

Counterpart International (Counterpart) is a global development organization that works with individuals, civil society, government entities, and the private sector to build capacity of local leaders and organizations to develop localized, innovative, and enduring solutions to their most pressing challenges. Over the past 50 years, Counterpart has implemented some 75 health-focused and integrated health programs worth more than \$181 million across the globe to improve the performance of health systems, the delivery of high-quality services in resource-limited settings, and dissemination of grassroots-level behavior change communication and outreach programming. Counterpart continuously leverages the strengths of community and government partners to build and innovate upon existing service delivery mechanisms, adapt existing health platforms, and promote national policies. As USAID responds to COVID-19, Counterpart is ready to adapt and pivot as necessary current and future programming to support countries in their preparedness and response to COVID-19, continuing to foster their journey to self-reliance.

Counterpart applies community mobilization approaches to bridge the gap between citizens and the public sector to improve service delivery, leverage civil society organization (CSO) networks for advocating for improved health governance as well as supporting existing government health efforts, and apply political economy tools to leverage stakeholders across the public, private, and social sectors. Counterpart implements programs that are culturally and technologically appropriate for the populations with whom we work, bringing broad experience in active and post-conflict situations and brings decades' long experience operating in sensitive environments and adapting programming to meet the needs of each specific community. Partnering with local health NGOs and community-based organizations (CBOs), public and private health care professionals, ministries of health, and numerous other local stakeholders, Counterpart ensures transparent and participatory program design, implementation, and decision-making. Counterpart has also successfully developed efficient and effective supply chain programs, inclusive of multiple Title II single and multi-year assistance programs which integrate nutrition, health, agriculture, and Behavior Change Communication (BCC). Counterpart has substantial experience in implementing USDA Food for Education and Food for Progress programs, which included maternal and child health and nutritional (MCHN), agriculture, water, sanitation, and hygiene (WASH), BCC, and supply chain management components. Counterpart is currently active in some 60+ countries, through USAID, USDA, and DFID-funded programming. Globally, we have provided technical support and built partnerships with more than 10,000 organizations, leaving behind wholly independent legacy organizations.

PREPAREDNESS AND RESPONSE TO COVID-19

Counterpart Interventions to respond to COVID-19

- Community-based public health information dissemination
- Multi-stakeholder coordination among CSOs, education, faith, and community leaders
- Countering the spread of disinformation through inclusive outreach and messaging using contextually appropriate mediums (radio, WhatsApp, Facebook, etc.)
- Community based training and capacity building of WASH, nutrition, and health literacy
- Training and capacity building of community health workers
- Local and regional supply chain management
- Combating food insecurity through nutrition training, commodity distribution, agriculture knowledge and capacity, and community gardens
- Economic support via income generating activities, gender-responsive budgeting, savings and loans groups
- Advocacy, oversight, and monitoring of government COVID-19 interventions
- Building capacity of Ministries of Health for coordinated decentralized COVID-19 mitigation efforts

Counterpart is leveraging existing and established relationships with government stakeholders, civil society, faith-based organizations, and private sector to support each country in its efforts to stem the outbreak of COVID-19. Counterpart's COVID-19 response includes:

In **Niger** and **Zambia**, supporting national and local governments in their engagement of local stakeholders to monitor and accurately disseminate government messaging around the spread of COVID-19. Programming will counter the spread of misinformation and rumors and protect the civil rights and freedoms of citizens and communities, especially marginalized and vulnerable populations. In the **Democratic Republic of the Congo (DRC)**, establishing a call center to monitor, analyze, and mitigate community and domestic violence with a focus on gender-based violence (GBV). In this time of confinement and socio-economic stress, the project will contribute to the prevention of community violence and, more specifically, violence against women.

Supporting economic recovery plans in **Morocco** and **El Salvador**. In Morocco, this includes working with local partners to develop solutions to resume economic activities (reopen and revitalize local markets that provide marginalized populations with a place to sell and purchase goods), while minimizing the risk of spreading the virus. Morocco programming will also provide capacity building support to CSOs and local authorities to improve support and response to women and children experiencing GBV during these increased periods of confinement. In **El Salvador**, alongside our local partners, we will develop an inclusive and human rights-based economic recovery roadmap and advocate for its inclusion in the government's economic recovery plan. Additionally, we will support the ability of human rights-focused CSOs to respond to COVID-19 related needs of vulnerable populations, including persons with disabilities (PWD), the Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) population, and at-risk women and youth. El Salvador COVID-19 response programming will also strengthen the role of non-governmental and private watchdog entities in monitoring human rights during the government's implementation of the economic recovery plan, especially for vulnerable populations.

In **Senegal**, shifting our school feeding programming to respond to the immediate needs of the communities we serve. By providing additional human resources, commodities, and project infrastructure that contributes to community mobilization, information dissemination, and food distribution, we can support the St. Louis region better prepare for the likelihood of food insecurity challenges that may develop as a result of the COVID pandemic.

At the **global** level, Counterpart has unique assets to respond to global threats to democracy, human rights, and governance brought on by the fallout of COVID-19. All-absorbing crises like the COVID-19 pandemic create an opportunity for governments and state actors who embrace illiberalism and insecurity to encroach on precious civil liberties and stifle independent media. Building off our USAID-funded *Internet Governance and Internet Freedom* program, Counterpart is actively protecting citizens' internet freedom during the COVID-19 pandemic. We are building technical skills and digital literacy of CSOs, activists, media, and journalists to protect against unprecedented attacks in retribution for their efforts to monitor government services and improve their ability to provide accurate information and combat misinformation, as well as foster and protect digital rights by combatting the liberty-reducing aspects of governments' COVID-19 responses.

Counterparts preparedness and response COVID-19 activities and interventions are informed by our **Inclusive Social Accountability (ISA)** framework, which emphasizes building accountable systems and ensuring broad social inclusion. In our health programming, we partner with local CSOs, communities,

civic leaders, and public officials at all levels, to further their health priorities while also building capacity to advocate, evaluate, and deliver frontline health services. ISA supports citizen advocacy efforts by developing their oversight capacity and enabling them to provide feedback on access and quality public service delivery (including in countries experiencing closed and closing civic space or where public health service delivery and policies may already have a gender-bias or ostracize marginalized groups, which may be exacerbated during the pandemic). Additionally, the ISA framework equips public officials to better respond to citizens seeking access to quality services. Counterpart partners with local health NGOs and CBOs, public and private health care professionals, ministries of health, and numerous other local stakeholders, to ensure transparent and participatory program design, implementation, and decision-making. Trust and meaningful collaboration between communities and the public health sector is a critical component for sustainable change and implementing time-sensitive interventions to mitigate the impact of COVID-19; therefore, supporting the development of citizen-responsive, citizen-centered institutions is a core component to our approach.

HEALTH PROGRAMMING HIGHLIGHTS

Beyond COVID-19 preparedness and response, Counterpart health programming has spanned health systems strengthening, technical skills development, building capacity of healthcare services, health-related advocacy, and humanitarian disaster and relief aid. The following health programs highlight Counterpart's expertise in building capacity and creating lasting health systems structures, experiences which have equipped us with the pertinent qualifications to support the global preparedness and response to the COVID-19 pandemic.

For nearly seven years, Counterpart worked in all five **Central Asian Republics** on the *Quality Health Care Program* through health CSOs and individual community health mobilizers to conduct more than 600 participatory community health assessments and action plans; awarded 301 project grants totaling more than \$1.5M for community health projects; conducted 328 community health-focused training workshops. At least 36 communities implemented self-funded community health projects and the average community cost share for health grants was 37%.

In **Guatemala**, our *Participación Cívica* program works with a CSO partner, FUNDESA, to implement an online inventory management system in 45 Guatemalan public hospitals. This platform allows hospitals to digitize their inventory of medicine to be able to track supplies, curb corruption, and enhance service delivery in hospitals, which has resulted in a more than 20% increase in supply chain efficiency.

Counterpart's *Supporting the Efforts of Partners* program in **Malawi** works with 21 targeted CSOs to increase their technical capacities to work effectively on initiatives including HIV/AIDS, malaria, persons with disabilities, WASH, and policy/legislation development. CSOs have built capacity in leadership and strategic management, program management and quality control, accounting and financial management, human and material resources, advocacy, and service delivery. CSOs will continue to participate as a STEPS alumni network and provide peer to peer support to other CSOs.

Counterpart's *Participatory Responsive Governance Program – Principal Activity (PRG-PA)* in **Niger** is improving health, education, and security through increased dialogue and improved cooperation between government and civil society. PRG-PA works with the Ministry of Public Health and community-level monitoring committees, to improve the distribution of medical staff and resources through the establishment of governance structures at the local level. The program works with

community groups and local government to monitor health services delivery at hospitals, regional clinics, local health clinics, share feedback and prioritize needs and areas where advocacy is needed.

In **Zambia**, our *Fostering Accountability and Transparency (FACT)* program works to strengthen the capacity of local CSOs to enhance the delivery and oversight of public services in the health sector, among others. FACT builds and strengthens existing networks within and across sectors, increases collaboration on strategy and advocacy and collective action, and establishes stronger linkages among community-based health organizations and committees.

SUPPLY CHAIN MANAGEMENT AND COMMODITIES DISTRIBUTION

In various countries, an integral part of preparedness and response to COVID-19 outbreaks is efficient and effective supply chain management and commodities distribution of vital medical supplies. Counterpart brings extensive capabilities in this area from our USDA *McGovern-Dole Food for Education, Local and Regional Procurement (LRP)*, and *Food for Progress* programs as well as USAID *Title II Food for Peace* programs in **Cameroon, Guatemala, Mauritania, Niger, Philippines, Senegal, and Tajikistan**, and humanitarian assistance programs in **Central Asia**. Counterpart has successfully built the capacity of our government, CSO, and CBO partners in effective and sustainable supply chain management, including demand projection, importation, warehousing, inventory tracking, distribution, reporting on commodity stocks, and building the capacity of CSOs and CBOs to manage, distribute, and report on commodity stocks at the community level.

WOMEN-CENTERED LEADERSHIP IN HEALTH

As women are often the most vulnerable and underserved in health crises and response efforts, Counterpart prioritizes women in health-related programing. Our WomenLead Institute (WLI) delivers women-centered leadership and management training, coaching and mentoring, institutional capacity development, advocacy, networking, and customized workshops. Under the USAID-funded *Health Policy Project*, WLI with family planning and reproductive health leaders on advocacy strategy development, women's leadership, network building and collaboration across stakeholders, and expanded opportunities for women to participate in policy advocacy, dialogue, and accountability in education, nutrition, and health in **Ethiopia, Ghana, Guatemala, Kenya, Malawi, Pakistan, Tanzania, and Uganda**.