U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

ANNOUNCEMENT

Ebola Response, Recovery and Resilience in West Africa

CALL FOR PARTNERSHIP CONCEPT PAPERS

UNDER EXISTING

FY 2014 / FY 2015
GLOBAL DEVELOPMENT ALLIANCE (GDA)
ANNUAL PROGRAM STATEMENT
(APS) No: APS-OAA-14-000001

PLEASE NOTE: This is an addendum to an existing announcement. All interested
organizations should carefully review both this addendum AND the full announcement, which
can be found here: FY 2014/FY 2015 GDA APS. Important information contained in the full
worldwide announcement is not repeated in this specific addendum.

This program is authorized in accordance with Part 1 of the Foreign Assistance Act of 1961, as
amended.

Through this Addendum to the FY 2014 / FY2015 Global Development Alliance (GDA) Annual
Program Statement (APS) No. APS-OAA-14-000001 (the GDA APS), USAID is hereby
requesting the submission of concept papers that offer solutions to address challenges faced in
the ongoing response, recovery and resilience efforts in the three countries where Ebola Virus
Disease (EVD) has had the greatest impact—Liberia, Guinea and Sierra Leone.

Since the acceleration of the Ebola outbreak in Guinea, Liberia and Sierra Leone in mid-2014,
the United States has mounted a whole-of-government response based on four pillars:
- Controlling the epidemic
- Mitigating social and economic impacts
- Coordinating the U.S. and broader global response
- Fortifying global health security infrastructure in the region and beyond

1

Additional background information on USAID's Ebola efforts can be found www.usaid.gov/ebola. This call for concept papers focuses on Pillars II and IV of the USG strategy—mitigating second-order impacts and fortifying health security infrastructure. Second order impacts are defined as economic, social or political consequences that go beyond the direct impacts of Ebola-related illness and caregiving. Global health security infrastructure includes information technology and other critical infrastructure needed to prevent, detect and rapidly respond to infectious disease outbreaks.

The objective of this Addendum is to leverage ideas, capacity and resources from private sector entities to launch specific interventions aimed at accelerating recovery and building resiliency in the West African communities affected by the Ebola epidemic. In line with the above strategy, Concept Papers should propose partnerships designed to support the following key efforts:

- Strengthen local health systems
- Advance global health security
- Accelerate social mobilization and protection programs to enable local communities to lead the recovery process
- Develop and deploy information communications technology (ICT) tools, infrastructure and data systems to expand abilities to prevent, detect and respond to future threats[1]
- Improve basic education and workforce development
- Increase economic activity by strengthening trade, investment and infrastructure [2]
- Rapidly increase electricity access in underserved areas

Subject to the availability of funds, USAID may allocate up to a total of $10 million for approximately 10-20 discrete partnerships that advance the objectives highlighted above. It is also anticipated that up to a maximum of $2 million of additional funding from Power Africa may be available for one or more partnership(s) specifically focused on increasing electricity access in underserved areas in Liberia, Guinea and/or Sierra Leone. While there is no set range for co-investment, USAID may invest between $250,000 - $2,000,000 in individual partnerships, dependent on the impact and reach of the proposal.

---

[1] ICT for development concepts should align with the Principles for Digital Development (http://ict4dprinciples.org) which are listed in Appendix C of this document.
[2] For public-private partnership opportunities to revitalize the agricultural sector in Liberia, Guinea and Sierra Leone, please see the Feed the Future Ebola Recovery Partnership Addendum, (APS) No: APS-OAA-14-000001

This Addendum is intended to provide a broad window for private sector partners to collaborate with USAID across our ongoing Ebola response, recovery and resilience efforts in West Africa. The priority focus areas for this Addendum may also be reflected in addenda issued for specific sectors, as this is Addendum is intended to serve as an invitation to the private sector to collaborate with USAID across all of our priorities for Ebola response, recovery and resilience efforts. Interested partners may submit multiple, unique concepts for consideration to USAID. Partners should not submit the same concept under multiple addenda. USAID will ensure that concepts submitted are considered for each active Ebola-related addendum under the GDA APS for which they are appropriate.

As indicated in the footnote, the Bureau for Food Security (USAID/BFS) is supporting a separate addendum under the GDA APS. BFS is soliciting proposals specific to the agriculture sector and/or broad-based and multi-sectoral proposals that clearly align with Feed the Future objectives. (http://www.feedthefuture.gov/progress) as part of its Feed the Future Ebola Recovery Partnership (FTF ERP).

Unless otherwise stated herein, all terms and conditions of the FY 2014 / FY 2015 GDA APS apply (http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding/global-development-alliance-annual-program).[3]

I.   Background

The Ebola Virus Disease outbreak in West Africa is the first of its scale and the first to affect large urban populations. To-date, more than 10,884 lives have been lost to this deadly outbreak. Though the outbreak is being brought under control, the overall infection and fatality counts remain uncertain as of May 2015, particularly in Sierra Leone and Guinea where new cases continued to appear. Current facts on the outbreak can be found on USAID's website: http://www.usaid.gov/ebola/facts.

The magnitude of impacts on household welfare, human development and the investment environment will depend on how rapidly the outbreak is fully contained, and on how persistent

---

[3] As stated in APS No. APS-OAA-14-000001, the partnerships and alliances proposed in any Concept Paper should mobilize and leverage private sector resources at a minimum of 1:1. Proposed alliances that do not mobilize and leverage private sector resources at a value that equals or exceeds the level of funding being requested from USAID will not be considered under this announcement.

the perception of elevated health risk proves to be among potential investors.[4] Governments and development partners continue to focus on ending the epidemic – "getting to zero" – while avoiding excessive restrictions on movement and providing humanitarian relief to areas most affected by the outbreak. Recovery plans in all three countries focus on reviving economic activity, restoring public and private investment and inclusive growth, and strengthening the capacities and resilience of public institutions.

Ebola has negatively affected the economies of Guinea, Liberia, and Sierra Leone. Businesses were shuttered, livelihoods destroyed, and productivity reduced, especially in Guinea and Sierra Leone which as of this publication, are still not Ebola-free. The World Bank and other international agencies have registered sharp deteriorations in their gross domestic product forecasts for the Ebola-affected countries in 2014 and 2015. In all three countries, GDP growth projections for 2014 are down 60-90% from pre-epidemic estimates, and 2015 will likely see negative GDP growth in Guinea and Sierra Leone. The World Bank estimates the combined fiscal impact for Guinea, Sierra Leone, and Liberia to be $1 billion over two years. While increased health-system costs are an important component of the fiscal impact, the main impacts of the crisis on private incomes and public revenues have come from policy-induced and voluntary reductions on normal economic activity, in the form of transport restrictions, border closings and local quarantines, furloughs of non-essential public-sector workers, exit of expatriate personnel, and reduced engagement in production and trade by citizens. While economic activity has begun to rebound in Liberia where many official restrictions have been lifted, the pace of recovery will be weakened in all three countries by the depletion of household and business-sector assets (including in the financial sector) during the crisis, the interruption of large-scale investment plans, and the ongoing caution of investors in a situation of elevated uncertainties and health risks.

---

[4] Second-order (or "secondary") impacts refer to consequences of the outbreak beyond its direct impacts on infected persons and caregivers.

The role of the private sector

The private sector's contribution to the Ebola response has been extremely important. Its mobilization and outreach efforts have been unprecedented in many ways. At the onset of the outbreak, companies and organizations operating in West Africa focused on their fundamental responsibility to protect employees, their families and surrounding communities. Companies and non-profit organizations around the world then moved to help mobilize a broader national, regional and global response. The opportunities and need for partnerships with the private sector on response, recovery, resilience and preparedness for future epidemics are essential. While U.S. Government funding to fight Ebola is significant, alone it is not sufficient to achieve global health security, establish effective health systems, and jumpstart a resurgence of economic growth in Liberia, Sierra Leone and Guinea. To truly be effective governments, donors and the private sector must work together to co-invest, shape and catalyze recovery, strong advancements in resilience and sustainable growth in the region over the long-term.

II. Solicitation

Through this announcement, USAID seeks to develop alliances with the private sector (including but not limited to African and multinational corporations, financial institutions, chambers of commerce, industry associations, foundations, entrepreneurs, investors and other private sector organizations) that improve outcomes in the priority areas mentioned above.

In addition, while alliances must be based on significant private sector engagement, collaboration and resource contributions, alliances are strengthened by incorporating the expertise, experience and resources of academia (including African and U.S. universities), think tanks, NGOs and a broad range of civil society organizations and initiatives, including U.S. and non-U.S. non-governmental organizations and communities of faith.

Under this Addendum, USAID is looking to develop strong partnerships that create sustainable improvements in the Ebola-affected countries, with priority given to those concepts which align to one or more of the key focus areas outlined below.

Areas of Intervention

This section provides an overview of USAID's significant areas of focus in mitigating the second-order impacts of Ebola Virus Disease and advancing health systems strengthening and

global health security**.** In addition to this section, applicants are requested to read Appendix A for more detailed descriptions of the priority areas.

Strengthen local health systems

Weak healthcare systems and a dire shortage of health care workers helped make West Africa vulnerable to Ebola. Today that vulnerability is even greater – due to loss of nurses, physicians and community health care workers to the epidemic and suspension of non-Ebola focused health care services. Statistics from November 2014 indicated that fewer than half of health facilities operating in Liberia were seeing patients, and the Liberian government estimated that from May – August of 2014 the country saw a 27% drop in skilled birth attendance compared to 2013 levels and a drop of more than 50% in measles immunization and 40% in overall health services. In some areas, essential health services have begun to resume; however, loss of these services during the height of the epidemic continues to have an impact.

USAID welcomes and encourages ideas from potential partners to strengthen local health systems.

Advance Global Health Security

In addition to stopping the Ebola epidemic, the global community must prevent future outbreaks and protect global health security. Ebola in particular has exposed the fragility of the world's capacity to prevent, detect, and stop disease threats. Risks of global interconnectedness, drug resistance and emerging organisms require a dramatic increase in health systems' abilities to prevent, detect and respond to infectious disease threats in all countries. A health threat anywhere is a threat everywhere. Stopping outbreaks where they occur is the most effective and least expensive way to protect people's health. Because diseases don't respect borders, regional and global cooperation is key. There is a global commitment to helping countries in West Africa and globally implement all 11 action packages under GHSA which include: preventing antimicrobial drug resistance, preventing the emergence of new zoonotic diseases, strengthening biosafety and biosecurity, reducing outbreaks of vaccine preventable infectious disease outbreaks, strengthening real-time bio surveillance, strengthening rapid and transparent reporting systems, strengthening laboratory systems, training a multi-sectoral disease surveillance workforce, strengthening emergency operations centers, strengthening capacities for a multi-sectoral response, and improving access to medical and non-medical counter

measures. Improving these capabilities for individual nations improves health security for all nations.

For Global Health Security interventions only, GDA concepts submitted may focus on the most affected countries (Liberia, Guinea and Sierra Leone), be regional in nature, or focus on one of the following countries in the region: Benin, Burkina Faso, Cameroon, Chad, Cote d'Ivoire, the Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Niger, Senegal and Togo.

The global community can help improve global health security with targeted investments in West Africa and other vulnerable nations to establish the capacity needed to prevent, detect and rapidly respond to outbreaks – before they become epidemics.

USAID welcomes and encourages ideas from potential partners to strengthen local health systems and global health security infrastructure in the Ebola-affected countries.

Advance social mobilization and protection programs to enable local communities to organize and initiate action to accelerate recovery from the epidemic

Social protection programs are a critical element of the recovery from the Ebola epidemic. Due to the pathology of the Ebola and the high transmission rates between family members and caregivers, certain families and communities have disproportionately suffered losses from the outbreak. As a result of this devastation, psychosocial and other support services are necessary to support healing and recovery for these communities. Additionally, pathways to de-stigmatize survivors and provide them with a path to regain economic stability will be needed.

The epidemic has had its most immediate impact on households with working-age members caring for the sick, suffering or dying from the disease. Most of the affected households were already living in or near extreme poverty, with few assets to help them cope with this crisis. Many households not directly affected by the Ebola epidemic also experienced sharp drops in income and increases in food insecurity and other vulnerabilities as a result of the crisis. USAID welcomes and encourages ideas from potential partners to advance social mobilization and protection programs to enable local communities to organize and initiate action to help themselves accelerate recovery from the epidemic. For emergency-focused concepts that seek to meet immediate food needs among Ebola-affected populations and help communities restore pre-crisis livelihoods and prepare for the upcoming main and off-season agricultural planting seasons, please refer to the USAID Office of Food for Peace Ebola-focused amendment to its Annual Program Statement, found here:

Develop and deploy information communications technology (ICT) tools, infrastructure and data systems to expand ability to prevent, detect and respond to future threats

Public health and response operations data have been essential to an effective response in the Ebola-affected countries – and more can be done to improve the ability to make decisions based on high quality, real-time data in humanitarian response environments. The recent Ebola outbreak in West Africa has revealed the limitations of current digital infrastructure. Mobile network operators (MNOs) in particular, have witnessed substantial losses in revenue because economies have slowed considerably, high value accounts have been scaled back, and operating costs related to fuel and technical personnel have increased. Rural communities, often living in sparsely populated and remote areas, are particularly disadvantaged with access to digital services. Digital infrastructure, including telecommunications, underpins critical functions of the response related to command and control, case reporting and contact tracing, and population-level social mobilization. The digital infrastructure, if strengthened, could offer significant advancements in preventing and responding to the disease.

In addition, it may be possible to significantly reduce the cost of small business and other financial transactions through advancement of electronic payments. A key obstacle in the short-term is the scarcity of potential mobile money "cash out" agents, particularly in some of the more remote areas that have been hardest hit by the epidemic. This system, once established could be used for facilitating safety net programs as well as normal trade.

USAID welcomes and encourages ideas from potential partners to develop and deploy information communications technology (ICT) tools, infrastructure and data systems to expand ability to prevent, detect and respond to future threats in the Ebola-affected countries.

Proposed ICT for development projects should align to Principles for Digital Development (http://ict4dprinciples.org) which are outlined in Appendix C of this document.

Improve basic education and workforce development

Even before the outbreak, all three Ebola-affected countries (Liberia, Guinea, and Sierra Leone) had some of the lowest primary school completion rates in the world (World Bank, 2014) with ill equipped schools that had no electricity, latrines, or running water, and a severe scarcity of learning and teaching materials. The Ebola outbreak exacerbated, illuminated, and created further challenges for the education sector. While schools have reopened in all three countries,

there is still a great need for investments in innovations that will keep children in school on a continuous basis and help them overcome the learning they lost during the seven-month gap from school closures. Since the Ebola outbreak began, approximately five million children have been out of school in Guinea, Liberia and Sierra Leone. Schools have reopened in Liberia, however students are facing a loss of learning as most children did not continue to learn when schools were closed; 74% of schools report damaged or lost materials; and teachers returning have little to no opportunities for professional development and/or teacher and learning materials to use in the classroom. Issues of safety, cost, distance, transportation, water sanitation and health infrastructure are some of the main barriers that continue to keep students from returning to and remaining in school.

Liberia, Guinea and Sierra Leone's tertiary and vocational training systems also do not provide the training, knowledge and skills that students need in order to succeed in the labor market and drive socioeconomic development. Curricula and instructional methods are outdated; faculty and staff have skill and knowledge gaps; and training facilities often lack appropriate technology, laboratories and materials. Partnerships between training institutions and the private sector are almost non-existent.

USAID welcomes and encourages ideas from potential partners to improve basic education and workforce development in ways that get students safely back in school and back to work and accelerates learning to overcome valuable time lost during school closures.

Increase economic activity by strengthening production, trade, investment and infrastructure

Prior to the Ebola epidemic in the West Africa region, Liberia and Sierra Leone were projecting rapid growth rates, and moderate growth was expected in Guinea. Today a number of multinational organizations have vacated work sites or paused in moving forward with new investments. An increasing number of micro-, small- and medium-sized enterprises are defaulting on their loan repayments to banks, as their businesses have deteriorated. In an October 2014 survey conducted by the Sustainable Markets Initiative, the businesses surveyed in Liberia reported that, over the prior six months, they had reduced the number of their employees by an average of one-third. This reduction is due largely to the closures of markets and reluctance of people to participate in their regular activities, which in turn stopped progress on critical investments during the outbreak, exacerbating ongoing weaknesses in the provision of essential services and significantly reducing economic growth. The global community can invest in Ebola-affected countries in West Africa and help build the skills and capacity of those countries' citizens to drive the future of their own economic growth.

USAID encourages ideas from potential partners to increase economic activity by strengthening production, trade, investment, and infrastructure in the Ebola-affected countries, across all sectors including energy, agriculture[5], health, education, and small and medium enterprise growth.

Rapidly increase electricity access in underserved areas, in collaboration with the U.S. Government's Power Africa initiative

More than 98% of Liberia's population of four million people presently live without access to basic levels of electricity services, and are unlikely to be connected to an electricity grid in the foreseeable future. In Guinea and Sierra Leone, the energy sector also faces great challenges due to the significant gap between supply and demand, with access rates around 12% and 5%, respectively. This problem is further exacerbated by high technical losses in transmission and distribution networks and low voltage quality. There is a demonstrated need across all of these countries for underserved solutions to connect those populations "beyond the grid." USAID is seeking concepts for partnership with the private sector with the potential to demonstrate a market-driven approach to rapidly increase electricity access in underserved areas. The provision of this access will directly assist Liberia, Guinea and Sierra Leone as they recover from the post-disaster impacts of the Ebola epidemic on their economies as well as their educational and health care systems.

The proposed approaches may target one of the three countries or propose efforts in two or three of the countries. Relevant basic information on these countries can be found on the International Renewable Energy Agency's website for Renewable Energy Country Profiles (www.irena.org/REmaps/countryprofiles/africa.aspx) and ECOWAS Observatory for Renewable Energy and Energy Efficiency's website for Generic Country profiles (www.ecowrex.org/country-profile).

Partnership Approach

USAID seeks to develop partnerships that leverage existing relationships and resources while bringing new relationships and expertise into our work. In collaboration with the private sector, partners from academia, faith communities and the non-profit sector are strongly encouraged to develop concept papers that bring new ideas and new partners to the table.

---

[5] For public-private partnership opportunities to revitalize the agricultural sector in Liberia, Guinea and Sierra Leone, please see the Feed the Future Ebola Recovery Partnership in West Africa Addendum, (APS) No: APS-OAA-14-000001 (http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding/global-development-alliance-annual-program)

III. Evaluation Criteria

Proposed alliances will be evaluated based on the criteria set forth in the GDA APS in Section VI: Concept Paper Evaluation Criteria and Considerations (http://www.usaid.gov/sites/default/files/documents/1880/2014_GDA_APS.pdf). As stated in APS No. APS-OAA-14-000001, USAID expects to receive alliance proposals that mobilize and leverage private sector resources at a minimum of 1:1. In addition to the general criteria set forth in the GDA APS, the following criteria will also be considered, in order of importance, for the purposes of this Addendum:

1. *Alliance Value Proposition and Development Impact:* Proposed partnership concepts must increase the impact, reach, efficiency and effectiveness of USAID's development assistance by mobilizing significant new resources, ideas, technologies and/or partners to address and solve critical development problems and related business challenges. The Agency is particularly interested in GDAs that support and advance market approaches and solutions. For partnership concepts focused on electricity access, concept notes should include the expected a) impact in terms of number of persons gaining access to electricity, and b) overall cost per connection (cost to customer and investment per customer).

2. *Experience in Africa*: Extent and nature of existing organizational investments, interests and relationships in Africa with capable, local organizations, particularly in the areas highlighted above under Areas of Intervention.

3. *Sustainability and Scalability*: Likelihood of proposed concept contributing to programs, approaches and institutional capacity that will continue to provide high quality interventions beyond the involvement of USAID's initial investment. In addition, potential for the concept to be replicated in a manner that would offer a broader set of impacts at the national or regional level.

4. *Geographic Coverage:* Extent to which proposed concepts link to organizational capacity, country and local institutional capacity; and extent to which concepts provide solutions within one or more of the main Ebola affected countries (and hardest hit subnational localities) of Liberia, Guinea and Sierra Leone. Due to the cross-border nature of the Global Health Security Agenda (GHSA), GHSA concepts may also focus on one or more of the following countries in the surrounding region: Benin, Burkina Faso,

Cameroon, Chad, Cote d'Ivoire, the Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Niger, Senegal and Togo.

Preference will be given to alliances that include private sector partners who demonstrate long-term commitment to the targeted region and have a recognized business interest in the proposed concept.   If USAID requests a full application, applicants will be given additional, specific evaluation criteria that speak to the subject matter of the concept.

Proposed alliances shall be consistent with USAID legal and policy restrictions, including those set forth in USAID's Automated Directives System (ADS) and in the Foreign Assistance Act of 1961. USAID will also ensure environmental soundness as required by 22 CFR 216 by performing an environmental assessment for all awards.

IV. Application Instructions and Review Process

USAID will be responsible for the review process and management of pre-award activities, including the review of concept notes and requests for full applications. Awards issued under this Addendum will be managed by USAID field missions or Washington depending on the needs of the programs. Applicants are required to submit short concept papers not to exceed 5 pages, following the Concept Paper instructions set forth in the GDA APS and using the Concept Paper Template provided in the 2014-2015 GDA APS (available at http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding/global-development-alliance-annual-program-0), also included here as Appendix B. Information provided in Section I.E of that Template should address the objectives and criteria presented above.

The completed Concept Paper and required Supporting Information must be sent to USAID through ebolagda@usaid.gov with a copy to gda@usaid.gov. For further questions, please contact Sean Maloney, USAID Africa Bureau, at smaloney@usaid.gov and Chason Smith, USAID Global Development Lab, at chasmith@usaid.gov. Always copy ebolagda@usaid.gov for all communications related to this Addendum. After review by USAID, applicants will receive instructions from the Ebola Response, Recovery and Resilience GDA team on whether to proceed with a full application.

Concept Papers must be submitted by **September 15, 2015** at the latest in order to be considered under this Addendum. Given the urgency of the needs discussed in this Addendum, USAID seeks to identify promising alliance opportunities as quickly as possible. As a result, **USAID will accept and review Concept Papers on a rolling basis and is interested in receiving Concept Papers as soon as possible**. USAID will provide a response to all Concept Papers by

Friday, October 30, 2015. USAID appreciates applicant patience and understanding with regard to these timelines. USAID reserves the right to fund any or none of the Concept Papers submitted.

For information regarding guidelines and procedures to submit a Concept Paper, please refer to the GDA APS which can be found at the following website: http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding/global-development-alliance-annual-program. Additional information on alliances can be found at http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding/global-development-alliance-annual-program-0.

The GDA APS states that prospective applicants need to contact USAID with regard to their prospective alliance ideas. However, for purposes of this Addendum, applicants are expected to use the substance of the Addendum to determine whether an alliance idea is appropriate to submit via a Concept Paper. USAID anticipates a level of interest and response to this Addendum that will make it infeasible to engage in the type of partner discussions USAID prefers to have prior to the submission of a Concept Paper.

Prospective applicants may contact ebolagda@usaid.gov with questions regarding the focus and objectives of this solicitation and/or the submission and review process. USAID will also maintain an updated list of frequently asked questions regarding this process found at www.usaid.gov/ebola/gda. In addition, USAID will provide periodic publication of frequently asked questions as an attachment to this announcement.

The GDA APS also states that non-private sector applicants, with private sector defined per Appendix I of the GDA APS, need to provide USAID with the name and contact information of their prospective private sector partners as part of the Concept Paper submission. This requirement remains in effect, and USAID may independently contact such partners to better understand their interests and proposed involvement. Under the GDA APS, the USAID Point of Contact can have robust and extensive discussions with prospective private sector partners with regard to potential alliance ideas and activities prior to the submission of a Concept Paper, so long as that private sector partner is not seeking to receive and manage award funding from USAID.[6] Experience shows that such discussions are highly valuable to determining the prospects and key parameters for developing a high impact GDA. Please note that in the

---

[6] Note: If the private sector partner is seeking to receive and manage USAID funding, the initial discussions will likely need to be more limited. Questions regarding the nature and scope of partner discussions prior to the submission of a concept paper, as well as any questions regarding the terms of the Global Development Alliance Annual Program Statement, can be directed to gda@usaid.gov or Ken Lee at kenlee@usaid.gov.

submission of the Concept Paper, non-private sector applicants must include a letter of support directly from the prospective applicant's private sector partners. Please note that for U.S. Non-

Governmental Organizations, 2 CFR 700 and 2 CFR 200 should be consulted. For non-U.S. Non-Governmental Organizations, Standard Provisions for Non-US Non-Governmental Organizations apply.

[END OF CALL]

APPENDIX A

Priority Areas for Intervention

Strengthen local health systems

Challenge:

Weak healthcare systems and a dire shortage of health care workers helped make West Africa vulnerable to Ebola. Today that vulnerability is even greater – due to loss of nurses, physicians and community health care workers to the epidemic and suspension of non-Ebola focused health care services. Statistics from November 2014 indicated that fewer than half of health facilities operating in Liberia were seeing patients, and the Liberian government estimated that from May – August of 2014 the country saw a 27% drop in skilled birth attendance compared to 2013 levels and a drop of more than 50% in measles immunization and 40% in overall health services. In some areas, essential health services have begun to resume; however, loss of these services during the height of the epidemic continues to have an impact.

USAID welcomes and encourages ideas from potential partners to strengthen local health systems.

Possible partnerships could include programs/activities that:

- Restore quality primary health care for vibrant communities and markets
    - o Provide technical assistance and support for continuity and restoration of both preventative and clinical services.
    - o Restore quality primary health care delivery including community health and Water, Sanitation, and Hygiene (WASH) interventions to assist in the overall recovery of the health system. Reestablish critical preventative and curative maternal, newborn, child health, vaccination, family planning, malaria, and nutrition services that have been devastated by the Ebola Virus Disease.
    - o Upgrade infection prevention control practices to ensure continuation of safe primary care services
    - o Train health workers on psychosocial support, behavior change within homes and the workplace, and sensitizing communities on preventive health measures, including facility utilization and warning signs in pregnant women and newborns.
- Develop/Train human resources for health to sustain communities and markets

15

- o Train health care workers to build the capacity of health personnel in peripheral and/or workplace health units with the intention that the effect of the enhanced knowledge base will extend well beyond the duration of the Ebola Virus Disease epidemic, providing maternal and child health, family planning, nutrition, malaria, psychosocial support, and water/sanitation services.
- o Support management training at all levels of the health care system to improve the capacity to plan, manage and monitor health care delivery.
- o Offer scholarships to citizens of the three most affected countries to accelerate the training of clinical staff during their period of recovery.
- o Engage foreign faculty and institutions to provide surge capacity for health worker training expansion in the next 1-3 years.
- o Support pre-service training institutions and comprehensive workforce planning to ensure the health system can respond to future epidemiological threats by training, equipping, and placing thousands of new health workers.
- o Support integration of Ebola Virus Disease (EVD) survivor Health Care Workers in health labor markets—promoting practices which support the hiring of EVD survivors in health care labor market would mitigate the impact of stigma among survivors, increase the economic activity of the country and increase the supply of much needed medical personnel to re-emerging health systems.
- Propose innovative means of health care delivery and/or health worker training delivery, including but not limited to: mHealth approaches, mobile health clinics and alternative models for community care
- Provide technical assistance (TA) and in-kind support to re-building health systems
- Support integration of private health facilities in on-going and anticipated health systems strengthening strategies at a national level, including, but not limited to: national health information systems, standardized disease reporting requirements, IPC policy, case identification and management principles, and care delivery according to nationally adopted standards.
- Develop innovative ways to promote private sector investments in health financing to relieve fiscal pressure on the public sector. This includes initiatives ranging from expanding private (including community based) insurance schemes to providing TA to public and private entities in developing robust and sustainable health financing mechanisms.

Advance Global Health Security

In addition to stopping the Ebola epidemic, the global community must prevent future outbreaks and protect global health security. Ebola in particular has exposed the fragility of the world's capacity to prevent, detect, and stop disease threats. Risks of global interconnectedness, drug resistance and emerging organisms require a dramatic increase in health systems' abilities to prevent, detect and respond to infectious disease threats in all countries. A health threat anywhere is a threat everywhere. Stopping outbreaks where they occur is the most effective and least expensive way to protect people's health. Because diseases don't respect borders, regional and global cooperation is key. There is urgent need for attention, responsibility, and commitment to establishing and strengthening emergency operations centers, laboratories, and bio surveillance systems supported by sufficient numbers of trained health care and public health professionals. Improving these capabilities for each nation improves health security for all nations.

For Global Health Security interventions only, GDA concepts submitted may focus on the most affected countries (Liberia, Guinea and Sierra Leone), be regional in nature, or focus on one of the following countries in the region: Benin, Burkina Faso, Cameroon, Chad, Cote d'Ivoire, the Gambia, Ghana, Guinea Bissau, Mali, Mauritania, Niger, Senegal and Togo.

The global community can help improve global health security with targeted investments in West Africa and other vulnerable nations to establish the capacity needed to prevent, detect and rapidly respond to outbreaks – before they become epidemics.

USAID welcomes and encourages ideas from potential partners to strengthen local health systems and global health security infrastructure in the Ebola-affected countries.

Possible partnerships could include programs/activities that:

- Prevent
    - Accelerate training in infection prevention and control at public and private (including faith-based) facilities
    - Prevent emergence and spread of zoonotic disease by reducing contact with potential host populations and unsafe handling of bush meat
    - Support public health ministries with capacity building and technical assistance.
    - Support health ministries with the absorption of a significant near- to medium-term expansion of the public sector health workforce

- o Support workforce planning and development with health ministries through provision of training, technical assistance, and scholarships, and support to develop accreditation standards and curricula
- Detect
  - o Increase the regional capacity of infectious disease surveillance, prevention and response to minimize the scale and impact of future outbreaks in the context of fragile health systems.
  - o Expand web-based early warning system (EWS) databases to include other essential health commodities and preparedness commodities to reduce stock outs and facilitate trans-border sales and exchanges of such commodities as needed.
  - o Support Ebola virus-related research and develop localized international research on other pathologies endemic to the West Africa region.
  - o Develop laboratory facilities and other key health facilities infrastructure to ensure the affected countries in West Africa can address both routine infection epidemics and unexpected crises.
- Respond
  - o Provide health workers with high-quality training in infection prevention control; no-touch/minimal touch policy; wearing basic personal protective equipment (PPE); safe collection of blood, providing safe medical procedures and medications; disposing of medical waste and other safe practices.
  - o Train staff of pharmaceutical and commodities facilities in forecasting, procurement, and secure storage of drugs and other commodities
  - o Support staff of pharmaceutical and commodities facilities in strengthening logistics and record keeping systems of commodity transportation

Advance social mobilization and protection programs to enable local communities to organize and initiate action to accelerate recovery from the epidemic

Social protection programs are a critical element of the recovery from the Ebola epidemic. Due to the pathology of the Ebola and the high transmission rates between family members and caregivers, certain families and communities have disproportionately suffered losses from the outbreak. As a result of this devastation, psychosocial and other support services are necessary to support healing and recovery for these communities. Additionally, pathways to de-stigmatize survivors and provide them with a path to regain economic stability will be needed.

The epidemic has had its most immediate impact on households with working-age members caring for the sick, suffering or dying from the disease. Most of the affected households were already living in or near extreme poverty, with few assets to help them cope with this crisis.

Many households not directly affected by the Ebola epidemic also experienced sharp drops in income and increases in food insecurity and other vulnerabilities as a result of the crisis.

USAID welcomes and encourages ideas from potential partners to advance social mobilization and protection programs to enable local communities to organize and initiate action to help themselves accelerate recovery from the epidemic. For emergency-focused concepts that seek to meet immediate food needs among Ebola-affected populations and help communities restore pre-crisis livelihoods and prepare for the upcoming main and off-season agricultural planting seasons, please refer to the USAID Office of Food for Peace Ebola-focused amendment to its Annual Program Statement, found here:
http://www.usaid.gov/sites/default/files/documents/1866/3%2025%2015%20-%20APS%20-%20Ebola%20Response_FINAL.pdf.

Possible partnerships could include programs/activities that advance private sector and/or philanthropic interests through the following:

- Propose models for business engagement in reducing stigma and creating increased community decision-making and ownership for recovery activities
- Create or support pathways for community-led recovery and resilience efforts, including community focused economic, social, and health systems advancements
- Offer compelling approaches to supporting and reintegrating Ebola survivors, orphans, health care workers and other impacted populations into society
- Accelerate and institutionalize behavior change through community-based approaches
- Develop social messaging
  - Promote key health messages to communities and clients – via radio, television, community-based organizations, women's groups, traditional healers/leaders and other channels – to build confidence/trust in local health providers, CHWs and the health care system.
  - Provide support to media to disseminate key messages related to public health, conflict mitigation, and public safety utilizing national (rural and urban) public radio broadcasting networks.
  - Offer support and methodologies to assess the effectiveness of social messaging and behavior change efforts
  - Support social protection cash-transfer payments through advancement of e-payments platforms and approaches appropriate to these objectives
  -

Develop and deploy information communications technology (ICT) tools, infrastructure and data systems to expand ability to prevent, detect and respond to future threats

Challenge:

Public health and response operations data have been essential to an effective response in the Ebola-affected countries – and more can be done to improve the ability to make decisions based on high quality, real-time data in humanitarian response environments. The recent Ebola outbreak in West Africa has revealed the limitations of current digital infrastructure. Mobile network operators (MNOs) in particular, have witnessed substantial losses in revenue because economies have slowed considerably, high value accounts have been scaled back, and operating costs related to fuel and technical personnel have increased. Rural communities, often living in sparsely populated and remote areas, are particularly disadvantaged with access to digital services. Digital infrastructure, including telecommunications, underpins critical functions of the response related to command and control, case reporting and contact tracing, and population-level social mobilization. The digital infrastructure, if strengthened, could offer significant advancements in preventing and responding to the disease.

In addition, it may be possible to significantly reduce the cost of small business and other financial transactions through advancement of electronic payments. A key obstacle in the short-term is the scarcity of potential mobile money "cash out" agents, particularly in some of the more remote areas that have been hardest hit by the epidemic. This system, once established could be used for facilitating safety net programs as well as normal trade.

USAID welcomes and encourages ideas from potential partners to develop and deploy information communications technology (ICT) tools, infrastructure and data systems to expand ability to prevent, detect and respond to future threats in the Ebola-affected countries.

Proposed ICT for development projects should align to Principles for Digital Development (http://ict4dprinciples.org) which are outlined in Appendix C of this document.

Possible partnerships could include programs/activities that:

- Advance health information systems software and mobile platforms for health, with a focus on interoperability, decision-focused analytics and ease-of-use/ appropriateness for a developing country context
- Expand ICT infrastructure investments, including last mile connectivity
- Build human capacity (public and private sector) to develop a West African workforce prepared to advance uses of digital technology to support delivery and management of health and other social services and provide essential maintenance

- Employ alternative financial models to unlock capital and increase investment in ICT for the highest risk populations
- Offer pathways to increase transparency and accountability mechanisms, as well as local market participation and monitoring in creation of public-good ICT investments
- Advance mobile money and digital finance systems for health, social protection and other goods and services, especially in rural areas and through proposals to expand cash-out networks.
- Improve health data collection and analysis
- Propose solutions to bridge the gap between medium/long-term connectivity advancements and short-term connectivity enhancements deployed during the epidemic but not sufficiently cost-effective to be sustainable

Improve basic education and workforce development

Challenge:

Even before the outbreak, all three Ebola-affected countries (Liberia, Guinea, and Sierra Leone) had some of the lowest primary school completion rates in the world (World Bank, 2014) with ill equipped schools that had no electricity, latrines, or running water, and a severe scarcity of learning and teaching materials. The Ebola outbreak exacerbated, illuminated, and created further challenges for the education sector. While schools have reopened in all three countries, there is still a great need for investments in innovations that will keep children in school on a continuous basis and help them overcome the learning they lost during the seven-month gap from school closures. Since the Ebola outbreak began, approximately five million children have been out of school in Guinea, Liberia and Sierra Leone. Schools have reopened in Liberia, however students are facing a loss of learning as most children did not continue to learn when schools were closed; 74% of schools report damaged or lost materials; and teachers returning have little to no opportunities for professional development and/or teacher and learning materials to use in the classroom. Issues of safety, cost, distance, transportation, water sanitation and health infrastructure are some of the main barriers that continue to keep students from returning to and remaining in school.

Liberia, Guinea and Sierra Leone's tertiary and vocational training systems also do not provide the training, knowledge and skills that students need in order to succeed in the labor market and drive socioeconomic development. Curricula and instructional methods are outdated; faculty and staff have skill and knowledge gaps; and training facilities often lack appropriate technology, laboratories and materials. Partnerships between training institutions and the private sector are almost non-existent.

USAID welcomes and encourages ideas from potential partners to improve basic education and workforce development in ways that get students safely back in school and back to work and accelerates learning to overcome valuable time lost during school closures.

Possible partnerships could include programs/activities that advance philanthropic and/or business interests through the following:

- Support small-scale community-led school improvements, such as improving water supply and latrines, which will provide water, sanitation, and hand washing facilities to help prevent the spread of infectious diseases.
- Provide education and livelihoods support for youth (individuals aged 15-35) failing to return to school after a long-period of schools closures or affected by reduced livelihood opportunities as a result of the epidemic
- Build government and teacher capacity to provide supplemental tutoring and adapt curriculum for prolonged periods of no schooling.
- Support integration of "Ebola Orphans" in national education systems.
- Scholarships, mentoring and tutoring for highly vulnerable girls and boys in grades 1-6 using proven models tested by USAID and other donors in Liberia.
- Distribute and produce learning materials, appropriate technology, or media that current infrastructure already supports and households and communities could use right away for continuous learning. Examples include: textbooks and elementary readers, educational videos, mini-libraries that rely on books or simple computer systems, and educational SMS messages.
- Support the installation of Solar Lights—in Liberia, schools and learning centers across the country do not have enough electricity to support lights for nighttime study and instruction.
- Invest in workforce development programs—expand support for alternative basic education services, social opportunities, leadership development, and livelihood training for out-of-school youth, with low or no literacy and numeracy skills.
- Support interventions at both the basic and higher education levels to institutionalize infectious disease prevention, reduce stigma, and foster improved generation of quality data management professionals. Activities could link educators with community health workers to ensure proper referral systems.

Increase economic activity by strengthening production, trade, investment and infrastructure

Challenge:

Prior to the Ebola epidemic in the West Africa region, Liberia and Sierra Leone were projecting rapid growth rates, and moderate growth was expected in Guinea. Today a number of multinational organizations have vacated work sites or paused in moving forward with new investments. An increasing number of micro-, small- and medium-sized enterprises are defaulting on their loan repayments to banks, as their businesses have deteriorated. In an October 2014 survey conducted by the Sustainable Markets Initiative, the businesses surveyed in Liberia reported that, over the prior six months, they had reduced the number of their employees by an average of one-third. This reduction is due largely to the closures of markets and reluctance of people to participate in their regular activities, which in turn stopped progress on critical investments during the outbreak, exacerbating ongoing weaknesses in the provision of essential services and significantly reducing economic growth. The global community can invest in Ebola-affected countries in West Africa and help build the skills and capacity of those countries' citizens to drive the future of their own economic growth.

USAID encourages ideas from potential partners to increase economic activity by strengthening production, trade, investment, and infrastructure in the Ebola-affected countries, across all sectors including energy, agriculture[7], health, education, and small and medium enterprise growth.

Possible partnerships could include programs/activities that advance private sector and/or philanthropic interests through the following:

- Support livelihood development
    - Provide training, resources and support to help micro, small and medium size enterprises succeed
    - Develop conservation-focused enterprises that combat deforestation and biodiversity loss while increasing rural incomes
- Support investors in resuming their operations and planned investments in the region as soon as possible

---

[7] For public-private partnership opportunities to revitalize the agricultural sector in Liberia, Guinea and Sierra Leone, please see the Feed the Future Ebola Recovery Partnership in West Africa Addendum, (APS) No: APS-OAA-14-000001 (http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding/global-development-alliance-annual-program)

- Improve access to capital
  - Work with banks and financial institutions to maintain and increase private lending
  - Work with banks and micro- small- and medium-sized enterprises to adapt to the increasing financial pressures on their businesses.
  - Expand networks and linkages between affected country enterprises and the foreign-invested concession sector so as to increase procurements of goods and services from local sources.
- Advance infrastructure projects (including energy, WASH, roads, other):
  - Rehabilitate and construct "farm to market" feeder roads
  - Explore opportunities to develop WASH infrastructure with energy infrastructure in rural communities and small cities
  - Institute sustainable financial models, such as a pay as you go mobile or other billing and pre-payment systems for different types of utilities
- Promote projects that support enhanced economic activity among target groups (women and youth, especially women and youth who have been idle since the epidemic closed schools and destroyed the informal sectors that many women and youth depend on)
- Amplify messaging and efforts to destigmatize Ebola-affected countries and their citizens

Rapidly increase electricity access in underserved areas, in collaboration with the U.S. Government's Power Africa initiative

Challenge:

More than 98% of Liberia's population of four million people presently live without access to basic levels of electricity services, and are unlikely to be connected to an electricity grid in the foreseeable future. In Guinea and Sierra Leone, the energy sector also faces great challenges due to the significant gap between supply and demand, with access rates around 12% and 5%, respectively. This problem is further exacerbated by high technical losses in transmission and distribution networks and low voltage quality. There is a demonstrated need across all of these countries for underserved solutions to connect those populations "beyond the grid." USAID is seeking concepts for partnership with the private sector with the potential to demonstrate a market-driven approach to rapidly increase electricity access in underserved areas. The provision of this access will directly assist Liberia, Guinea and Sierra Leone as they recover from the post-disaster impacts of the Ebola epidemic on their economies as well as their educational and health care systems.

The proposed approaches may target one of the three countries or propose efforts in two or three of the countries. Relevant basic information on these countries can be found on the International Renewable Energy Agency's website for Renewable Energy Country Profiles (www.irena.org/REmaps/countryprofiles/africa.aspx) and ECOWAS Observatory for Renewable Energy and Energy Efficiency's website for Generic Country profiles (www.ecowrex.org/country-profile).

USAID is open to considering any approach to deploy renewable energy technologies for off-grid and small scale applications through sustainable business models, including:

- Models which provide clean lighting and clean power for public spaces, home fixtures and appliances and that will provide high-quality power to a large number of persons (tens of thousands) in a commercially sustainable manner in underserved areas. Technologies may include:
    - Stand-alone lanterns
    - Solar home systems
    - Micro and mini grids
- Various types of renewable energy sources, such as solar, hydro, wind, biomass and biogas.   Delivery models could include:
    - Distributed energy services models
    - Mini-grids
    - Other joint approaches
- Approaches that foster business growth, improve local economic development, and increase awareness and utilization of renewable energy technologies will be prioritized.

Proposed approaches to increasing electricity access in underserved areas should include the following key features:
- Any proposed approach must clearly identify how it will significantly improve access to electricity for a large number of persons (tens of thousands).
- The business model must be well described and justified. It must be financially sustainable and provide a significant and tangible positive impact on electricity access and the well-being of the beneficiaries;
- The proposed approach should stimulate greater participation of local entities, particularly local entrepreneurs, in developing activities that focus on providing access to clean energy in underserved areas in the most sustainable way and with a high degree of replicability in other similar areas;

- Potential partners must have past experience in similar business models and programs, as well as strong ties with local organizations to ensure that local knowledge and know-how will be applied;
- Technologies selected must be available or could be readily deployable in the country to facilitate operation and maintenance activities and foster replicability in the country and possibly in the West Africa region;
- Small scale renewable energy projects have to be below 10 MW;

[END OF APPENDIX A]

APPENDIX B

2014 GDA APS Concept Paper Template – Required Format and Materials

I. <u>CONCEPT PAPER</u>

Concept papers must not exceed 5 pages and must use standard margins and 12pt Times New Roman font.[8] The following format must be used:

A. Title of Proposed Alliance (1 sentence)

B. Overall Objective of Alliance (2-3 sentences)

C. Amount of Funding (if any) Requested from USAID $ _____

D. Value of Private Sector Resource Contributions $ _____

E. Description of Proposed Alliance (approx. 3-4 pages)

Clearly identify and describe the development problem or challenge to be addressed and provide a thorough description of:
1. the alliance's objectives;
2. the proposed approach and activities, including an implementation timeline;
3. the anticipated outputs, outcomes, results and impact;
4. the roles and responsibilities of the core partners. This must include a description of the private sector partner's resource contributions and how those resource contributions will support specific alliance activities and contribute to particular outputs, outcomes, results and intended impacts;
5. how the outcomes and results, as well as any activities that need to continue beyond the duration of a USAID award, will be sustainable without continued USAID funding or involvement after the award ends;
6. how the proposed alliance will clearly and significantly contribute to achieving a USAID Mission, Bureau or Independent Office's specific strategic objectives or priorities[9]; and
7. how the collaboration with the private sector will increase the reach, efficiency, effectiveness or sustainable impact of USAID's development assistance.

---

[8] Questions regarding this template can be directed to gda@usaid.gov or Ken Lee at kenlee@usaid.gov.
[9] See http://www.usaid.gov/what-we-do and http://www.usaid.gov/where-we-work for more information on USAID's core strategies, priorities and initiatives.

F. Private Sector Engagement (1 paragraph)

Description of how the private sector was consulted and engaged in the identification and definition of the targeted problems and challenges and the development of the alliance proposed in the concept paper, including contact information for the core private sector partner(s) involved in the alliance.

G. USAID Engagement (1 paragraph)

Description of how USAID was consulted and engaged in the development of the alliance concept, including the name(s) of the personnel the applicant consulted at the USAIDMission, Bureau or Independent Office with which the applicant seeks to collaborate and from which the applicant is seeking funding or support.

H. Monitoring and Evaluation Approach (1-2 paragraphs)

Brief description of the monitoring and evaluation approach to be used, including how success will be defined, the availability of baseline data, the use of control groups, or the definition and development of comparison groups and counterfactuals.

II. SUPPORTING INFORMATION (Items A, B and C must not exceed 6 pages in total)

A. Proposed Estimated Cost and Cost Breakdown (1 page maximum)

This should include proposed budget and projections.

B. Letter(s) of Support, Intent or Commitment from Core Private Sector Partner(s) (4 letters maximum; any letter must not exceed two pages)

Applicant must submit letters of support, intent, or commitment from the core private sector partner(s) to the alliance. Each letter should demonstrate the applicant's collaboration with the private sector partner in developing the proposed alliance ideas. The letter should identify the interests the private sector partner has in the alliance, the objectives and results the private sector partner seeks to achieve through the alliance, the role and responsibilities the private sector partner anticipates having in the alliance, and the resources and contributions the private sector anticipates providing to the alliance.[10]

C. Contact Information for All Proposed Partners (1 page maximum)

Contact information for all proposed partners, including name, title, email and phone numbers and a brief description of each prospective partner's previous work and experience, including but not limited to experience working in public private partnerships. This includes the applicant's previous work and experience.

---

[10] Note: USAID recognizes that the private sector partner's intended roles and resource contributions may and often do evolve in light of additional alliance development discussions with USAID. The letter is meant to demonstrate the private sector partner's substantive engagement, genuine interest and initial intentions.

D. Resource Contributions Table (See below; does not count toward the 6 page total)

Using the Resource Contributions Table below, list the projected resources to be contributed by each of the partners to the alliance. Please list any and all private sector partners first, followed by other types of partners. Please note that only the resources provided by entities defined as "Private Sector" under the GDA APS are potentially eligible to be counted toward the private sector resource requirement.

PARTNER RESOURCE CONTRIBUTIONS TO THE ALLIANCE

Use this table to list and briefly describe the projected resources to be contributed by each of the partners to the alliance. Please list business contributions first, foundation contributions second, then any other private sector partner contributions. Contributions from other types of partners should be listed after the private sector contributions have been listed. Please note that only the resources provided by entities defined as "Private Sector" under the GDA APS are potentially eligible to be counted toward the private sector resource requirement. [11]

Partner Name	Partner Type	Cash Contribution	In-Kind Contribution	Total	Description / Comment
Full name of partner	*Business, Foundation, NGO[12], Higher Education or Research Institution[13], Public Sector[14], Other*	*In US$*	*In US$*	*Total of previous two columns*	*Brief comments on nature, purpose of private sector contributions*
Example: Company X	*Business*	*US$ 1,000,000*	*100,000*	*1,100,000*	*Cash contribution to fund alliance rollout in Kenya* *100k in-kind in staff time and donated technology*

---

[11] Private Sector is limited to: for-profit entities such as a business, corporation, or private firm; private equity or private financial institutions, including private investment firms, mutual funds, or insurance companies; private investors (individuals or groups); private business or industry associations, including but not limited to chambers of commerce and related types of entities; private grant-making foundations or philanthropic entities (including corporate foundations); or private individuals and philanthropists. Alliances developed under this GDA APS must involve one or more of these private sector entities.

[12] This includes non-governmental organizations, faith-based organizations, and associations not included under the GDA APS definition of "private sector."

[13] Universities, Colleges, Community Colleges, Research Institutes, etc.

[14] This includes bilateral donors; regional and multilateral organizations (but separating out USG contributions); host-country governments; and any other organization that is part of the public sector but not included in the categories above.

[END OF APPENDIX B]

PRINCIPLES FOR DIGITAL DEVELOPMENT

The following set of principles represents a concerted effort by donors to capture the most important lessons learned by the development community in the implementation of technology-enabled programs. Having evolved from a previous set of implementer precepts endorsed by over 300 organizations, these principles seek to serve as a set of living guidelines that are meant to inform, but not dictate, the design of technology-enabled development programs.

ONE: DESIGN WITH THE USER

> Develop context-appropriate solutions informed by user needs.

> Include all user groups in planning, development, implementation, and assessment.

> Develop projects in an incremental and iterative manner.

> Design solutions that learn from and enhance existing workflows, and plan for organizational adaptation.

> Ensure solutions are sensitive to, and useful for, the most marginalized populations: women, children, those with disabilities, and those affected by conflict and disaster.

TWO: UNDERSTAND THE ECOSYSTEM

> Participate in networks and communities of like-minded practitioners.

> Align to existing technological, legal, and regulatory policies.

THREE: DESIGN FOR SCALE

> Design for scale from the start, and assess and mitigate dependencies that might limit ability to scale.

> Employ a "systems" approach to design, considering implications of design beyond an immediate project.

> Be replicable and customizable in other countries and contexts.

> Demonstrate impact before scaling a solution.

> Analyze all technology choices through the lens of national and regional scale.

> Factor in partnerships from the beginning, and start early negotiations.

FOUR: BUILD FOR SUSTAINABILITY

> Plan for sustainability from the start, including planning for long-term financial health, e.g., assessing total cost of ownership.

> Utilize and invest in local communities and developers by default, and help catalyze their growth.

> Engage with local governments to ensure integration into national strategy, and identify high-level government advocates.

FIVE: BE DATA DRIVEN

> Design projects so that impact can be measured at discrete milestones with a focus on outcomes rather than outputs.

> Evaluate innovative solutions and areas where there are gaps in data and evidence.

> Use real-time information to monitor and inform management decisions at all levels.

> When possible, leverage data as a by-product of user actions and transactions for assessments.

SIX: USE OPEN DATA, OPEN STANDARDS, OPEN SOURCE, OPEN INNOVATION

> Adopt and expand existing open standards.

> Open data and functionalities, and expose them in documented APIs (Application Programming Interfaces) where use by a larger community is possible.

> Invest in software as a public good.

> Develop software to be open source by default with the code made available in public repositories and supported through developer communities.

SEVEN: REUSE AND IMPROVE

> Use, modify, and extend existing tools, platforms, and frameworks when possible.

> Develop in modular ways favoring approaches that are interoperable over those that are monolithic by design.

EIGHT: ADDRESS PRIVACY & SECURITY

> Assess and mitigate risks to the security of users and their data.

> Consider the context and needs for privacy of personally identifiable information when designing solutions and mitigate accordingly.

> Ensure equity and fairness in co-creation, and protect the best interests of the end-users.

NINE: BE COLLABORATIVE

> Engage diverse expertise across disciplines and industries at all stages.

> Work across sector silos to create coordinated and more holistic approaches.

> Document work, results, processes, and best practices, and share them widely.

> Publish materials under a Creative Commons license by default, with strong rationale if another licensing approach is taken.

For more information, visit
DIGITALPRINCIPLES.ORG

[END OF APPENDIX C]