



Users Guide to USAID/Washington Health Programs

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User Information

Locating the Electronic Copy of the Users Guide

This guide is also available on the USAID website at the GH homepage:

http://transition.usaid.gov/our_work/global_health/home/Resources/users_guide.html

Many of the most recent updates to the information in this guide can be found on the GH homepage.

Who to Contact for Additional Information on the Users Guide:

Please contact Clairmont Austin (caustin@usaid.gov) in the Bureau for Global Health for additional information on the Users 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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Global Health Offices and Functions

Bureau 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 and encouraging the wider global community to adopt new technologies and approaches and to pursue USAID priorities and goals.

Office of the Assistant Administrator (AA/GH)

Assistant Administrator: Ariel Pablos-Méndez

Deputy Assistant Administrator: Robert Clay

Deputy Assistant Administrator: Wade Warren

Deputy Assistant Administrator: Katherine Taylor

U.S. Global Malaria Coordinator/PMI: Timothy Ziemer

Science Advisor: James Shelton

The Office of the Assistant Administrator provides oversight to the GH Bureau and leadership for the Global Health Initiative, 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 the Bureau'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 Introduction and Impact, is the focal point for accelerating the introduction and scale up of innovative global health 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.

Center for Accelerating Innovation and Impact (CAII)

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 and thereby accelerate impact against some of the world's most important health challenges. The Center 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 Health Systems (OHS)

Director: Karen Cavanaugh

Health systems strengthening is critical to enabling countries to effectively address the complex health challenges they face in an evidence-based and sustainable way. To elevate the importance of health systems strengthening and its ability to help drive in-country ownership and sustainability, The Bureau for Global Health has formed a new Office of Health Systems. The Office of Health Systems increases the visibility and consistency of the long-standing work to help developing countries strengthen their health systems to improve health outcomes. OHS provides a critical mass of multi-disciplinary health systems expertise to lead USAID's health systems work and support its colleagues in the field.

Office of Health, Infectious Diseases and Nutrition (GH/HIDN)

Director: Elizabeth Fox

Deputy Director: Kelly Saldaña

Deputy Director: Bethanne Moskov

The Office of Health, Infectious Diseases and Nutrition (HIDN) manages the Global Health Bureau's activities in child survival health, maternal health, and infectious diseases, which include Tuberculosis, Malaria, Pandemic Influenza and Other Emerging Threats, Neglected Tropical Diseases and Water and Sanitation, and provides technical leadership in each of these areas.

Infectious Diseases Division (GH/HIDN/ID) is responsible for technical leadership and direction in Tuberculosis (TB) and Neglected Tropical Disease (NTD) issues. The TB team works to provide support through prevention and care programs in 27 countries by accelerating detection and treatment of TB for all people, scaling-up TB/HIV integration, expanding prevention and treatment of MDR-TB, and overall strengthening of health care systems. The NTD Team collaborates with a range of partners to support 25 host country governments to implement nation-wide programs towards the prevention, and the control/elimination of 7 neglected diseases through the effective delivery of cost-effective treatments.

Maternal and Child Health Division (GH/HIDN/MCH) provides technical and policy leadership in maternal, newborn, and child health, as well as environmental health, in support of the Agency priority of Ending Preventable Child and Maternal Deaths. Division staff focus on maternal health and nutrition; newborn mortality reduction; immunization programs, including support to the Global Alliance for Vaccines and Immunization (GAVI); polio eradication; and programs to prevent and treat pneumonia and diarrhea. The Environmental Health Team focuses on support for safe water, sanitation, and hygiene, as well as improvements in poor indoor air quality, with a strong emphasis on behavior and household-level interventions

Nutrition Division (GH/HIDN/NUT) is responsible for technical leadership and direction in nutrition, micronutrients and food security. Division teams focus on 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 Nutrition Division also houses the child and maternal health research program and the Child Survival and Health Grants Program that facilitates a productive partnership between USAID and U.S. private and voluntary organizations.

Malaria Division (GH/HIDN/MAL) has primary responsibility for leading the planning and implementation of the President's Malaria Initiative (PMI) including supporting the US Global Malaria Coordinator's worldwide leadership efforts and ensuring the technical integrity of USG malaria programming. The Malaria Division provides technical advice and management support to PMI focus and non-focus country programs on prevention and control of Malaria in 22 countries in Africa and two regional programs in Southeast Asia and South America. The Division has primary responsibility for providing global technical leadership for malaria, manages numerous research and malaria field support programs, and is responsible for the Agency / USG monitoring, evaluation and reporting on results and impact of PMI programs.

Pandemic Influenza and Other Emerging Threats (PIOET) Program's goal is to minimize the global impact of existing pandemic influenza threats and pre-empt the emergence and spread of future pandemic threats. In partnership with the U.N. Food and Agricultural Organization (FAO), the

Introduction to Global Health Bureau

World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC) and government and non-government counterparts, USAID has strengthened the capacities in countries for monitoring the spread of H5N1 avian influenza to mount a rapid and effective containment of the virus, and to assist countries' operational capacities to mount a comprehensive response in the event a pandemic-capable virus emerges. With technical assistance from the CDC, the EPT Program draws on expertise from across the animal and human health sectors to build regional, national, and local "One Health" capacities for early disease detection, laboratory-based disease diagnosis, rapid response and containment, and risk reduction.

Office of HIV/AIDS (GH/OHA)

Director: David Stanton

Deputy Director: Benjamin Gustafson

The Office of HIV/AIDS is the focus of HIV/AIDS technical leadership for the Agency and has primary responsibility for leading the Agency's efforts within the President's Emergency Plan for AIDS Relief (PEPFAR). In cooperation with the State Department Office of the Global AIDS Coordinator (OGAC), this responsibility entails ensuring the technical integrity of Agency and mission strategies; providing global technical leadership on the full range of issues related to HIV/AIDS prevention, care, and treatment; managing numerous research and field support programs; and monitoring and reporting on the impact of the Agency's HIV/AIDS program.

Technical Leadership and Research Division (GH/OHA/TLR) provides technical advice and support across the Agency and field missions and has primary responsibility for HIV/AIDS operational and biomedical research in areas relevant to PEPFAR goals and objectives.

Implementation Support Division (GH/OHA/IS) focuses on the provision of assistance to accelerate and scale-up HIV/AIDS programs in the field, with particular focus on Orphans and Vulnerable Children, private sector engagement, and country ownership.

Strategic Planning, Evaluation, and Reporting Division (GH/OHA/SPER) provides programmatic expertise to help the Agency and its missions develop programs that respond to USG, USAID and Congressional policy and budget priorities, and incorporate innovations, best practices and lessons learned in health systems strengthening, monitoring and evaluation, and multilateral coordination.

Supply Chain Management Division (GH/OHA/SCMS) helps strengthen existing supply chains or establish new ones to ensure a safe, secure, reliable, and sustainable supply chain management system to procure pharmaceuticals and other products for people with HIV/AIDS and related infections.

Office of Population and Reproductive Health (GH/PRH)

Director: Ellen Starbird

Deputy Director: Vacant

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 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.

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

(Policy) Promote effective sexual and reproductive health advocacy, policy, financing, and governance

(Evaluation) Collect, analyze, and evaluate data for evidence-based decision making

(Communication) Develop and implement communication efforts to influence attitudes, norms, and behaviors of beneficiaries and providers

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 (GH/PRH/SDI) develops and applies innovative strategies that improve the performance of individuals, organizations, and systems for the sustainable delivery of quality family planning and related services.

Office of Professional Development and Management Support (GH/PDMS)

Director: Sharon Carney

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

Professional Development Team (GH/PDMS) manages professional 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 Public Health Fellows Program, which places and supports Fellows worldwide.

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 Resources (OHR), with the Office of Acquisition and Assistance, 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; and chairs the GH Personnel Working Group with representation from each GH Bureau Office.

Administrative Support Team (GH/PDMS) manages the Bureau operating expense budget, in collaboration with GH/PPP/Controller, and associated procurement activities. It also provides all logistic and systems support to Bureau staff, including space planning and assignments; network, remote, and

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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..

Office of Policy, Programs, and Planning (OPPP)

Director: Michael Zeilinger

The Office of Policy, Programs, and Planning (OPPP) has primary responsibility for Global Health'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 Global Health objectives and is integrally involved in performance monitoring and program evaluation. Additionally, OPPP houses the team that takes the lead in Global Health donor coordination activities.

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 Global Health and with other units within the Agency. This Division serves as the primary GH resource for USAID evaluation policies and practices; oversees implementation of the Bureau evaluation plan and analyzes and disseminates evaluation findings, conclusions, recommendations and best practices as appropriate. The Division leads the Bureau 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 and Budget Management Division (GH/OPPP/PIBM) is responsible for providing programmatic support to Global Health technical office staff, from activity design through implementation. It also takes the lead in procurement planning, monitoring, and tracking of all procurement actions. Its' staff prepares and monitors Global Health's budgets, which includes the management of the Global Health program and operating expenses, operating year budget, and the monitoring of Global Health's pipeline.

Office Of Country Support (OCS)

Director: Elise Ayers

The Office of Country Support (OCS) is the Bureau for Global Health's hub to provide broad, strategic assistance and support to countries and missions. With changing initiatives and priorities, this support assists both country programs and HQ country teams in understanding and managing challenges involving business practices as they relate to field programs. As a critical interlocutor of change, the OCS interfaces with GH element offices, regional bureaus, other pillar bureaus and interagency colleagues to ensure coordinated strategic, technical and programmatic assistance to countries. OCS leads the Global Health Country Team System, drawing on GH staff expertise across offices, fostering country representation from a "whole of health" program perspective.

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 Policy, Programs, and Planning on behalf of the Bureau for Global Health as a whole.

Bureau-wide Projects

Bureau for Global Health

Knowledge Management Services (KMS)

Agreement Type:
Contract
Agreement Number:
OAA-M-11-00005
Project Number:
936-3140.06
Duration:
3/11 - 9/14
Geographic Scope:
Worldwide

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Purpose

The purpose of the KMS task order is to provide:

- Analysis of health, program, and financial data to support senior management decisions and investments;
- Evidence-based information and services to guide the design and management of USAID health programs;
- Knowledge management and organizational learning for USAID health programs;
- Communication products and services to raise awareness and understanding of global health issues and activities among the informed public, both US and foreign, as well as among NGOs, PVOs, and decision-makers in global health.

Services Provided

KMS provides services to all offices of the Bureau for Global Health and is able to accept funds from all GH Elements and all GHCS earmarks from other USAID operating units. This activity can also accept nonhealth 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 varied information sources through a central platform;
- Evidence-based communications products, such as “Success Stories” and Best Practices” that incorporate analysis results;
- Educational and public information functions such as conferences and briefings.

Means of Access

Core

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 with sub-contractors Deloitte and Management Systems International (MSI). GHPOD is a base-year plus two 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 (MBTI), 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.

Means of Access

Field Support, Core and OE

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-TO-1200030
Project Number:
936-3105.12
Duration:
8/12 - 8/16
Geographic Scope:
Worldwide

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Global Health Fellows Program II (GHFP-II)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-11-00025

Project Number:
936-3105.10

Duration:
10/11 - 9/16

Geographic Scope:
Worldwide

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Purpose

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.

Services Provided

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.

In the US, 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.

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.

Means of Access

Core, Field Support and OE

Global Health Support Initiative-II (GHSI-II)

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 Provided

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.

Means of Access

Field Support, Core and OE

Agreement Type:

Contract

Agreement Number:

OAA-C-10-00049

Project Number:

936-3105.06

Duration:

6/10 - 12/14

Geographic Scope:

Worldwide

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MEASURE Evaluation Phase III*

Agreement Type:

Leader with Associates
Cooperative Agreement

Agreement Number:

GHA-A-00-08-00003

Project Number:

936-3083.10

Duration:

8/08 - 8/14

Geographic Scope:

Worldwide

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Purpose

MEASURE Evaluation Phase III continues the program's 10 year initiative to improve the collection, analysis and presentation of data to promote better use in planning, policymaking, managing, monitoring and evaluating of population, health and nutrition programs. The program aims to accomplish this through achieving the following six results:

- Increased user demand for data and tools;
- Increased individual and institutional capacity in monitoring and evaluation;
- Increased collaboration and coordination in obtaining and sharing health sector data;
- Improved tools, methodologies and technical guidance;
- Increased availability of data, methods and tools; and
- Increased facilitation of data use.

MEASURE Evaluation Phase III is the Global Health Bureau's primary vehicle for supporting improvements in monitoring and evaluation in population, health and nutrition worldwide.

Services Provided

The MEASURE Evaluation Phase III Leader with Associates Cooperative Agreement provides technical assistance, global leadership and training to strengthen monitoring and evaluation of host country programs across the PHN sector. It also works to strengthen routine health information systems, to build capacity in host country institutions, to develop new tools and methodologies, and to conduct evaluation research. In addition, it continues to facilitate coordination of monitoring and evaluation and routine health information system strengthening efforts. Phase III incorporates the principle of sustainability into the project's overall framework by integrating organizational development, management, and behavior change into all aspects of its technical assistance.

Currently, MEASURE Evaluation works in approximately 40 countries worldwide.

Means of Access

Field Support. Separate Associate Awards can be negotiated with the recipient of the Leader Award and with AOTR duties carried out by the requesting USAID/Washington Bureaus or Field Missions.

** MEASURE Evaluation Phase IV, which will follow MEASURE Evaluation Phase III, will be awarded in June, 2014. For information contact Erin Balch at ebalch@usaid.gov.*

The Demographic and Health Surveys Program (DHS-7)

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 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, and application of state of the art techniques to improve operational efficiency.

Services Provided

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.

Means of Access

Field Support

Agreement Type:

Contract

Agreement Number:

OAA-C-13-00095

Project Number:

936-3083.15

Duration:

9/13 - 9/18

Geographic Scope:

Worldwide

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World Health Organization Consolidated Grant

Agreement Type:
Grant
Agreement Number:
GHA-G-00-09-00003
Project Number:
936-3100.51
Duration:
9/09 - 9/16
Geographic Scope:
Worldwide

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Purpose

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

Services Provided

The consolidated grant to WHO consolidates most of the Bureau for Global Health's agreements with WHO under a simplified 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
- Project evaluation and assessments
- Monitoring and evaluation
- Education/information strategies
- Maternal and neonatal health
- Family Planning and Reproductive Health
- Implementing Best Practices in Family Planning
- Medical Eligibility Criteria (MEC)

Means of Access

Field Support

PSA- Procurement Support Award (Jefferson Consulting Group)

Purpose

The U.S. Agency for International Development has a requirement for Institutional Support Services. The Global Health Bureau (GH) requires a contractor to provide institutional and operational support to ensure the appropriate human resources are placed in the right places for the needed amounts of time in order to successfully fulfill USAID's commitments to "A Promise Renewed," the follow up to the June 2012 Child Survival Call to Action. It requires surge support to Agency contracting capacity to ensure the right mechanisms are in place to support USAID's health programs.

Services Provided

The contractor will be requested to provide "surge" capacity in response to heavy workload demands both in the field and in Washington. For example, surge capacity staff may be needed to deploy a procurement team to a mission or to support other Washington-based operations. The contract will also assist USAID in the recruitment and hiring of Personal Services Contractors (PSCs) who will provide additional surge services of a technical nature to USAID programs.

This contract will provide access to services in the following areas:

- Assist in the negotiation and administration of contracts, grants, cooperative agreements and interagency agreements
- Assist in recruitment, negotiation, award, and administration of personal services contracts
- Mission Support – Short (STTA) and Long Term Technical Assistance (LTTA)
- Administrative Support

Means of Access

Field Support

Agreement Type:
Contract/Task Order
Agreement Number:
OAA-M-13-00002
Project Number:
936-6200.02
Duration:
8/13 - 8/18
Geographic Scope:
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Central Contraceptive Procurement (CCP)

Agreement Type:
Contract
Agreement Number:
Various
Project Number:
936-3057
Duration:
1990 - 2018
Geographic Scope:
Worldwide

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Sdn. Bhd.; Qingdao Double
Butterfly Group, Co.;
Karex Industries Sdn. Bhd.; Thai
Nippon Rubber Industry Co.,
LTD; Suretex Limited,
Merck MSD; Injeflex Industria
e Comercio Ltda; Pregna
International Ltd.; Cycle
Technologies, Inc.;UPS and
Logenix

Purpose

To serve as the central procurement mechanism for Missions to purchase high quality contraceptives and condoms.

Services Provided

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.

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.

Additional resources are available for Missions and the programs they support who plan to order commodities including USAID Contraceptive and Condom Catalog and Ordering Essential Public Health Supplies: Guidelines for USAID Missions and Country Programs. For more information and to view these publications, please visit our website: http://www.usaid.gov/our_work/global_health/pop_techareas/contraprocur.html

*Contractors may change annually due to competitive contract procedures.

Means of Access

Field Support

DELIVER Project (Deliver II) Task Order 4

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 Initiative, BEST, and other health initiatives.

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 basic health commodity requirements of public 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 directly focus on in-country environments, TO4 will also collaborate with and support partners at the global and regional levels to strengthen evidence-based global/regional advocacy for 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.

Means of Access

Field Support—TO4 accepts funding from all health directives.

Agreement Type:
Contract
Agreement Number:
OAA-TO-10-00064
Project Number:
936-3089.Ad
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Health Communication Capacity Collaborative (HC3)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00058

Project Number:
936-3091.05

Duration:
09/12 - 09/17

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 Provided

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 regional “MarketPlaces,” including both virtual and physical centers;
- Harnessing new media and igniting innovation to improve behavioral impact; and,
- Building the evidence base for health communication through rigorous research and evaluation.

Means of Access

Field Support

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

Health, Environment, Livelihood, Population and Security (HELPS) Project

Purpose

The Woodrow Wilson International Center for Scholars (Wilson Center) HELPS project educates and informs U.S. and developing country decision-makers about the benefit of effective population policies, as well as health programs that link population, health, and the environment in the field, by expanding dialogue and disseminating information on population's multiple links to environment, global health, development, and security.

Services Provided

The HELPS project synthesizes and disseminates research and practical lessons on the intersections between health, population, environment and security through two major avenues:

- Instigating practical dialogues about population topics and their links to environment, health, development, and security among researchers, implementers, decision-makers and the media at the Wilson Center. HELPS holds events at the Wilson Center's facilities in the Ronald Reagan Building that will showcase new research, compelling case studies, lessons learned, data analysis, and future challenges presented by leaders in the field. Attendees come from the more than 4,000 D.C. area contacts representing a diverse mix of U.S. government agencies, NGOs, policymakers, universities, think tanks, donors and the media.
- Synthesizing and disseminating information, analysis, and lessons learned on linkages between population, health, development, environment, and security issues in multiple formats to relevant policy and practice audiences. The HELPS project produces written publications and audio/visual multimedia and disseminates them to target audiences. Innovative dissemination approaches to reach today's audiences, especially those outside the D.C. area, include using online formats such as websites, blogs, e-newsletters, listservs, podcasts, and videos, as well as social media platforms.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00010
Project Number:
936-3109.03
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Health Policy Project (HPP)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-10-00067

Project Number:
936-3109.01

Duration:
9/10 - 9/15

Geographic Scope:
Worldwide

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Purpose

HPP will help USG country teams and national counterparts translate the goals of GHI into policies, plans, and actions, and will directly support GHI implementation by strengthening in-country capacity for policy and governance, financing, leadership and advocacy, multisectoral coordination, and use of data for decision-making, and promoting country ownership of programs and initiatives. HPP also will support capacity development to address gender, socioeconomic, and stigma-based inequitable access to health services and to improve measurement of policy impacts on health outcomes.

Services Provided

Transferring skills to and building systems for the next generation of in-country policy leaders and champions will be the highest priority of HPP. Capacity building under HPP is seen as a process of jointly planned and focused support to identify, improve, and sustain institutional and individual competence and structures for effective policy, advocacy, and governance. HPP offers assistance to:

- Support capacity building for development, costing, financing, and implementation of country-led plans, policies and/or Partnership Frameworks;
- Strengthen partner country undergraduate, graduate, and continuing professional development programs in policy and governance;
- Conduct regional and in-country trainings and provide technical assistance to develop data use, analysis, and modeling, as well as advocacy and communication, skills; and,
- Create a grants mechanism to fund the implementation and scale-up of locally developed innovations and approaches.

Means of Access

Field Support

Inform Decision-Makers to Act (IDEA) - ASPEN

Purpose

Recognizing the fundamental role of population and health to sustain development and the critical need for new, influential spokespersons from diverse sectors to educate various audiences about reproductive health and development, the IDEA-Aspen project will mobilize and equip select high-level policymakers to serve as champions, expand dialogues through new cross-sectoral global forums, and collaborate with partners to increase knowledge, policy action, and resources for reproductive health.

Services Provided

The IDEA-Aspen project uses the following approach:

- Use high-level strategic access to national and global leaders to dramatically amplify new messages about the centrality of reproductive health to development;
- Utilize select policymakers as champions and standard setters for their peers;
- Link reproductive health more centrally to broader development goals including the environment, security, health, and economic development;
- Engage new influential audiences and establish ongoing linkages with diverse non-health sectors; and,
- Emphasize the power of personal narrative through the voices of influential policy spokespeople from developing and developed nations.

Aspen engages these high-level policymakers primarily through three forums: the Population, Health and Development Track at the annual Aspen Ideas Festival; the Aspen Population and Health Roundtable Series in Washington, DC; and the Population Policy Dialogue Series in collaboration with the WHO in Geneva at the time of the World Health Assembly.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00062
Project Number:
936-3109.04
Duration:
09/10 - 09/15
Geographic Scope:
Worldwide

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Inform Decision-Makers to Act (IDEA) - PRB

Population Reference Bureau

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-10-00009

Project Number:
936-3109.02

Duration:
7/10 - 8/15

Geographic Scope:
Worldwide

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Purpose

The IDEA project educates and informs U.S. and developing country decision-makers about the benefit to development of health and population programs. The principal activities for the IDEA project are gathering, synthesizing, and translating data and research into digestible formats for a variety of policy audiences. More broadly, IDEA helps the USG achieve its foreign assistance goals by helping to improve country health systems through improved information, leadership and governance, and policy dialogue around the delivery of health care services.

Services Provided

The Population Reference Bureau IDEA project engages government organizations, NGOs, development networks, and other local institutions to build their capacity to design and implement effective FP/RH advocacy strategies. Under this award, PRB produces its World Population Data Sheets. It develops country-specific and global multimedia presentations to engage decision-makers on the benefits of FP/RH using advanced data-visualization technologies such as the Trendalyzer (bubble graph) software. It works with journalists to improve the quality and quantity of FP/RH issues in the media and to link FP/RH issues to population growth and development.

Priority areas include:

- Health and population data and information analyzed, synthesized and disseminated to engage relevant policy and advocacy audiences;
- Capacity of media to provide quality coverage of key health and population issues strengthened;
- Individual and institutional capacity to use information to influence policymakers improved; and,
- Dialogue among population and health researchers, program implementers and policymakers expanded.

Means of Access

Field Support

Knowledge for Health II (K4Health)

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 Provided

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 rapid or just-in-time learning;
- Toolkits featuring key materials on priority health topics, designed to be practical collections of trusted public health resources, identified by experts and arranged for easy use;
- Virtual discussions and webinars on a range of health-related topics that provide access to a community of experts from around the world;
- An online library of thousands 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.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-13-00068
Project Number:
936-7200.01
Duration:
9/13 - 9/18
Geographic Scope:
Worldwide

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MEASURE|US Census Bureau IAA

Agreement Type:
IAA
Agreement Number:
GHA-T-00-08-00002
Project Number:
936-3083.05
Duration:
9/08 - 9/16
Geographic Scope:
Worldwide

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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. 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 Provided

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.

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 health communication. 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 health communication, 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 communication 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 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.

Means of Access

Direct Task Order

Agreement Type:
IDIQ
Agreement Number:
Multiple
Project Number:
936-3091
Duration:
2014 - 2019
Geographic Scope:
Worldwide

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Transform Contract Teams

USAID awarded five contracts under Transform, two of which are small and disadvantaged businesses.

Award 1: The Manoff Group (TMG) brings ground-breaking health communication and behavior change expertise. TMG's consortium of partners provide complimentary technical strengths: Howard Delafield International, LLP specializes in commercial marketing and business models; OneWorld UK offers innovative technology solutions to development problems; Social Impact Inc. brings performance monitoring, impact evaluation and capacity development expertise; and University Research Co. LLC (URC) is an established leader in health services quality and performance improvement.

Award 2: Hope Consulting is known for bringing innovation and high-quality customer insight to their behavior change work. Its partners provide complimentary expertise: PATH brings over 30 years experience in behavior change and global health; Grameen Foundation AppLab offers expertise in developing and piloting mobile technologies for global health; and Dallant Networks has experience in online discussion, knowledge management, and open-source solutions.

Award 3: Population Services International (PSI) is an established leader in social marketing. PSI's consortium brings international caliber skills: www.IDEO.org uses human-centered design to innovate; Lowe Lintas provides marketing and advertising expertise; Internews has a depth of experience in media capacity building; Innovations for Poverty Action is highly skilled in rigorous evaluation; Hope Consulting is a communication strategy small business; and Sage Innovation is a communication small business with capacity in advocacy, strategy, and evaluation.

Award 4: University Research Co. LLC (URC) brings over 45 years of experience in quality improvement, behavior change communication, and health systems strengthening. URC brings a dynamic team of partners: Accenture Development Partnerships employs a not-for-profit business model to channel the capabilities of Accenture; Danya International provides innovative digital behavior change communication approaches; Dimagi is a mobile and web-based technology company; GMMB employs engagement communications, advertising, and grassroots organizing in their advertising and marketing work; Ideas42 provides expertise in behavioral economics and behavior science; Saatchi & Saatchi Wellness develops world-class communications that builds brands; and The Manoff Group is a known leader in innovative formative research, communications, and social- and behavior-centered programming.

Award 5: FHI360 is a known leader in global health and behavior change communication. FHI360's partners provides an opportunity to spur innovation: Cell-life provides expertise in mHealth; Equal Access International offers expertise in innovative radio programming and emerging channels; Food for the Hungry brings nutrition communication and community activation experience; Howard Delafield International provides health marketing and communication business expertise; Unitrend Ltd. offers advertising and commercial and health marketing expertise, and XYZ Design is a human centered design and innovation firm.

Biodegradable Contraceptive Implants

Purpose

To improve contraceptive choices in developing countries through the development of a new, safe, and effective contraceptive method.

Services Provided

This five-year agreement will focus on furthering the development of biodegradable contraceptive implants with a one-year duration of action. If proven to be safe, effective and acceptable, the inclusion of biodegradable implants would expand Family Planning options by filling the duration of effectiveness gap between injectables (3 mos) and standard implants (5 yrs), and negating the need for removal (unless so wished by the user).

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00060
Project Number:
936-3107.14
Duration:
9/10 - 9/15
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:
10/13 - 9/18

Geographic Scope:
Worldwide (Zambia, India,
Malawi)

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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 Provided

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, 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.

Means of Access

Core, Field Support

Fertility Awareness for Community Transformation (FACT)

Purpose

To answer significant research questions related to how fertility awareness (FA) and fertility awareness-based methods (FAMs) 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 FAMs at the community level.

The FACT Project is proposing to test 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 FAMs, including group teaching approaches.

Means of Access

Field Support

Agreement Type:

Cooperative Agreement

Agreement Number:

OAA-A-13-00083

Project Number:

936.7041.03

Duration:

10/13 - 9/18

Geographic Scope:

Worldwide

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Progesterone Vaginal Ring/Contraceptive Vaginal Ring (PVR/CVR) Project

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-13-00075

Project Number:
936-7301.02

Duration:
10/13 - 9/18

Geographic Scope:
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Purpose

This project will further the development and introduction of two new woman-initiated contraceptive methods by:

1) 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;

2) 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 sector, including through social marketing and not-for-profit providers, with the potential of reaching up to 25 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 Provided

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 adapting at scale. The field implementation phase will include seeking political/resource commitments, partnerships, integration with existing programs and M&E.

Means of Access

Core, Field Support

EVIDENCE

Purpose

As the Office of Population and Reproductive Health's new flagship implementation science project, EVIDENCE 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 Provided

Through the EVIDENCE project, the Population Council and its partners:

- Generate new evidence to increase the effectiveness of FP/RH programming. EVIDENCE 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, EVIDENCE 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. EVIDENCE 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. EVIDENCE 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).

EVIDENCE Partners:

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

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-13-00087
Project Number:
936-7300.01
Duration:
10/13 -9/18
Geographic Scope:
Worldwide

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Combination Contraceptive and Anti-HIV Vaginal Ring

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00068
Project Number:
936-3107.15
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Purpose

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

Services Provided

This five-year project will focus on the development of a 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.

Means of Access

Field Support

IPM 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 aims to formulate a 60-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 60 days.

Means of Access

Field Support

Agreement Type:

Cooperative Agreement

Agreement Number:

OAA-A-11-00029

Project Number:

936-3107.18

Duration:

9/11 - 9/16

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:
9/11 - 9/16

Geographic Scope:
Worldwide

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Purpose

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

Services Provided

This 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.

Means of Access

Field Support

Gender Roles, Equality, and Transformations (GREAT) Project

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 Provided

This phased five-year project will be implemented by Georgetown University's Institute for Reproductive Health with partners Save the Children and Pathfinder International. The project will conduct formative research to identify opportunities to promote the formation of gender equitable norms, attitudes and behaviors 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. Using an implementation science framework, the project will then inform the development and testing of interventions during the second phase that:

(1) impact gender norms to positively influence reproductive health outcomes, reduce gender-based violence, and improve gender equity, and (2) have the potential to catalyze wide-spread, sustainable movements to challenge gender inequities worldwide.

In addition, the Responsible, Engaged and Loving (REAL) Father's Initiative focuses on the design and evaluation 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.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00073
Project Number:
936-3107.13
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Impact on Marriage: Program Assessment of Conditional Cash Transfers (IMPACCT) in India Project

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00071
Project Number:
936-3107.10
Duration:
9/10 - 9/15
Geographic Scope:
India

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Purpose

To understand the implementation and impact of a specific cash transfer program to impact the age of marriage in Haryana, India

Services Provided

This five-year cooperative agreement awarded to the International Center for Research on Women (ICRW) provides a unique opportunity to evaluate an ongoing, government-run cash transfer program in Haryana, India. This Government program was started about 16 years ago where parents of newborn girls were given a bond to cash in when the girl turns 18 years of age and is still unmarried. Several other such programs have since begun in India. The Haryana program is the first to come to maturity in a couple of years, and presents an opportunity to do a large-scale research study to assess its implementation and impact. The findings of this project will greatly improve the evidence to date on conditional cash transfer programs and health impacts, which will then be applied to the Haryana program, other Indian government programs, and cash transfer programs around the world.

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 five-year cooperative agreement will 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.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00002
Project Number:
936-3107.09
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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The Population Council Product Development Agreement (PC-PDA)

Agreement Type:
Cooperative Agreement

Agreement Number:
GPO-A-00-04-00019

Project Number:
936-3107.01

Duration:
7/04 - 6/14

Geographic Scope:
Worldwide

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Purpose

The purpose of this activity is to develop, evaluate, bring to market, and make available to public-sector programs, new and better products for family planning and for the prevention of sexually transmitted HIV/AIDS and other infections.

Services Provided

USAID core-supported research by the Population Council will support the development of a proprietary hormone-releasing contraceptive vaginal ring as well as the development of proprietary vaginal microbicides to prevent or reduce sexual transmission of HIV. Overall, these activities aim to expand the array of contraceptive choices for both women and men and to improve reproductive health.

Additional information is also available at www.popcouncil.org.

Means of Access

Field Support

Terikunda Jekulu

Purpose

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

Services Provided

This five-year, phased project will be 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 this formative research, IRH and its partners will design and test interventions that activate key individuals within these networks in order to reduce negative determinants and strengthen positive influences on attitudes and behaviors.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00066
Project Number:
936-3107.17
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Bayer HealthCare

USAID Contraceptive Security Initiative

Agreement Type:
Cooperative Agreement

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

Project Number:
936-3085.06

Duration:
9/09 - 9/16

Geographic Scope:
Worldwide

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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. In the first-ever project of this nature, Bayer and USAID are collaborating to introduce a commercially-sustainable oral contraceptive, at an affordable price, to middle income women in multiple developing countries.

Launched in September of 2009, this Global Development Alliance (GDA) partnership program is governed by a five-year collaboration agreement between USAID and Bayer HealthCare Pharma, in which Bayer provides a more than 2-to-1 match for USG funds.

Services Provided

Through the CSI project, Bayer and USAID are seeking to create a permanent market niche for affordable “Tier 2” OC products. The product, MicrogynonFe, will have a price point above the social marketing and public-sector level, and below commercial prices, which will attract contraceptive users to the middle of the market. Through the CSI, the overall number of OC users will grow in a sustainable way, allowing governments and donors to better serve lower income markets. Every cycle pack sold reduces the quantity of subsidized product that public-sector sources need to provide.

Via a ‘manufacturer’s model’ program, Bayer has pledged to invest in product launch, distribution, and retail access for the new brand over a period of 10 years or more, regardless of net margin. Bayer brings to bear its existing manufacturing, packaging, export/import and distribution capabilities (as well as extensive staff expertise and capacity) to assure that the product is fully commercially sustainable, and using local pharmacies as the primary distribution channel to consumers. This approach leverages the private sector to ensure market viability and create sustainable markets 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, Inc., an experienced USAID subcontractor on social marketing initiatives, to develop and manage the in-country promotional activities.

The project is fully operational in Ethiopia, Tanzania, Uganda, Rwanda, Ghana, Malawi, and Kenya and plans to launch in four additional countries.

Means of Access

Core Only

CapacityPlus

Purpose

This project strengthens the human resources (HR) needed to implement quality health programs, in both the public and private sectors. It addresses both the number of healthcare workers needed and the quality and performance of those workers. The definition of “healthcare worker” is expanded to include HR managers, laboratory staff, pharmacists, social workers, information systems/monitoring and evaluation specialists and others essential to the effective functioning of the health system.

While strengthening the human resource systems necessary to develop, maintain and support the workforce, it also builds capacity in service delivery thereby increasing access to high quality FP/RH, HIV/AIDS, malaria, TB, MCH and other health services. Additionally, it works to foster the relationship of the workforce, as one of the six building blocks of health systems, to the other building blocks and strengthen the health system as a whole.

Services Provided

Project interventions focus on:

- Fostering global leadership and advocacy to address the Human Resource for Health (HRH) crisis;
- Enhancing HRH policy and planning, including strengthening HR management and information systems;
- Improving HRH workforce development, including pre-service, in-service, and continuing professional development systems;
- Strengthening HRH performance support systems to improve health worker retention and productivity;
- Generating and disseminating knowledge to promote use of evidence-based HRH approaches.

Two cross-cutting themes are promoting gender equity in HR policy and management and integrating faith-based organizations given their integral role in healthcare delivery in many countries.

Implementing partners are IntraHealth International, Inc. with Abt Associates, IMA World Health, Liverpool Associates in Tropical Health (LATH), and Training Resources Group (TRG).

Means of Access

Field Support and Associate Awards

Agreement Type:
Leader with Associate
Cooperative Agreement

Agreement Number:
GPO-A-00-09-00006

Project Number:
936-3103.05

Duration:
9/09 - 9/15

Geographic Scope:
Worldwide

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Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services (RESPOND)

Agreement Type:
Leader With Associate
Cooperative Agreement

Agreement Number:
GPO-A-00-08-00007

Project Number:
936-3103.04

Duration:
9/08 - 9/14

Geographic Scope:
Worldwide

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Purpose

To increase the use of family planning and reproductive health (FP/RH) services, with a focus on the informed and voluntary use of long-acting and permanent methods (LAPMs) of contraception.

Services Provided

- Increase access to and provision of the full range of contraceptives including LAPMs;
- Apply state-of-the-art approaches to strengthen programming for supply, demand, and the enabling environment for FP/RH and LAPM services
 - Increase access to and provision of a range of contraceptives, including LAPMs;
 - Generate interest and demand for LAPMs; and,
 - Strengthen commitment, support and programming for LAPMs;
- Conduct programmatic research on key operational issues to introduce and expand access to a broad range of contraceptive methods and FP/RH services; and,
- Design and implement programs which integrate family planning with MNCH, HIV/AIDS, gender/male involvement, PAC, and other related RH/FP services.

RESPOND's Implementing Partners:

- EngenderHealth (prime recipient), Johns Hopkins University Center for Communications Programs (JHU/CCP), Meridian Group International, Inc., FHI360, Futures Institute, and the Population Council

Means of Access

Field Support and Associate Awards

Support for International Family Planning Organizations (SIFPO/MSI)

Purpose

SIFPO/MSI aims to increase the use of FP services globally through strengthening selected international family planning organizations which have a global reach and an extensive, multi-country network of FP clinics, in order to achieve maximum program impact and synergies.

Services Provided

SIFPO/MSI leverages the comparative advantage and innovations of international family planning organizations to strengthen access to and use of high quality family planning services and commodities that are affordable and sustainable.

SIFPO/MSI offers a wide array of technical services available to Missions and their counterparts, through two separate cooperative agreements. Awardees are working to:

- Strengthen the delivery of quality family planning services to priority populations, specifically reaching those populations with high unmet need for FP with cost-effective interventions.
- Quantify and disseminate quality assurance standards to strengthen FP program performance.
- Increase organizational sustainability of country-level FP programs, through internal South-to-South support and technical assistance to improve capacity to capture revenue and become more self-sustaining over time, while still responding to the needs of underserved and marginalized groups.
- Provide gender-sensitive FP services targeting youth strengthened so that youth and women, including young women, are able to access quality FP services that meet their needs.
- Using vouchers, social franchising, social marketing and outreach strategies, SIFPO/MSI seeks to increase use of voluntary family planning including long-acting and permanent methods.

SIFPO/MSI is implemented by Marie Stopes International, with partners Population Council, International Center for Research on Women, EngenderHealth, and International HIV/AIDS Alliance.

**Next generation cooperative agreement(s), SIFPO2, will be made by the end of FY14.*

Means of Access

Field Support

Agreement Type:
Cooperative Agreements

Agreement Number:
OAA-A-10-00059

Project Number:
936-3101.07

Duration:
9/10 - 9/15

Geographic Scope:
Worldwide

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Support for International Family Planning Organizations (SIFPO/PSI)

Agreement Type:
Cooperative Agreements
Agreement Number:
OAA-A-10-00030
Project Number:
936-3101.08
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Purpose

SIFPO/PSI aims to increase the use of FP services globally through strengthening selected international family planning organizations which have a global reach and an extensive, multi-country network of FP clinics, in order to achieve maximum program impact and synergies.

Services Provided

SIFPO/PSI leverages the comparative advantage and innovations of international family planning organizations to strengthen access to and use of high-quality family planning services and commodities that are affordable and sustainable.

SIFPO/PSI offers a wide array of technical services available to Missions and their counterparts, through two separate cooperative agreements. Awardees are working to:

- Strengthen the delivery of quality family planning services to priority populations, specifically reaching those populations with high unmet needs for FP with cost effective interventions.
- Quantify and disseminate quality assurance standards to strengthen FP program performance.
- Increase organizational sustainability of country-level FP programs through internal South-to-South support and technical assistance to improve capacity to capture revenue and become more self-sustaining over time, while still responding to the needs of underserved and marginalized groups.
- Provide gender-sensitive FP services targeting youth, strengthened so that youth and women, including young women, are able to access quality FP services that meet their needs.
- Using vouchers, social franchising, social marketing and outreach strategies, SIFPO/PSI seeks to increase use of voluntary family planning including long-acting and permanent methods.

SIFPO/PSI is implemented by Population Services International, with partners IntraHealth and the Stanford Program for International Reproductive Education and Services (SPIRES).

**Next generation cooperative agreement(s), SIFPO2, will be made by the end of FY14.*

Means of Access

Field Support

Strengthening Health Outcomes through the Private Sector (SHOPS)

Purpose

The SHOPS Project works on increasing the role of the private sector in the sustainable provision and use of quality family planning (FP)/reproductive health (RH), HIV/AIDS; maternal, zinc treatment and child health, and nutrition; and other health information, products, and services.

Services Provided

SHOPS builds upon decades of support for leadership in private health sector programming and on the work of its predecessor projects, Private Sector Partnerships-One (PSP-One) and Banking on Health, as well as projects such as Social Marketing for Change (SOMARC), AIDSMark, and Point-of-Use Water Disinfection and Zinc Treatment (POUZN). SHOPS' emphasis on exploring and advancing private sector innovations distinguishes this project from its predecessors. The SHOPS project offers a wide array of technical services available to Missions and their counterparts:

- Conduct private sector health assessments;
- Establish and facilitate public-private partnerships;
- Implement social marketing programs (including pharmaceutical partnerships) for FP, zinc treatment, and other health products and services;
- Conduct client-centered market segment analyses;
- Promote behavior change through targeted health communications interventions;
- Create financing mechanisms contracting, health insurance, voucher programs to improve access to affordable healthcare and products;
- Improve policy and regulatory environments for the private sector in health; and,
- Foster innovations and state-of-the-art private sector delivery and distribution models.

SHOPS is implemented by Abt Associates and their four core partners: Banyan Global, Jhpeigo, Marie Stopes International, and O'Hanlon Health Consulting.

Means of Access

Field Support and Associate Awards.

Agreement Type:

Leader With Associate
Cooperative Agreement

Agreement Number:

GPO-A-00-09-00007

Project Number:

936-3085.09

Duration:

9/09 - 9/14

Geographic Scope:

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Leadership, Management, and Governance (LMG)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-11-00015

Project Number:
936-3099.07

Duration:
9/11 - 9/16

Geographic Scope:
Worldwide

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Purpose

The Leadership, Management, and Governance Project (LMG) 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 policy-makers 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.

Means of Access

Field Support

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

Purpose

Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) is a five-year, world-wide 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.

Services Provided

E2A will work in partnership with USAID's regional and country missions, host country partners, and international organizations to:

- Introduction and large-scale implementation of family planning evidence-based practices;
- Provide technical assistance to apply systematic approaches, monitor and evaluate scale-up;
- Conduct youth and gender assessments, integrate youth and gender across service delivery interventions, and evaluate effectiveness of youth and gender approaches and models;
- Introduce and test innovative service delivery approaches;
- 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,
- Document and synthesize evidence of high-impact practices in family planning.

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).

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-11-00024
Project Number:
936-3101.09
Duration:
9/11 - 9/16
Geographic Scope:
Worldwide

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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:
10/12 - 9/17
Geographic Scope:
Worldwide

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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 Provided

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.

Means of Access

Field Support

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AIDS Support and Technical Assistance Resources (AIDSTAR) Sector II, Task Order #2 Training Resources Group

Agreement Type:
Task Order
Agreement Number:
GHH-I-02-07-00070
Project Number:
936-3090.Na
Duration:
9/09 - 9/14
Geographic Scope:
Worldwide

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Purpose

The Strengthening Teams to Achieve Results (TeamSTAR) Project uses organizational development methodologies to accelerate the performance and impact of US Agencies and USAID country teams at the mission level implementing PEPFAR programs.

TeamSTAR provides a broad range of organizational development (OD) services to enable PEPFAR teams to resolve issues, strengthen team performance, and engage stakeholder organizations in ways that promote country ownership of sustainable HIV programs through:

- **Situational Assessments, Analysis and Planning** to ensure that OD field interventions are customized and responsive to country teams' needs;
- **Team Support and Skill Enhancement** to improve teamwork and team members' ability to work collaboratively;
- **Coaching for USG and PEPFAR Staff** to enhance their abilities for cross-agency collaborative planning and decision-making;
- **Collect Tools and Resources** that address team challenges and OD needs;
- **Information Dissemination** to promote knowledge sharing and adoption of state-of-the-art OD tools, best practices and methods to enhance team performance; and
- **Coordination with USAID/Washington and OGAC** to ensure that TeamSTAR interventions are consistent with guidance, directives and priorities; and to inform participating agencies of issues and implementation challenges.

Means of Access

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.
- Integrating an explicit gender perspective in research, tools, policy and standards recommendations, and technical assistance.

Means of Access

Core and Field Support

Agreement Type:
Cooperative Agreement
under LWA Award
EEM-A-00-06-0001

Agreement Number:
OAA-LA-13-00001

Project Number:
936-8100.01

Duration:
7/13 - 7/18

Geographic Scope:
Worldwide

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Supply Chain Management System (SCMS)

Agreement Type:
Task Order
Agreement Number:
GPO-I-03-05-00032
Project Number:
936-3090.140
Duration:
6/09 - 9/15
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 US agencies and other stakeholders.

SCMS is implemented by the Partnership for Supply Chain Management, a non-profit consortium of 13 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 Provided

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 to date is \$1.7 billion which is reflected in buying 3,500 different types of commodities from 200 suppliers, and delivering 15,000 shipments to 60 destinations. This includes antiretroviral medicines, test kits, laboratory supplies and equipment, drugs for opportunistic infections, therapeutic food, and male circumcision kits.

Through September 2013, the U.S. Government's investments, valued at \$2.3 billion in the SCMS Program. Investments in improving and strengthening HIV/AIDS supply chains in partner countries have a spill-over effect. The technical assistance estimated at \$360 million is provided for management and staff training, forecasting, supply planning, procurement, warehouse improvements, inventory control systems, laboratory harmonization, and drug regulatory environment, and logistics information systems, benefiting entire public health supply chain where multiple disease elements are procured stored and distributed, and show results in other health priorities.

Means of Access

U.S. Census Bureau Participating Agency Program Agreement (PAPA)

Purpose

Since 1988, the U.S. Census Bureau has worked with USAID's Bureau of Global Health to enhance the quantity, quality, and utility of HIV/AIDS-related data. These data are used for policy development, program formulation, and monitoring and evaluation, and form an integral part of USAID's work in combating HIV/AIDS. Applying its extensive experience in epidemiological data base projections and population projection modeling, the Census Bureau has contributed to the USAID program with support in monitoring the spread of HIV and in understanding the effect the AIDS pandemic has on development.

Services Provided

The Census Bureau's HIV/AIDS program includes seven principal activities:

- HIV/AIDS Surveillance Data Base: a collection of all available seroprevalence studies conducted in Africa, Asia, Latin America and the Caribbean, Eastern Europe and the countries of the former Soviet Union, and Oceania;
- Technical Support: special "on-request" analysis of data in the Surveillance Data Base, training and consultation on modeling and other projects, and direct assistance to USAID Field Missions in the form of demographic workshops and other TA;
- Modeling HIV Epidemic Trends: development of mathematical models of HIV epidemic trends in order to refine existing estimates of mortality;
- Special Reports: on important public health or policy issues related to HIV/AIDS;
- Sample Vital Registration with Verbal Autopsy (SAVVY): an innovative opportunity to collect reliable data on total deaths and deaths due to HIV/AIDS;
- Spatial Data Repository: a planned repository that would house population and health data for PEPFAR countries, potentially including health facilities, spatial characteristics of the spread of HIV/AIDS, and demographic characteristics of target populations;
- Synergy, Collaboration, and Dissemination: with organizations such as the Centers for Disease Control and Prevention (CDC), MEASURE/Evaluation, the Office of the Global AIDS Coordinator (OGAC), UNAIDS, WHO, the Global Fund, and others.

Means of Access

Core and Field Support

Agreement Type:
Participating Agency
Program Agreement (PAPA)

Agreement Number:
GHA-T-00-08-00002

Project Number:
936-3090.93

Duration:
3/08 - 9/16

Geographic Scope:
Worldwide

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Expenditure Analysis Technical Assistance to Partners (EATAP)

Agreement Type:
Contract
Agreement Number:
OAA-C-13-00041
Project Number:
936-3090.138
Duration:
7/13 - 7/16
Geographic Scope:
Worldwide

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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.

Means of Access

Core Funding

CONRAD Proprietary Product Research and Development (PPRD)

Purpose

To improve reproductive health in developing countries by reducing HIV/AIDS transmission through the development of new, safe, and effective microbicides.

Services Provided

This cooperative agreement supports research toward a successful microbicide, with a focus on continued clinical testing of several microbicide candidates, including the proprietary product tenofovir gel. It also supports pre-clinical research conducted at the Department of Obstetrics and Gynecology, Eastern Virginia Medical School. New microbicides that offer protection from HIV, as well as, other sexually transmitted infections, and unplanned pregnancy are also a high priority.

CONRAD-PPRD also sponsors international workshops and technical meetings which bring together collaborating scientists and other leading experts to provide technical leadership on specific research issues.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
GPO-A-00-08-00005
Project Number:
936-3107.06
Duration:
9/08 - 9/14
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:
9/11 - 9/16
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 Provided

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;
- 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.

Means of Access
Core Only

Livelihood and Food Security Technical Assistance II (LIFT II)

Purpose

LIFT II provides technical assistance to design and integrate economic strengthening, livelihood and food security (ES/L/FS) interventions within HIV and AIDS and other health programming. LIFT II is a five-year project aimed at strengthening ES/L/FS strategies of USG agencies, implementing organizations, governments, civil society and the private sector in support of the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Health Initiative (GHI) and Feed the Future (FtF). The primary goal of LIFT II is to support evidence-based, gender-sensitive programming to improve household ES/L/FS support as a component of a continuum of nutrition and health care to enhance linkage, engagement and retention of vulnerable individuals and families.

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.

Means of Access

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 program 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.

Agreement Type:
Cooperative Agreement
under LWA Award
EEM-A-00-06-0001
Agreement Number:
GHH-A-00-09-0007
Project Number:
936-3090.116
Duration:
9/09 - 9/13
Geographic Scope:
Worldwide Code 935

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Project SEARCH GBV Evaluation TO - Tathmini GBV (Futures Group)

Agreement Type:
IQC
Agreement Number:
GHH-I-00-07-00029/
OAA-TO-12-00009
Project Number:
936-3090.Ra
Duration:
2/12 - 2/15
Geographic Scope:
Tanzania

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Purpose

The purpose of this Task Order is to evaluate the effectiveness of gender-based violence (GBV) prevention and response interventions, in the Mbeya Region of Tanzania. The types of GBV that are the focus of the Tathmini GBV program evaluation are intimate partner violence and sexual violence against adults and children, regardless of the relationship with the perpetrator. This task order provides tools & methods for evaluating promising service delivery and community-based intervention models for GBV prevention and related HIV outcomes; and bolsters the evidence-base for improving and scaling up effective GBV programs worldwide.

Futures Group is the prime implementer in collaboration with MUHAS, Pangea Foundation, and Population Council

Description of the study

Study to compare the effectiveness of GBV comprehensive programming over time with standard practice in control facilities and communities. The study will examine whether the comprehensive GBV program leads to increased care for GBV survivors. Secondary aims include assessment of program effects related to knowledge, attitudes, and norms regarding GBV and gender equality; community-led actions to address GBV; knowledge of and barriers to utilization of GBV services; GBV service components and quality; GBV service and program capacity and coverage; and HIV-related outcomes. The program itself will be implemented by local partners who are supported by PEPFAR through the Walter Reed Program in Tanzania.

Dissemination

National stakeholder meeting to build consensus on information needs; Regional, district, and community-level meetings in the Mbeya Region; Workshops with PEPFAR IPs on routine M&E, in collaboration with UCSF and DOD; Dissemination of technical briefs, evaluation study reports for dissemination nationally and in study communities.

Means of Access

N/A

Preventive Technologies Agreement (PTA)

Purpose

To develop, evaluate, and introduce a range of safe, effective, and acceptable HIV/AIDS prevention technologies (e.g., microbicides and barrier methods) and other reproductive health technologies and to enhance the capacity of field programs to provide services to populations at high risk.

Services Provided

The project includes the following activities:

- Developing and testing new or improved, microbicides and other reproductive health technologies, and providing technical assistance for the provision of these technologies;
- Assessing the acceptability and impact on users and programs of various microbicide products and reproductive health technologies;
- Developing and testing tools and strategies to improve integration of family planning and HIV/AIDS programs;
- Providing technical assistance to bilateral and other developing country programs to utilize state of the art research for service delivery improvement; and
- Surveillance and testing of condoms and other commodities to ensure product quality.

Means of Access

Core and Field Support

Agreement Type:
Cooperative Agreement

Agreement Number:
GHO-A-00-09-00016

Project Number:
936-3107.07

Duration:
8/09 - 8/14

Geographic Scope:
Worldwide

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Project SEARCH: Population Council Task Order (HIVCore)

Agreement Type:
Task Order
Agreement Number:
OAA-TO-11-00060
Project Number:
936-3090.Ta
Duration:
9/11 - 9/16
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 Provided

- 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.
- To document and disseminate promising approaches and best practices within a framework of operations research to promote utilization of results.

Means of Access

Field Support

IS APS: The Partners Demonstration Project

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 Provided

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

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-000023

Project Number:
936-3090.123

Duration:
7/12 - 7/15

Geographic Scope:
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IS APS: Project START

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00022

Project Number:
936-3090.122

Duration:
7/12 - 7/15

Geographic Scope:
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Purpose

The Start TB patients on ART and Retain on Treatment study (Project START) 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>).

Tuberculosis (TB) morbidity and mortality among HIV-infected patients remains a major problem in Africa. In Lesotho, HIV prevalence is the world's third highest (23 percent), and the TB incidence rate is the world's sixth highest (633 cases per 100,000 population). Fortunately, effective treatments exist for individuals affected by both HIV and TB. Provision of ART for those being treated for TB reduces mortality risk by 64 percent to 95 percent and is associated with a reduction in recurrent TB. Despite substantial evidence of the benefits of early ART initiation for HIV-infected TB patients, implementation and uptake have been suboptimal.

This study looks to evaluate the cost-effectiveness and acceptability of a combination of interventions to improve early ART initiation and retention during TB treatment, as well as TB treatment success among HIV-infected TB patients in Lesotho. Researchers will address the evidence-to-program gap to overcome barriers that prevent early ART implementation in high-burden, resource-limited settings.

Services Provided

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

Means of Access

Core Funding

IS APS: Impact Evaluation of SILC on Child Household Well-being

Purpose

Impact Evaluation of Savings and Internal Lending Communities on Child Household Well-being 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>).

Zambia has one of the highest HIV prevalence rates in the world, and as in other countries with high HIV prevalence, Zambia suffers from high-poverty rates, high food insecurity, and high child malnutrition. To mitigate these impacts of high HIV prevalence and incidence, the Government of Zambia is committed to improving social support programs for households, specifically economic strengthening and food security programs.

Futures Group will examine the impact of a community savings model, known as savings and internal lending communities (SILC), on child and household well-being in Zambia. Futures Group will examine the impact of a community savings model, known as SILC, on child and household well-being in Zambia. The study will assess the impact of caregivers' participation in SILC on children's food security and examine how participation in SILC changes household decision-making dynamics, children's nutritional status, access to health and school services, and household expenditures. The study results will identify effective approaches to implementing savings and loan group models, promoting economic security for orphans and vulnerable children (OVC) households, and improving children's access to health care, education, and nutrition.

Services Provided

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

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00021

Project Number:
936-3090.121

Duration:
7/12 - 7/15

Geographic Scope:
Zambia

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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:

7/12 - 7/15

Geographic Scope:

Kingdom of Swaziland

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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, yet evidence shows that initiating ARV therapy during pregnancy can effectively reduce MTCT. When it comes to PMTCT, there are barriers to scaling up effective ARV therapy into effective PMTCT programs. Many factors, from diagnosis of maternal HIV to initiation of ARV, 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 Provided

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

Means of Access

Core Funding

IS APS: REaCH

Purpose

Randomized Evaluation of HIV/FP Service Models Program (REaCH) 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 Zambia and other African countries, a fragmentation exists in the continuity of care between family planning (FP) and HIV services. Previous modeling has shown that in generalized HIV epidemics, integration of FP and HIV services is critical and very cost-effective in controlling HIV transmission. Unfortunately, the service models between nongovernmental organizations and government-sponsored public care are disconnected and have limited the effectiveness of FP and HIV service linkage efforts. This has led to missed opportunities for averting unintended pregnancies and new HIV infections. Furthermore, poor tracking and follow-up has likely led to lower uptake of life saving ART and cost-effective prevention methods such as voluntary medical male circumcision.

REaCH, a randomized controlled trial, compares the incremental costs and health service utilization of two models of FP and HIV service linkage and integration: a comprehensive provider-initiated referral model with client follow-up; and an integrated services model. Results of the evaluation will contribute to the evidence base used to inform FP and HIV service integration programming in Zambia, PEPFAR priority countries and globally.

Services Provided

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

Means of Access

Core Funding

Agreement Type:

Cooperative Agreement

Agreement Number:

OAA-A-12-00026

Project Number:

936-3090.125

Duration:

7/12 - 7/15

Geographic Scope:

Zambia

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IS APS: Thol'impilo: Bringing People into Care

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00028

Project Number:
936-3090.127

Duration:
7/12 - 7/15

Geographic Scope:
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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.

Means of Access

Core Funding

IS APS: ENGAGE4HEALTH

Purpose

A Combination Strategy for Linkage and Retention (ENGAGE4HEALTH) 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.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00027

Project Number:
936-3090.126

Duration:
7/12 - 7/15

Geographic Scope:
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IS APS: The Kabeho Study

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00024

Project Number:
936-3090.124

Duration:
7/12 - 7/15

Geographic Scope:
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Purpose

Kigali Antiretroviral and Breastfeeding Assessment for the Elimination of HIV (The Kabeho 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 Kabeho 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.

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.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-13-000089

Project Number:
936-3090.134

Duration:
9/13 - 9/16

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-13-000069

Project Number:

936-3090.133

Duration:

9/13 - 9/16

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 Provided

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

Means of Access

Core Funding

Grant Management Solutions (GMS 2) Project

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 Provided

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.

Means of Access

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

Agreement Type:

Contract

Agreement Number:

OAA-C-12-00040

Project Number:

936-3090.129

Duration:

10/12 - 9/17

Geographic Scope:

Worldwide

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

Agreement Type:

Grant

Agreement Number:

AID-GH-IO-12-00001

Project Number:

936-3090.128

Duration:

10/12 - 9/17

Geographic Scope:

Worldwide

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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.

Means of Access

Core Funding and Field Support

Advocacy in Action: A Comprehensive Advocacy Strategy for Microbicide Introduction

Purpose

The objective of the project is to develop multi-stakeholder advocacy coalitions to plan and execute advocacy strategies facilitating microbicide research and accelerated access.

Services Provided

This project includes the following aims:

- Create and strengthen innovative and flexible multi-stakeholder coalitions that plan and execute advocacy strategies identifying and addressing key issues related to microbicide research and access.
- Develop and strengthen civil society advocacy capacity to influence decision points as well as national and international issues associated with planning for product introduction.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-13-00032
Project Number:
936-3090.132
Duration:
5/13 - 5/16
Geographic Scope:
Worldwide

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Media Messages and Mobilization: Engaging Media Professionals in Microbicides Research and Introduction

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-13-00030

Project Number:
936-3090.130

Duration:
5/13 - 5/16

Geographic Scope:
Worldwide

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Purpose

This project is designed to create an informed, favorable and accurate media environment for microbicide research and accelerated introduction through ongoing support to media professionals and the broad array of stakeholders who play a role in research, preparedness and implementation efforts.

Services Provided

This project includes the following aims:

- Cultivate and nurture a cadre of informed, engaged journalists working globally and in key countries where microbicide research is planned, ongoing and/or where early introduction of approved products is likely to occur.
- Ensure proactive and real-time dissemination of key information and consistent and accurate messaging to journalists, trial-site staff, research networks, civil society and other key stakeholders engaged with microbicide research and preparations for product introduction.

Means of Access

Core Funding

Microbicides Access and Introduction Stakeholder Group

Purpose

The objective of the Project is to support USAID's external and interdisciplinary Microbicide Access and Introduction Stakeholder Group in order to generate thoughtful, informed input that enables microbicide research and speeds the process of preparing for product introduction.

Services Provided

This project includes the following aims:

- Build an informed, active, influential and multidisciplinary group of individuals representing the full range of constituencies in key countries and regionally in Africa.
- Consolidate and leverage the group's inputs and influence to ensure maximum positive impact on microbicide access preparedness at national and international levels.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-13-00031
Project Number:
936-3090.131
Duration:
5/13 - 5/16
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:
11/13 - 11/18

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 Provided

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.
- Expanding the preclinical pipeline by designing and testing new formulations incorporating novel microbicide candidates with different mechanisms of action.

Means of Access

Core Funding

Validation of Objective Measures of Product Adherence for Microbicide Trials

Purpose

To develop a composite, sensitive, and robust panel of biomarkers which objectively measures (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 Provided

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 US and Africa.
- 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.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-14-00005
Project Number:
936-3090.141
Duration:
11/13 - 11/16
Geographic Scope:
Worldwide

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Completion of Phase III Microbicide Clinical Trial for Tenofovir 1% Gel

Agreement Type:

Cooperative Agreement

Agreement Number:

OAA-A-14-00011

Project Number:

936-3090.142

Duration:

11/13 - 11/18

Geographic Scope:

Worldwide

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Purpose

The objectives of this program are to complete clinical and regulatory activities required for licensure of tenofovir (TFV) 1% gel for the prevention of vaginal HIV acquisition in women and to provide information about its implementation in African populations.

Services Provided

This project includes the following activities:

- Completing clinical activities required for TFV 1% gel licensure.
- Completing regulatory activities required for TFV 1% gel licensure.
- Conducting open-label TFV 1% gel Implementation Studies in South Africa and other African countries.
- Conducting a bridging study for the approval of one TFV 1% gel that is safe and acceptable for vaginal and rectal use.

Means of Access

Core Funding and Field Support

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.
- Execution of studies to reduce the cost of manufacturing dapivirine ring.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-13-00095
Project Number:
936-3090.136
Duration:
12/13 - 12/18
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:
9/13 - 9/18

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Purpose

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

Services Provided

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.
- Identify and evaluate new and early development ARV compounds with alternative mechanisms of action for pipeline progression.

Means of Access

Core Funding

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 preclinical 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
- Phase I clinical work

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-14-00012
Project Number:
936-3090.144
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11/13 - 11/18
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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:
11/13 - 11/16

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 Provided

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.
- Establish a Consortium for Ring Adherence to provide a much needed mechanism for interdisciplinary collaboration in advance of clinical trials to address known challenges pre-emptively.

Means of Access

Core Funding

Non-ARV-Based Microbicide

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 Provided

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.
- Plan and conduct a first-in-human Phase 1 clinical study on a griffithsin gel.

Means of Access

Core Funding

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-14-00009
Project Number:
936-3090.146
Duration:
12/13 - 12/18
Geographic Scope:
Worldwide

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UNICEF MCH Umbrella Grant

Agreement Type:
Grant
Agreement Number:
GHA-G-00-07-00007
Project Number:
936-3080.06
Duration:
9/07 - 9/15
Geographic Scope:
Worldwide

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Purpose

To implement activities designed to improve MCH through a wide range of interventions that may include Integrated Management of Childhood Illness (IMCI); micronutrient fortification and supplementation programs (specifically iodine and vitamin A).

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.

Means of Access

Field Support

Centers for Disease Control and Prevention IAA Agreement II

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 Provided

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;
- 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 or long term technical assistance.

Means of Access

Field Support

Agreement Type:
IAA

Agreement Number:
GHN-T-00-06-00001

Project Number:
936-3100.24

Duration:
8/06 - 9/15

Geographic Scope:
Worldwide

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Africa Program for Onchocerciasis Control (APOC)

Agreement Type:

Grant

Agreement Number:

GHA-G-00-09-00007

Project Number:

936-3100.110

Duration:

9/09 - 9/14

Geographic Scope:

Africa

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Purpose

The African Program for Onchocerciasis Control (APOC) was established in 1995 to extend the delivery of the drug ivermectin for the control of onchocerciasis (river blindness) in Africa.

Onchocerciasis, one of the neglected tropical diseases (NTDs), is a major cause of blindness and debilitating skin disease in many African countries.

With the registration of ivermectin for the treatment of onchocerciasis in 1989, mass treatment of at-risk populations with the drug was adopted as a new strategy. APOC's goal is to eliminate onchocerciasis as a disease of public health importance in Africa.

APOC operates through an approach known as community-directed treatment with ivermectin (CDTT). This unique approach utilizes community drug distributors to distribute ivermectin for the prevention of onchocerciasis. APOC is a partnership program that includes 19 participating countries with active involvement of the Ministries of Health and their affected communities, several international and local NGOs, the private sector (drug donation programs), donor countries, UN agencies, and the scientific community. The World Bank and the World Health Organization (WHO) are the fiscal agent and the executing agency of APOC respectively.

Services Provided

- Provide USAID funds to support through the World Bank Trust Fund to work in the Africa region.
- Provide USAID funds to support APOC activities in Tanzania, with additional countries to be considered as funding permits.
- The USAID NTD Team Leader is a member of the transitional task force serving as advisor providing technical and operational guidance to WHO for the future role and structure of APOC for the APOC transition in 2015

Means of Access

Core Only

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 neglected tropical diseases (NTDs) in Africa. These diseases include lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), schistosomiasis (snail fever), three soil transmitted helminthes (hookworm, roundworm, and whipworm), and trachoma, all of which can be controlled or eliminated in an integrated fashion using cost-effective 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.

Means of Access

Core Only

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-10-00050

Project Number:
936-3100.55

Duration:
9/10 - 9/15

Geographic Scope:
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End Neglected Tropical Diseases (END) in Asia: Family Health International 360 (FHI 360)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-10-00051

Project Number:
936-3100.56

Duration:
9/10 - 9/15

Geographic Scope:
Asia

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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 six neglected tropical diseases (NTDs) found in Asia. These diseases include lymphatic filariasis (elephantiasis), schistosomiasis (snail fever), three soil transmitted helminthes (hookworm, roundworm, and whipworm), and trachoma, all of which can be prevented and/or cured in an integrated fashion using cost-effective strategies for preventive chemo-therapy (PCT) with highly effective drugs, many of which are donated by major pharmaceutical companies.

Services Provided

This award, implemented by FHI360, focuses on the expansion of NTD control in Asia with programs in Bangladesh, Cambodia, Laos, Papua New Guinea, Philippines and Vietnam. The END in Asia program supports ministries of health and other government entities across Asia as they scale up and strengthen their local NTD control activities, with a major focus on preventative chemotherapy through mass drug administration following international guidelines and protocols from WHO. In addition to managing the grant mechanism in selected countries, FHI360 is also responsible for overall program and financial management; monitoring; recording and report of coverage and treatment data; coordination; and quality control. FHI360 provides high-caliber managerial capacity, organizational skills, a proven track record in managerial technical assistance, including effective fiscal management, implementation of M&E systems, development of streamlined work plans and budgets, a history of working in close collaboration with Ministries of Health and/or Ministries of Education in developing countries, and access to monitoring and evaluation (M&E) expertise.

Means of Access

Core Only

ENVISION

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 Provided

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’
- Coordinate resource mobilization, expertise, NTD-specific technical direction and award decision-making at central level (GH)

Means of Access

Field Support and Core

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-11-00048
Project Number:
936-3100.58
Duration:
9/11 - 9/16
Geographic Scope:
Worldwide

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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:
9/12 - 9/17
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 is 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 receiving verification of elimination in 2013, challenges remain to fully eliminate the disease from Latin America and the Caribbean and make a formal request to the WHO for verification of elimination.

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 Provided

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.
- Preparation for certification of elimination in Ecuador, Guatemala, and Mexico.

Means of Access
Core

TB Care - I

Purpose

The purpose of TB CARE I 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 Provided

TB CARE I, implemented by KNCV Tuberculosis Foundation, in partnership with the American Thoracic Society (ATS), Family Health International (FHI), Japan Anti-Tuberculosis Association (JATA), Management Sciences for Health (MSH), International Union Against Lung and Tuberculosis Disease (The Union) and the World Health Organization (WHO), 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 I 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 I will be engage experts in all aspects of TB control, including strengthening DOT, programmatic management of drug resistant TB (and extensively drug resistant TB – XDR TB), improving laboratory capacity, infection control, and TB/HIV-AIDS collaboration.
- **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.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-10-00020
Order No. 1

Project Number:
936-3100.52

Duration:
9/10 - 9/15

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:
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Geographic Scope:
Worldwide

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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 Provided

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 I 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 I will be engage experts in all aspects of TB control, including strengthening DOT, programmatic management of drug resistant TB (and extensively drug resistant TB – XDR TB), improving laboratory capacity, infection control, and TB/HIV-AIDS collaboration.
- **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.

Means of Access

Field Support

TREAT TB

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 Provided

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;
- Evaluation research to monitor the impact of new tools and approaches.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
GHN-A-00-08-00004
Project Number:
936-3100.47
Duration:
9/08 - 3/16
Geographic Scope:
Worldwide

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TB Task Order 2015

Agreement Type:
Contract

Agreement Number:
GHN-I-01-09-0006
Order No. 1

Project Number:
936-3100.Ea

Duration:
9/09 - 9/14

Geographic Scope:
Worldwide

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Purpose

The objective of this Task Order is to support the implementation and scale-up of the Stop TB Strategy and the Global MDR-TB and XDR-TB Response Plan 2007 - 2008 to increase detection and successful treatment of TB and to achieve reductions in TB prevalence and deaths in USAID priority countries.

Services Provided

This Task Order implemented by PATH provides 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. Particular attention is given to assisting countries to plan, implement and scale-up diagnosis and treatment of drug resistant TB in compliance with WHO's guidelines for programmatic management of drug-resistant TB.

Priority areas of technical assistance are:

- Program gaps in implementation of the Stop TB Strategy including:
 - Strengthening quality DOTS implementation;
 - Strengthening laboratory networks and introducing new diagnostic tools;
 - Addressing the challenges of TB/HIV, including infection control;
 - Engaging the private sector;
 - Enhancing advocacy, communication and social mobilization; and
 - Monitoring and evaluation, and operations research.
- Program gaps in implementation of MDR/XDR-TB scale-up activities;
- Preparation of Global Fund proposals; and
- Implementation of Global Fund grants.

PATH has identified the following sub-contractors to assist them with implementation of this Task Order: American Society for Microbiology, Brigham and Women's Hospital, Inc./Partners in Health, Foundation for Innovative New Diagnostics, Initiatives, Inc., Management Sciences for Health and University of California, San Francisco.

Means of Access

Field Support

Tuberculosis Indefinite Quantity Contract (IQC)

Purpose

Tuberculosis IQC provides a mechanism for USAID Missions and Bureaus to easily access quality technical assistance and support for their tuberculosis activities. The TB IQC supports USAID operating units in the implementation of their tuberculosis control and prevention programs through the introduction and expansion of the components of the WHO-recommended STOP TB Strategy, which include:

- Pursue high-quality DOTS expansion and enhancement;
- Address TB/HIV, MDR-TB and other challenges;
- Contribute to health system strengthening;
- Engage all care providers;
- Empower people with TB, and communities; and
- Enable and promote research.

TB IQC works worldwide.

Services Provided

TB IQC provides access to qualified prime and sub-contractors with a diverse mix of expertise, skills and experience in TB control, the STOP TB Strategy and in health systems strengthening. The IQC also includes one small business as a prime contractor and many more small businesses among the sub-contractors.

Means of Access

Direct Task Order

Agreement Type:
IQC
Agreement Number:
Multiple
Project Number:
Multiple
Duration:
7/09- 7/14
Geographic Scope:
Worldwide

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TB Communications Award

Agreement Type:
Contract
Agreement Number:
OAA-N-13-00002
Project Number:
936-3100.62
Duration:
9/13 - 9/16
Geographic Scope:
Worldwide

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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.

Means of Access
Core Funding Only

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; (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); 2) Support for key activities of the Stop TB Partnership Secretariat related to priority areas of USAID's strategy; and 3) Support for the TB Technical Assistance Mechanism (TBTEAM).

Services Provided

Global TB Drug Facility (GDF): An initiative to increase access to anti-TB drugs for the implementation of DOTS. The GDF is a mechanism of the STB Partnership and is under the direction of the STB Partnership secretariat. The objective of the GDF is to provide anti-TB drugs to treat patients and to help countries to reach the global TB treatment targets. This grant supports the work of the GDF, including: grant applications and review; 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 finances/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, and the Global Coalition of TB Activists (GCTA).

Means of Access

Field Support

Agreement Type:
Grant
Agreement Number:
GHA-G-00-08-00005
Project Number:
936-3100.46
Duration:
9/08 - 9/16
Geographic Scope:
Worldwide

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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:
9/08 - 9/18

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 Provided

As a not-for-profit public-private partnership, the TB Alliance links the best practices and drive 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 treatment-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.

Means of Access

Core Only

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.

Means of Access

Field Support

Agreement Type:
Task Order
Agreement Number:
OAA-TO-11-00012
Project Number:
936-3100.54
Duration:
3/11 - 9/15
Geographic Scope:
Worldwide

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MalariaCare

Agreement Type:
Task Order
Agreement Number:
OAA-A-12-00057
Project Number:
936-3100.118
Duration:
9/12 - 9/17
Geographic Scope:
Worldwide

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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 Provided

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.

Means of Access

Core and Field Support

Indoor Residual Spraying 2

Purpose

To support planning and implementation of indoor residual spraying (IRS) programs to prevent malaria. This IQC 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.

Services Provided

- Establish a worldwide procurement mechanism to support IRS and prepare and execute all aspects of logistical plans for IRS-related activities including timely procurement, distribution, and storage of all commodities.
- Together with NMCPs, implement IRS programs and provide operational management support (i.e., field supervision, operations planning, day-to-day implementation management) and expert short- and long-term technical and administrative assistance.
- Ensure the safe and judicious use of insecticides, including preparation of environmental assessments, adherence to best practices, and monitoring of activities.
- Build and strengthen the capacity of NMCPs in the technical and managerial functions of IRS by engaging, training, and supervising personnel at the central, provincial, and district levels.
- Provide on-going monitoring and evaluation for activities and ensure that quality control measures are established and implemented.

In addition to the IQC, GH awarded a Task Order in FY 2010 that missions can access through field support for any of the above services.

Means of Access

Task Orders

Agreement Type:
Multi-award IQC
Agreement Number:
See Below
Project Number:
936-3100.Aa
Duration:
9/09 - 9/14
Geographic Scope:
Worldwide

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Indoor Residual Spraying 2 Task Order #4

Agreement Type:

Task Order

Agreement Number:

OAA-TO-11-00039

Project Number:

936-3100.Gb

Duration:

8/11 - 8/14

Geographic Scope:

Worldwide

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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 IQC places added emphasis on building the capacity of Ministries of Health and local institutions to plan, conduct, supervise and monitor IRS programs.

Services Provided

- 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.
- Implement safe and high-quality IRS programs and provide operational management support and expert short- and long-term technical and administrative assistance.
- 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.
- Contribute to global IRS policy-setting and country-level policy development of evidence-based IRS and disseminate experiences and best practices.
- Strengthen the capacity of NMCPs, health personnel, and other relevant institutions in the managerial, technical, supervisory, and evaluative functions of IRS by engaging, training, and supervising personnel at the central, provincial, and district levels. In addition, ensure that planning, and implementation of IRS includes sufficient attention to gender considerations and that IRS continues to protect women and children of targeted communities from malaria.

Means of Access

Field Support

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

Purpose

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

Services Provided

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 insecticide- treated net (ITN) ownership, increase the correct and consistent use of ITNs, improve understanding and awareness of the signs and symptoms of malaria, and to 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.

Means of Access

Field Support

Agreement Type:

Grant

Agreement Number:

GHA-G-00-08-00006

Project Number:

936-3100.48

Duration:

9/08 - 9/18

Geographic Scope:

Worldwide

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Malaria Vaccine Development Program (MVDP)

Agreement Type:
Various
Agreement Number:
Various
Project Number:
936-3118
Duration:
9/03 - 9/18
Geographic Scope:
Worldwide

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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 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.

Current agreements include:

- Walter Reed Army Institute of Research (WRAIR) Umbrella
GHA-T-00-08-00007
- Naval Medical Research Center (NMRC)
GHA-T-00-09-00004
- Malaria Vaccine Initiative (MVI)
GHS-A-00-04-00016

Means of Access

Core Only

Medicines for Malaria Venture

Purpose

The Medicines for Malaria Venture 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 antimalarial 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;
- Cost of product is no more than US \$1.00 per treatment.

Means of Access

Core Only

Agreement Type:
Cooperative Agreement
Agreement Number:
GHS-A-00-04-00014
Project Number:
936-3100.13
Duration:
9/07 - 9/17
Geographic Scope:
Worldwide

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NetWorks: Building Capacity for Sustained Net Coverage and Use

Agreement Type:
Cooperative Agreement

Agreement Number:
GHS-A-00-09-00014

Project Number:
936-3100.50

Duration:
9/09 - 9/14

Geographic Scope:
Worldwide

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Purpose

NetWorks is a comprehensive and innovative program to build sustainable long-lasting insecticidal nets (LLIN) systems that bridge the key technical areas of advocacy, policy, distribution, monitoring, and communications for increased net access and use in malaria endemic countries. Endemic countries, particularly in Africa, differ widely in resources (financial and human) and experiences with LLIN distribution that contribute to a unique “net context” in each country. Partnerships and policies vary widely, while procurement and distribution challenges hamper implementation. This combination of issues underscores the need for flexibility inherent in the NetWorks approach. NetWorks emphasizes fitting program activities to the national “net context.”

Services Provided

The NetWorks dynamic approach will empower national governments, USAID missions and their partners (civil society and the private sector) to create sustainable systems to increase access, enable ownership and promote appropriate use of LLINs and other malaria prevention technologies. NetWorks partners in this project include Malaria Consortium, Swiss Tropical and Public Health Institute, and Catholic Relief Services. Through a unique, strategic process, Networks will:

- Provide an adaptive approach to rapid analysis of each country’s context and needs;
- Facilitate stakeholder coordination and policy refinement;
- Strengthen distribution networks with locally - appropriate combinations of methods - campaigns, routine distribution via health facilities and/or private sector subsidies - with capacity-building in logistics, procurement and net coverage monitoring;
- Strengthen demand creation and promotion through effective behavior change communication programs based on community input and refined via ongoing monitoring and evaluation;
- Provide ongoing evaluation of key issues/barriers and implementation strategies.

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.

Means of Access

Core Only

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-13-00086

Project Number:
936-6301

Duration:
10/13 - 9/18

Geographic Scope:
Worldwide

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Fistula Care Plus

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-14-00013

Project Number:
936-6201.01

Duration:
12/13 - 12/18

Geographic Scope:
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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.

Means of Access

Field Support

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

Purpose

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

Services Provided

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.

Means of Access

Field Support

Agreement Type:

Grant

Agreement Number:

AAG-G-00-97-00019

Project Number:

936-3080.03

Duration:

9/96 - 9/22

Geographic Scope:

Worldwide

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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:

9/96 - 9/22

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 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.

Means of Access

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 to 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, and Ethiopia, but has the flexibility to expand to 2 – 3 additional countries if field support resources are available.

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 reach 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 non-polio 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).

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-12-00031
Project Number:
936-3080.07
Duration:
9/12 - 9/17
Geographic Scope:
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Maternal and Child Health Integrated Program (MCHIP)

Agreement Type:
Leader with Associates
Cooperative Agreement

Agreement Number:
GHS-A-00-08-00002

Project Number:
936-4000.01

Duration:
9/08 - 9/14

Geographic Scope:
Worldwide

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Purpose

The Maternal and Child Health Integrated Program (MCHIP) is a \$600 million Leader with Associates Cooperative Agreement (LWA) designed to support the introduction, scale-up and further development of high impact Maternal, Neonatal, and Child Health (MNCH) interventions, including the program approaches to effectively deliver those interventions, to achieve measurable reductions in under-five and maternal mortality and morbidity.

Services Provided

- Increase availability and use of appropriate high-impact maternal, neonatal and child health interventions, including supportive family planning, HIV/AIDS, and malaria interventions based on country-level needs and opportunities at the facility and community levels;
- Advance global leadership in maternal, neonatal and child health, including further development and promotion of improved approaches and scale-up plans. In partnership with UN, international and US partners and NGOs, revise and develop clinical guidelines, toolkits and indicators related to MNCH-malaria. Support global efforts to introduce new vaccines at the country level;
- Provide specialized technical assistance to PVO/NGOs and their local partners supported by the Child Survival and Health Grant Program (CSHGP) and PMI- Malaria Community Programs (MCP) that includes design, monitoring, and evaluation of innovative, effective, and scalable community-oriented strategies and strengthens NGO capacity and partnerships for conduct of operations research and program learning.

The MCHIP partnership includes Jhpiego as the prime partner, John Snow, Inc. (JSI), Johns Hopkins University/Institute for International Programs (JHU/IIP), ICF Macro, Inc., Program for Appropriate Technology in Health (PATH), Save the Children (SC), Broad Branch Associates, and Population Services International (PSI). MCHIP merges the functions of several current USAID/GH projects (ACCESS, BASICS III, Immunization BASICS, POPPHI, and CSTS+) to improve efficiency and effectiveness, and to support Mission needs for integrated MCH programs.

Means of Access

Field Support and Associate Awards

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 public-private 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 indoor air pollution (IAP).

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 indoor 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 IAP 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 IAP 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 IAP implementation; and
- support knowledge and information exchange at the global; and country level, capacity building and networking.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement
Agreement Number:
OAA-A-10-00040
Project Number:
936-3122.07
Duration:
9/10 - 9/15
Geographic Scope:
Worldwide

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Reproductive, Maternal, Newborn and Child Health (RMNCH)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-14-00028

Project Number:
936-6200.01

Duration:
3/14 - 3/19

Geographic Scope:
Worldwide

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Purpose

The Reproductive, Maternal, Newborn, and Child Health (RMNCH) 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 RMNCH 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, program 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 RMNCH service availability, access, quality, demand, cost-effectiveness and utilization

The RMNCH partnership includes Jhpiego as the prime partner; lead partners: Save the Children Federation, Inc (SC), Snow, Inc. (JSI), ICF International, Results for Development Institute (R4D), Program for Appropriate Technologies in Health (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), Venture Strategies Innovations (VSI) and Futures Institute.

RMNCH is the principal follow-on to the Maternal and Child Health Integrated Program (MCHIP), which has an end date of September 2014.

Means of Access

Field Support

Child Survival and Health Grants Program (CSHGP)

Purpose

The CSHGP facilitates a dynamic partnership between USAID and private and voluntary organizations (PVOs)/NGOs. 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. Program components of the CSHGP combine global implementation (direct cooperative agreements) with specialized technical assistance and collaboration to advance NGO action with learning and dissemination through communities of practice and include:

- An active portfolio of 25 PVO/NGO projects in 19 countries; and
- Specialized technical assistance for PVO/NGO community-oriented programming through the Maternal and Child Health Integrated Program (MCHIP), ensuring technical rigor and strengthening program design, monitoring and evaluation, including a focus on operations research for testing and scaling up innovations to improve the delivery of high impact MNCH interventions.

Through MCHIP, a partnership with CORE Group contributes to USAID’s leadership role in innovative integrated community MCH programming, and to maximize the inclusion of NGO contributions in scale-up of proven and integrated MCH interventions at the country level.

Services Provided

- Fostering technical, cross-sectoral and systems integration through community-oriented approaches facilitated by PVOs/NGOs;
- Advancing program learning for community-oriented solutions through technically rigorous projects with robust monitoring and evaluation systems; project evaluations; new partnerships between PVOs/NGOs, research institutions, and local/national governments for conducting operations research and for utilization of evidence and lessons; and collaboration for action and learning through an NGO coalition;
- Building local capacity of the MOH and local NGOs and documenting promising practices and processes in local capacity building and sustainability;
- Bringing new partners to USAID (national NGOs and US PVOs/NGOs); and
- Leadership for community health through combining global implementation with specialized technical assistance and resources, and collaboration for action, learning, and dissemination.

Means of Access

Field Support

Agreement Type:
See Cooperative Agreements*

Agreement Number:
See Cooperative Agreements*

Project Number:
936-3114 and 936-4000.10

Duration:
See Cooperative Agreements*

Geographic Scope:
Worldwide

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*See MCHIP entry
in Users Guide

Child Survival Health Grants Program

Cooperative Agreements

| Country | PVO | Agreement No |
|----------------|------------------------------------|---------------------|
| Bangladesh | CRWRC | GHS-A-00-09-00009 |
| Benin | Catholic Relief Services | AID-OAA-A-12-00089 |
| Benin | MCDI | AID-OAA-A-12-00092 |
| Benin | Center for Human Services | AID-OAA-A-10-00047 |
| Cambodia | International Relief & Development | AID-OAA-A-10-00052 |
| Ghana | Catholic Relief Services | AID-OAA-A-11-00042 |
| Guatemala | Curamericas | AID-OAA-A-11-00041 |
| India | Save the Children | AID-OAA-A-12-00091 |
| Indonesia | Mercy Corps | AID-OAA-A-10-00063 |
| Kenya | HealthRight International | AID-OAA-A-12-00076 |
| Kenya | Concern Worldwide | AID-OAA-A-12-00078 |
| Liberia | International Rescue Committee | AID-OAA-A-12-00094 |
| Liberia | Africare | AID-OAA-A-10-00034 |
| Malawi | Save the Children | AID-OAA-A-11-00058 |
| Mozambique | World Relief | GHN-A-00-09-00017 |
| Niger | Concern Worldwide | GHA-A-00-09-00006 |
| Pakistan | Mercy Corps | AID-OAA-A-12-00093 |
| Pakistan | Aga Khan Foundation | GHN-A-00-08-00010 |
| Peru | Future Generations | AID-OAA-A-10-00048 |
| Rwanda | World Relief | AID-OAA-A-11-00056 |
| Rwanda | CARE | AID-OAA-A-10-00035 |
| Sierra Leone | Concern Worldwide | AID-OAA-A-11-00054 |
| South Sudan | World Vision | AID-OAA-A-10-00037 |
| Timor Leste | Health Alliance International | AID-OAA-A-11-00057 |
| Zambia | Save the Children | GHS-A-00-09-00013 |

The Global Alliance for Improved Nutrition (GAIN)

Purpose

The Global Alliance for Improved Nutrition (GAIN) is an alliance of national and international public and private organizations that promote nutrition-based solutions to address undernutrition among those most in need. GAIN was created at a special UN session for children in 2002, and is now formally a Foundation under Swiss Law. Currently, GAIN receives funding from the US Agency for International Development, the Bill and Melinda Gates Foundation, the Canadian International Development Agency, the Children's Investment Fund Foundation, and a number of governments and charitable groups.

With this support, GAIN is funding fortification programs in 25 countries around the world, reaching approximately 610 million people, half of whom are women and children. GAIN's goal is to reach more than one billion people with fortified foods that have sustainable nutritional impact. Successful programs in recent years have included vitamin A-fortified edible cooking oil in Mali and Uganda, the development of high quality complementary foods in Kenya, and increasing access to nutrient enriched staple foods in Bangladesh.

Services Provided

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

- Provide support to selected countries working on the Feed the Future Initiative to strengthen private-public partnerships to improve nutrition in agriculture, health 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 to ensure effectiveness;
- Create national and regional Business Alliances of leading companies, which bring high quality, affordable fortified foods to those most in need;
- Develop innovative programs and approaches to reach vulnerable groups such as infants, young children, mothers and women;
- Foster country involvement in and ownership of the integrated nutrition-related plans and programs;
- Performance measurement and monitoring to ensure that projects are efficient and cost-effective and progressing towards set targets; and
- Communications, including global advocacy, corporate communications and social marketing technical assistance.

Means of Access

Field Support

Agreement Type:
Grant
Agreement Number:
GHA-G-00-06-00002
Project Number:
936-3094.08
Duration:
9/06 - 9/15
Geographic Scope:
Worldwide

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

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-11-00031

Project Number:
936-4004.02

Duration:
9/11 - 9/16

Geographic Scope:
Worldwide

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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-based, 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, build the capacity of countries to design, implement and evaluate nutrition programs, build the evidence base for multi-sectoral nutrition actions, promote effective delivery of a core package of nutrition interventions, and emphasize country-specific approaches to scale up nutrition programs. Focus areas for technical assistance include maternal and child health and nutrition, integrated agriculture and nutrition programming, social and behavior change communication, 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 (pregnancy through the age two). SPRING provides technical assistance at the country and global level to:

- Strengthen and scale-up country-specific Social and Behavior Change Communication (SBCC) programs;
- 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.

Means of Access

Field Support

Food and Nutrition Technical Assistance III (FANTA-III)

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 Provided

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.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00005

Project Number:
936-4004.03

Duration:
1/12 - 1/17

Geographic Scope:
Worldwide

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Child Blindness Program

Agreement Type:
Contract with subawards

Agreement Number:
OAA-C-13-00088

Project Number:
936-4004.04

Duration:
6/13 - 6/18

Geographic Scope:
Worldwide

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Purpose

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 will work with USAID GH to fund, select, and support U.S.-based and non-U.S.-based organizations. Through a competitive process, organizations will receive grants that expand the delivery of quality eye care services to children and other vulnerable populations with limited access to sight-saving services. A key facet of the program is to build on previous program successes from the USAID Child Blindness Eye Health and Grants Fund, a previous iteration of CBP.

Goals include:

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

Services Provided

CBP will meet its objectives by awarding grants in the following three categories:

1. Delivery and Expansion Grants: Intended for large service delivery initiatives and for scale-up of eye care projects.
2. Capacity-Building Grants: Intended to enhance administrative, technical and/or financial functions of organizations providing eye care services.
3. Innovation Grants: Intended to generate credible evidence for improving pediatric eye care and to fund activities to expand the learning agenda in the field.

Means of Access

Core Funded (GH-C)- Directive from Congress

HaRP: Health Research Challenge for Impact (HRCI)

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 Provided

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; and Makerere University.

Means of Access

Field Support and Associate Awards

Agreement Type:

Leader with Associate
Cooperative Agreement

Agreement Number:

GHS-A-00-09-00004

Project Number:

936-3116.06

Duration:

9/09 - 9/14

Geographic Scope:

Worldwide

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HaRP: HealthTech V

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-11-00051

Project Number:
936-3116.08

Duration:
9/11 - 9/16

Geographic Scope:
Worldwide

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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 improvement.

Partners and subcontractors (KEMRI) PHI, FIGO, WHO, UNICEF, and African Network for Drugs and Diagnostics Innovation (ANDI).

Means of Access

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.

Means of Access

Field Support

Agreement Type:

Cooperative Agreement

Agreement Number:

OAA-A-11-00050

Project Number:

936-3116.09

Duration:

9/11 - 9/16

Geographic Scope:

Worldwide

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HaRP: Translating Research into Action (TRAction) Project*

Agreement Type:
Leader with Associate
Cooperative Agreement

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

Project Number:
936-3116.05

Duration:
9/09 - 9/14

Geographic Scope:
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Purpose

The purpose of the Translating Research into Action (TRAction) Project is to accelerate the introduction and scale up of approaches and interventions that when implemented in programs will 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. <http://www.hrcdproject.org>

Services Provided

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:
 - Work with USAID/GH and/or USAID Missions to determine the scopes of all solicitations and the selection criteria to be used in all procurements;
 - Lead and/or participate in the technical review process;
 - Conduct 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.

Means of Access

Field Support and Associate Awards

**Previously known as Health Research Challenge for Delivery (HRCd)*

DELIVER - Emerging Pandemic Threats Task Order 6

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 Provided

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
- 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.

Means of Access

Core Only

Agreement Type:
Task Order
Agreement Number:
OAA-TO-11-00015
Project Number:
936-3100.57
Duration:
2/11 - 9/15
Geographic Scope:
Worldwide

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

Agreement Type:
Grant

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

Project Number:
936-3100.32

Duration:
9/06 - 4/19

Geographic Scope:
Worldwide

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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.

Means of Access

Field Support

PREDICT

Purpose

The goal of PREDICT is to establish a global early warning system for zoonotic (i.e., of animal origin) disease emergence that is capable of detecting, tracking and predicting the emergence of new infectious diseases in high-risk wildlife (e.g., bats, rodents, and non-human primates) that could have pandemic potential. Particular focus will be placed on establishing an enhanced wildlife monitoring capacity in those geographic “hotspots” that pose a particular risk for the emergence of new infectious disease threats. Surveillance will focus on specific priority pathogens including, but not limited to, retroviruses, influenza, corona viruses and filoviruses.

Services Provided

Assess Capacity and Develop Plans for Implementation of Wildlife Surveillance Support in “hotspot” countries and regions:

- Develop an assessment tool to capture information on key capabilities and systems; and
- Analyses of gaps in systems and barriers to implementation.

Develop Risk Models for Zoonotic Disease Emergence and Spread:

- Identify key factors contributing to the emergence and spread of zoonotic disease in geographic focus areas and/or target species; and
- Produce models that illustrate the occurrence and spread of diseases from wildlife.

Implement “SMART” (Strategic, Measurable, Adaptive, Responsive, and Targeted) Wildlife Surveillance Strategies to Identify and Target High-Risk Wildlife in the Regions Most Vulnerable to Zoonotic Disease Emergence:

- Develop and improve protocols that result in more efficient and effective sampling;
- Provide countries with training and technical assistance to develop, expand, and maintain surveillance systems;
- Use modeling results to forecast events and plan surveillance strategies;
- Where appropriate, work with local authorities on disease investigations, data collection, analysis and interpretation;
- Continue engaging stakeholders in developing policy that supports the surveillance system; and
- Develop/expand communication mechanisms that inform stakeholders of results.

Improve the Flow and Handling of Information, Specimens, and Samples Resulting from Surveillance Activities:

- Assist countries in formulating policy and protocols for disease notification;
- Provide technical assistance to key participants in translating surveillance information to inform animal and human health activities and policy decisions; and
- Provide training and technical assistance and institute quality control systems for processing, tracking, storing, maintaining and retrieving samples and data.

Means of Access

Core Only

Agreement Type:
Cooperative Agreement
Agreement Number:
GHN-A-00-09-00010
Project Number:
936-4002.21
Duration:
9/09 - 9/14
Geographic Scope:
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IDENTIFY

Agreement Type:

Grant

Agreement Number:

GHA-G-00-09-00003

GHA-G-00-06-00001

Project Number:

936-3100.32

Duration:

9/06 - 9/14

Geographic Scope:

Worldwide

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Purpose

IDENTIFY is one of the several USAID projects making up the Emerging Pandemic Threats Program (EPT). This project is a partnership between USAID and three international organizations - FAO, WHO, and OIE, which together are working to develop animal/veterinary and human/public health laboratory networks and strengthen laboratories' diagnostic capacities in identified EPT geographic "hot zones", where the potential for emergent diseases and pandemics is greatest.

Services Provided

USAID's two umbrella grant agreements with WHO, and with the FAO (the latter through which USAID provide funds to the OIE as well), serve as mechanisms through which USAID bureaus and Missions can support technical assistance and program support to build nations' and regions' animal and public health laboratories and disease surveillance and reporting systems to help distinguish known disease organisms from new and emerging disease threats. Project activities include supporting outbreak investigation and response; planning and preparedness efforts for potential pandemic; improving biosecurity and biosafety practices at laboratories; building public-private partnerships to advance this project's objectives; and building linkages between the animal and public health worlds to share relevant disease and outbreak information, strategize on combined animal-human prevention and response efforts.

Means of Access

Core and Field Support

PREVENT

Purpose

To reduce the threats of emerging pandemic viruses among affected or at-risk populations through strategic behavior change activities in targeted high-risk regions.

Services Provided

- Promote effective risk reduction practices for emerging pandemic threats among affected populations through strategic behavior change activities in targeted high-risk regions;
- Characterize risk by working with the wildlife, veterinary, medical and scientific community to better understand what populations may be at risk for exposure to emerging pandemic threats, including H5N1, and what practices and/or factors increase the risk of exposure and infection in order to strategically target behavior change communication activities;
- Reduce exposure to risk by creating awareness among targeted, high-risk audiences of high-risk behaviors for contracting zoonotic diseases such as avian influenza and Ebola hemorrhagic fever (EHF), practical preventative measures and how to recognize and respond appropriately to cases of diseases of animal origin in animals or humans;
- Enhance national capacity by providing assistance to national governments to develop and implement a public communication strategy for emerging pandemic threats; and
- Promote long-term behavior change by developing and implementing transformative behavior change approaches which seek to create awareness among targeted audiences of high-risk animal and marketing practices that put humans at risk for disease transmission from animal to humans and between humans.

Means of Access

Core Only

Agreement Type:
Cooperative Agreement
Agreement Number:
GHN-A-00-09-00002
Project Number:
936-4002.18
Duration:
9/09 - 9/15
Geographic Scope:
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RESPOND

Agreement Type:
Cooperative Agreement

Agreement Number:
GHN-A-00-09-00015

Project Number:
936-4002.20

Duration:
9/09 - 9/14

Geographic Scope:
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Purpose

To strengthen the human capacity of countries to identify and respond to outbreaks of newly emergent diseases in a timely and sustainable manner.

Services Provided

RESPOND is a project that twins schools of public health and veterinary medicines in the “hotspot” regions with U.S. counterpart institutions to strengthen the capacities of countries to train cadres of professionals to identify and respond to outbreaks of newly emergent diseases in a timely and sustainable manner. This project develops outbreak investigation and response trainings that merge animal- and human-health approaches toward a comprehensive capacity for disease detection and control. RESPOND partners include DAI, the University of Minnesota, Tufts University, Training and Resources Group, and Ecology and Environment, Inc.

Means of Access

Core Only

International Broadcasting Bureau/ Voice of America (VOA)

Purpose

Through special programming developed by the Voice of America radio and TV operations, IBB has become a partner in public health reporting.

Services Provided

TB: The TB-related programming seeks to keep targeted populations in high TB burden countries with public health messages about TB prevention and control. The initiative implements program formats such as call-in programs, stringer's reports, interviews, travel coverage, PSAs and workshops on health journalism with a focus on TB. World TB Day coverage is also included. Program content will be focused in countries in Africa and Asia and the Near East.

Anti-Microbial Resistance (AMR): AMR related programming will explore the issues, problems, dynamics and conditions that lend themselves to AMR including providing listeners with pertinent information on drug quality, distribution, surveillance, as well as local pharmaceutical usage issues and efforts to reduce the development of drug resistance. Specific programming will include targeted language services in Africa and South Asia on radio and television.

Other areas: Language Service reporters will also travel to Africa, Latin America, South and Central Asia to carry out intensive reporting and feature stories for radio and television on key public health issues, including: polio HIV/AIDS, malaria and reproductive health. The agreement includes an activity to develop a CD-ROM for support and as a teaching tool for journalists, students and journalism educators and for training health journalists in developing countries.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement

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

Project Number:
936-3096.10

Duration:
06/01 - 9/15

Geographic Scope:
Worldwide

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Applying Science to Strengthen and Improve Systems (ASSIST)

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00101

Project Number:
936-3104.15

Duration:
9/12 - 9/17

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 post-partum 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 Provided:

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; and
- Performance improvement technologies, including more effective training and human resources management.
- mHealth (mobile health) to strengthen health systems and improve health care quality
- Health systems strengthening for non-communicable diseases/ injuries

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.

Means of Access

Field Support

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-12-00080

Project Number:
936-3104.14

Duration:
9/12 - 9/17

Geographic Scope:
Worldwide

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Promoting the Quality of Medicines (PQM)

Agreement Type:
Cooperative Agreement

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

Project Number:
936-3104.8

Duration:
9/09 - 9/19

Geographic Scope:
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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 events, increase morbidity and mortality, and potentially 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 post-marketing 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.

Means of Access

Global & Field Support

Systems for Improved Access to Pharmaceuticals and Services (SIAPS)

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, and neglected tropical diseases. 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 Provided

- 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.

Means of Access

Global & Field Support

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-11-00021

Project Number:
936-3104.13

Duration:
9/11 - 9/16

Geographic Scope:
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Center for Accelerating Innovation and Impact

Bureau for Global Health

Center Director
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Saving Lives at Birth: A Grand Challenge for Development

Agreement Type:
Multiple Fixed Obligation
Grants and Cooperative
Agreements

Agreement Number:
Various

Project Number:
936-4000.09

Duration:
9/11 - 9/16

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 & Melinda Gates Foundation, Grand Challenges Canada, and the UK Department for International Development—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, three rounds of awards have been made to support a portfolio of 59 novel technology, service delivery, and demand-stimulation solutions for use in low resource settings.

Awards under Saving Lives at Birth include: 1) seed grants to demonstrate proof of concept, and 2) transition awards to support successful innovations' scale-up. Under the first round, USAID managed 16 fixed obligation grants and cooperative agreements. The majority of the two-year grants from Round 1 are now closed. Under the second round (2012), USAID manages 12 awards and for round 3 (2013), USAID manages 15 awards. An additional 10 projects from rounds 2 and 3 are managed by Grand Challenges Canada.

Means of Access

Core Only

Saving Lives at Birth: Cooperative Agreements

| Round 1 | Awards | Agreement No |
|------------------|---|---------------------|
| (still on going) | Columbia Univ. Dual HIV/syphilis diagnostic device | OAA-A-12-00007 |
| | Grameen Foundation Scale up of MOTECH in Ghana | OAA-A-12-00012 |
| | JSI Scale up of Chlorhexidine in Nepal | OAA-A-11-00073 |
| Round 2 | Seed | |
| | Boston University PharmaCheck | OAA-F-13-00004 |
| | Burnett Institute Visitect POC CD4 count device | OAA-F-13-00011 |
| | D-Rev: Design for the Other Ninety Percent Comet | OAA-F-13-00009 |
| | HealthPartners Mama Co-Op | OAA-F-13-00025 |
| | Jhpiego Hemoglobe | OAA-F-13-00006 |
| | Jhpiego PPIUD training simulator | OAA-F-13-00005 |
| | NOvate Medical Technologies, LLC Infaclip | OAA-F-13-00001 |
| | PATH Gestational diabetes RDT | OAA-F-13-00024 |
| | RAND Corporation Integrated RH program | OAA-F-13-00026 |
| | SUNY Buffalo Chlorhexidine Waterless Hand Cleansing | OAA-F-13-00010 |
| | Transition | |
| | Rice University Scale up of bCPAP in Malawi | OAA-A-13-00014 |
| | Jhpiego Day of Birth | OAA-A-13-00012 |
| Round 3 | Seed | |
| | Bilimetrix RDT for hyperbilirubinemia (kernicterus) | OAA-F-13-00072 |
| | Bioceptive, Inc Low-cost, reusable, intuitive IUD inserter | OAA-F-14-00003 |
| | Convergent Engineering Hand-held pre-eclampsia diagnostic | OAA-F-13-00077 |
| | Dimagi, Inc CommTrack | OAA-F-14-00004 |
| | Duke University Pratt Pouch health system integration | OAA-F-13-00073 |
| | Emory University Co-administration of influenza and tetanus toxoid vaccines | OAA-F-13-00083 |
| | Harvard Hand-held vital sign monitor | OAA-F-14-00005 |
| | Nanobiosym GeneRadar HIV POC diagnostic | OAA-F-14-00006 |
| | Oregon Health and Science University Xstat minisponge | OAA-F-14-00007 |
| | PATH Rectal formulation of Magnesium Sulfate | OAA-F-14-00002 |
| | PATH Sublingual oxytocin tablets | OAA-F-13-00078 |
| | Population Services International Postpartum IUD inserter | OAA-F-13-00084 |
| | Transition | |
| | Massachusetts General Hospital Scale-up of uterine balloon tamponade | OAA-A-14-00016 |
| | The Research Institute at Nationwide Children's Hospital Congo Red Dot pre-eclampsia diagnostic | OAA-A-14-00017 |

PEER HEALTH

Agreement Type:
Cooperative Agreement

Agreement Number:
OAA-A-11-00012

Project Number:
N/A

Duration:
7/11 - 7/16

Geographic Scope:
Worldwide

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Purpose

The Partnerships for Enhanced Engagement in Research (PEER) Health program is a competitive small grants program designed to directly support developing country researchers working in partnership with researchers supported by the National Institute of Health. PEER Health has three strategic objectives, called the ‘3C’s’:

- Critical Evidence- PEER Health advances health and development objectives by funding research that fills evidence gaps needed to address critical health challenges facing developing countries
- Collaboration- PEER Health creates and builds relationships between developing country researchers, global health practitioners, host country governments, NIH supported investigators, and USAID Missions and Embassy staff.
- Capacity- PEER Health builds research capacity in developing countries thereby promoting sustainability and enabling local solutions to context specific health challenges.

The program is jointly funded and managed within the Global Health Bureau’s Center for Accelerating Innovation and Impact (CII) and the Office of Science & Technology.

Services Provided

- Research grants management
- Country specific research objectives - Research objectives can be tailored to meet country health needs, for example: epidemiological surveillance, maternal and child health research, tuberculosis, environmental effects on health, nutrition, implementation studies around various health interventions, etc.
- Research Agenda Setting - This mechanism can be used to support country-specific research reports/agenda setting, through the convening authority and expertise provided by the National Academies of Sciences.

Means of Access

Field and Core Support

Other Bureaus/Offices

Bureau Listing:

Africa Bureau

Center of Excellence on Democracy, Human Rights and Governance Bureau

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

World Health Organization/Africa Regional Office (WHO/AFRO) Support for Disease Control and Reproductive Health in Africa

Agreement Type:
Grant
Agreement Number:
AFR-G-00-10-00002
Project Number:
N/A
Duration:
10/10 - 9/15
Geographic Scope:
Sub-Saharan Africa

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Purpose

This Grant supports the World Health Organization/Africa Regional Office's (WHO/AFRO) program for the prevention and control of communicable diseases and the promotion of reproductive health and health systems in Africa. The mandate of the Organization is defined by its Member States in the Constitution adopted in 1946 that determines the objectives and functions of the Organization, its membership and its organs.

Services Provided

The regional office in Brazzaville, Republic of Congo, largely through three Inter-country Support Teams (ISTs) that have been established in Harare, Zimbabwe; Libreville, Gabon; and Ouagadougou, Burkina Faso will:

- Provide technical and managerial support and contribute to sustainable capacity building;
- Engage with key partners at the sub-regional level;
- Provide rapid responses to countries in epidemic and emergency situations;
- Generate health knowledge and information and report back to the Country and WHO/AFRO Regional Office; and
- Plan, monitor and evaluate inter-country activities.

The program components supported by USAID address the following health problems:

- Malaria (MAL)
- Tuberculosis (TB)
- Integrated Disease Surveillance and Response (DSR)
- Child and Adolescent Health and Nutrition (CAN)
- Maternal and Newborn Health (MNH)
- Immunization, Vaccine Preventable Diseases (VPD)
- Family Planning and Reproductive Health (FP/RH)
- Health System Strengthening (HSS)

Means of Access

Direct through Africa Bureau

World Health Organization/Africa Regional Office (WHO/AFRO) Support for the Eradication of Polio

Purpose

This Grant supports the World Health Organization/Africa Regional Office's (WHO/AFRO) program to eradicate polio in Africa. WHO/AFRO supports Member States in the following six (6) areas:

- (1) Developing partnerships to support polio eradication and vaccination;
- (2) Strengthening immunization delivery systems;
- (3) Improving planning, implementation, and monitoring of supplemental immunizations;
- (4) Improving acute flaccid paralysis (AFP) surveillance and response;
- (5) Supporting certification, containment, and post-certification policy development; and
- (6) Improving information dissemination to improve polio eradication activity quality.

Services Provided

The regional office in Brazzaville, Republic of Congo, largely through three Inter-country Support Teams (ISTs) that have been established in Harare, Zimbabwe; Libreville, Gabon; and Ouagadougou, Burkina Faso to support country programs as appropriate to do the following:

- Provide technical and managerial support to supplemental immunization activities;
- Support the geographical expansion and quality improvement of surveillance systems;
- Improve the performance of laboratories; and
- Social mobilization and communication.

Means of Access

Direct through Africa Bureau

Agreement Type:

Grant

Agreement Number:

AFR-G-00-07-00003

Project Number:

N/A

Duration:

10/07 - 9/15

Geographic Scope:

Sub-Saharan Africa

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African Strategies for Health (ASH)

Agreement Type:
Grant
Agreement Number:
OAA-C-11-00161
Project Number:
N/A
Duration:
10/11 - 9/16
Geographic Scope:
Africa

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Purpose

To work with African institutions, other development partners and partners within the USG to identify issues of regional significance in Africa, to develop strategies or approaches to resolve those issues and to provide support to the African institutions in applying the strategies and approaches throughout the region.

Services Provided

ASH supports AFR/SD in identifying social sector issues, providing critical analysis of those issues, disseminating the analysis, advocating for solutions, promoting African partnerships, and strengthening African capacity in program planning, monitoring and evaluation. Specifically, ASH will:

- Provide strategic, analytical, information dissemination and advocacy support to the Africa Bureau, AID/W, USAID Missions, USAID Regional programs, as well as African institutions and networks;
- Identify implementation constraints and emerging priorities that threaten or limit program performance and/or exacerbate problems to improving African health status;
- Assist USAID and its development partners to identify innovative approaches to address and overcome these problems;
- Assist AFR/SD in the evaluation of regional and country programs aimed at assessing results achieved or not achieved, learning from these experiences and sharing promising practices to advance organizational learning and tell the Agency's story; and
- Support issues identification, analysis, sharing of promising practices, monitoring and evaluation across the areas of: Maternal and Child Health; Infectious Diseases; Reproductive Health; Multi-sectoral support to improving health outcomes, and Health System financing.

Means of Access

Field Support

Building Local Capacity (BLC) for Delivery of HIV Services in Southern Africa

Purpose

This award contributes to the goal of strengthening the overall sustainability, quality, and reach of HIV and AIDS interventions in the region. BLC builds the capacity of government and civil society entities in southern Africa and has country-based programs in several countries in southern Africa to implement policies and health services for those infected with, and affected by, HIV and AIDS. The three key program areas which BLC supports include care and support for children made vulnerable by HIV, HIV prevention, and community-based care. The project vision is that by 2015 project partners—which include CSOs, governmental and intergovernmental institutions, parastatals, and private sector companies—are stronger, more resilient, and able to support community, national and regional structures to competently respond to HIV and AIDS issues, resulting in improved overall health in the southern African region.

Services Provided

All BLC project activities contribute to one or more of the five project intermediate results, which include: strengthened leadership, management, and governance capacity of partners for the delivery of improved and sustainable services; improved delivery of needs-based HIV prevention services to target populations; strengthened delivery of OVC and community-based care services by regional and local institutions; improved coordination and implementation of Global Fund grants by BLC partners; and strengthened delivery of quality health services by health facilities in the region. The project has the goal and the processes in place to “graduate” ten local partners to prime partners of the USG by the end of the project. This project has umbrella-granting capacity that can be utilized in the graduation process.

Means of Access

N/A

Agreement Type:

Cooperative Agreement

Agreement Number:

674-A-00-10-00060-00

Project Number:

N/A

Duration:

8/10 - 8/15

Geographic Scope:

Southern Africa

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Human Resources Alliance for Africa

Agreement Type:
Grant
Agreement Number:
690-0020
Project Number:
N/A
Duration:
4/11 - 4/16
Geographic Scope:
Southern Africa

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Purpose

This award identifies five key result areas within human resources for health (HRH): (1) HRH Planning; (2) Human Resources (for Health) Information Systems HRIS; (3) Pre- and In-service training; (4) Recruitment and Retention; and (5) Regulatory Environment and Professional Associations. The scope focuses activities on policy and facilitation within HRH, which are considered to be core strengths of ECSA.

Services Provided

Policy, in the context of HRH, refers to strategic planning, budgeting, costing, resource mobilization, advocacy, leadership and governance. Examples would include long-term health workforce plans, fiscal projections, linking career promotion with in-service training and mentoring of senior management in HRH affairs. Facilitation refers to the design of operational guidelines, scopes of work, manuals and curricula. Examples include how Ministries of Health will collect HRH data, how they will streamline their processes to recruit new health workers, matching clinical training with the disease burden, assisting with the transition of donor-funded positions to the public sector and determining the scope and length of training for community health workers. One of the critical components to this award is ECSA's ability to work with government stakeholders outside health to achieve results for strengthen health systems.

Means of Access

N/A

Mentor Mothers Reducing Infections through Support and Education (RISE)

Purpose

This award contributes to the goal of strengthening the overall sustainaThe 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 Provided

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 PMTCT 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.

Agreement Type:

Cooperative Agreement

Agreement Number:

674-A-13-00015

Project Number:

N/A

Duration:

12/12 - 12/17

Geographic Scope:

Africa

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Displaced Children and Orphans Fund

Agreement Type:

N/A

Agreement Number:

N/A

Project Number:

N/A

Duration:

N/A

Geographic Scope:

Worldwide

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Purpose

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.

Services Provided

This fund is coordinated and supported by the Office of Democracy, Human Rights and Governance. 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.

DCOF currently supports programs in 15 countries.

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 fields missions that are interested in developing programs under the Fund.

Means of Access

N/A

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 antipersonnel 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 Office of Democracy, Human Rights and Governance, although most activities are implemented through grants and agreements that are managed by USAID Missions.

The LWVF currently supports program activities in 32 countries.

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.

Means of Access

N/A

Agreement Type:

N/A

Agreement Number:

N/A

Project Number:

N/A

Duration:

N/A

Geographic Scope:

Worldwide

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Victims of Torture Fund

Agreement Type:
N/A
Agreement Number:
N/A
Project Number:
N/A
Duration:
N/A
Geographic Scope:
Worldwide

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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 Provided

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 in 17 countries 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 Office of Democracy 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.

Means of Access

N/A

Acronym List

Acronym List

| Acronym | Definition |
|----------------|--|
| A&A | Acquisitions and Assistance |
| AAAS | American Association for the Advancement of Sciences |
| AACD | Activity Approval Completion Date |
| AAD | Activity Approval Document |
| AA | Assistant Administrator |
| AA/GH | Office of the Assistant Administration for the Bureau of Global Health |
| AAPD | Acquisition and Assistance Policy Directive |
| ACET | Advisory Council for Elimination of Tuberculosis |
| ADB | Asian Development Bank |
| ADS | Automated Directives System or Activity Data Sheet |
| AED | Academy for Educational Development |
| AEEB | Assistance for Eastern Europe and the Baltic's Program Funds |
| AFDB | African Development Bank |
| AFR | Africa Region or Bureau for Africa |
| AIDS | Acquired Immunodeficiency Syndrome |
| AIHA | American International Health Alliance |
| AIMI | African Integrated Malaria Initiative |
| AIS | Activity Information Sheets |
| AMR | Antimicrobial Resistance |
| ANE | Asia and Near East Region or Bureau for Asia and Near East |
| APAC | AIDS Prevention and Control |
| APHA | American Public Health Association |
| APP | Agency Performance Plan |
| APR | Agency Performance Report |
| APUA | Alliance for the Prudent Use of Antibiotics |
| AR | Annual Report |
| ARCH | Applied Research for Child Health |
| ARI | Acute Respiratory Infection |
| ART | Anti-Retroviral Therapy |
| ARV | Anti-Retroviral |
| ARS | Accruals Report System |
| ASEAN | Association of Southeast Asian Nations |
| BASICS | Basic Support for Institutionalizing Child Survival |
| BCC | Behavior Change Communication |
| BCI | Behavior Change Interventions |
| BHR | Bureau for Humanitarian Response (see DCHA) |
| BPBS | Bureau Program and Budget Submission |
| BTEC | Business Transformation Executive Committee |
| CA | Cooperating Agency or Cooperative Agreement |
| CARE | Cooperative for Assistance and Relief Everywhere, Inc. |
| CASU | Cooperative Administrative Support Units |
| CBJ | Congressional Budget Justification |
| CBO | Community Based Organization |
| CCH | Community and Child Health |
| CCP | Central Contraceptive Procurement |
| CDC | Centers for Disease Control and Prevention |

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| CDD | Control of Diarrheal Diseases |
| CDIE | Center for Development Information and Evaluation |
| CDO | Cooperative Development Organization |
| CEDPA | Center for Development and Population Activities |
| CEE | Central and Easter Europe |
| CFA | African Financial Community |
| CFO | Core Funding Only |
| CH/N | Child Health and Nutrition |
| CHS | Child Health and Survival or Center for Health Services |
| CI | Conservation International |
| CIB | Contract Information Bulletin |
| CIDA | Canadian international Development Agency |
| CIF | Capital Investment Fun |
| CIMS | Contract Information Management System |
| CMS | Commercial Market Strategies |
| CN | Congressional Notification |
| CO | Contracting Officer |
| COHC | Centers for Health Communication |
| COR | Contracting Officer Representative |
| CP | Congressional Presentation |
| CPP | Comprehensive Postpartum Centers |
| CPR | Contraceptive Prevalence Rate |
| CPR | Contractor Performance Report |
| 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 (PHR) |
| 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 Funds |
| 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 |
| DD | Diarrheal Disease |
| DEVTA | Deworming and Enhanced Vitamin A |
| DFA | Development Fund for Africa |
| DFID | Department for International Development (UK) |

Acronym List

| | |
|-------|--|
| 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 |
| EC | Emergency Contraception |
| E&E | Europe and Eurasia Region or Bureau for Europe and Eurasia |
| 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 |
| ERID | 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 |
| GAO | General Accounting Office |
| GAI | Global Aids Initiative |
| GAIN | Global Alliance for Improved Nutrition |
| 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 |
| GHI | Global Health Initiative |

| | |
|---------|--|
| GHFP | Global Health Fellows Program |
| 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 | Grants 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 Maintenance 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 | Immunochromatographic Strip (for testing for TB) |
| ID | Infectious Diseases or Infectious Diseases Division (HIDN) |
| 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 |
| IIMPACT | 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 |
| IO M | Institute of Medicine |
| IPA | Interagency Personnel Agreement |
| IPPF | International Planned Parenthood Federation |

Acronym List

| | |
|-----------|--|
| IQC or 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 and the Caribbean |
| LDC | Less (or Least) 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 |
| MAQ | Maximizing Access and Quality |
| MCA | Millennium Challenge Account |
| MCC | Millennium Challenge Corporation |
| MCH | Maternal and Child Health or Maternal and Child Health Division (HIDN) |
| MDB | Multilateral Development Bank |
| M&E | Monitoring & Evaluation |
| MEDS | Monitoring, Evaluation and Design Support Activity |
| MENA | Middle East and North Africa |
| M/FM | Office of Financial Management |
| MH | Maternal Health |
| MIS | Management Information System |
| M&L | Management and Leadership |
| 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 |
| OPS | Operations Division (SPBO) |
| 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 | Presidents Emergency Plan for AIDS Relief |
| PHC | Primary Health Care |
| PHN | Population, Health, and Nutrition |
| PHR | Partnership for Health Reform |
| PIO | Public International Organization |
| PL | Public Law |
| PLP | Population Leadership Program |
| PLWHA | People Living with HIV/AIDS |

Acronym List

| | |
|--------|--|
| 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 |
| 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 |
| 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 |
| RP | Results Package (see AAD) |
| RPM | Rational Pharmaceutical Management |
| RRB | Ronald Reagan Building |
| R&RS | Research and Reference Service |
| RSSA | Resource Support Services Agreement |
| RTU | Research, Technology and Utilization Division (PRH) |
| SADC | Southern Africa Development Community |
| SAI | Special Assistance Initiative |
| SCF | Save the Children Foundation |
| SCT | Sewage Collection and Treatment Systems |
| SDI | Service Delivery Improvement Division (PRH) |
| SEED | Support for East European Democracy (see AEEB) |
| SM | Safe Motherhood |
| SNID | Sub-National Immunization Days |
| SO | Strategic Objective |
| SOTA | State of the Art |
| SOW | Statement of Work |
| SPA | Service Provision Assessment |
| SPB | Strategic Planning and Budgeting Division (SPBO) |

| | |
|---------|---|
| SPBO | Office of Strategic Planning, Budgeting and Operations |
| 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 |
| 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/W | USAID/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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