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Subject: **REQUEST FOR COMMENT AID-617-PD-16-0001**

Reference: **Expanding and Strengthening Family Planning Service Options in Uganda – DRAFT PROGRAM DESCRIPTION**

The United States Government as represented by the U.S. Agency for International Development (USAID) is seeking comments on the attached draft Program Description regarding a future program to implement activities in support of USAID/Uganda's Expanding and Strengthening Family Planning Service Options. At this time, the program is anticipated to be a five-year activity for an estimated $35 million.

USAID anticipates the issuance of a Request for Applications (RFA) on this subject and we seek comments on the attached draft Program Description from any type of organization, large or small, commercial (for-profit) firms, faith-based, and non-profit organizations. USAID reserves the right to use any comments received in response to this request in its future plans and documents, however USAID is not obligated to do so. USAID reserves the right to change this draft, based on comments received and its own internal review, prior to issuance of the RFA itself. Issuance of this draft for comment does not obligate USAID to issue an RFA on this subject. All expenses incurred in responding to this request for comment shall be the responsibility of the individual or organization which provides the comments.

The preferred method of distribution of USAID RFA information is via the Internet. This draft Program Description and any future information on Expanding and Strengthening Family Planning Service Options may be downloaded from http://www.grants.gov.

Comments on this draft Program Description should be submitted in writing to the undersigned at KampalaUSAIDSolicita@usaid.gov by the closing date specified above.

Issuance of this request for comment does not commit the government to the issuance of a future RFA.

Thank you for your interest in USAID programs.

Sincerely,

Nancy Kleinhans
Agreement Officer
USAID

SECTION I: FUNDING OPPORTUNITY DESCRIPTION

A. INTRODUCTION

The purpose of the *USAID's Expanding Family Planning Options* activity is to increase availability and access to equitable quality family planning services. This activity will be USAID/Uganda's flagship mechanism for providing assistance to Uganda to reach its national family planning goals of reducing unmet need for and increasing use of modern contraception. The *USAID's Expanding Family Planning Options* program will focus on increasing FP service options and improving quality of FP services in the public and private sectors as well as building demand for modern contraception. This activity will be complemented by linkages to and coordination with other USAID/Uganda activities including health communications and systems strengthening activities as well as contraceptive commodity procurement. The estimated funding for this five year activity is $35 million.

The *USAID's Expanding Family Planning Options* activity aligns with and will directly contribute to the Government of Uganda's (GoU) Family Planning Costed Implementation Plan as well as build on current and past family planning investments in Uganda by USAID and other development partners. In particular, *USAID's Expanding Family Planning Options* will build on previous USAID support to expand the method mix by increasing access to long acting reversible contraception and permanent methods through the Long Term Methods (LTM) program and to expand community-based access to contraception through the Advancing Partners and Communities program. It will also complement ongoing USAID support to contraceptive commodity procurement as well as activities focused on supply chain strengthening, health communications, social marketing, and strengthening district capacity for integrated health service delivery.

The overall goal of *USAID's Expanding Family Planning Options* is to increase utilization of equitable, quality and sustainable family planning services and will be measured through progress in the following key result areas:

(1) Increased FP service delivery options;
(2) Improved quality of FP services;
(3) Increased demand for modern contraception; and
(4) Strengthened capacity to deliver FP services.

B. PROGRAM DESCRIPTION

1. Background

Under USAID/Uganda's 2011-2015 Country Development Cooperation Strategy (CDCS),[1] the Mission defined a set of strategic shifts to address the health needs of largely rural Ugandans to realize equitable access to quality services, improved individual and community outcomes, and strengthened health systems. While USAID/Uganda's health and HIV/AIDS portfolio has evolved over time from a parallel, disease-focused approach to an integrated health systems

[1] Available at https://www.usaid.gov/uganda/cdcs

strengthening approach for primary health care, in line with Uganda's Health Sector Development Plan (HSDP)[2]; *USAID's Expanding Family Planning Options* will be a targeted "top up" activity to increase utilization of equitable, quality and sustainable family planning services.

Support will target both public and private sectors, including private-not-for-profit facilities and community-level networks, to expand implementation and accelerate scale up of high impact, evidence-based interventions in order to increase use of equitable quality and sustainable family planning services. Approaches which increase efficiencies and improve effectiveness of services, including coordination with and leveraging of other ongoing programs, will be prioritized. *USAID's Expanding Family Planning Options* will require high levels of innovation and a creative approach to partnership that focuses less on the delivering services directly and more on building capacity for these services to be provided sustainably by local actors.

The context and background in which the *USAID's Expanding Family Planning Options* program will be implemented is likely to evolve over the life of the program in response to ongoing development of GoU Ministry of Health (MOH) policies and programs. Innovative and evidence-based approaches that systematically strengthen Uganda's health system should be continuously incorporated into program implementation throughout the life of the program. Such responsiveness and adaptability and sustainably building local will demand a problem-solving mentality and a holistic understanding of the health system dynamics at community, facility and district levels and their relationship with national-level entities.

B.1.1. Problem Statement

Uganda continues to have one of the highest population growth rates in the world. At the current growth rate, Uganda's population is expected to double every 20 years and the total population is estimated to reach 100 million by 2050. Although the TFR has declined from an average of 7.0 births per woman in the year 2000 to 5.8 births per woman in 2014, the adolescent fertility rates in Uganda remain among the world's highest. The burden of unintended pregnancy and its consequences disproportionately fall on poor women and adolescents, impacting women's health and challenging the ability of women and families to manage household and natural resources, secure education for all family members, and address each family member's health care needs. Sustained high fertility rates over the past decades have stretched national capacities to provide necessary services and created an enormous youth bulge, with nearly half of the current Ugandan population being under 15 years of age.

Uganda aspires to become a middle income country by the year 2040. In order to reap the demographic dividend, Uganda needs to prioritize strategic investments that will lower fertility and address the needs of the bulging youth population. Uganda is at critical moment when commitment to and sustained investments in family planning, education, and other social services that contribute to smaller, more manageable and healthier families can lead to transformational economic growth and development.

Experience globally as well as in Sub-Saharan Africa demonstrates that a country cannot cost-effectively meet its lowered fertility goals without widespread availability and use of modern contraception. Uganda's family planning program has evolved over time and is beginning to

[2] Available at http://www.health.go.ug/sites/default/files/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf

show results. Over the past decade, use of modern contraception among all sexually active women has increased from 15% in 2006[3] to 26% in 2015[4]. However, major differences in contraceptive use still exist between rural and urban women, across wealth quintiles and by age. While use of family planning is increasing, the unmet need for contraception remains high, particularly among poor, young women living in rural communities.[5] The desired family size in Uganda also remains high with married women desiring a family size of 5.1 children and married men desiring an even larger family size of 6.6 children.[6]

The Government of Uganda has committed itself to increasing use of modern contraception (mCPR) to 50% and lowering the unmet need to 10% by the year 2020. To achieve these ambitious goals, the mCPR has to grow by nearly 4.0% points annually. However, recent analyses found that Uganda's family planning program is currently off track to meet its goals with the national mCPR growing at only 1.0% point annually.

Uganda's family planning program still faces many challenges. Although there have been significant improvements in political will and government commitment, many stakeholders see this commitment as fragile and lacking long-term sustainability. Also, Uganda recently completed an election process that brought in many new legislators whose position on family planning is unknown. Many development partners are investing in family planning in Uganda, but these investments are not always well coordinated which can lead to duplication of efforts and/or gaps in coverage. The large desired family size by many married men and women suggests that social and behavior change communication (SBCC) efforts have not had the reach and impact needed to drive demand for contraception across all population segments. The low percent of women whose demand for contraception is satisfied by a modern method (48%)[7] is also a reflection of limited access to quality family planning services. Data from recent surveys show that the counseling received by women is of poor quality leading to low uptake and high discontinuation of modern contraception. In addition, the high rates of childbearing and lower uptake of a modern contraceptive method among women ages 15-19 suggests that the family planning program is not reaching this critical subpopulation of young Ugandans.

B.1.2. Development Hypothesis

The *USAID's Expanding Family Planning Options* activity is based on the development hypothesis that **if** USAID/Uganda supports high impact family planning (FP) interventions and strengthens systems for delivery of a broad contraceptive method mix then higher quality FP services will become more available and accessible, a condition that will increase demand and more effective use of high quality and equitable voluntary family planning services. This, in turn, will contribute to reductions in the fertility rates across key sub-populations, slowing population growth rates and leading to realization of the demographic dividend for Uganda. Achieving the demographic dividend will enhance Uganda's ability to provide essential social services to its

[3] Uganda Demographic and Health Survey (DHS), 2006.

[4] Performance Monitoring and Accountability 2020, Round 2 Survey 2015.

[5] Performance Monitoring and Accountability 2020, Round 3 Survey 2015.

[6] Uganda Demographic and Health Survey (DHS), 2011.

[7] Performance Monitoring and Accountability 2020, Round 3 Survey 2015.

citizens, such as education and health care, job opportunities, as well as adequate food, water, and land while slowing the pace of environmental degradation.

2. ACTIVITY DESCRIPTION

If Uganda is to increase its rate of mCPR growth and realize the demographic dividend required for accelerated economic growth, the family planning program will need to implement innovative and evidence-based practices that increase demand for family planning; improve equitable access to high quality services for all sub-groups especially those in lower wealth quintiles and youth; and sustain and strengthen political will and government commitment for family planning. The purpose of this *USAID's Expanding Family Planning Options* activity is to increase availability and access to equitable quality family planning services and thus utilization of those services.

B.2.1. USAID Engagement in Uganda's Health Sector

USAID is among the largest development partners for Uganda's family planning program. Other major contributors to FP in Uganda include the United Kingdom's Department for International Development (DfID), the United Nations Population Fund (UNFPA), and the World Bank. USAID/Uganda collaborates closely with DfID, and the two agencies have co-invested in family planning service delivery through the LTM program, in demand creation through the Communication for Healthy Communities (CHC) program, and in various systems strengthening interventions. UNFPA also provides significant support to Uganda's family planning program, working closely with the Ministry of Health (MOH) at the national policy level and providing ongoing support for procurement of contraceptive commodities as well as support to strengthen the national supply chain including forecasting, quantification and distribution. The World Bank provides its FP support directly to the Ministry of Health (MOH), particularly for infrastructure development, reproductive health equipment and supplies, and human resources for health. In addition, the World Bank, GoU, and USAID/Uganda coordinate closely on reproductive health voucher programming in the country.

In addition to coordination with other development partners, USAID/Uganda's family planning assistance in Uganda is guided by the core principles of voluntarism and informed choice. The Mission's health programs, including family planning and reproductive health, are also aligned to GoU policies, plans and strategies. The *USAID's Expanding Family Planning Options* activity will leverage partnerships with other donors and work in close collaboration with GoU institutions in order to build systems and structures for sustainability.

B.2.2. Alignment with Government of Uganda

The GoU recognizes that it will not be able to achieve its goal of becoming a middle income country by 2040 with the current population growth and structure, thus spurring renewed GoU interest, at the highest political levels, and commitment to strengthening the national family planning program. This political will is reflected in the commitments made through the Family Planning 2020 (FP2020) movement and Uganda's first National Family Planning Conference in 2014 as well as ongoing progress towards meeting those commitments and towards achieving national FP goals. For example, the GoU has not only met its commitment to increase its budget

for contraceptive commodities from $3.3 million to $5 million USD per year, but has exceeded it by budgeting $6.9 million USD. The GoU continues to work with implementing partners to update guidelines and address policies that impede implementation of select evidence-based high impact practices in family planning. In addition, the GoU recently established the National Population Council which leads formulation and coordination of population related policies and programs across the government and public sector. Furthermore, family planning has been prioritized in the GoU's Reproductive, Maternal, Newborn, and Child Health (RMNCH) Sharpened Plan and the country's Global Financing Facility (GFF) investment case.

In 2014, the GoU developed and launched its Family Planning Costed Implementation Plan (FP CIP)[8] for 2015-2020 which will provides a plan and resources required for GoU and partners to reach the ambitious national mCPR goal of 50% by 2020. Uganda's FP CIP outlines the following five strategic priorities which if fully addressed would ensure Uganda's family planning program meets its goals:

- Increase age-appropriate information, access, and use of family planning among young people ages 10–24 years;
- Promote and nurture change in social and individual behavior to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies;
- Implement task sharing to increase access to services, especially for rural and underserved populations;
- Mainstream implementation of family planning policies, interventions, and delivery of services in multi-sectoral domains to facilitate a holistic contribution to social and economic transformation; and
- Improve forecasting, procurement, and distribution of commodities and ensure full financing for contraceptive commodity security in the public and private sectors.

B.2.3 Alignment with the Country Development Cooperation Strategy (CDCS)

President Obama's U.S. Global Development Policy directs USAID missions to formulate a Country Development Cooperation Strategy (CDCS) that is results-oriented and advances development diplomacy by partnering judiciously with host countries to focus investments.
While the *Expanding FP/RH Options* activity currently falls under USAID/Uganda's 2011-2015 Country Development Cooperation Strategy (CDCS), the Mission is now developing its CDCS 2.0 for the years 2016-2021. This next five year strategy, which is currently in draft, is an integrated strategy that moves towards higher level integration of its portfolios and activities, and prioritizes improving the accountability and responsiveness of key systems, including health, increasing resilience, as well as positively shifting demographic drivers of development.

The *Expanding FP/RH Options* activity will contribute directly to one of the key intermediate results (IRs) within the new CDCS 2.0 results framework – increased adoption of healthy reproductive health behaviors and practices – as well as several sub-IRs. Geographically, the Expanding FP/RH Options activity will be encouraged to target service delivery support based on: (i) regions and facilities prioritized by epidemiology, population, and potential to leverage other USG investments; (ii) districts as organizing units for service delivery investments within

[8] The FP CIP is available at http://library.health.go.ug/publications/service-delivery-sexual-and-reproductive-health/ family-planning/Uganda-family-planning.

the priority regions; and (iii) the GoU's and other donors' complementary efforts within the regions and districts to ensure well-coordinated, non-duplicative efforts.

In addition, the CDCS identifies population growth and youth as "game changers" or "trends [and] emergent conditions that pose seismic threats to [development in] Uganda." USAID/Uganda, therefore, is placing a greater emphasis on assuring activities and programs more effectively respond to and make meaningful contributions towards addressing these cross-cutting issues. Furthermore, the CDCS Gender Assessment[9] notes key gender dynamics that affect health outcomes, including the lack of decision-making autonomy about health care, as men typically decide whether and/or when their wives or other female household members can visit a clinic or hospital, buy medicines, or pay for health care services.

3. INTENDED RESULTS

If Uganda is to increase its rate of mCPR growth and realize the demographic dividend required for accelerated economic growth, the sector will need to implement innovative and evidence-based practices that increase demand for FP/RH services and reduce desired family size; improve equitable access to high quality services for all sub-groups especially those in lower wealth quintiles and youth; and sustain and strengthen political will and government commitment for family planning.

The goal of the *USAID's Expanding Family Planning Options* activity is to increase utilization of equitable, quality and sustainable family planning services through increased availability and access to as well as demand for such services. In order to achieve this purpose, the Recipient will aim to achieve several interrelated sub-purposes and outcomes at the community, facility, district, and national levels, specifically:

1) Increased FP service delivery options;
2) Improved quality of FP services;
3) Increased demand for modern contraception; and
4) Strengthened capacity to deliver FP services.

These sub-purposes of the *USAID's Expanding Family Planning Options* program align with and contribute directly to the Government of Uganda's Family Planning Costed Implementation Plan (CIP) for 2015-2020; both aim to accelerate reductions in unmet need for family planning and increase use of modern contraception by addressing the following priority areas:

- Strengthening service delivery and increasing access to modern contraception;
- Satisfying existing and creating additional demand for family planning services; and
- Improving the quality of services by making a broad method mix available within a rights-based framework.

The *USAID's Expanding Family Planning Options* description of each sub-purpose and intended outcomes/outputs is described below:

[9] The CDCS Gender Assessment is available at the following link: www.usaid.gov/documents/1860/uganda-key-health-reference-materials.

Sub-purpose 1: Increased family planning (FP) service delivery options

Uganda's family planning program has evolved over time and is beginning to show results. Use of modern contraception has increased from 15% in 2006[10] to 26% in 2015[11] among all sexually active women. However, significant differences in contraceptive use still exist between rural and urban women, amongst wealth quintiles, and by age. Also, the overall unmet need for contraception remains high (34%) with the majority of unmet need being accounted for by poor, young women living in rural communities. In addition, met demand for family planning remains low with less than half of the current demand in Uganda (44%) satisfied with a modern contraceptive method.[12]

Among those Ugandan women using contraception, more than half (55%) obtain their family planning services from the public sector; however, a significant proportion (40%) still rely on the private sector to obtain their method. For example, the vast majority of women (76%) in the wealthiest quintile using short-term methods and 30% of those using long-term methods rely on the private sector for their supplies. In both the public and private sector, service delivery is mainly within fixed health facilities with only 5% and 12% of women obtaining their family planning services from the public and private sector, respectively, reporting that they were served through outreach or community health worker programs.

Uganda's health sector still has serious human resource constraints with less than half of established positions at the health center II level, which is the first point of contact with the health care system in Uganda, filled. The staffing situation is better at health centers III and IV with 75% of position filled, yet focusing on staffing levels may be deceiving since the vast majority of staff lack skills in the provision of a wide range of family planning methods. In addition, poor remuneration leads to high staff turnover in the public sector. Uganda has also relied on village health teams (VHTs) to complement the limited staff at the lower health system levels; however the approach faces challenges as VHTs work on a volunteer basis with frequent high attrition rates.

The *USAID's Expanding Family Planning Options* activity will be encouraged to apply innovative and evidence-based approaches in order to effectively address these challenges and provide quality family planning services to subpopulations with the highest unmet need, particularly youth between 15 and 24 years of age, rural communities, and Ugandans in the lowest wealth quintiles.

Output 1.1: Evidence-based and innovative service delivery practices implemented to increase equitable access to family planning

Innovative and evidence-based interventions will be required to address the key challenges of human resource shortages and inequitable distribution and use of family planning services identified above. These interventions are intended to address the persistent high unmet need both for spacing and limiting and the low contraceptive demand satisfied with a special focus on

[10] Reports from current and past DHS surveys for Uganda are available at http://www.dhsprogram.com/Publications/Publication-Search.cfm?ctry_id=44&c=Uganda&Country=Uganda&cn=Uganda.

[11] PMA2020 data for Uganda are available at http://pma2020.org/research/country-reports/uganda.

[12] Track20 indicators are available at http://www.track20.org/pages/countries/all-countries/uganda.

women in rural areas, those in the lowest wealth quintiles, and youth by:

- Making a broad range of methods especially long-acting reversible contraception (LARCs) and permanent methods (PMs) more widely available and accessible to all subpopulations including youth, women in rural areas, and those in the lowest wealth quintile;
- Reducing the current over reliance on clinic-based family planning services that are often understaffed and not easily accessible to rural women and youth; and
- Optimizing the limited human resources for health currently available.

Illustrative activities may include but are not limited to:

- Strengthening and scaling up family planning service delivery and expanding the method mix available at community level;
- Strengthening and scaling up of mobile services to include both in-reach to facilities that are understaffed and outreach to communities that have difficulties accessing health facilities;
- Adopting evidence-based approaches to reach youth with services in both public and private sectors; and
- Strengthening and scaling up services in the private sector.

Output 1.2: Broad contraceptive method mix reliably available at service delivery points (SDPs)

Short term methods account for 77% of the method mix in Uganda with DMPA accounting for the majority (54%) of the overall method mix. In addition, Track20 reports that stock outs of contraceptive supplies are common in Uganda with 79% of facilities reporting stock out of at least one of the modern contraceptive methods they provide.[13] Globally, data have shown that increasing method choice contributes to contraceptive use with mCPR increasing by 4-8% for each additional method available[14]. Studies have also shown that access to a broader method mix shortens the interval between discontinuation and resumption of contraceptive use when women discontinue use of family planning. When women, including young women, are provided with objective information and counseled about all methods, including LARCs, without biases, they are more likely to choose the more effective LARCs and continuation rates are higher.

Illustrative activities to ensure provision of a broad method mix may include but are not limited to:

- Scale up of effective approaches to increase access to LARC/PMs in the public and private sectors;
- Support for introduction and scale up of new contraceptive methods, such as Sayana Press; and
- Strengthen capacity at service delivery points (SDPs) for forecasting and quantification of contraceptive commodities.

<u>Sub-purpose 2: Improved quality of family planning services</u>

[13] Uganda FP2020 core indicator summary sheet available from Track20 at http://www.track20.org/pages/countries/all-countries/uganda.

[14] Ross, J. and Stover, J. (2013). Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009. *Global Health, Science and Practice, 1*(2), 203–212. http://doi.org/10.9745/GHSP-D-13-00010.

Women in Uganda still report a high unmet need for contraception which has not translated into use of family planning. Many women are still using short term methods for limiting, and a high proportion of those women who start using contraception discontinue use within the first 12 months. Women may choose not to use contraception or discontinue use for a variety of reasons. The most common reasons for not using contraception were health related (29%) including fear of side effects, health concerns and possible interference with body functions. Planned and unplanned pregnancies account for 33% of women who discontinue use while infrequent sex is cited by only 16%. Access to services and cost are less frequently cited as reasons for discontinuation. In addition, opposition to family planning by women themselves (5.3%), their partners (7.5%), other people (2.3%), and religious opposition (6.3%) were cited as reasons for not using contraception by a much smaller proportion of women. The majority of women (69%) who have met or exceeded their desired family size were not using any contraception at the time of the last DHS and an additional 19% were using short term methods. Less than 1 in 10 Ugandan women (8%) who have met or exceeded their desired family size were using a long term reversible or permanent method (LARC/PM).

The above findings suggest that in addition to increasing access to contraceptive services and generating demand for those services, programs need to pay greater attention to the quality of services. High quality services can support women to translate their high unmet need into use of modern contraception. In addition, quality services have a critical role to play in increasing continuation rates and supporting women to sustain use of modern contraception to achieve their reproductive intentions.

Quality of care for family planning services is a multifaceted concept that includes but is not limited to: a full choice of quality contraceptive methods; clear and medically accurate information, including the risks and benefits of a range of methods; presence of equipped and technically competent providers; and client-provider interactions that respect informed choice, privacy and confidentiality as well as client preferences and needs.

Interventions supported by the *USAID's Expanding Family Planning Options* activity aim to ensure that individuals have access to contraceptive information and services of high quality regardless of a client's age, economic status, gender, disability, education, or residence.

Output 2.1 Providers use evidence-based national standards and guidelines

Service provider guidelines and standards are critical for ensuring not just standardized care but also quality care. Although the World Health Organization (WHO) updates its six cornerstone documents that guide the provision of family planning regularly, those updates are not always promptly incorporated into national guidelines or practice. The most recent updates of WHO family planning guidance documents include recommendations that would transform Uganda's family program. For example, the current edition of the WHO Medical Eligibility Criteria for Contraceptive Use (MEC) broadens the method mix that can be provided to women in the immediate postpartum period to include implants and injectable contraceptives. It also expands the range of contraceptives available to include subcutaneous injections and the use of emergency contraception. In addition, it clarifies eligibility criteria for youth with regard to all contraceptive methods. However, Uganda has not updated its national family planning service guidelines and standards since 2009.

Illustrative activities for this output may include but are not limited to:

- Updating service provider guidelines to reflect the most recent WHO guidelines and other evidence;
- Making evidence-based provider guidelines and job aids available to providers at all levels in both the public and private sectors ; and
- Ensuring providers have the skills and resources needed to deliver services in line with national guidelines.

Output 2.2 Clients counseled on all methods, their effectiveness and side effects

Misconceptions, misinformation and misinterpretations about side effects are a major reason for women not adopting family planning and for the high discontinuation among women who do adopt a method. This may be a reflection of their knowledge about the full range of modern methods since a significant proportion of clients (38%) had not been counselled about other methods during their interactions with healthcare providers. Data from PMA2020 found that only 41% of women were informed during their interactions with health providers about other methods of contraception, side effects, and what to do in case they experienced side effects. This lack of quality counseling may partially explain women's failure to adopt and use effective contraceptive methods that address their reproductive health needs.

Illustrative activities to address these challenges may include but are not limited to:

- Use of evidence-based tools to improve counseling and to ensure clients' informed choice as well as knowledge of side effects and their management; and
- Implementation of effective interventions to address provider bias.

Output 2.3 Client's rights, dignity and privacy ensured

At both the global and national level there is recognition that family planning services must be provided within a rights-based framework that ensures the dignity and privacy of clients. At the global level, WHO and FP2020 have developed frameworks that define a rights-based approach to family planning and are in the process of developing metrics that will enable partners to measure and track how well they are adhering to rights principles within their programs.

In Uganda, the FP CIP prioritizes rights principles within the country's family planning program. These principles include, but are not limited to ensuring clients' agency, autonomy and informed choice, promoting equity and non-discrimination as well as transparency and accountability. However, current data from PMA2020 show Uganda is still working to consistently enshrine these principles into service delivery. For instance, Ugandan women are on average having nearly twice the number of children they desire during their lifetime. The method mix is still heavily skewed toward short term methods, and some women are not using contraception due to opposition from their partners, other community/family members and religious leaders. Persons with disabilities (PWD) have needs for family planning as well; addressing these needs is not only correcting a gap in service delivery, but also important to ensuring the protection and promotion of their human rights, and to build a truly inclusive society.

Illustrative activities to address this output may include but are not limited to:

- Strategies for engaging women and men of reproductive age to ensure that their voices are heard and inform program improvements and delivery of services; and
- Application of existing rights frameworks and approaches, such as those developed by WHO and FP2020 and adopted by Uganda within its FP CIP.

Sub-purpose 3: Increased demand for modern contraception

On average, women in Uganda desire to have a family size of 4.8 children, however married women desire a slightly larger family size (5.1) and married men prefer an even larger family size (6.5). The desired family size by married men is higher than the observed TFR for the country, and this difference may help explain the high completed family size of 7 children nationally. In addition, the most recent Uganda Demographic and Health Survey (2011), found that nearly one-third (32%) of all women of reproductive age had already met or exceeded their desired family size. By age 25, eight percent of women have already achieved or superseded their desired family size and by age 30 nearly one third (28%) have done so. Women in the lowest wealth quintile are more likely to have met or exceeded their desired family size compared to those in the highest wealth quintile (16% and 9%, respectively).

Uganda needs to undergo a significant demographic transition in the coming years to achieve its development goals and Uganda's Vision 2040.[15] However, for this to happen, more innovative demand generation activities that reach out to young people, men and women living in rural communities and those in the lowest wealth quintiles will be required.

Output 3.1 Behavior change communications strategies implemented to increase demand, particularly among youth and other underserved or vulnerable populations

For Uganda to realize the demographic dividend, innovative demand creation efforts will be required to reduce the desired family size by both men and women and also to increase access to and use of modern contraception, especially among youth. Effective demand creation strategies will have to take into account the fact that only 68% of all Ugandan women are literate, and among youth nearly 1 in 5 females between the ages of 13-18 years are illiterate. Primary school is the highest level of education attained for the majority of all Ugandan women (59%). For those females who reach high school, 42% drop out before finishing their secondary education.

Demand creation strategies can seize current missed opportunities to reach women of reproductive age with information on family planning. For instance, family planning is rarely discussed with women even when they visit a health facility or come in contact with a health care worker. Less than half (49%) of women who had visited a health facility in the twelve months preceding the most recent Uganda PMA2020 survey (2015) received information about family planning, and fewer than 20% of women had been visited by a community health worker in the same twelve month period. On the other hand, more than half (59%) of deliveries take place in hospitals and 52% of children are fully immunized suggesting many women of reproductive age have at least some contact with health facilities and health care providers.

Illustrative activities for this output may include but are not limited to:

- Strengthening community health and/or outreach programs with context appropriate content and communications strategies;
- Strengthening social behavior change communication (SBCC) strategies that optimize all contacts women make with the health care system;
- Innovative SBCC activities aimed at improving male involvement and support for FP;

[15] Uganda's Vision 2040 is available at http://npa.ug/wp-content/themes/npatheme/documents/vision2040.pdf.

- Developing effective communications strategies to address concerns about side effects and/or other health effects of contraceptive use; and
- Community sensitization and mobilization activities involving key influencers.

Sub-purpose 4: Strengthened capacity to deliver family planning services

Delivery of quality and equitable family planning services requires effective leadership, management, coordination and advocacy at the national and sub- regional levels in addition to the necessary technical skills and accompanying functioning components of the health system. USAID through various implementing partners and mechanisms and in close collaboration with other development partners including UNFPA, the World Bank, DFID, and WHO are already supporting the GoU to build capacity at the national level. The *USAID's Expanding Family Planning Options* activity will coordinate with these other USAID mechanisms and development partners to identify critical gaps and remedies in order to strengthen capacity of the National Population Council and the MOH to fulfill their mandates to advance Uganda's FP program at the national and sub-national levels.

Output 4.1 Capacity built for effective training, deployment and supervision of health workers to deliver comprehensive FP services, including long acting methods

Human resource issues have constrained the ability of the GoU to ensure that there are enough health workers with the requisite skills and expertise to deliver comprehensive FP services, including provision of long-acting reversible contraception and permanent methods (LARC/PMs). In some facilities, staff expected to perform these functions, usually midwives, are overwhelmed with other related duties with little or no time left to provide quality FP counseling and services. In facilities with a more adequate number of staff, existing staff often lack the necessary skills to deliver a full range of modern contraceptive options, especially longer acting methods.

In order to address these challenges, *USAID's Expanding Family Planning Options* will be encouraged to work closely with local government health authorities to build capacity for effective training, deployment and supervision of health workers to deliver comprehensive FP services. This capacity building may reach all cadres of health providers including nurses, midwives, village health teams (VHTs), and community health extension workers (CHEWs). Capacity building activities may include on-the-job training and mentorship, supportive supervision and strengthening linkages with mobile outreach and/or private sector services. Ensuring that the capacity built can be sustained over time should be a high priority for all *USAID's Expanding Family Planning Options* capacity building activities.

Illustrative activities may include, but are not limited to:

- On-the-job training and mentorship of health personnel trained to deliver a full range of modern contraceptive methods, including LARC/PMs;
- Training and task-shifting for provision of short term methods by community level workers; and
- Dedicated personnel positioned in high volume facilities to train and mentor public and private facility staff in the provision of a comprehensive mix of modern contraceptive options.

Output 4.2 Quality data available and used to improve delivery and management of FP services

Quality data is essential for sustained delivery of quality family planning services. Management and follow up of clients requires a reliable record keeping system and quality data. In addition, a major challenge for Uganda's contraceptive commodity supply chain is poor quality and use of information at the health facility level to manage commodity stocks. The inability to quantify, forecast and manage contraceptive stocks has led to frequent stock outs at service delivery points (SDPs) while there is overstocking at the district and national level stores.

The *USAID's Expanding Family Planning Options* activity will be encouraged to coordinate with other stakeholders to identify data gaps and remedies in order to strengthen the quality and utility of family planning data, particularly at service delivery points. Illustrative activities may include but are not limited to:

- Improve the quality, completeness and use of FP data in the district health information system (DHIS);
- Strengthen the capacity of management teams at the district and health facility levels to use data and scorecards to plan, manage, monitor and improve FP services; and
- Strengthen the capacity of district health management teams and health facilities to collect and use data for contraceptive commodity forecasting and quantification, supply planning, and inventory management according to established stock control parameters.

4. ACTIVITY MONITORING & EVALUATION (M&E)

The *USAID's Expanding Family Planning Options* activity will have a rigorous system for performance management. The Recipient will develop an M&E plan that describes how USAID and the Recipient will monitor progress towards the intended results and use that information to make mid-course adjustments, as needed. At a minimum, the M&E plan will identify appropriate activity indicators for each level of the results framework, show data sources, and describe how data will be collected/collated/acquired, analyzed and presented to regularly inform performance. The plan will identify core indicators for every result and intermediate result/outcome and provide preliminary five-year performance indicator targets for these core indicators. Core indicators and performance targets will be reviewed and possibly revised during pre-implementation discussions.

Upon award, the USAID/Uganda Agreement Officer's Representative (AOR) and Health Office Strategic Information Unit will provide guidance for completion of a detailed M&E plan to ensure that this activity meets program monitoring and reporting needs in line with the Mission's CDCS as well as reporting needs and requirements under relevant Agency initiatives and funding authorities. The Recipient will also consult with relevant implementing partners and MOH M&E Technical Working Groups in developing the final M&E plan.

Each indicator in the final M&E plan will have a performance indicator reference sheet that provides a detailed description of the indicator, numerator and denominator where percent measures are used, and a data collection, analysis and presentation plan. Where appropriate, indicator baselines should draw on and harmonize with national data sources such as the Uganda Health Management Information System (HMIS), Uganda PMA2020 surveys, the Uganda

Demographic and Health Survey (UDHS), the National Census, as well as other relevant studies and/or surveys.

The M&E plan will describe a clear data collection system which includes adequate data quality controls, complies with all USAID data quality requirements (Automated Directives System-ADS 203.3.5.1), and specifies approximate dates for data collection as well as the method, type, and source of information to be collected. The Recipient will collaborate with data collection and M&E activities of other USG implementing partners, M&E of the Emergency Plan Progress (MEEPP), USAID/Uganda Learning Contract, the National HMIS, LQAS, Facility Assessment, and other national surveillance systems to avoid duplication in data collection and analysis. USAID/Uganda expects the Recipient to be innovative and creative in their efforts, capturing, documenting and reporting all the outcomes of USAID assistance including success stories and failures. Also, the Recipient will propose clear milestones and indicators for measuring sustainability of supported interventions.

To the extent possible, the activity will use Geographical Information Systems (GIS) to map health outcomes, key population groups, service coverage, and available resources in order to enhance analysis and interpretation of activity results. A section of the M&E plan will be dedicated to describing how the Recipient will use lessons generated during the course of activity implementation or operations research results to further inform planning and implementation of activities. Tracking data by district will also be required.

Key evaluation or operations research questions that will be pursued through the activity include, but are not limited to, the following:

- What are the effective approaches for reaching youth subgroups (e.g., young married and unmarried women, youth in and out of school) with contraceptive services?
- How are investments in demand creation and/or systems strengthening increasing sustainability?

USAID/Uganda anticipates an external evaluation of the activity at least once during the period of implementation. The agreement will include provisions and funding to prepare for and participate in the evaluation on/around the middle of the fourth year, but this evaluation could be completed at any time earlier or later, as needed.

5. COLLABORATING, LEARNING, AND ADAPTING (CLA)

This activity is expected to contribute to USAID/Uganda's CDCS's commitment to a multi-faceted CLA approach to development. The CLA model is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative, test promising, new approaches in a continuous yet also rapid, targeted search for generating improvements and efficiencies and build on what works and eliminate what does not. CLA creates the conditions for fostering broader development success by:

- Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development (e.g., enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other USG- or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities to reduce the collective cost and enhance achievement of shared results);

- Learning: Generating and feeding new learning, innovations, and performance information back into the program strategy to inform program management, design, USG-GoU policy dialogue opportunities and funding allocations; (e.g., creating pauses for reflection within the activity implementation scheme, engaging stakeholders for shared 'learning moments', conducting analytical review of existing and/or new evidence that may support or contradict common understanding); and
- Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions and game changers, into strategic and programmatic adjustments. (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

As such, USAID/Uganda's CLA approach fundamentally builds upon the M&E tasks and requirements outlined above, accessing and analyzing data and lessons learned gathered through that process as the foundation of learning. At the same time, CLA is envisioned as a pathway to build a learning organization and learning practices, at the activity team level, but also across USAID/Uganda portfolios and with the GoU, private sector, and other key stakeholders. Thus, the Recipient will integrate collaboration, learning, and adaptation throughout programmatic approaches, while addressing specific coordination, research, monitoring, and evaluation requirements as outlined above. Finally, the Recipient will also demonstrate how it plans to ensure that the implementing team, systems, and processes are well-developed for an adaptive approach, to ensure that the learning that emerges can be translated to an adjusted approach within the activity and in collaboration with partners.

6. IMPLEMENTATION APPROACH

The *USAID's Expanding Family Planning Options* will work in the context of both the GoU and global family planning and priorities. The activity will implement activities at district and community levels and in public and private facilities. It will help strengthen the public and private sector health systems and their relationship with the public sector and communities, as per USAID/Uganda's commitment through the signing of the Uganda International Health Partnership Plus (IHP+) Compact 2010-2015, which aligns donor support to the HSSIP. The recipient will implement approaches that are guided by the following principles:

B.6.1. Geographic Focus and Coordination with Government Entities

This activity will be a nation-wide activity, but more focused in the North, East, East Central, Central, and West Nile regions of Uganda[16]. The applicant will consider interventions in geographical areas where there is evidence of poor family planning/reproductive health indicators, for example areas with low modern contraceptive prevalence rate, high fertility and high unmet need.

USAID/Uganda is committed to greater coordination, efficiency, and effective division of labor. *USAID's Expanding Family Planning Options* activity will seek to show evidence of collaboration, coordination and strengthening district systems and frameworks which support sustainability, including its activities in the private sector. The Activity will be expected to

[16] The area of operation could change depending on discussions with the Ministry of Health, and regions of greatest need

provide quarterly reports and work plans of activities to the district, attend quarterly meeting (approximate) with other implementing partners convened by the district government, and provide other relevant information. Senior representation will be expected at some quarterly meetings. The desirable level of engagement with the districts is that of a solid, functional partnership and result driven and not subsidy driven. The activity will need to show how this will be attained while building a partnership with the local governments based on common vision on what is to be achieved and the drivers required in attaining this. The desirable level of engagement with the districts is that of a solid, functional partnership that is result driven and not subsidy driven. The activity will need to show how this will be attained while building a partnership with the local governments based on common vision on what is to be achieved and the drivers required in attaining this.

B.6.3 Building on Successful Family Planning Programs and other sector programming

The *USAID's Expanding Family Planning Options* activity will build on the successes of the Expanding Access to Long Term and Permanent Family Planning Programs (LTM) and the Long Term Family Planning Bridge Activity (LTFP) programs by continuing to support quality family planning services using long term and permanent methods, with specific attention to underserved communities with limited access to family planning. The *USAID's Expanding Family Planning Options* activity will adapt approaches that strengthen the district health system's leadership and ownership of services. This activity will work collaboratively with national and district partners to strengthen health systems in targeted districts. Health systems of particular note include, but are not limited to, human resources, supply chain management, and leadership, management, health HMIS, and strategic information.

The *USAID's Expanding Family Planning Options* activity will establish focus on quality services and the establishment of sustainable partnerships with other health and HIV/AIDS partners in the supported districts. The *USAID's Expanding Family Planning Options* Recipient will collaborate closely with all other USG activities and create the linkages needed to enhance program impact and sustainability. Where applicable, the Recipient will build on the LTFP Bridge Activity.

B.6.4 Invest in Leadership, Capacity, and Systems for Long-term Sustainability

Sustainability is the ability or commitment to carry on the activities after USAID's involvement is completed. The fundamental thrust of USAID's programs aims at building indigenous capacity, enhancing participation, and encouraging accountability, transparency, decentralization, and the empowerment of communities and individuals, while addressing ownership and coordination, which are at the heart of sustainability.

The *USAID's Expanding Family Planning Options* activity is expected to build on existing USAID and GoU programming efforts that are geared towards leadership and governance, capacity building, and sustainability. These existing efforts include technical assistance efforts to the district health teams and local government leadership skills to plan, implement and provide oversight functions in the districts. The *USAID's Expanding Family Planning Options* activity will also work within the district operational plan framework, to demonstrate support to district led programming for services delivery, while at the same time collaborate with ongoing USAID partners, GoU and key stakeholders in the districts for purposes of sustainability.

The *USAID's Expanding Family Planning Options* activity will have to balance the needs for delivery of services with longer-term sustainability plans. Sustainability will be enhanced by activities which emphasize: (i) institutional capacity building of local GoU and not-for-profit entities; (ii) use of existing structures and tools; (iii) local capacity development with a gradual but consistently larger role taken by local partners for implementation; (iv) piloting interventions that facilitate efficiency and accountability for results; (v) strengthened support to health systems; and (vi) expanded community involvement for greater accountability.

B.6.5. Gender Considerations

Gender equality and female empowerment are crucial to the achievement of positive health outcomes. Complex social, cultural, and economic factors impair both men and women's full participation and choices in health care. Because of gender inequities, women are often unable to negotiate for safer sex, condom use, or family planning, or seek services when needed. For men, public health initiatives have often sidelined their needs for participation and empowerment, albeit in different ways than for women. Gender norms in Uganda often mean that men act as gatekeepers around the use of health services, although they often lack accurate knowledge about or access to health, be it HIV/AIDS, family planning and reproductive or child health, and infectious disease.

Women in Uganda have limited influence over their sexual and reproductive health, as well as general family health, due to negative gender norms embedded in a culture that promote male dominance in relationships. This means that, once married or in a relationship, women are often unable to access FP/RH services without the approval of their partners. Excessive poverty and a lack of education often lead women, particularly young women, into exploitative transactional and intergenerational relationships. Due to these gender inequities, women and girls are also victims of sexual and gender based violence (SGBV). SGBV and sexual exploitation appear to be widespread and increase the risk of young girls and women to HIV/AIDS, sexually transmitted infections (STIs), unintended pregnancies, and unsafe delivery. Nearly 60 percent of women aged 15-49 have experienced physical violence, 28 percent have suffered sexual violence, and 16 percent have experienced violence during pregnancy[17].

The *USAID's Expanding Family Planning Options* activity will develop key strategies and approaches to address gender norms and issues to help eliminate barriers and biases to accessing quality family planning services. In addition, the activity will look to develop inclusive programming to incorporate issues of SGBV and disabilities as they relate to improving access to quality FP services.

B.6.6 Youth

Uganda's population remains a very youthful population with 38% of Ugandans between the ages of 13-25 years. Nearly half of all women having been in marital union by age 18, and they also start sexual activity early with 35% having their sexual debut by age 15. On average sexually active women start using contraception at 23 years with a much smaller proportion (6.5%) starting to use by age 15. In addition, a significant proportion of Ugandan women have attained or exceeded their desired family size by age 30.

[17] Uganda Demographic and Health Survey (DHS), 2011.

Youth contribute significantly to Uganda's population growth rates with a national age specific fertility rate (ASFR) of 141 births per 1,000 women between the ages of 15-19 years and 283 births per woman between 20-24 years of age. It is important to note that the national ASFR for 15-19 year olds has increased from 134 in 2011 to the current 139 in 2014 although reductions in ASFR have been observed in older age groups. Also, regional variations exist in age specific fertility rates with ASFR being highest in East-Central at 184 followed by Mid-Eastern at 178 births per woman between the ages of 15-19 years. Similarly, West Nile and Mid-North have ASFRs for the 15-19 year age group that is higher than the national average.

While recognizing that most social services in Uganda reach young people regardless, because of the demographic makeup of the country, it is not merely enough to cite demographics to illustrate services reaching young people. This activity will follow recommendations made in USAID's Youth and Development policy dated October 2012 and will look for opportunities for designing and delivering innovative mechanisms to ensure that youth needs, and opportunities to contribute, are adequately addressed and incorporated during planning and implementation. Services including FP/reproductive health (RH) and HIV/AIDS prevention, care and treatment services will address the special needs and considerations of young people by offering particularly helpful information and services on prevention of HIV, unintended pregnancy and increasing access to FP services. The activity will promote meaningful and measurable youth involvement in designing, planning, implementation and monitoring of relevant services.

B.6.7. Science, Technology and Innovation

Across its portfolio, the Mission is increasing its efforts to identify high-impact development innovations and increase their adoption, with the long-term goal of scaling proven solutions; increasing the use of rigorous evidence to design better development solutions through research, scientific tools, and analyses; advancing the use of enabling technologies and data-driven approaches to empower underserved communities; and seeking to do business differently in order to achieve greater development impact by applying the best modern tools, approaches and innovations to tackle Uganda's toughest challenges.

B.6.8 Environmental Considerations

1a) The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 211.3.2.b and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this program description.

1b) In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter will govern.

1c) No activity funded under this cooperative agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that

activity, as documented in an Initial Environmental Examination (IEE), duly signed by the Bureau Environmental Officer (BEO).

2) An Initial Environmental Examination (IEE), file name; Uganda_DO3_Health_IEE_011516 has been approved for this project. USAID has recommended that a NEGATIVE DETERMINATION WITH CONDITIONS applies to the proposed activities. This indicated that it these activities are implemented subject to the specific conditions; they are expected to have no significant effects on the environment. The recipient will be responsible for the implementation of all IEE conditions pertaining to activities.

3a) As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID C/AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, will review all ongoing and planned activities under this cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

3b) If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it will prepare an amendment to the documentation for USAID review and approval. No such new activities will be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3c) Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation will be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4) The recipient will prepare an EMMP describing how in specific terms, they will implement all IEE conditions that apply to proposed activities. The EMMP will include monitoring the implementation of the conditions and their effectiveness. The recipient will;

- Integrate a completed EMMP or M&M Plan into the initial work plan.
- Integrate an EMMP into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

SECTION II: REPORTING REQUIREMENTS

A. Program Reporting

i. Annual Work Plan

As per the Program Description, the Recipient will prepare and submit an Annual Work Plan to guide the implementation process with a breakdown of activities, timelines, and anticipated progress in the achievement of the Activity results (consistent with Activity Monitoring and Evaluation). These plans will necessarily require planning efforts to track project goals, expenditures, and results. The Recipient will ensure a collaborative process in work plan development, consulting beneficiaries, district health team and leadership, partners, USAID and other relevant stakeholders in preparing the Annual Work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly

relevant sections of the work plan that would enhance implementation, such as key assumption and risks (as well as plans to mitigate and update these); lessons learned and anticipated work plan adjustments going forward. The first Annual Work plan is due 60 days after the award date, subsequent Annual Work plans are due 30 days before the beginning of each fiscal year (i.e. August 31st.)

ii. Quarterly Reports

The Recipient will submit one original and two copies of a performance report to the AOR. The performance reports are required to be submitted quarterly and will contain the following information on activities in the selected districts. The reports must include the following: 1) explanation of quantifiable output of the programs or projects, if appropriate and applicable; 2) reasons why established goals were not met, if appropriate; and 3) analysis and explanation of cost overruns or high unit costs (recipient must immediately notify USAID of developments that have a significant impact on award-supported activities.) Further, notification must be given in the case of problems, delays or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

iii. Annual Report

Annual performance reports on the project activities and progress against indicators are the responsibility of the recipient and are needed by USAID/Uganda to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year and should review the cumulative experience, learning, adaptations, and the implications of these for the year. The performance report should also highlight meaningful, measurable and verifiable progress towards key sustainability milestones. However, the draft annual performance reports must be received by USAID 30 days after the end of the year and in final no later than 90 days after the end of the year.

iv. Final Report

A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report will summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key lessons from the total implementation experience. The final report will include an Executive Summary of the recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the recipient's activities and attainment of results, as appropriate during the life of the cooperative agreement; an assessment of the progress made toward accomplishing the objective and expected results, significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the recipient's funds were used. The final/completion report will also contain an index of all reports and information products produced under the award.

B. Financial Reporting

In accordance with 22 CFR 226.52, the Federal Financial Reporting Form (FFR) will be required on a quarterly basis.

C. Close-out and Disposition Plan

The close-out and disposition plan will be submitted six months before the activity end date for USAID approval.

D. Activity Monitoring and Evaluation Plan

The activity M&E plan is a management tool that enables the Applicant and USAID to track whether the desired results are being achieved and project implementation is being adapted to changing conditions. This plan should define critical performance indicators, data collection methods and recipient's plans for analyzing, utilizing and sharing information for reporting, accountability, learning and adaptation. The M&E plan will describe a clear data collection system, which includes adequate data quality controls and complies with all USAID data quality requirements (Automated Directives System-ADS 203.3.5.1) and specify approximate dates for data collection, the method, type and source of information to be collected.

The activity will collaborate with data collection and M&E activities of other USG implementing partners, USAID/Uganda Learning Contract, the National HMIS, LQAS, Facility Assessment and other national surveillance systems to avoid duplication in data collection and analysis. USAID/Uganda expects the recipient to be innovative and creative in its efforts, capturing, documenting and reporting all the outcomes of USAID assistance including success stories and failures. The recipient will propose clear milestones and indicators for measuring sustainability of supported interventions. The Activity M&E plan is a required document, due within 90 days of the award.

E. Baseline Report

The recipient will need to conduct a baseline data collection to determine the basis of a comparison at the end of the activity. The activity will conduct any relevant survey deemed critical for activity implementation. The assessment findings will be used to inform activity implementation and will be shared with relevant stakeholders at the national and district levels. The final baseline report should be submitted to USAID within six months of agreement award.

F. Gender, Youth and Social Inclusion Analysis

The recipient will need to conduct a Gender, Youth, and Social Inclusion Analysis to determine how best to reach these key sub-populations and integrate the findings into work plans and interventions.

SECTION III: KEY PERSONNEL

Five key personnel are considered essential for implementation of the activity. They are as follows:

Chief of Party (COP): 100% LOE

The minimum requirements for this position are as follows:

- A Master's Degree in public health with five (5) years of experience (in addition to the below requirement of 10 years) in a related field of study;

OR

- A Bachelor's degree in a related field of study with seven (7) years of experience (in addition to the 10 years requirement noted below) in a related field of study;

AND

- Ten (10) years of progressively increasing responsibility working for multi-faceted sexual and reproductive health (SRH) programs;

- professional experience working in a senior management position for donor funded health projects;

DESIRED

- Experience interacting with host country agencies, including central and local government, development partners, civil society, and community-based organizations; and

- Excellent past performance references (contacts must be provided, including email addresses).

- Familiarity with U.S. government policies and legislative requirements relating to the use of family planning funding is useful, but not required.

Deputy Chief of Party 100% LOE:

The minimum requirements for this position are as follows:

- A Master's Degree in a related field of study with three (3) years of professional exposure working in mid to senior management position (in addition to the below requirement of 5 years);

AND

- Five (5) years of mid to senior level experience in designing, implementing or managing large, complex, sexual and reproductive health programs in/for developing countries;

- Must have demonstrated leadership qualities, depth and breadth of management expertise and experience;

Director, Family Planning Service Delivery: 100% LOE

This individual will directly assist the COP in the design, implementation, and monitoring of high impact family planning interventions as highlighted in Section I.B. The minimum requirements for this position are as follows:

- A Master's Degree with three (3) years of experience (in addition to the below requirement of 5 years), in public health or a related field;

OR

- A Bachelor's Degree with five (5) years of experience (in addition to the below requirement of five (5) years), in health related field

AND

- Five (5) years of progressively increasing responsibility working for a FP/RH service delivery and technical assistance program;
- Demonstrated supervisory experience;

DESIRED

- Experience with integration of gender into health projects and services;
- Experience designing and implementing successful facility and community-based family planning services.

Director, Financial Management and Operations: 100% LOE

This individual will be responsible for overall financial management and administration of the activity. The minimum requirements for this position are as follows:

- A Degree in Business Administration, Finance, Accounting, or other relevant field;

AND

- Eight (8) years of experience in administrative and financial management of large-scale, complex, international development assistance programs;
- Demonstrated supervisory experience;

DESIRED

- Familiarity with USG financial reporting and compliance requirements;

- Experience in managing donor funded procurements and subcontracts/grants.

Monitoring, Evaluation and Learning Advisor: 100% LOE

The Monitoring, Evaluation, and Learning Specialist will be responsible for development of monitoring, evaluation, and operational research plans to inform program management and strategic direction. The minimum requirements for this position are as follows:

- A degree in epidemiology, statistics, or health related field;

AND

- Six (6) years of relevant experience in M&E in donor funded projects;
- Demonstrated research experience and skills, complemented by experience in collaborating with various types of partners.

The personnel specified above are considered to be essential to the work performed under this cooperative agreement. Prior to replacing any of the specified individuals, the Recipient will immediately notify both the USAID/Uganda Agreement Officer and AOR with reasonable advance notice and will submit written justification (including proposed substitutions' resume) in sufficient detail to permit evaluation of the impact on the activity. No replacement of personnel will be made by the Recipient without the written approval of the Agreement Officer.

[END OF PROGRAM DESCRIPTION]