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Communicate for Health in Ghana

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CHANGE CHALLENGE FUND MANAGEMENT POLICY AND PROCEDURES

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1. Introduction

The National Health Policy (2007) and the draft National Strategy and Action Plan for Health Promotion (2014-2018) aims at building the capacity for health promotion at all levels and across sectors to respond to the needs of different people and groups. In order to achieve this strategic objective, Communicate for Health which is a five year USAID funded project (2015-2019) is working in collaboration with the Health Promotion Department, Human Resources Directorate of the GHS, local Ghanaian partners, and international development partners to provide capacity building support (CBS) to national, regional and district level health promotion staff to effectively coordinate and deliver social and behavior change communication (SBCC) and health promotion (HP) campaigns.

2. Purpose

One of the biggest frustrations many people express after a training or personal development course is that once it ends they have limited opportunities or resources to implement or put into practice what they have learned.

For this reason, the Change Challenge Fund (CCF) has been set up to allow the most creative and imaginative of either the Change Agents Development Program CADP and Set for Change (SfC) participants to **apply for resources to put into practice and utilize in their work setting the skills and knowledge they have developed**. It is a fund to support and encourage innovation and best practice through the implementation of a short-term project.

The CCF will be made available to Technical Officers for Health Promotion to enable them initiate a program of work or conduct a SBCC *Good Life, Live it Well* activity with the view to addressing specific health issues and challenges in their district. Such activities should fall within the five priority health areas of the Communicate for Health Project and linked to the life stages.

The CCF provides equal opportunity for Technical Officers for Health Promotion to access funding support on a competitive basis. However, the CCF **does not support the acquisition of equipment, payment of salaries and other unallowable costs as prescribed by USAID rules**.

The CCF will encourage proposals aimed at executing creative and innovative SBCC projects tied to the five Communicate for Health Project's priority health areas namely:

- Family Planning
- Water, Sanitation and Hygiene
- Nutrition
- Maternal and Child health
- Malaria Prevention and Case Management

The rigorous competitive application process to be managed by the HPD supported by Communicate for Health will select motivated and committed HPD staff that are able and willing to mentor others upon completion of the training. However, unsuccessful candidates will be encouraged to re-apply during the next application cycle.

3. Eligible Applicants

The CCF is available only to those regional or district level HP staff who have completed either a Change Agent Development Programme or a Set for Change Learning Set.

'Partnership bids' i.e from more than one district working together will be accepted where at least one applicant must have participated in a CAD program or Set for Change learning set. Calls for applications will be sent out in using GHS's channel of communication and the awards will be made the most qualified applicant. In compliance with USAID requirements 75% of all awards will be made to applicants from USAID regions of Northern, Volta, Western, Greater Accra and Central Region. All applicants will be required to make a detailed application to be considered (see section 5)

4. Application Process, Management and Timeline

- The call for application notice will be sent to all levels using GHS's channel of communication.
- The applications can be made and submitted electronically or in hard copy to the Head of Health Promotion through the Director, Family Health Division (FHD) of GHS.
- Applications submitted must be endorsed by the District or Regional Directors of Health Services for the District and Regional level staff respectively. Similarly, those for national level staff must be endorsed by the Head of HPD.
- Applications for the District and Regional level staff will be collated at the regional level by the RHPO and forwarded to the Director of Family Health Division with a cover letter duly signed by the respective Regional Director of Health Services.
- The CBS Coordinator at HPD will register all applications upon receipt. He/she will be responsible for managing the receipt of applications electronically or in hard copy from the regions and dealing with enquiries and requests for assistance applicants have.
- Applications that do not meet the eligibility criteria will be filtered out by the HPD co-ordinator. S/He will be responsible for preparing aggregated applications for review by the selection committee, circulating these to the selection committee and co-ordinating their final scores for each applicant. He/she will also be responsible for communicating with applicants. Electronic applications will be encouraged and hard copies accepted only in exceptional circumstances. The applications will be checked for their eligibility against the four main criteria detailed above. All eligible applications will then be sent to the selection committee
- The applications will be collated by CBS Coordinator at HPD and reviewed by the CCF Management Board as indicated in **8.1 below**.
- The CBS Coordinator at HPD will work on the CCF Management Board directly with the Senior Organizational Development Specialist of Communicate for Health.
- The selection will be conducted by the CCF Management Board. Each member will receive 50% of all applications to score. Given there are 4 committee members this will mean that each application is scored twice. The final scores will be out of 200 for each application. It may not be necessary to bring the committee together but it is a nice way of creating a sense of collective ownership on the projects and can be good for the project relationships and profile to engage a district and regional director bringing them to Accra for the meeting at the expense of the project.
- In order to ensure we comply with USAIDs expressed wish that 75% of all awards must be made to USAID regions, the scored applications will be divided into USAID regions and non USAID regions. The top scoring 9 from the USAID regions will be selected for award and the top scoring 3 applications from the non USAID regions will be selected.

5. Making an Application

Applicants will be required to complete an application using a standard template. The template will be made available to participants during the CADP or SfC learning set along with details of the application dates and procedures.

The standard CCF application form all applicants will be required to complete will include the following sections.

- Statement of the problem to be addressed

- Aims and objectives of the initiative
- Overall method or approach to be used
- Target groups
- Broad activities to be carried out and timelines
- Outputs and desired outcomes to be achieved
- Resources required for each of the broad activities and other costs
- Suggested milestone targets that the fund will be disbursed against
- Accountable officer for the management of the award
- Details of the Strategic Partnership overseeing the initiative/intervention or project the award is supporting

6. Eligibility Criteria

The application must meet the following eligibility criteria before it can be considered. Those applications that do not meet this initial criteria will not be put forward for consideration by the selection committee.

- The applicant **MUST** have benefited from the CADP or SfC.
- Aims and objectives directly linked to the national HPD objectives or the Communicate for Health's SBCC priorities of the *Good Life* platform and/or a specific national campaign that falls within the *Good Life*.
- Is creative, innovative, participative and breaks away from more traditional ways of working in its approach.
- The application comes with a letter of endorsement from the district or regional director of the GHS depending on the level at which the applicant works.
- Demonstrates creativity and innovation.
- That the initiative proposed is led by a reliable and accountable local strategic partnership either with the district assembly or multi stakeholder strategic partnership that also includes the district assembly as a key partner.
- ***Applications which include in their budget items that are unallowable costs by USAID will be rejected.***
[These unallowable costs include: salaries, alcohol and equipment.](#)

7. Selection Criteria and Scoring

The four main selection criteria are each worth up to 20 points, these are:

- Clear description of the problem.
- Clearly defined and realistic milestone targets.
- Feasibility of the activities to be successfully implemented and achieve the desired outcomes.
- Clearly defined linkages to a new skill learned from participation in a CADP or SfC.
- Creativity and innovation.

The selection committee will score each application on these criteria and come up with a score for each up to a possible 100

8. CCF Management Board

8.1 Composition of the CCF Management Board

A Management Board shall be established to manage the processes leading to the award of funds to beneficiaries. The Management Board will be responsible for The final list will be submitted to the Chief of Party, Communicate for Health Project for the awards to be made to the successful applicants. The Management Board will ensure that the correct procedures and systems are in place for the smooth running of the CCF.

Members of the CCF Management Board include the following:

- a. The Head of Health Promotion—GHS

- b. A Senior member of GHS Human Resources Directorate.
- c. The Senior Advisor to C4H and HPD
- d. The Deputy Chief of Party of Communicate for Health Project
- e. The Capacity Building Support Coordinator at HPD
- f. Associate Director- Finance – Communicate for Health
- g. Senior Organizational Development Specialist of Communicate for Health Project

8.2 Responsibilities of the CCF Management Board

The Specific Responsibilities of the CCF Management Board are to:

- Establish a detailed policy and plan for the dissemination of information regarding the procedures and operation of the CCF, ensuring that all potential target audiences have access to the required information;
- Establish detailed procedures for the screening and approval of applications to the SDF;
- Review all applications and select suitable applicants using the evaluation procedure set out in Annex 4.
- Establish basic quality assurance procedures for skills development initiatives supported by the CCF;
- Ensure transparency and accountability in the operations of the CCF. The resources will be managed in an open and transparent manner that provides for checks and balances.
- Ensure that any member of the CCF Management Board who has an interest in a matter for consideration by the Board must disclose in writing the nature of that interest and will be disqualified from participating in the deliberations of the Board in respect of that matter. A member who contravenes this ceases to be a member of the Board.

8.3 Responsibilities of the CBS Coordinator

Specific Responsibilities of the CBS Coordinator:

The CBS Coordinator of HPD with support from the Senior Organizational Development Specialist of Communicate for Health Project will

- Ensure that calls for applications are sent on time to all levels of GHS
- Respond and clarify all issues and concerns raised by prospective applicants
- Collate all applications submitted both electronically and in hard copies and submit same to the CCF Management Board for review.
- Coordinate the work of the Management Board by ensuring that all the processes are properly documented and relevant reports prepared and submitted to the various levels.

9. Budget and Financial Management

The budget available for the Fund and its management is 25,000 USD per year for the next four years between 2016 and 2019. This amount will cover the costs of the management board co-ordination; co-ordination of the application process; administrative co-ordination of the applications received; support and supervision of the awards (mainly per diem and travel costs) and the disbursement the award installments. Funding will be subject to attainment of performance based targets and disbursed in 3 installments i.e 40%:40%:20%.

The management and the disbursement of the awards will be conducted by FHI360 under an in-kind arrangement in compliance with USAID rules.

10. Support and Supervision

A joint team from Communicate for Health and HPD will monitor and supervise the implementation of the activities in order to ensure that the allocated funds are used for the intended purpose.

Each funded initiative will be assigned a nominated national or regional HP staff member to provide on going support in the management and execution of the initiative where requested or can seen to be needed. Agreed support and supervision visits will take place twice during the course of the initiative. Nominated supervisors should make themselves available for the awardees at all times to help them deal with challenges or resolve difficulties.

Two support and supervision visits would be made by the nominated supervisor. This visit should focus on working with the awardee but should also involve a conversation with the district or regional director and the Chair of the strategic partnership group leading the initiative. A brief report completed after each visit using a standardised CCF support and supervision visit (using the template in [Annex XX](#)) and submitted to the nominated HPD and Communicate for Health.

11. Grant Closure and Evaluation

11.1 Grant Closure

Timely and effective closure of grant projects is a key part of the Fund's monitoring and implementation program. The closure process will begin approximately one month prior to the scheduled expiration of the grant and may continue up to sixty days after the expiration or termination of the grant. The closure process is designed to:

- Assist the beneficiary in developing a specific action plan for concluding the assistance to their project.
- Identify whether a time extension might be required to complete work on the project prior to expiration of the project.
- Provide a financial summary of the project including the amount of the grant awarded by the Fund, the amount disbursed and the amount of allowable expenditures by the Beneficiaries, to be used in updating the Fund's accounts as well as preparing any final disbursement or bill for collection.
- Identify the quantifiable results of the project including measurable performance indicators for the project.
- Identify other project achievements and any lessons learned which the Communicate for Health Project may wish to share with others.

11.2 Responsibilities

11.2.1 The CCF Management Board Representative

The CCF Management Board representative is responsible for reconciling financial records kept at FHI360 with those of the Beneficiary, collecting and verifying end-of-project information on performance targets and data, reviewing any end-of-project action plan, reviewing the final report from the Beneficiary, preparing a final financial analysis of the project showing amounts due the Beneficiary or the Fund, executing, if appropriate a final disbursement and preparing, if appropriate a bill for collection and collecting any amounts due the Fund from the Beneficiary. She/he is responsible for preparing the closure report.

The CCF Management Board representative is responsible for working with the Beneficiary to prepare for the expiration of the grant (including development of an end-of-project action plan), identifying, with the Beneficiary, any need for a time extension and, with the Beneficiary, developing plans for the long-term sustainability of the project

11.2.2 The Beneficiary

The Beneficiary is responsible for working with the CCF Management Board, as indicated above, to prepare for the expiration of the funding, collecting and providing data on performance targets, expending funds in accordance with the agreement, preparing and submitting a final report to Communicate for Health and returning to Communicate for Health, in a timely manner, any funds not properly expended on project activities.

11.2.3 The CCF Management Board

The CCF Management Board reviews the closure report submitted by the CBS Coordinator. The CCF Management Board has final authority to declare a grant closed.

11.3 Closure Planning Meeting

The CCF Management Board's representative will schedule and conduct a closure planning site visit approximately one month prior to the expiration of the project. During this visit, the CCF Management Board representative and Beneficiary will:

- Review the status of the project budget to determine what funds remain in each line item;
- review the project's implementation plan to determine what, if any, project activities remain to be completed;
- work with the Beneficiary to develop a work plan for completing all planned project activities and achieving the project objectives;
- assist the Beneficiary in preparing a final disbursement request for completing planned project activities;
- Where project activities cannot be completed prior to the scheduled expiration of the CCF grant, discuss with the Beneficiary the possibility of a time amendment and, if appropriate, assist the Beneficiary in preparing a time amendment request; and
- Plan for after-project support needs of the Beneficiary.

11.4 Final Report

Ordinarily it is anticipated that all expenditures will be completed prior to the expiration date (as amended) of the grant. In such a case, the Beneficiary should submit a final report, labeled Final Report, within 30 days after completion of the grant, without waiting for the end of the reporting period. This will enable the Fund to expeditiously close out the grant agreement.

Final reports should be accompanied by a cheque, payable to the USAID-Communicate for Health/FHI, for the balance of any unused CCF remaining after the expiration date of the grant. If a cheque is enclosed with the financial report, the financial report should include the cheque number and the amount of the cheque for which the Finance Section of Communicate for Health will issue a receipt to the beneficiary.

11.5 Final Financial Analysis

Upon receipt of the final financial report, the Grants Management Section and Finance Division will prepare the final financial analysis for the grant. This analysis will show:

- the date and amount of each disbursement and the total amount disbursed;
- the original grant budget, any amendments and approved budget shifts and the final grant budget;
- all expenditures from grant funds, as shown on the beneficiary's reports or other documents and the total allowable expenditures;
- any end-of project collections from the beneficiary; and
- the net balance due Communicate for Health (if the disbursements exceed the allowable expenditures) or the net balance due the Beneficiary (if the allowable expenditures exceed the disbursements and funds remain in the grant agreement). Where the final analysis shows a balance due the beneficiary, the Senior Organizational Development Specialist should prepare a final disbursement request.

11.6 Project Closure Report

The CCF Management Board representative will also initiate, based on the final site visit, a review of the beneficiary's files and discussions with the beneficiary, the Project Closure Report. This report should contain the following sections:

- Background – A brief introductory statement of who the Beneficiary is, where the project is located and a description of the project purpose, planned activities, duration and amount of CCF-provided funding.

- Objectives – A listing of all project objectives and performance targets.
- Achievements/Outcomes -A chart and narrative that describe the specific achievement of each of the project objectives and performance targets.
- Benefits – A description of the specific benefits of the grant, for both the Beneficiary and direct beneficiaries and, where it is possible, to document the impact, for the wider community.
- Constraints – A description of any major constraints or issues that arose during project implementation. This should include a description of how the constraints affected the project and what was done to mitigate the constraints or issues.
- Sustainability– An assessment of the sustainability of the project and a discussion of any plans in place that will promote the long-term sustainability of the project.

The CCF comments to the final report should be completed within 30 days after receipt of the draft report from the Beneficiary. The final report should be submitted to the CCF Management Board.

11.7 Final Closure

Upon receipt of the final financial analysis and the Project Closure Report, the CCF Management Board will take appropriate steps to declare the project closed and remove it from the list of active beneficiaries.

11.8 Terminated Grants

Where grants are terminated prematurely through action of CCF Management Board or of the Beneficiary, it probably will not be possible to carry out all the work described above for expiring grants. Instead, the CBS Coordinator should concentrate on ensuring that the Beneficiary complies with the requirements of the grant agreement, that a final report is submitted and that any funds due Communicate for Health are collected.