;
- Logistics, vaccine forecasting, planning and budgeting at the district and national levels;
- Supplemental immunization, operational support to National Immunization Days, social mobilization, house-to-house mop up immunization;
- Surveillance and case detection for AFP and other reportable diseases; and,
- Information feedback and use.

**Special Notes:**

N/A

**Means of Access**

Field Support, Core and Field Support

**Health and Immunization Response Support (NGO's: Polio Eradication, Immunization)****Purpose:**

To increase PVO participation in polio eradication and immunization, increase linkages between polio eradication and other health services, and improve case detection of acute flaccid paralysis (AFP) and other reportable diseases in underserved or hard to reach populations, including cross-border and transit populations. The project will continue its work in India, Angola, Ethiopia, Nigeria and regionally in the Horn of Africa. One additional country and/or expansion of services in the current countries could be considered if there are sufficient field support resources.

**Services Provided**

The CORE Group Polio Project, originated as a subset of the 50+ member organizations of the CORE Group, Inc – a network of partners to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world. World Vision is the primary recipient and coordinates the work of 10 US-based NGOs and 18 local NGOs who extend the projects to especially hard-to-reach and marginalized locations in each country and across borders. This agreement allows the project to expand its linkages with other health services using nonpolio funds to extend the knowledge, skills and community engagement developed for polio eradication.

This agreement strengthens the network and builds upon ongoing field programs of CORE members. This cooperative agreement supports:

- Community-based case detection/reporting strategies for polio and other vaccine preventable diseases;
- Community Mobilization and Interpersonal Communications for polio, immunization and other health services;
- Monitoring and Evaluation of polio immunization campaigns;
- Microplanning, Training, community mapping, baby tracking, cold chain monitoring cross-border coordination and emergency outbreak response;
- Information dissemination about polio eradication and lessons from community-level engagement; and,
- Participation of PVOs in interagency committees and subnational planning events and supplemental immunization activities (NIDs, SNIDs, mop-up).

**Special Notes:**

N/A

**Means of Access:**

Core and Field Support

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-12-00031

**Project Number:**

936-3080.07

**Duration:**

9/1/2012 - 9/30/2017

**Geographic Scope:**

Asia

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**Health and Immunization Response Support (UNICEF Polio, EPI Grant)**

**Agreement Type:**

Grant

**Agreement Number:**

AAG-G-00-97-00021

**Project Number:**

936-3080.01

**Duration:**

9/1/1996 - 9/30/2022

**Geographic Scope:**

Worldwide

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**Purpose**

To implement activities designed to improve polio eradication efforts and routine immunization. Other MCH activities, e.g., Integrated Management of Childhood Illness (IMCI); micronutrient fortification and supplementation programs (specifically iodine and vitamin A) are supported under a separate agreement.

**Services Provide**

This grant funds activities implemented through UNICEF's country, regional and headquarter offices in support of a wide range of MCH interventions. Country-specific proposals are needed to define the activities to be conducted in support of national programs and USAID mission strategic plans. In general, activities can focus on improving service delivery, planning and training, monitoring and evaluation, advocacy and communications, limited equipment procurement (e.g., cold chain) and policy development.

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Maternal and Child Survival Program (MCSP)

### Purpose:

The Maternal and Child Survival Program (MCSP) program is a \$500 million cooperative agreement designed to support the introduction, scale up and sustainability of high-impact reproductive, maternal, newborn, and child health (RMNCH) interventions. The MCSP program will advance USAID's goal of Ending Preventable Child and Maternal Deaths through provision of tailored technical assistance within countries to meet the specific priorities and contextual needs of local RMNCH programs and engagement in high-level technical and policy dialogue at the global level.

### Services Provided

- Support countries to increase coverage and utilization of evidence-based, high-quality RMNCH interventions at the household, community and health facility levels-integrating with nutrition, malaria, HIV/AIDS, and water, sanitation and hygiene (WASH) interventions as appropriate
- Strengthen civil society, local institutions and communities and engage at the global, regional, national and local levels to improve accountability and enhance responsiveness of health systems to local and community health needs
- Foster effective policy, action-oriented learning, and accountability for improved RMNCH outcomes across the continuum of care
- Close innovation gaps to improve RMNCH outcomes through engagement with a broad range of partners
- Apply gender- and equity-focused approaches at scale to improve MCSP service availability, access, quality, demand, cost-effectiveness and utilization

The MCSP partnership includes Jhpiego as the prime partner; lead partners: Save the Children Federation, Inc. (SC), John Snow, Inc. (JSI), ICF International, Results for Development Institute (R4D), PATH, and Population Services International (PSI); and associate partners: Broad Branch Associates, CORE Group, Johns Hopkins Bloomberg School of Public Health (JHSPH), Communications Initiative (CI), and Avenir Health.

### Special Notes:

N/A

### Means of Access:

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00028

**Project Number:**  
936-6200.01

**Duration:**  
3/1/2014 - 3/31/2019

**Geographic Scope:**  
Worldwide

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**TRANSFORM | Accelerate**

**Agreement Type:**

Task Order

**Agreement Number:**

AID-OAA-TO-15-00052

**Project Number:**

916-3103

**Duration:**

9/1/2015 - 9/30/2020

**Geographic Scope:**

Worldwide

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**Purpose**

The purpose of the Accelerate Task Order is to enhance USAID’s ability to carry out effective, evidence-based behavior change programming in the highest-priority health areas that affect the main causes of preventable child and maternal mortality in EPCMD priority countries. Task Order 2’s overarching Strategic Objective is to identify, apply and diffuse new evidence-based behavior change practices and interventions.

Task Order 2 is not to develop and test new social and behavior changes methods and approaches but rather to identify and apply innovative and existing social and behavior change methods and approaches, which may be new to USAID and/or the field of international health, resulting in notably improved health impact and measurement.

**Services Provide**

1: Increase national and Mission-level support for accelerator behavior programming through an electronic platform that shares accelerator behavior data, materials, and methods.

2: Identify and apply efficient, innovative, and widely applicable behavior change tools and methods for the accelerator behaviors and make these tools and methods available for use across USAID Missions.

3: Develop efficient, innovative, and widely applicable real-time tracking and monitoring and evaluation (M&E) behavior change tools based on thorough analysis of underlying social determinants that will be available for use across USAID Missions.

4: Provide technical assistance to Missions on an as-needed basis around incorporating accelerator behavior programming into their health portfolios.

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

**UNICEF MCH Umbrella Grant****Purpose:**

To implement activities designed to improve MCH through a wide range of interventions including Integrated Management of Childhood Illness (IMCI), micronutrient fortification and supplementation programs (specifically iodine and vitamin A), early newborn care, and WASH.

Note: polio/immunization activities and procurements are supported under separate agreements with UNICEF.

**Services Provided**

This grant funds activities implemented through UNICEF's country, regional and headquarter offices in support of a wide range of MCH interventions. Country-specific proposals are needed to define the activities to be conducted in support of national programs and USAID mission strategic plans. In general, activities can focus on improving service delivery, planning and training, monitoring and evaluation, advocacy and communications, limited equipment procurement (e.g., cold chain) and policy development.

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**  
Grant

**Agreement Number:**  
GHA-G-00-07-00007

**Project Number:**  
936-3080.06

**Duration:**  
9/1/2007 - 9/30/2020

**Geographic Scope:**  
Worldwide

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**USAID | Peace Corps Ending Preventable Child and Maternal Deaths (EPCMD) IAA**

**Agreement Type:** IAA  
**Agreement Number:** AID-GH-T-15-00003  
**Project Number:** 936-6200  
**Duration:** 9/1/2015 - 9/30/2020  
**Geographic Scope:** EPCMD Countries  
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**Purpose**  
The Interagency Agreement (IAA) with Peace Corps allows USAID to access technical assistance from Peace Corps, recognizing the unique and meaningful contribution Volunteers make in remote locations all over the world. The overarching goal of the partnership is to reduce maternal, newborn and child mortality. It is centered on the promotion of key accelerator behaviors selected because they have low uptake yet profoundly impact a major cause of child and/or maternal mortality. In order to achieve progress toward this goal, Peace Corps and USAID have identified collaborative opportunities and mechanisms that can be leveraged to support and strengthen in-country projects and activities, specifically around individual and community behavior change interventions for newborn, child and maternal health.

**Services Provide**  
Specific workplans and activities will be developed with missions and field offices. Illustrative activities may include:

- Training -- Workshops and Conferences
- Information Development and Dissemination/Knowledge Sharing
- Staff, Travel, Admin Support
- Third-Year Volunteer Activities (dedicated to EPCMD)
- Assessment, Evaluation, Project Development

Missions can access the IAA through field support for technical assistance.

**Special Notes:** N/A

**Means of Access**  
Field Support

**Voice of America (VOA)****Purpose:**

The Voice of America (VOA), a dynamic multimedia broadcaster funded by the U.S. Government, broadcasts accurate, balanced, and comprehensive news and information to an international audience. VOA provides a wide range of programming for broadcast on radio, TV and the internet outside of the U.S., in 43 languages. Since 1997, the Office Health, Infectious Diseases, and Nutrition (HIDN) has partnered with VOA/IBB in order to promote health communications and behavior change for child survival, train journalists, conduct townhalls, etc.

The success of the VOA/IBB IAA is measured in terms of audiences reached by airing health programs by both TV and Radio, in-country training for health journalists, and costs. With a worldwide audience of over 100 million listeners, VOA has produced over 40,000 health reports on polio, malaria, HIV/AIDS, TB, reproductive health and drug resistance over the past decade. Broadcasters have aired reports in over 30 languages.

The inter-agency Agreement with USAID leverages VOA's core strengths in broadcasting, program development, town halls and training; while also developing local capacity, showcasing local voices and keeping transaction costs low.

Evidence also demonstrates the great potential of new information and communication technologies in increasing community knowledge and influencing community norms and encouraging community participation in health awareness activities. Community participation and knowledge remain the main drivers to increase demand and use of health services.

VOA can play an important role in creating the demand for health services such as immunization, insecticide treated nets and for malaria control services, and that has to be done by raising awareness and community knowledge about the means of preventing and treating major causes of childhood illnesses.

**Services Provided**

The IAA is designed to carry out collaborative activities with international and national broadcasters and journalists in support of project development, implementation, monitoring and evaluation of health communications and education for USAID's programs, especially for efforts concerning maternal health, child survival, HIV/AIDS, tuberculosis, malaria, the worldwide effort to eradicate polio and other important health issues.

**Special Notes:**

N/A

**Means of Access:**

**Agreement Type:**  
IAA

**Agreement Number:**  
AAG-P-00-01-00001

**Project Number:**  
936-3096.10

**Duration:**  
6/1/2001 - 9/30/2017

**Geographic Scope:**  
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## Ending Eclampsia

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-14-00048

**Project Number:**

936-6200

**Duration:**

8/1/2014 - 8/31/2019

**Geographic Scope:**

Worldwide

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**Purpose**

The purpose of the Ending Eclampsia project is to increase and expand effective and under-utilized approaches to overcome persistent implementation challenges in the prevention and treatment of pre-eclampsia and eclampsia. Bolstering coverage of high impact interventions for PE/E will involve contributions to the development of knowledge, evidence, advocacy, tools, materials, services, and technical assistance.

Led by Population Council, the strategic objective of the project is to prevent and treat pre-eclampsia and eclampsia by improving the early detection and management of PE/E including increasing the use of magnesium sulfate, an underutilized RMNCH priority commodity.

**Services Provide**

To achieve the strategic objective, the project will:

- significantly expand services in selected MCH priority countries for detecting and managing pregnant women at risk of PE/E through increased awareness, access, and use of key commodities alongside other effective interventions;
- promote introductory and scale-up strategies in selected MCH priority countries for these effective interventions designed with policy and health system analyses;
- conduct implementation research to assess and validate the PE/E intervention package;
- strengthen local capacity through engagement with national MoHs, Ob/Gyn and midwifery leaders, university teaching hospitals, legislative boards, professional associations, and community organizations; and,
- share lessons learned in national, regional, and global knowledgemanagement (KM) platforms to inform strategies for introducing, monitoring, and scaling up PE/E interventions and advancing the global agenda.

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Fistula Care Plus

### Purpose:

Fistula Care Plus aims to strengthen health system capacity for fistula prevention, detection, treatment and reintegration in Sub-Saharan Africa and South Asia. Building on the learning and accomplishments of the global Fistula Care Project (2007-2013), the new project will increase emphasis on country ownership and public-private partnerships to enhance the sustainability of country programs and in selected settings will also address pelvic organ prolapse.

### Services Provided

- Strengthen policy and the enabling environment to institutionalize fistula prevention, treatment and reintegration;
- Strengthen maternal health and family planning services in the public and private sectors to support fistula prevention and treatment;
- Enhance community understanding and practices to prevent fistula, improve access to fistula treatment, reduce stigma, and support reintegration of women and girls with fistula;
- Reduce transportation, communications and financial barriers to accessing preventive care, detection, treatment and reintegration support; and,
- Strengthen the evidence base for approaches to improve fistula care, and scale-up application of standard monitoring and evaluation indicators for prevention and treatment.

### Fistula Care Plus Implementing Partners

Fistula Care Plus is implemented by EngenderHealth (prime) with core partner Population Council and other partners Dimagi, TERREWODE, Direct Relief, the Fistula Foundation and the Maternal Health Task Force.

### Special Notes:

N/A

### Means of Access:

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00013

**Project Number:**  
936-6201.01

**Duration:**  
12/1/2013 - 12/1/2018

**Geographic Scope:**  
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**Prevention and Management of Preterm Birth and Low Birth Weight Complications:  
Every Preemie – SCALE (EP-SCALE)**

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-14-00049

**Project Number:**  
936-6200

**Duration:**  
9/1/2014 - 8/31/2019

**Geographic Scope:**  
Worldwide

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**Purpose**

The purpose of EP-SCALE is to reduce newborn mortality by focusing on the evidence, advocacy, and catalytic efforts needed to increase use and coverage of critical and under-utilized interventions to prevent and manage pre-term birth and low birth weight complications (PTB/LBW).

In line with USAID’s newborn program focus on tackling the major causes of mortality through community-based approaches, quality improvement, implementation research, and policy advocacy, EP-SCALE will catalyze global uptake of PTB/LBW interventions, overcome bottlenecks, and significantly increase coverage to ultimately improve RMNCH outcomes while decreasing newborn mortality.

Led by Project Concern International, the EP-SCALE partnership also includes the American College of Nurse Midwives, and the Global Alliance for Prevention of Prematurity and Stillbirth.

**Services Provide**

To achieve the strategic objective, the project will

- improve translation of evidence into action through consolidation of evidence and focused implementation research;
- convene a global technical working group on PTB/LBW implementation challenges and solutions;
- increase capacity of local, national, and global entities (health care providers, community groups) to scale-up and sustain the utilization of high impact interventions;
- increase national and global awareness and rapid uptake of PTB/LBW interventions through the provision of core packages of support which include tools, modules, analyses, surveys, targeted technical assistance, and other forms of support; and.
- increase prioritization of PTB/LBW with in-country decision and policy makers and other relevant stakeholders at global and national levels.

**Special Notes:**

N/A

**Means of Access**

Core and Field Support

## Child Blindness Program

### Purpose:

The Child Blindness Program (CBP) is implemented by Partners for Global Research and Development (PGRD), a Small Business Administration (SBA)-approved mentor/protégé Joint Venture. This five-year program, implemented through a congressionally-mandated child blindness directive, features prominently in USAID's multi-faceted approach to eradicate preventable blindness and improve delivery of quality eye care.

PGRD works with USAID GH to fund, select, and support U.S.- based and non-U.S.-based organizations. Through a competitive process, organizations receive grants that expand the delivery of quality eye care services to children and other vulnerable populations with limited access to sight-saving services.

### Goals include:

1. Deliver and expand coverage of quality eye care services for children in underserved communities; and,
2. Increase global knowledge base on best practices and innovative approaches for pediatric eye care programs.

### Services Provided

CBP meets its objectives by awarding grants in the following two categories:

1. Delivery and Expansion: intended to support capacity building and improve increased accessibility and availability to quality vision services for children and other vulnerable groups.

Innovation and Knowledge: intended to generate innovations in the field of pediatric eye care research, sharing of lessons learned, documentation of best practices, and evidence for concepts detailed in the CBP Learning Agenda.

### Special Notes:

N/A

### Means of Access:

Core Funding, Directive from Congress

**Agreement Type:**  
Contract with sub-awards

**Agreement Number:**  
OAA-C-13-00088

**Project Number:**  
936-4004.04

**Duration:**  
6/1/2013 - 6/30/2018

**Geographic Scope:**  
Worldwide

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**Food and Nutrition Technical Assistance III (FANTA-III)**

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-12-00005

**Project Number:**

936-4004.03

**Duration:**

1/1/2012 - 1/31/2017

**Geographic Scope:**

Worldwide

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**Purpose**

FANTA-III is a USAID cooperative agreement designed to strengthen food security and health policies, programs and systems for improved nutrition. FANTA-III provides technical support to USAID and its partners, including host country governments, international organizations and implementing partners. Focus areas for technical assistance include maternal and child health and nutrition, nutrition assistance for HIV and other infectious diseases, community-based nutrition programs, nutrition in emergencies, food security and livelihood strengthening, resiliency and vulnerability. FANTA-III develops and adapts approaches to support the design and quality implementation of field programs, while building on field experience to build and expand the evidence base, strengthen capacities to implement quality programming and strengthen and promote global standards for nutrition and health programming to improve nutrition.

**Services Provide**

FANTA-III's field support activities provide targeted, specialized technical assistance and training activities to support nutrition and food security programming strategies, early warning and response systems to nutrition emergencies, and monitoring and evaluation (M&E) for Title II and other USG programs; integrate nutrition services into national health systems (e.g., Community-Based Management of Acute Malnutrition (CMAM), Nutrition Assessment, Care and Support (NACS) for People Living with HIV); strengthen and improve community-based nutrition programming; support development of nutrition-related national policies and guidelines; support quality assurance/quality improvement of nutrition programming; and support improved nutrition and food security programs in other priority areas as needed.

FANTA-III's global leadership activities support advances in methods and tools that promote program quality; increase capacity to deliver effective services at scale; strengthen international, USG, country government and implementing partner capacity to design, deliver, monitor, improve and demonstrate effectiveness and impact of USAID-assisted food security and health programs for improved nutrition; develop and refine indicators measuring household and individual food security and diet quality; build the evidence-base on the impact of lipid-based nutrient supplements (LNS); adapt data sampling methodologies for cost-effective M&E; and develop methods and tools for quality assurance/quality improvement, beneficiary screening and targeting, and cost analysis for program planning and implementation.

**Special Notes:**

N/A

**Means of Access**

Field Support

**Strengthening Partnerships, Results and Innovation in Nutrition Globally (SPRING)****Purpose:**

SPRING is a USAID cooperative agreement designed to provide global technical leadership to support scale-up of country-specific nutrition programs and to advance the global evidence-base, advocacy platforms, and policies for nutrition. SPRING provides technical assistance to USAID and its partners, including host country governments, international organizations, and NGO implementing partners. SPRING develops and adapts approaches to accelerate action on nutrition policies; builds the capacity of countries to design, implements and evaluates nutrition programs, builds the evidence base for multi-sectoral nutrition actions; promotes effective delivery of a core package of nutrition interventions; and emphasizes country-specific approaches to scale up nutrition programs. Focus areas for technical assistance include maternal and child health and nutrition, preventing anemia, catalyzing social and behavior change, strengthening systems for nutrition, integrated agriculture and nutrition programming, HIV/AIDS, and community-based nutrition programs.

**Services Provided**

SPRING builds on past USAID investments in nutrition and aims to deliver high impact nutrition interventions that improve maternal, infant and young child nutrition (MIYCN) to reduce stunting and micronutrient deficiencies, focusing predominantly on the 1,000 days window of opportunity (from pregnancy through to a child's second birthday). SPRING provides technical assistance at the country and global level to:

- Strengthen and scale-up country-specific Social and Behavior Change Communication (SBCC) programs;
- Strengthen country-led efforts to reduce maternal and child anemia;
- Support and improve systems for nutrition;
- Leverage links between agriculture and nutrition;
- Advance country-specific approaches to improve dietary diversity and quality;
- Support country-specific scale up of evidence-based nutrition interventions;
- Strengthen policy and advocacy efforts to support food and nutrition policies and programming; and,

Expand evidence-based learning, monitoring and evaluation for effective approaches to scale up nutrition services.

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**

OAA-A-11-00031

**Project Number:**

936-4004.02

**Duration:**

10/1/2011 - 9/30/2016

**Geographic Scope:**

Worldwide

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**The Global Alliance for Improved Nutrition (GAIN)**

**Agreement Type:**  
Grant  
**Agreement Number:**  
GHA-G-00-06-00002  
**Project Number:**  
936-3094.08  
**Duration:**  
9/1/2006 - 9/30/2017  
**Geographic Scope:**  
Worldwide  
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**Purpose**  
The Global Alliance for Improved Nutrition (GAIN) is an international organization that promotes nutrition-based solutions to address undernutrition among those most in need. GAIN was created at a special UN session for children in 2002. Currently, GAIN receives funding from the U.S. Agency for International Development, the Bill and Melinda Gates Foundation, the government of the Netherlands, the Children’s Investment Fund Foundation, and a number of private and charitable groups.

With this support, GAIN is funding fortification programs in 30 countries around the world, as wheat flour fortification in Tajikistan and other Central Asian Republics; and wheat flour and oil fortification in Afghanistan and Pakistan. GAIN also manages the initiative of Marketplace for Nutritious Foods in Mozambique, Kenya, and Rwanda. This initiative provides small grants and technical assistance to local industries to promote the manufacturing of nutritious foods.

**Services Provide**  
The Global Alliance for Improved Nutrition activity provides the following services:

- Support to selected countries working on the Feed the Future Initiative to strengthen private-public partnerships to improve nutrition in agriculture, food and nutrition sectors;
- Competitive grant-making to developing countries through a proposal review process;
- Technical assistance on the design, implementation and evaluation of food fortification programs;
- Create national and regional Business Alliances of leading companies;
- Performance measurement and monitoring of food fortification program; and Communications, including global advocacy, corporate communications and social marketing technical assistance.

**Special Notes:**  
N/A

**Means of Access**  
Field Support

## WASHplus: Supportive Environments for Healthy Communities

### Purpose:

WASHplus is a cooperative agreement managed by FHI 360 with CARE and Winrock International as core partners, and teamed with a highly talented group of university, private and public sector resource partners in areas such as creative financing, innovation, and publicprivate partnerships in addition to WASH service delivery. The project is designed to support healthy households and communities by creating and delivering interventions that lead to improvements in access, practices and health outcomes related to water supply, sanitation and hygiene (WASH) and household air pollution (HAP).

### Services Provided

WASHplus will focus on the following key environmental health interventions:

- Increased access to improved water sources to meet domestic needs;
- Improvement in drinking water quality;
- Increased access to and use of sanitary facilities for human excreta disposal;
- Increased and improved handwashing with soap; and,
- Increased use of alternatives to cooking with biomass fuels using traditional stoves and/or increased use of housing improvements to reduce household air pollution

WASHplus is able to provide long or short-term technical assistance to missions, regional bureaus, national and local organizations to:

- Design, implement and evaluate programs that will increase the availability and use of water supply and sanitation infrastructure, promote hygiene practices, and HAP interventions;
- Design and implement hygiene improvement programs at scale that promote handwashing, sanitation and safe drinking water at the point-of-use;
- Develop and implement strategies for integration of WASH and HAP interventions in health and non-health programs, e.g., HIV/AIDS, food security, education and nutrition, etc.;
- Support participation in strategic partnerships with other donors, cooperating agencies, public and private partners;
- Develop and test new and innovative approaches and tools for WASH and HAP implementation; and
- Support knowledge and information exchange at the global- and country-level, capacity building and networking.

### Special Notes:

N/A

### Means of Access:

Field Support

### Agreement Type:

Cooperative Agreement

### Agreement Number:

OAA-A-10-00040

### Project Number:

936-3122.07

### Duration:

9/1/2010 - 7/31/2016

### Geographic Scope:

Worldwide

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**Child Survival and Health Grants Program (CSHGP)**

<b>Agreement Type:</b> Various	<b>Purpose</b> The CSHGP facilitates a dynamic partnership between USAID and private and voluntary organizations (PVOs)/NGOs through an active portfolio of 8 PVO/NGO projects in 6 countries (Catholic Relief Services, Benin; MCDI, Benin; Save the Children, Malawi; Health Right International, Kenya; Concern Worldwide, Kenya; Mercy Corps, Pakistan) Through the CSHGP, USAID leverages the development entrepreneurship and “know how” of PVOs/NGOs and their local partners for innovative and effective community-oriented programming that sustainably improves maternal, newborn and child health (MNCH) outcomes, strengthens local and community health systems, and contributes to reductions in morbidity and mortality. PVOs/NGOs, with their local partners (national and local MOH, local NGOs/CBOs, communities), implement in a range of settings, from remote communities in a single district to multiple districts or a province. Projects address critical health needs of vulnerable populations and work strategically with a systems approach at the household, community, health facility, and policy levels and strengthens linkages as relevant. The CSHGP portfolio contributes to advancing evidence and learning to strengthen the engagement of community and civil society to support USAID’s goals and strategies in health, including ending preventable child and maternal deaths, both in priority countries and globally through the Maternal and Child Survival Program*, including the CORE Group network of more than 70 NGOs and affiliates.
<b>Agreement Number:</b> Various	
<b>Project Number:</b> 36-3114 and 936-4000.10	
<b>Duration:</b> -	
<b>Geographic Scope:</b> Worldwide	
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<b>Activity Director:</b>	

<b>Organization:</b>	<b>Services Provide</b> Cooperative Agreements support: Integrated packages of high impact maternal, newborn, and child health and nutrition interventions delivered through strengthened community and health systems. Local capacity building of the governments, local NGOs and civil society actors at the sub-national level towards local ownership and sustainability. Action-oriented learning for innovative community-oriented solutions through implementation science platforms including: operations research through new partnerships between PVOs/ NGOs, research institutions, and local/national governments to promote utilization of evidence and lessons; strengthening of routine monitoring and evaluation systems; and participatory project evaluations conducted by external evaluators.
<b>Telephone:</b>	Global evidence building and learning for promising community-oriented solutions capable of achieving health and development impact in poor and marginalized communities through standardized population-based data and documentation of processes across CSHGP projects.
<b>Website:</b>	
<b>Email:</b>	<b>Special Notes:</b> N/A
	<b>Means of Access</b> Field Support

**HaRP: Accelovate****Purpose:**

The purpose of this program is to develop, introduce, and support the scale-up of new health tools and technologies. These tools and technologies are appropriate, affordable and acceptable for distribution and use in low-resource settings to accelerate reductions in mortality and morbidity in low resource settings. Accelovate will help to overcome technical, supply, or policy hurdles to adapt and advance effective technologies through innovations in the value chain and promotion of mainstream use. Significant emphasis will be placed on field introduction and scale up.

**Services Provided**

The Accelovate Project provides the following services:

- Identify and prioritize promising existing and emerging technologies to address health development challenges through activities;
- Engage in selective development of health technologies that are appropriate, affordable, and acceptable for distribution and use in low-resource settings and show promise for sustainable market;
- Advance the introduction of innovative health technologies in developing country settings, bridging the “research-to-use” gap in conjunction with capacity building;
- Lead efforts to scale up global access and use of health technologies;
- Develop a significant sub-grants program to support the achievement of project objectives;
- Create opportunities for public-private partnerships to bring technology to scale;
- Build on local assets and expertise, thereby progressively increasing capacity in developing nations to participate actively in the technology value chain; and,
- Proactively manage technology transfer and intellectual property to ensure innovations are sufficiently protected while also reaching target populations.

Partners and subcontractors include the Jhpiego, Johns Hopkins Center for Bioengineering Innovation and Design, Johns Hopkins Center for Global Health, Population Services International, and the Laerdal Foundation.

**Special Notes:**

N/A

**Means of Access:**

Field Support

**Agreement Type:**

Cooperative Agreement

**Agreement Number:**

OAA-A-11-00050

**Project Number:**

936-3116.09

**Duration:**

9/1/2011 - 9/30/2016

**Geographic Scope:**

Worldwide

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**HaRP: Health Research Challenge for Impact (HRCI)**

**Agreement Type:**

e Cooperative Agreement

**Agreement Number:**

GHS-A-00-09-00004

**Project Number:**

936-3116.06

**Duration:**

9/1/2009 - 9/30/2016

**Geographic Scope:**

Worldwide

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**Purpose**

The Health Research Challenge for Impact (HRCI) conducts multi-disciplinary, multi-country research, evaluations, implementation research and introductory activities with a wide range of existing and new partners/institutions to develop and test new/refined tools, technologies, approaches, policies and/or interventions to improve the health of infants, children, mothers and families in developing countries. With WHO and other partners, HRCI helps establish global prevention and treatment guidelines, standards and norms and provides the evidence-base for effective newborn, child, maternal and integrated MNCH health and nutrition programs.

**Services Provide**

The Health Research Challenge for Impact activity provides the following services:

- Conducts multi-disciplinary, multi-country research, evaluations, health services/operations research and introductory activities with a wide range of existing and new partners/institutions;
- Develops, tests and refines new and improved tools, technologies, approaches, interventions and policies;
- Provides the evidence-base for effective newborn, child, maternal and integrated MNCH health and nutrition programs;
- Engages local partners and contributes to national evidence-based decision making and program improvement;
- Works with WHO and other partners to help establish global prevention and treatment guidelines, standards and norms; and,
- Responds to global public health research priorities and challenges.

Partners and subcontractors include the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B); Save the Children/ USA; Makerere University; and Muhimbili University of Health and Allied Sciences, Tanzania (MUHAS).

**Special Notes:**

N/A

**Means of Access**

Core and Field Support, Associate Awards

**HaRP: HealthTech V****Purpose:**

HealthTech develops, adapts, evaluates and/or facilitates the introduction of affordable and appropriate technology solutions for the safe, effective, and more equitable distribution of health care services in low-resource countries. This project will address implementation barriers (e.g., issues with technical design, supply chain management, and policy) that typically prevent innovative technologies from reaching the most vulnerable populations. A significant focus of this project will be the advancement of health technologies through commercialization efforts.

**Services Provided**

The HealthTech V Project provides the following services:

- Identify and prioritize new and promising existing technologies to address health and development challenges through activities;
- Develop viable health technologies that are appropriate, affordable, and acceptable for distribution and use in low-resource settings and show promise for sustainable market;
- Introduce innovative health technologies in developing country settings, bridging the “research-to-use” gap in conjunction with capacity building;
- Support scale-up to global access and use of health technologies; and,
- Engage local partners and contributes to national evidence-based decision making and program improvements.

Partners and subawardees (KEMRI) PHI, FIGO, WHO, UNICEF, and African Network for Drugs, Diagnostics Innovation (ANDI), CONRAD, MatCH-Wits, LSTM, and University of Bristol.

**Special Notes:**

N/A

**Means of Access:**

Core and Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
OAA-A-11-00051

**Project Number:**  
936-3116.08

**Duration:**  
9/1/2011 - 9/30/2016

**Geographic Scope:**  
Worldwide

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**HaRP: Translating Research into Action (TRAction) Project\***

**Agreement Type:**  
e Cooperative Agreement

**Agreement Number:**  
GHS-A-00-09-00015

**Project Number:**  
936-3116.05

**Duration:**  
9/1/2009 - 9/30/2016

**Geographic Scope:**  
Worldwide

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**Purpose**

The Translating Research into Action (TRAction) project supports implementation research and delivery science to provide critically needed evidence to program implementers and policy makers on how to implement new and proven health interventions at scale and across different contexts to reduce mortality and severe morbidity in women, newborns and young children. There is a preponderance of evidence on the potential impact of specific maternal, neonatal and child health interventions yet the successful implementation and scale-up of these in countries remains a challenge. TRAction will address this knowledge gap by managing research, introduction and evaluation activities on how to effectively deliver, increase utilization, achieve coverage, and scale up evidence based newborn, child, maternal and integrated MNCH health and nutrition tools, approaches, interventions and policies that are relevant to field programs.

**Services Provide**

The Translating Research into Action (TRAction) Project:

- Solicits applications, awards and manages sub-awards on research, evaluation and introduction activities. This includes, but is not limited to:
  - Working with USAID/GH and/or USAID Missions to determine the scopes of all solicitations and the selection criteria to be used in all procurements;
  - Leading and/or participating in the technical review process;
  - Conducting cost analyses and determine whether potential grantees meet financial and other criteria to receive USAID funds;
- Monitors and provides ongoing technical, programmatic and financial oversight of sub-awards;
- Conducts landscape analysis of research and program activities, undertakes evidence reviews and synthesizes research knowledge;
- Disseminates research results; and,
- Supports efforts to translate research results and undertakes selective introduction activities. Harvard School of Public Health is a partner on this agreement.

\*Previously known as Health Research Challenge for Delivery (HRCDD)

**Special Notes:**

N/A

**Means of Access**

Associate Awards, Core and Field Support

## Integrating Community Health

### Purpose:

Through the Integrating Community Health Program Annual Program Statement, USAID, in collaboration with UNICEF, supports governments and their key partners to achieve and sustain effective coverage of high impact health and nutrition technical interventions at scale by strengthening the role of a broad range of promising community approaches in health and local systems.

This collaboration supports and strengthens the essential role of communities in national and local policies and implementation plans to End Preventable Child and Maternal Deaths and achieve the Sustainable Development Goals by:

- Sustaining and scale up community health approaches within national plans for health systems strengthening;
- Strengthening collaboration between governments and non-governmental actors with a focus on community health; and,
- Building evidence and learning to advance the field of community health and primary health care globally.

### Services Provided

The Integrating Community Health APS expands partnerships and leverages new resources to support countries to address the following areas of need:

- **Institutionalization:** Develop effective and efficient linkages of community health approaches in systems, policies, and plans (health, other relevant sectors; local and national);
- **Measurement to Influence Systems and Policies:** Generate and use new data and knowledge for decision making to influence local and national systems and policies (e.g., scale, equity, accountability); and,
- **Inclusive and Effective Partnerships:** Improve coordination and collaboration between government and non-state actors (civil society, private sector).

The Integrating Community Health APS supports a range of proven or promising community health approaches that strengthen community engagement and capacity to collaborate with health and other local systems in order to improve:

- Service delivery (e.g., equitable access, quality, demand);
- Delivery oversight, governance, and accountability; and,
- Community empowerment and voice for health and development.

### Special Notes:

N/A

### Means of Access:

Core and Field Support

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
APS-OAA-15-000004

**Project Number:**  
936-6101

**Duration:**  
9/1/2015 - 9/30/2018

**Geographic Scope:**  
Worldwide

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# Other Bureaus/Offices

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*Bureau Listing*

Africa Bureau

Center of Excellence on Democracy, Human Rights and Governance Bureau

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The bureaus listed above are not part of the Bureau of Global Health, but instead collaborate with it.

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# Africa Bureau

*Africa Bureau*

## Mentor Mothers Reducing Infections through Support and Education (RISE)

**Agreement Type:**  
Cooperative Agreement

**Agreement Number:**  
674-A-13-00015

**Project Number:**  
N/A

**Duration:**  
12/1/2012 - 12/1/2017

**Geographic Scope:**  
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### Purpose

This award contributes to the goal of strengthening the overall sustainability of The RISE project is a five-year regional cooperative agreement managed by the Regional HIV/AIDS Program, USAID/Southern African (RHAP). The project aims to reduce mother-to-child transmission of HIV in Southern and Eastern Africa through a peer support program that provides education and psychosocial support to HIV-positive pregnant women and new mothers, helps women access existing health care services to prevent mother-to-child transmission of HIV, and follows up with mothers and babies to ensure they receive appropriate medical care after delivery. RISE trains HIV-positive mentors in the clinic and community who act as peer educators and provide one-on-one and group counseling on the key aspects of the prevention of mother-to-child transmission (PMTCT) system. The project is currently implemented by mothers2mothers (m2m), a South African based NGO.

### Services Provide

Under the RISE project, m2m provides the following services to prevent mother-to-child transmission of HIV in Africa:

- Direct service delivery - m2m delivers Mentor Mother services in communities. Service delivery activities include: group health talks with women in antenatal clinic settings; one-on-one interactions between the Mentor Mother and the client; support group sessions; couples interactions and support groups with female clients and their male partners; tracking and following up with mothers lost to care and referrals to relevant MNCH services.
- Capacity Building for Governments and Local Implementing Partners - m2m provides technical support to governments to develop national Mentor Mother Programs in their respective countries. m2m's role involves the development of standards and guidelines, curriculum, training program, and monitoring & evaluation framework for the national programs. M2m trains local partners, providing them with the knowledge and systems necessary to deliver Mentor Mother services in line with national governments' quality standards.
- Technical Advisory Services - Building on m2m's expertise in PMTCT care and support, m2m contributes to national PMT response coordination as well as conducts a number of activities to determine the success of similar peer education programs. These activities range from technical assistance in the development of relevant guidelines to analysis and assessment services for partners currently implementing peer education activities.

### Special Notes:

N/A

### Means of Access

N/A

# Center of Excellence on Democracy, Human Rights and Governance

*Center of Excellence on Democracy, Human Rights and Governance*



## Center for Children in Adversity/Displaced Children and Orphans Fund

### Purpose:

The Center for Children in Adversity (CECA) supports U.S. Government, host-country and civil society partners to develop and implement programs and policies that address the objectives under the Action Plan for Children in Adversity (APCA), the first-ever, whole-of-government strategic guidance for international assistance to children.

USAID's Displaced Children and Orphans Fund (DCOF) provides financial and technical assistance for projects that help vulnerable children in jeopardy of losing, or those who are already living without, the care and protection of a family. This includes children in institutions, children living on the street, children displaced from their families and communities as a result of armed conflict, and other highly vulnerable children. Some of those children are orphans who have lost both parents; most are not.

Both CECA and DCOF are housed within USAID's Center of Excellence on Democracy, Human Rights and Governance (DRG), Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA).

### Services Provided

Under these programs, most activities are implemented through USAID mission-managed grants and agreements. The major portion of these Funds is used to support program activities and provide technical assistance for programs and methodological approaches that strengthen families and communities to provide the necessary care, protection, and support for highly vulnerable children. Program activities address the needs of especially vulnerable children, including children affected by armed conflict, street children, and children otherwise separated from appropriate care-giving situations.

As part of its oversight and managerial responsibilities for the Fund, DCHA/DRG maintains a technical assistance contract with New Editions Consulting, Inc. This contract provides technical assistance and support for field missions that are interested in developing programs under the Fund

### Special Notes:

N/A

### Means of Access:

### Agreement Type:

N/A

### Agreement Number:

N/A

### Project Number:

N/A

### Duration:

-

### Geographic Scope:

Worldwide

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Contract

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## Disability Program

<b>Agreement Type:</b> N/A	<b>Purpose</b> USAID’s Disability Program is aimed at increasing the participation of people with disabilities in USAID programs and strengthening the capacity and services of disabled people’s organizations (DPO). Funding provides an opportunity to invest in DPOs and strengthen their ability to advocate on their own behalf and to access and manage foreign assistance funding.
<b>Agreement Number:</b> N/A	
<b>Project Number:</b> N/A	
<b>Duration:</b> -	<b>Services Provide</b> Disability Program areas span sectors to include democracy, human rights and governance, economic growth and trade, education, the environment, gender equality and women’s empowerment, and others.
<b>Geographic Scope:</b> Worldwide	
<b>COR/AOR:</b> Rob Horvath	This fund is coordinated and supported by the Center of Excellence on Democracy, Human Rights and Governance, although most activities are implemented through grants and agreements that are managed by USAID Missions.
<b>Telephone:</b> (202)-712-5239	
<b>Fax:</b> N/A	As part of its oversight of and managerial responsibilities for the program, DCHA/DRG maintains a technical assistance contract with New Editions Consulting, Inc. This contract provides technical assistance and support for field missions that are interested in developing programs under the Fund.
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<b>Telephone:</b> N/A	<b>Means of Access</b> N/A
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## Leahy War Victims Fund

### Purpose:

The Patrick J. Leahy War Victims Fund (LWVF) provides financial and technical assistance to programs that address the needs of people living with disabilities, primarily those who suffer from mobility-related injuries, caused by unexploded ordinance (UXO), including anti-personnel landmines, and other direct and indirect causes of physical disability (polio and other preventable diseases that might result from interrupted immunization campaigns).

### Services Provided

The LWVF is concerned with the provision of orthopedic services and devices to ensure unassisted mobility for civilian war victims and other persons with disabilities. Assistance may include training and institutional capacity strengthening, facilities upgrading, materials provision, and support for national disabilities policy reform and public advocacy. In addition, programs include support for increasing the social and economic opportunities of these survivors.

This fund is coordinated and supported by the Center of Excellence on Democracy, Human Rights and Governance, although most activities are implemented through grants and agreements that are managed by USAID Missions.

As part of its oversight and managerial responsibilities of the Fund, DCHA/DRG maintains a technical assistance contract with New Editions Consulting, Inc. This contract provides technical assistance and support for field missions that are interested in developing programs under the Fund.

### Special Notes:

N/A

### Means of Access:

N/A

**Agreement Type:**  
N/A

**Agreement Number:**  
N/A

**Project Number:**  
N/A

**Duration:**  
-

**Geographic Scope:**  
Worldwide

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## Victims of Torture Fund

**Agreement Type:**

N/A

**Agreement Number:**

N/A

**Project Number:**

N/A

**Duration:**

-

**Geographic Scope:**

Worldwide

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**Activity Director:**

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**Purpose**

The Victims of Torture fund (VOT) provides financial and technical assistance to programs worldwide that assist in the rehabilitation of individuals who suffer from the physical and psychological effect of torture and trauma. Funds also support capacity building of organizations that serve people who have been tortured and evidenced based research on treatment and healing.

**Services Provide**

The VOT primarily supports programs that help heal the psychological and physical trauma caused by torture. Additionally, the fund recognizes that communities, along with survivors, need to heal and recover. To this end, the fund supports programs that affirm the dignity of the survivor by restoring his or her position as a functioning and contributing member of the family and the community.

The fund works through nongovernmental organizations (NGOs) overseas that (1) provide direct services to survivors, their families, and communities; (2) strengthen the capacity of country-based institutions in their delivery of services to survivors; and (3) increase the level of knowledge and understanding about the needs of torture victims. The fund supports activities that attend to the medical, psychological, and social needs of torture survivors and their families. These programs include advocacy, training, technical assistance, and research. The fund is coordinated and supported by the the Center of Excellence on Democracy, Human Rights and Governance, although most activities are implemented through grants and agreements that are managed by USAID missions.

As part of its oversight and managerial responsibilities of the fund, DCHA/DRG maintains a technical assistance contract with New Editions Consulting, Inc. This contract provides technical assistance and support for field missions that are interested in developing programs under the fund.

**Special Notes:**

N/A

**Means of Access**

N/A

## Wheelchair Program

### Purpose:

Established in 2007, USAID's Wheelchair Program works to improve the availability of, access to, and sustainability of programs that provide appropriate wheelchairs in the developing world. The program promotes a comprehensive approach to the provision of suitable wheelchairs and the associated training and education that must accompany that work.

### Services Provided

In administering this program, USAID follows four (4) guiding principles: 1) appropriateness to the environment and individual user, 2) sustainability of local services, 3) necessity of training for service providers, and 4) quality of life for wheelchair users.

This fund is coordinated and supported by the Center of Excellence on Democracy, Human Rights and Governance, although most activities are implemented through grants and agreements that are managed by USAID Missions.

As part of its oversight of and managerial responsibilities for the program, DCHA/DRG maintains a technical assistance contract with New Editions Consulting, Inc. This contract provides technical assistance and support for field missions that are interested in developing programs under the Fund.

### Special Notes:

N/A

### Means of Access:

N/A

**Agreement Type:**  
N/A

**Agreement Number:**  
N/A

**Project Number:**  
N/A

**Duration:**  
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**Geographic Scope:**  
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# Acronym List

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
A & A	Acquisitions and Assistance
AA	Assistant Administrator
AA/GH	Office of the Assistant Administrator for the Bureau for Global Health
ADS	Automated Directives System or Activity Data Sheet
AFR	Africa Region or Bureau for Africa
AIDS	Acquired Immunodeficiency Syndrome
AIS	Activity Information Sheet
ARS	Accruals Report System
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCC	Behavior Change Communication
CA	Cooperating Agency or Cooperative Agreement
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CBO	Community Based Organization
CCP	Central Contraceptive Procurement
CDC	Centers for Disease Control and Prevention
CI	Communications Initiative
CO	Contracting Officer
COR	Contracting Officer Representative
CPR	Contractor Performance Report
CPR	Contraceptive Prevalence Rate
CRS	Catholic Relief Services
CS	Child Survival
CS	Contraceptive Security
CSD	Child Survival and Disease Programs Fund (see CSH)
CSH	Child Survival and Health Programs Fund
CSL	Commodities Security and Logistics Division (PRH)
CSM	Contraceptive Social Marketing
CSO	Civil Society Organization
CSW	Commercial Sex Workers
CTO	Cognizant Technical Officer
CTR	Contraceptive Technology Research
CY	Calendar Year
CYP	Couple Year's Protection
DA	Development Assistance Program Fund
DAA	Deputy Assistant Administrator
DAI	Development Alternatives International
DALY	Disability Adjusted Life Year
DART	Disaster Assistance Response Team
DCA	Development Credit Authority
DCHA	Bureau for Democracy, Conflict and Humanitarian Assistance
DCOF	Displaced Children and Orphans Fund

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
DD	Diarrheal Disease
DEVTA	Deworming and Enhanced Vitamin A
DFA	Development Fund for Africa
DFID	Department for International Development (UK)
DG	Democracy and Governance
DH	U.S. Government Direct Hire
DHE	Direct-Hire Equivalent
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment, Short Course
DP	Development Planning Office
DPT	Diphtheria, Pertussis and Tetanus
E&E	Europe and Eurasia Region or Bureau for Europe and Eurasia
EC	Emergency Contraception
EGAT	Bureau for Economic Growth, Agriculture and Trade
EH	Environmental Health
EHP	Environmental Health Project
ENI	Europe and Newly Independent States (see E&E)
EOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
ERIP	Emerging and Re-emerging Infectious Diseases
ESF	Economic Support Fund
EU	European Union
EWC	East-West Center
FAA	Foreign Assistance Act
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FAR	Federal Acquisition Regulations
FBO	Faith Based Organization
FDA	Food and Drug Administration
FFP	Food for Peace
FGC	Female Genital Cutting
FHI	Family Health International
FM	Office of Financial Management (see M/FM)
FOIA	Freedom of Information Act
FP	Family Planning
FP/RH	Family Planning / Reproductive Health
FS	Field Support
FSA	Freedom Support Act
FSI	Foreign Service Institute
FSN	Foreign Service National
FTE	Full-time Equivalent
FY	Fiscal Year

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
GAI	Global Aids Initiative
GAIN	Global Alliance for Improved Nutrition
GAO	General Accounting Office
GAVI	Global Alliance for Vaccines and Immunization
GC	General Counsel
GDA	Global Development Alliance
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	Bureau for Global Health
GHAI	Greater Horn of Africa Initiative
GHFP	Global Health Fellow Program
GHI	Global Health Initiative
GHSD	Global Health Security and Development
GHSI II	Global Health Support Initiative II
GHSS	Global Health Support Services
GIS	Geographic Information System
GMI	Global Microenterprise Initiative
GPRA	Government Performance and Results Act
GSA	General Services Administration
GSM	Grant Solicitation and Management
GTZ	German Development Corporation
HCD	Human Capacity Development
HCP	Health Communication Partnership Project
HG	Host Government
HHS	Department of Health and Human Services
HIB	Hemophilus Influenza Type B
HIDN	Office of Health, Infectious Diseases and Nutrition
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
HMIS	Health Management Information System
HMO	Health Management Organization
HPSP	Health Policy Support Program
HS	Health Systems Division (HIDN)
IAA	Interagency Agreement
IAVI	International AIDS Vaccine Initiative
IBRD	International Bank of Reconstruction and Development
ICASS	International Cooperative Administrative Support Services
ICDDR/B	International Center for Diarrheal Disease Research/Bangladesh
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
ICRW	International Center for Research on Women
ICS	Immuno-chromatographic Strip (for testing for TB)
ID	Infectious Diseases or Infectious Diseases Division (HIDN)



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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
IDB	Inter-American Development Bank
IDI	International Development Intern
IDP	Internally Displaced Person/People
IEC	Information, Education and Communication
IFPS	Innovations in Family Planning Services
IG	Office of the Inspector General
IMCI	Integrated Management of Childhood Illnesses
IMPACT	Implementing AIDS Prevention and Control Activities
IMR	Infant Mortality Rate
INCLEN	International Clinical Epidemiology Network
IND	Investigational New Drug
INFO	Information and Knowledge for Optimal Health Project
INRUD	International Network for the Rational Use of Drugs
IO	Implementing Organization
IOM	Institute of Medicine
IPA	Interagency Personnel Agreement
IPPF	International Planned Parenthood Federation
IQC of IQ	Indefinite Quantity Contract
IR	Intermediate Result
IRC	International Rescue Committee
IS	Implementation Support Division (OHA)
ISPO	International Society for Prosthetics and Orthotics
ISTI	International Sciences and Technology Institute
IT	Information Technology
ITN	Insecticide Treated Nets
IUATLD	International Union Against Tuberculosis and Lung Disease
IUD	Intrauterine Device
JHUCCP	Johns Hopkins University Center for Communications Programs
JHUCS	Johns Hopkins University Child Survival Fellows Program JICA
	Japanese International Cooperation Agency
JSI	John Snow Inc.
LAC	Latin America and the Caribbean Region or Bureau for Latin America a
LDC	Less (orLeast) Developed Country
LIFE	Leadership and Investments in Fighting the Epidemic Initiative
LOP	Life of Project
LPA	Bureau for Legislative and Public Affairs
LWA	Leader with Associate Award
M	Bureau for Management
M&E	Monitoring & Evaluation
M&L	Management and Leadership
M/FM	Office of Financial Management
MAQ	Maximizing Access and Quality

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
MCA	Millennium Challenge Account
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health or Maternal and Child Health Division (HID)
MDB	Multilateral Development Bank
MEDS	Monitoring, Evaluation and Design Support Activity
MENA	Middle East and North Africa
MH	Maternal Health
MIS	Management Information System
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOPH	Ministry of Public Health
MOST	Micronutrient Operational Strategies and Technologies
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTCT	Mother-to-Child Transmission (of HIV/AIDS)
MVDP	Malaria Vaccine Development Program
MVI	Malaria Vaccine Initiative
NACP	National AIDS Control Program
NAD	New Activity Description
NAPCP	National AIDS Prevention and Control Program
NDH	Non-Direct Hire
NEP	New Entry Professional
NGO	Non-Governmental Organization
NHA	National Health Accounts
NID	National Immunization Days
NIH	National Institutes of Health
NIS	Newly Independent States Program Funds
NMRC	Navy Medical Research Center
NPR	National Performance Review
NUT	Nutrition Division (HIDN)
OAS	Organization of American States
OB	Obstetric
OC	Oral Contraceptive
OCP	Onchocerciasis Control Program
OE	Operating Expense
OFDA	Office of Foreign Disaster Assistance
OHA	Office of HIV/AIDS
OHS	Office of Health Systems
OMB	Office of Management and Budget
OMNI	Opportunities for Micronutrient Interventions Project
OPPP	Office of Policy, Programs, and Planning

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
OPV	Oral Polio Vaccine
OR	Operations Research
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OTI	Office of Transition Initiatives (DCHA)
OVC	Orphans and Vulnerable Children
OYB	Operational Year Budget
PAA	Population Association of America
PACD	Project Assistance Completion Date
PACT	Private Agencies Cooperating Together
PAHO	Pan American Health Organization
PAPA	Participating Agency Program Agreement
PAR	Performance and Accountability Report
PASA	Participating Agency Service Agreement
PATH	Programs for Appropriate Technologies in Health
PCV	Peace Corps Volunteer
PDC	Policy Development Coordination
PDMS	Office of Professional Development and Management Support (GH)
PEC	Policy, Evaluation and Communication Division (PRH)
PEI	Polio Eradication Initiative
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PHN	Population, Health, and Nutrition
PHR	Partnership for Health Reform
PIBM	Program Implementation and Budget Management Division
PIO	Public International Organization
PL	Public Law
PLP	Population Leadership Program
PLWHA	People Living with HIV/AIDS
PMF	Presidential Management Fellow
PML	Presentation Materials Library
PMNCH	Partnership for Maternal Newborn and Child Health
PMP	Performance Management Plan
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
PNFPP	Philippines National Family Planning Program
POPIN	United Nations Population Information Network
PPC	Bureau for Policy and Program Coordination
PPDS	Program and Performance Data
PRB	Population Reference Bureau
PRH	Office of Population and Reproductive Health
PRIME	Primary Providers' Training and Education in Reproductive Health
PROWID	Promoting Women in Development

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
PSC	Personal Service Contract
PSIP	Procurement System Improvement Project
PSP	Private Sector Programs
PVC	Office of Private Voluntary Cooperation
PVO	Private Voluntary Organization
QA	Quality Assurance
QDDR	Quadrennial Diplomacy and Development Review
R&RS	Research and Reference Service
RBM	Roll Back Malaria
RCS	Office of Regional and Country Support
REDSO	Regional Economic Development Support Office
RFA	Request for Application
RH	Reproductive Health
RH/PHC	Reproductive and Primary Health Care
RHSC	Reproductive Health Supplies Coalition
RIF	Reduction in Force
RMNH	Reproductive Maternal and Newborn Health
RPM	Rational Pharmaceutical Management
RRB	Ronald Reagan Building
RSSA	Resource Support Services Agreement
RTU	Research, Technology and Utilization Division (PRH)
SADC	Southern Africa Development Community
SAEO	Strategy, Analysis, Evaluation and Outreach Division
SAI	Special Assistance Initiative
SBCC	Social and Behavior Change Communication
SCF	Save the Children Foundation
SCMS	Supply Change Management System
SCT	Sewage Collection and Treatment Systems
SDI	Service Delivery Improvement Division (PRH)
SM	Safe Motherhood
SNID	Sub-National Immunization Days
SO	Strategic Objective
SOTA	State of the Art
SOW	Statement of Work
SPA	Service Provision Assessment
SPER	Strategic Planning, Evaluation and Reporting Division (OHA)
SpO	Special Objective
SPU	Strategic Planning Unit
SSO	Strategic Support Objective
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
StopTB	Stop Tuberculosis

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**Acronym List**

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<b>Acronym</b>	<b>Definition</b>
TA	Technical Assistance
TAACS	Technical Advisor in AIDS and Child Survival
TASC	Technical Assistance and Support Activity
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBD	To Be Determined
TEC	Total Estimated Cost
TFGI	The Futures Group International
TFR	Total Fertility Rate
TI	Transition Initiative
TLR	Technical Leadership and Research Division (OHA)
TN	Technical Notification
TO	Task Order
TOA	Transfer Obligation Authority
U.S.	United States
U5MR	Under 5 Mortality Rate
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development USAID/
USAID/W	Washington
USDH	United States Direct Hire
USG	United States Government
USP	U.S. Pharmacopeial Convention
VAD	Vitamin A Deficiency
VB	Vector Born Disease
VCT	Voluntary HIV Counseling and Testing
VITA	Vitamin A Initiative
VOA	Voice of America
VVM	Vaccine Vial Monitor
WARP	West Africa Regional Program
WFP	World Food Program
WHO	World Health Organization
WID	Office of Women in Development (EGAT Bureau)
WRAIR	Walter Reed Army Institute of Research
YARH	Young Adult Reproductive Health

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