REQUEST FOR INFORMATION

RFI Number:	**RFI-617-19- SBC4T**
Title:	**Social and Behavior Change for Transformation (SBC4T)**
Issuance Date:	**October 3, 2018**
Response Due Date:	**October 24, 2018, 4:00 pm Washington, DC Time**
Response to:	**kampalausaidsolicita@usaid.gov**

Subject: **Request for Information for Social and Behavior Change for Transformation (SBC4T)**

This request for Information (RFI) relates to an activity with the preliminary title of "Social and Behavior Change for Transformation Activity."

The United States Government, represented by the U.S. Agency for International Development (USAID) Mission in Uganda, is seeking feedback for achieving the result of improved ability of individual, households, and communities to adopt priority behaviors. This, in turn, will transform households, communities, and systems for improved health and development outcomes through Social and Behavior Change (SBC). This Activity will primarily align with CDCS Development Objective Three (DO3) ("Key Systems More Accountable and Responsive to Uganda's Development Needs Improved") and will contribute indirectly to Development Objective One (DO1) ("Community and Household Resilience in Select Areas and Target Populations Increased") and Development Objective Two (DO2) ("Demographic Drivers Affected to Contribute to Long Term Trend Shift"). The activity background description and illustrative results framework are attached to this letter.

It is expected that the Activity will monitor, track and explore the validity of this hypothesis throughout implementation and together with USAID make relevant changes as deemed appropriate. The activity background description and illustrative results framework are attached to this letter.

This Request for Information (RFI) is issued solely for information gathering and planning purposes. The RFI does NOT represent any award commitment on the part of the U.S. Government, and it does NOT obligate the U.S. Government to pay for costs incurred in the preparation and submission of any feedback in response to this RFI. Information received as part of this RFI shall become the property of USAID therefore proprietary information that cannot be shared should not be sent. Not responding to this RFI does not preclude participation in any future Request for Proposal (RFP) or Notice of Funding Opportunity, if any is issued. If a solicitation is released, it will be synopsized on the www.fbo.gov or www.grants.gov. It is the potential offerors/applicants responsibility to monitor these websites for the release of any synopsis, further information and updates.

This RFI can be downloaded from http://www.grants.gov. Interested parties who are not able to retrieve the

RFI from the Internet can request a copy by contacting the Office of Acquisition and Assistance via email at kampalausaidsolicita@usaid.gov with a subject line "Response to RFI-617-19- SBC4T ". The contact information below is provided just in case you experience problems with the dedicated program mailbox.

POINTS OF CONTACT:

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We look forward to receiving your feedback on how the new activity design can best respond to the country's needs to propel Uganda forward.

Sincerely,

Admir Serifovic
Contracting and Agreement Officer
Office of Acquisition and Assistance
USAID/Uganda

ATTACHMENTS:
#1- Program Description for Social and Behavior Change for Transformation

ATTACHMENT 1:

PROGRAM DESCRIPTION FOR SOCIAL AND BEHAVIOR CHANGE FOR TRANSFORMATION

A. INTRODUCTION

Under the 2016 - 2021 Country Development Cooperation Strategy (CDCS), USAID/Uganda seeks to make a five-year, approximately $35 million award to achieve the result of improved ability of individual, households, and communities to adopt priority behaviors. This, in turn, will transform households, communities, and systems for improved health and development outcomes through Social and Behavior Change (SBC). This Activity will primarily align with CDCS Development Objective Three (DO3) ("Key Systems More Accountable and Responsive to Uganda's Development Needs Improved") and will contribute indirectly to Development Objective One (DO1) ("Community and Household Resilience in Select Areas and Target Populations Increased") and Development Objective Two (DO2) ("Demographic Drivers Affected to Contribute to Long Term Trend Shift").

The Activity will accomplish this result through three intermediate results:

1. Improved determinants to facilitate individual, household, and community adoption of priority behaviors;
2. Strengthened quality of and coordination for (USG)-supported SBC;
3. Strengthened leadership, accountability and management capacity for SBC systems at national and sub-national levels

USAID anticipates that the Activity will work with and support United States Government (USG) partners supporting service delivery activities in Uganda across USG agencies including, USAID, Department of Defense (DOD), Center for Disease Control (CDC), and the Presidential Emergency Plan for AIDS Relief (PEPFAR) Coordination Office, and across USG program areas namely PEPFAR, U.S. President's Malaria Initiative (PMI), Global Health, Global Health Security Agenda (GHSA), and Global Food Security Strategy (GFSS) in Uganda.

USAID defines SBC as the use of any approaches, activities, or interventions that address internal, social, or structural determinants that can affect adoption of positive behaviors that influence health or development outcomes. While the majority of USAID-supported SBC continues to rely primarily upon communication-based approaches combining mass media, social media, community-level programming, and/or interpersonal social and behavior change communication (SBCC), achieving expected programmatic results requires increased incorporation of non-communication-based approaches informed by alternate approaches such as behavioral economics and design thinking.

Regardless of what approaches are used, high-quality SBC interventions will be designed and should be grounded in behavioral theory; informed by research and evidence-based programmatic experience; and implemented following a systematic and proven process.[1] Quality SBC interventions will need to support and be scaled up to support service delivery activities at individual, facility, household, and community levels. Attention to social norms and dynamics, appropriate audience segmentation, and audience participation and interaction must also be prioritized. Government of Uganda (GoU), implementing partners and other relevant stakeholders' capacity to adequately and systematically plan, manage and coordinate quality SBC activities and the systems through which they operate will continue to be enhanced.

B. PROGRAM DESCRIPTION

1. Background

Health Situation

Uganda's burden of disease is dominated by communicable diseases, which account for over 50% of morbidity and mortality. Malaria, HIV/AIDS, Tuberculosis (TB) and similar compromising respiratory conditions, diarrheal ailments, and other epidemic-prone and vaccine-preventable diseases are the leading causes of illness and death. Uganda has a high HIV zero-prevalence (6.2% of adults 15 – 49 years old) and an estimated 1.4 million adults and 96,000 children living with HIV.[2] Malaria still remains the underlying cause in nearly 60% of infant deaths.

Despite Uganda's considerable gains in several health indicators, the 2016 Uganda demographic health survey (DHS) findings still raise concerns**.** Between 2011 and 2016, child mortality decreased from 90 to 64 per 1,000 live births, and infant mortality decreased less substantially from 54 to 43 per 1,000 live births.[3] Among those with access, two-thirds of children under age 5 slept under an insecticide treated mosquito net or lived in a dwelling covered by Indoor Residual Spray (IRS) the night prior to the survey.[4] Children aged 12-23 months receiving all basic immunizations remains low at 55%. Maternal mortality declined 16 percent, from 438 to 368 per 100,000 live births, with approximately 60% of mothers having completed four or more antenatal care visits, and 73% of women having delivered in a health facility in 2016, up from 57% in 2011. Prevalence of stunting declined from 33% to 29%, and 53% of children age 6-59 months are anemic.[5] Modern contraceptive use by currently married women increased substantially from 26% in 2011 to 35% in 2016, and unmet need for family planning fell from 34% to 28% over this period.[6] Uganda continues to face significant demographic pressures further compromising the health system's capacity to respond adequately to the country's health needs. The current total fertility rate is

1 Such processes include JHU-CCP's P-Process, FHI360's C-Cycle, and PSI's DELTA, among many others.

2 UNAIDS 2016

3 2016 Uganda DHS

4 Ibid.

5 Stunting is defined as two standard deviations below the mean height-for-age in a healthy, well-nourished population.

6 2016 Uganda DHS

estimated at 5.4 births per woman[7]; more than one-third of Uganda's current population[8] is under the age of nine. Although the average Ugandan is a 14 year-old girl, there are a number of social cultural norms that hinder their ability to access health services. One in four girls experience pregnancy in their teenage years; fueled by early and intergenerational marriages.
Not only is the interaction between the health system and youth is paramount given Uganda's demographic profile, but there is an additional need to address harmful practices that are preventing girls from reaching their full potential.

The United States Government (USG) vision for Global Health Security (GHS) is a world safe and secure from global health threats posed by infectious diseases. It's critical where possible to prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks and respond effectively to limit the spread of infectious disease outbreaks. Rapid, effective response requires multi-sectoral and international coordination and communication. For rapid and effective response, it is important to ensure that host country detection efforts guide response, building local emergency response expertise while scaling up information management to support decision making among other interventions.

Most Ugandans live within a reasonable distance (5km) from a health facility, but accessing health services is still a challenge due to other barriers, including cultural / gender norms, poor quality services, dysfunctional facilities, and weak referral systems. Basic infrastructure such as running water, electricity, and equipment needed to provide services are inadequate. Referrals and linkages between community and facility services remain extremely weak, as is the linkage between public and private facilities. As a result, delays in accessing services and information continue to be among the main determinants of poor health outcomes.

Other determinants such as gender dynamics and social and cultural norms also affect the structure and functionality of the health system. Women constitute a larger proportion of the demand side of the healthcare system, while men dominate the health policy and governance supply side of the system. Health care is disproportionately viewed as the responsibility of women. Women interact with the health system to address their own needs and also as caretakers, on behalf of dependent children and others. They bear the financial costs of healthcare in greater proportion to men even though women have less access to and control of household resources. Conversely, men are less likely to engage with the health system for themselves or others due to prevailing socio- cultural definitions of masculinity.[9]

7 Uganda DHS 2016

8 The Uganda Bureau of Statistics reported a total population of 34.6 million people in 2014. (http://www.ubos.org/2016/03/24/census-2014-final-results/) In 2017, the United States Government reported the total population as 39.57 million (https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html)

9 2017 Uganda Gender and Social inclusion Analysis report

On the whole, Uganda is on the right track in addressing the critical health needs of Ugandans but unfortunately, progress is slow. Addressing these social and structural bottlenecks remains key for investments in health programming.

Multisectoral Determinants

In order to improve health outcomes, it is essential to address the many determinants of health that are largely beyond the health sector. USAID/Uganda understands that transformational change will require increasing household and community resilience, including addressing key drivers of vulnerability and enhancing prevention and treatment of diseases (CDCS DO1) and addressing demographic drivers, including adoption of healthy reproductive behaviors and girls' education (CDCS DO2). Health is an essential element that both shapes, and is shaped by, vulnerability. Health expenditures and the opportunity cost associated with illness can also cause households to backslide into poverty, greatly impacting their resilience. The health system must perform to assist households and communities to adopt these behaviors, prevent, and mitigate the impact of potential shocks to their health and productivity.

Other contextual factors outside of health pose serious obstacles to Uganda's prospects to effectively manage its population health needs. For example, approximately three-fifths of Ugandans live on less than $2 United States Dollars (USD) per day. Economic growth is thus an important consideration in ensuring livelihood stability with sufficient financial returns that can support health care needs. Individuals and households who are more resilient are better able to deal with potential shocks stemming from high health expenditures. Diversified income, savings, and household ability to cope with the stressors of illnesses; and/or disabilities, all impact one's ability to seek health care and to navigate the health system.

The link between the health system and education as critical determinants of health and development is also extremely compelling. Surveys in Uganda have found that girls and women with higher levels of education have increased knowledge about where to get tested for HIV, have higher rates of delivering in a health facility, have lower unmet needs for family planning, and have lower rates of teenage pregnancy.[10] An evaluation of a United Nations Development Program (UNDP)-funded project focusing primarily on educating women and youth in the informal sector about their rights showed increased awareness about voting and also increased participation at community planning meetings.[11]

Multisectoral SBC is thus critical to improving health outcomes in the areas discussed above. It is also critical for achieving the U.S. Government (USG) vision for global health security (GHS); a world safe and secure from global health threats posed by infectious diseases. To prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of

10 2016 Uganda DHS

11 UNDP, A Final Evaluation for the Project Promoting Civic and Political Participation of Youth and Women in the Informal sector: final report, 2013.

dangerous pathogens, rapidly detect and transparently report outbreaks and respond effectively to limit the spread of infectious disease outbreaks, rapid, effective response requires multi-sectoral and international coordination and communication.

Social and Behavior Change Landscape

The majority of USG, PEPFAR, and other USAID development partners implementing service delivery programs already engage primarily in SBCC activities to address the health and multi-sectoral barriers mentioned above and create demand for health services. Through the design and execution of quality and comprehensive SBC interventions, this Activity is expected to take those gains to the next level by promoting a more societal transformational change to mitigate the health and development challenges narrated above.

USAID/Uganda has a long history of supporting SBCC activities in Uganda. From 2007 to 2012, the Health Communication Partnership (HCP) implemented programs to change individual behavior, mobilize communities, and create an enabling environment for sound health practices. AFFORD worked with communities and private sector networks to increase the demand for and sale and use of critical health products and services, such as injectable, pills, condoms and insecticide-treated bed nets.

Communication for Healthy Communities (CHC) (2013-2018) was designed to build on, strengthen, and sustain the results from previous USAID-supported SBCC activities. CHC developed and uses the "*Obulamu"* life stage concept, an innovative approach to standardize and revitalize SBCC in Uganda, to reposition health in the context of day-to-day life. *Obulamu* is premised on the Life Cycle/Life Stage integrated approach and addresses social challenges at individual and community levels by targeting the population during four unique Life Stages. CHC has designed and implemented SBCC activities including mass media; developed and produced materials to support the work of other USAID-supported implementing partners, build capacity in health-focused SBCC, and strengthen the quality and coordination of health-focused SBCC efforts. USAID implementing partners and other programs working to strengthen the delivery of health services at facility and community level continue to receive technical assistance from CHC to improve program outcomes.

Historically, SBC investments across donors and implementing partners have been characterized by a heavy focus on communication-based activities with various health priorities. SBC activities supported by the United Nations Children's Fund (UNICEF) focus on child survival and development, basic education, integrated early child development, and adolescent girls; the United Kingdom's Department for International Development (DFID) focus on family planning and malaria; and the United Nations Population Fund (UNFPA) focus on reproductive, maternal, neonatal, and child health (RMNCH) spectrum.

The MOH has a draft comprehensive health sector strategy for health promotion/ SBCC (2017-

2021) hinged on the Socio-Ecological Model (SEM), a theory-based framework for understanding the multi-dimensional and interactive effects of personal and environmental determinants that influence behaviors. It aligns to the health sector and investment plan 2015-2020, outlines SBCC goals across thematic areas and strategies for integration across with renewed focus on increased accountability and transparency. It states that "the MOH is working to integrate health promotion and social behavior change communication (SBCC) into all health programs and the Health Promotion and Education (HP&E) Division of the MOH was given the mandate of integrating health promotion and SBCC into all the departments and programs of the sector in order to empower communities and individuals to prioritize health and well-being as well as increase demand for services".

2. Rationale for Activity: Activity Description

The goal of the Social and Behavior Change for Transformation (SBC4T) Activity is based on the development hypothesis that if we systematically address the structural, social cultural determinants, that hinder adoption of priority behaviors at the population level, then we will achieve transformational change at the individual, household, societal communities' levels.

It is expected that the Activity will monitor, track and explore the validity of this hypothesis throughout implementation and together with USAID make relevant changes as deemed appropriate.

2.1 Alignment with the Country Development Cooperation Strategy (CDCS)

While this Activity will primarily align with the CDCS results framework for Development Objective 3 (DO3), the Activity will contribute to the attainment of several of the intermediate and sub-intermediate results in the DO1 (IR 1), DO2 (IR 2), and DO3 (IR 3) results frameworks[12]:

IR 1.1 Key Drivers of Vulnerability Addressed, Driven by Beneficiaries

- Sub IR 1.1.1 Behaviors that reduce vulnerability strengthened
- Sub IR 1.1.2 Effective community planning related to key threats and potential shocks improved

IR 1.2 Enhanced Prevention and Treatment of HIV, Malaria and Other Epidemics among the Most Vulnerable

- Sub IR 1.2.1 Prevention and treatment scaled up
- Sub IR 1.2.2 New infections reduced

IR 2.1 Adoption of reproductive health behaviors increased

- Sub IR 2.1.1 Empower girls to make reproductive/healthy behavior choices

12 USAID Uganda Country Development Cooperation Strategy 2016-2021.

Sub IR 2.1.2 Demand for reproductive health services increased
Sub IR 2.1.3 Social barriers to healthy reproductive behaviors removed/reduced

IR 2.2 Child Wellbeing Improved
Sub IR 2.2.1 Child health services strengthened
Sub IR 2.2.2 Nutrition outcomes improved
Sub IR 2.2.3 Neonatal care and services improved

IR 3.1 Leadership in Development Supported
Sub IR 3.1.1 Local solutions to leadership problems identified (in relation to healthy behaviors at household and community level)

IR 3.2 Citizens actively participate in development
Sub IR 3.2.1 Inclusive participation in decision making processes increased
Sub IR 3.2.2. Access to and utilization of information increased

IR 3.3 Key Elements of Systems Strengthened
Sub IR 3.3.3 Availability and utilization of quality data at all levels for decision-making increased

IR 3.4 The Enabling Environment that supports functional systems improved
Sub IR 3.4.1 Critical barriers in the linkages between system elements identified and reduced
Sub IR 3.4.2 Positive social and cultural norms and practices advanced

Successful achievement of the development hypothesis depends on several key assumptions:

- The Activity will be able to coordinate and collaborate with implementing partners and stakeholders that have resources on specific high impact interventions in the focus districts, communities, and households.
- GoU, collaborating ministries, and district local governments have sufficient commitment and capacity to raise and efficiently utilize health and other sector resources; and
- USAID's financial and technical support can positively influence (i) the enabling and social environment; (ii) the constraints to mobilizing, allocating, and managing critical sector resources; (iii) the functionality of the health systems (from national to facility level and into the community); and (iv) implementing partners will collaborate with this Activity for SBC Activity.

3. Statement of Intended Results

Increasing appropriate utilization of health services requires expanding provision and quality of services from service providers while simultaneously stimulating or maintaining demand from

clients. This Activity will support a range of implementing partners across Global Health, PEPFAR, PMI, Food for Peace, and Feed the Future portfolios in developing and testing strategies for strengthening health and development outcomes through the application of SBC approaches to facilitate adoption of priority behaviors at individual, household and community levels. This Activity will improve and transform SBC linkages, coordination and collaboration among service delivery partners, and enhance the quality of SBC interventions implemented by service delivery partners. It will build upon current USAID investments in SBC programing - both global and bilateral projects - to simultaneously guide new learning and drive broader application of proven practices and tools for SBC. This Activity is required, through collaboration and coordination with implementing partners and stakeholders, to increase integration of proven SBC interventions in health and development outcomes and identify and address social norms that hinder knowledge, attitude change for service uptake, It will maintain a substantive focus on family planning and reproductive health, HIV/AIDS, malaria, nutrition, and maternal, neonatal, child health and water, sanitation and hygiene (WASH), emerging pandemic threats, other infectious disease and to a certain extent, other non-health development activities in education, economic growth, democracy and governance as need arises.

The Activity will maintain a clear focus on achieving measurable change in priority health and development behaviors. In health, these behaviors will include those posited to offer the greatest impact upon health outcomes, such as the eighteen "accelerator behaviors."13 The Activity is expected to contribute to shifts in priority behaviors, which have been recognized for their significant potential to transform and contribute to improved and developed health outcomes in Uganda.

In addition to these behaviors, the Activity is expected to contribute to change in "gateway behaviors" that offer potential to impact outcomes in one or more health areas. Such behaviors include couples' communication; healthcare provider behavior(s) in counseling and treating clients; parent-child communication; and health information-seeking.

Per availability of funds, the Activity will work with USAID/Uganda and its partners to identify priority behaviors (or institutional capacities) for other development sectors against which the project and others can measure their efforts. The Activity will maintain a clear purpose to transform households, communities, and systems for improved health and development outcomes through SBC in order to achieve measurable change.

The Activity is expected to contribute to the following health outcomes:

- Maternal, infant and young child health improved.
- Nutrition status improved
- Prevention and treatment of malaria

13https://acceleratorbehaviors.org/

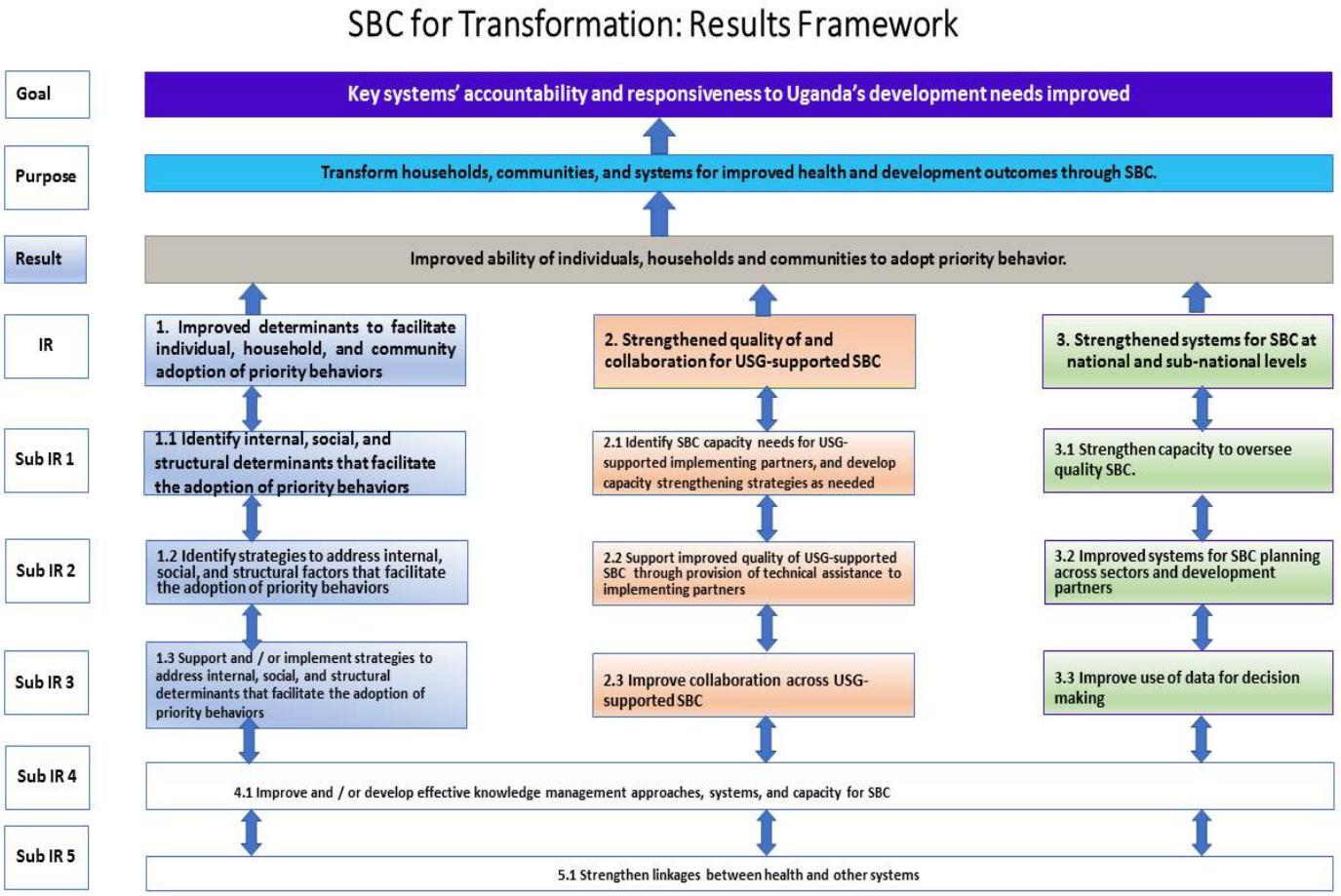
- Emergence pandemic infections rapidly identified, contained and prevented
- Reduction of Total Fertility Rate
- Increase in mCPR
- Reduction in Family Planning Unmet need
- Reduction in new HIV infection
- TB case detection and treatment success rates improved
- Prevention and treatment of HIV
- Water, sanitation, and hygiene practiced improved

To achieve the above health outcomes, the Activity is expected to contribute to a shift in the following priority/accelerator behaviors and enabling social norms including, but not limited to:

- Delay of first birth to at least age 18 through delay of marriage / sexual debut, and/or use of modern contraceptive methods among sexually active adolescent girls and boys;
- Use of modern contraceptive methods by women and men of reproductive age;
- Healthy timing and spacing for low parity women;
- Prevention and mitigation of Gender Based Violence
- Uptake of voluntary medical male circumcision (VMMC) among males 15-29 years of age;
- Timely HIV diagnosis, and initiation of antiretroviral treatment following the test-and-start model;
- Adherence to ARVs and retention in care and treatment services;
- Correct and consistent condom use among sexually active youth, men and women;
- Correct and consistent use of insecticide-treated nets by children under five and pregnant women;
- Early health seeking behavior for fever and adherence to malaria case management guidelines for diagnosis and treatment by providers;
- Caregivers recognize symptoms of malaria and seek prompt diagnosis and appropriate care;
- Early reporting for ANC attendance, attending at least four antenatal care visits and delivery at a facility;
- Timely postnatal care for the mother and the newborn including post-natal uptake of family planning services as per national guidelines;
- Seek prompt and appropriate care for signs and symptoms of newborn illness to reduce preventable newborn deaths;
- Breastfeeding within one hour after delivery and exclusively for six months after birth;
- Timely complementary feeding and improving dietary diversity including intake of animal protein;
- Prompt and appropriate care for signs and symptoms of acute respiratory infection (ARI) by caregivers;
- Provision of appropriate treatment and care seeking for children with diarrhea at onset of symptoms by Caregivers;
- Completion of childhood immunization schedule as per that national guidelines;

- Increased awareness and uptake of TB screening and diagnostic services;
- Early initiation, adherence, retention and completion of TB treatment;
- Adoption of safe disposal of feaces including children's feces; uptake of hand washing practices with soap and water at critical time.

Figure 1: Expected results



The Activity is expected to function in close collaboration with PEPFAR (across USG agencies including CDC), Global Health, Global Health Security Agenda (GHSA), President's Malaria Initiative, and Global Food security Strategy (GFSS) activities implemented in Uganda across the life of the project in order to effectively contribute to the achievement of results especially where the activities are complementary.

The Activity will achieve its goal and purpose through three intermediate results:

- IR 1: Improved determinants to facilitate individual, household, and community adoption of priority behaviors
- IR 2: Strengthened quality of and collaboration for USG- supported SBC
- IR 3: Strengthened leadership, accountability and management capacity for SBC systems at national and sub-national levels

3.1. IR 1: Improved determinants to facilitate individual, household, and community adoption of priority behaviors

Approximately 75% of the existing disease burden in Uganda is preventable. It is estimated that the leading causing of mortality and morbidity directly results in the loss of millions of USD in productivity each year. Many of these diseases can be prevented through low-cost, high-impact SBC interventions targeted at determinants associated with harmful practices that contribute to each disease. In order to improve health outcomes, it is essential to address internal, social and structural determinants that facilitate adoption of priority health behaviors, including those beyond the health sector. To enhance prevention and treatment of poor health outcomes at the individual, household and community level, USAID/Uganda understands that transformational change requires tackling key determinants that hinder adoption of priority behaviors. Increasing uptake of healthy practices requires a well-organized health system especially a functional community system. Due to the inadequate connection between the health facility and community level, the health workforce cannot address the household level SBC needs critical to improve population level health outcomes. Gaps in identifying and addressing internal, social, and structural determinants to drive adoption of priority behaviors still need to be adequately and strategically addressed.

Informed by an innovative, evidence-based theory of change, model, and approaches, the Activity will engage and support USG partners and stakeholders to implement SBC strategies to address behavioral determinants that influence the practice of target behavioral outcomes. The Activity is expected to contribute to achievement of accelerator behavior outcomes and gateway behavior outcomes by using evidence to identify a theory of change, develop an Activity-level model, and designing approaches. Since this Activity will implement SBC interventions targeting behavioral determinants of behaviors at the individual, household, and community level, USAID expects this Activity to work collaboratively with district-level USAID and USG implementing partners to implement activities at the sub-national level in the USAID and USG zones of influence. USAID also expects the Activity to have a national presence for the provision of technical assistance, coordination, and systems strengthening and to design and implement national-level SBC interventions. Interventions should have national coverage and reach. However, in some rare instances, the Activity may be required to do direct implementation targeting selected communities, as applicable. To achieve the desired results, interventions, whether directly implemented or supported through district-level USAID or USG implementing partners, will require coordination and engagement with other non-traditional stakeholders to support development and implementation of a well-designed SBC strategy.

The three sub-intermediate results under IR 1 are:

- SIR 1.1: Identify internal, social, and structural determinants that facilitate the adoption of priority behaviors
- SIR 1.2: Identify strategies to address internal, social, and structural determinants that

facilitate the adoption of priority behaviors

- SIR 1.3: Support and/or implement strategies to address internal, social, and structural determinants that facilitate the adoption of priority behaviors

Expected outcomes

- Improvement and applied use of identified internal, social, and structural behavioral determinants that influence the practice of individual, household, and community accelerator and gateway behaviors.
- Improvement in practice of individual, household, and community accelerator and gateway behaviors, determine by the proportion of people in targeted districts that practice each individual, household, and community accelerator and gateway behaviors.
- Utilization of theory-informed and evidence-based best practices through formative research to address identified internal, social, and structural behavioral determinants.
- Development and implementation of innovative and transformative national and sub-national SBC strategies and USAID and USG implementing partner SBC strategies informed by theory, based on evidence, and informed by formative research.
- Engagement of non-traditional multi-sectoral stakeholders, beneficiaries, and leaders to address social determinants and transform general societal attitudes and practices.
- Documented changes in societal norms, healthy practices, and overall health outcomes.

3.2. IR 2: Strengthened quality of and coordination for USG supported SBC

Improving the quality of health products and services alone is not sufficient to improve health and development outcomes; SBC interventions are critical. Continuous SBC quality requires adhering and committing to continuously building on and improving SBC processes with the purpose to improve health and development outcomes. Strong leadership and coordination are essential for the effectiveness and harmonization of SBC implementation and to make the necessary shift beyond health communication to a comprehensive SBC approach while building off of USAID's CHC health communication results. This shift will require a concerted effort to orchestrate activities and to ensure strengthening capacity, quality, collaboration and harmonization.

The Activity will improve the capacity of USG implementing partners to better coordinate SBC activities, strengthen SBC quality for implementing partners and ensure activities complement and reinforce each other. This Activity will need to implement and support state-of-the-art capacity strengthening approaches for SBC, including those targeting individuals, institutions, and national or sub-national systems. The Activity will include approaches and strategies on how capacity strengthening tools and approaches may be mainstreamed within country-level SBC programs to lead to desired results. Through application of quality SBC interventions, implementing partners will strengthen community and clinical systems, increase demand for health and related services, and enable sustained individual, household and community behavior and societal change. Through

provision of technical assistance, support to address different needs including coordination and application of strategies for improved alignment of service delivery partners will be vital. Capacity strengthening activities and strategies will be developed to the greatest extent possible through innovative application of new and existing tools addressing health service delivery while aligning with the development objectives as articulated in the CDCS 2.0. *This Activity will avoid off-site one off training as a capacity building tool*. Innovative and effective approaches to monitor and track the adoption and impact of capacity strengthening activities in improving service delivery will be on going. The Activity will maintain establishment of quality assurance/control at the forefront to ensure the quality of SBC delivery meets set standards.

The three sub-intermediate results under IR 2 are:

- SIR 2.1: identify SBC capacity needs for USG-supported implementing partners, and develop capacity strengthening strategies as needed
- SIR 2.2: support improved quality of USG-supported SBC through provision of technical assistance to implementing partners, GoU and other relevant stakeholders both nationally and locally
- SIR 2.3: improve collaboration across USG- supported SBC

Expected outcomes:

- Development and operationalization of common strategy for USAID and USG implementing partners for SBC coordination, collaboration, strengthening capacity and implementation.
- Improvement in USAID and USG implementing partners', government counter-parts, and other critical stakeholders and leaders' individual and organizational SBC capacity.
- Improvement in the proportion of sampled health workers and community resource persons who deliver SBC interventions according to set standards.
- Institutionalization of SBC coordination structures at the national and district-level.

3.3. IR 3: Strengthened leadership, accountability and management capacity for SBC systems at national and sub-national levels.

Effective and well-functioning systems relevant to implementing sound development policies are drivers of sustainable and positive change. Ugandan systems, including the health system, that ought to deliver high quality services and support social and economic development are currently under-funded, ill-equipped, and permeated by patronage. Malfunctioning systems constrain USAID/Uganda from achieving results in all sectors and, more importantly, they constrain broader GoU's efforts to achieve the Government's stated development goals. Health system leadership and governance in Uganda remains weak with the capacity for planning, accountability and management within the sectors at national and subnational levels suboptimal. Partnerships for health programming including health communication remain transactional and in some cases,

mainly development partner led. Historically, SBC investments across donors and implementing partners have been characterized by a heavy focus on communication-based activities, primarily targeting audiences through multimedia and community engagement with priority health areas varying widely across development partners.

In its current fifth year, CHC has worked with the Ministry of Health through various technical working groups to strengthen capacity of GoU, build leadership and coordination for health communication. The Activity will build upon these achievements and expand beyond communication-based interventions to a comprehensive SBC approach to strengthen capacity of Government of Uganda to plan, manage, coordinate, and oversee quality of interventions. This Activity will improve the systems for SBC. Strengthening systems for SBC is a priority in order to align country policies, strategies, and plans to high quality standards and ensure coordination of SBC implementation.

The GoU through its vision 2040 seeks to shift to a new paradigm with renewed focus to empower households and communities to take greater care of their health by promoting healthy practices using a robust community health strategy. Therefore, this Activity will closely work with the government of Uganda and stakeholders to strengthen SBC leadership and management capacity at national and subnational levels. In managing for results, the Activity will also work with key institutions at national level and subnational level including civil society to support an enabling environment central to strengthening SBC programming. Achievement of key results will require skill building including advocacy so that there is transparency and accountability for results and a supportive enabling environment for improved SBC systems.

This Activity will work with the GoU to analyze gaps and seek opportunities to develop joint SBC planning, uniformity of standards and technical agendas that bring stakeholders around a common framework. This necessitates the technical and operational capacity for SBC oversight by MoH and district health management teams including better alignment with intention to work across relevant sectors. During the life of implementation, the Activity will work to enhance linkages between health and other systems critical to achievement of results. Such support may demonstrate innovative and effective approaches to advance SBC systems across sectors and development partner platforms, creating opportunities within other sectors to bring evidence-based SBC interventions to scale.

The three sub-intermediate results under IR 3:

- SIR 3.1: Strengthen capacity to oversee SBC quality.
- SIR 3.2: Improve systems for SBC planning and monitoring outcomes across sectors and development partners.
- SIR 3.3: Improve use of data for decision making around SBC.
- SIR 3.4: Improve and /or develop effective knowledge management approaches, systems, and capacity for SBC.

- SIR 3.5: Strengthen linkages between health and sectors critical for improved behavior outcomes

Expected outcomes:

- Increased utilization of SBC knowledge management platforms and operational research and implementation science results shared, published and used.
- Increased leadership by Government of Uganda and other local institutions for SBC programming and transformational change.
- Extent to which MOH, relevant stakeholders e.g. development partners are supporting harmonized SBC approaches, strategies and implementation.
- Mechanisms to facilitate an effective knowledge management SBC platform developed, established and utilized.
- National level SBC performance reviews with stakeholders on bi-annual basis and reports made publicly available.
- Joint inter-sector stakeholder operational planning for SBC activities at national and subnational levels improved.
- Accountability and monitoring for results for SBC programming at national level improved.
- Functionality of health sector and multisector SBC platforms improved.
- National capacity to plan, implement, monitor and coordinate evidence-based SBC strategies enhanced.

USAID is committed to building the evidence base for social and behavior change programming. Across all these Intermediate Results there is need to emphasize rapid, robust and programmatically-usable monitoring that is comprehensive in nature and includes tools to gather real-time data and facilitate course-correcting over the life of the Activity. This Activity, in close consultation with USAID, will develop and implement a robust learning agenda with quick feedback loops e.g through developing a plan to generate and disseminate knowledge to strengthen implementation. It is expected that SCB for Transformation will incorporate a strong impact evaluation component.

Activities across the IRs will incorporate rapid, robust, and programmatically useful formative research, monitoring, and evaluation strategies to track progress, outcome, and impact.

This Activity will incorporate innovative approaches to monitoring, evaluation, and learning, and results may be captured by methods which may include, but are not limited to:

- Qualitative research methods (stakeholder interviews, focus groups, case studies)
- Use of facility-level data and service statistics
- Quantitative methods, such as omnibus surveys or use of IVR technology for monitoring
- Full experimental design or testing an integrated program against a counterfactual
- Implementation science approaches

The Activity will work in close collaboration with USG-supported programs to improve the quality and approaches of SBC interventions critical to driving the uptake of healthy practices at individual, household and community levels. These will be brought to scale by various implementing partners at regional and district levels which will be monitored and evaluated by this Activity. The Activity will include meaningful process and outcome indicators and targets to track progress towards achieving the stated objectives critical to addressing the health and development challenges in Uganda.

4. Technical Considerations

- ***Attention to patterns in the adoption, practice, or maintenance of different behaviors that may facilitate integration or adaptation of SBC interventions***

Health behaviors vary widely in how often they must be enacted; by whom; at what financial, logistical, or social cost; and with what interpersonal agreement or support. In some cases, two behaviors from divergent health areas may be more similar to each other than either is to other behaviors in its respective health area. The Activity will analyze and synthesize existing evidence and data pertaining to different health behaviors, including both determinants and interventions that have been shown to impact them, and will seek to identify patterns that may be used to inform effective integration of SBC across health areas or adaptation of SBC interventions from one health area to another.

- ***Application of a life-stage perspective in SBC design***

SBC practitioners increasingly recognize the importance of life-stage perspectives in intervention design, implementation and evaluation. These perspectives recognize the changing needs and desires of an individual across his/her lifespan, with particular attention to how developmental changes and life events or transitions shape health behaviors. Such perspectives also allow for fine-grained audience segmentation and profiling, and offer innovative entry points for communicating with priority audiences. When applied in conjunction with health service promotion or branding, life-stage perspectives have the potential to shift norms around treatment-seeking and support establishment of a lifelong relationship between individuals, families, communities, and the health services that support them. This Activity will seek to better understand how developmental changes and transitions shape gender and other roles and health behaviors, and trial, document, and promote effective life-stage-based practices in SBC research, design, and implementation.

- ***Attention to the SBC and capacity strengthening needs of national and sub-national institutions***

The Government of Uganda (GoU) adopted decentralization as governance approach in the 1980s as the main strategy for improving delivery, accessibility and sustainability of public goods and services and for poverty eradication. The decentralization policy was officially launched in 1992.

The overall objectives of the decentralization policy were to empower local communities (i.e., "governments") to take control of their own development strategies through more efficient local authorities that would be capable of mobilizing local resources and making sure that these would be utilized for local development purposes. Uganda's decentralization reform program stipulates the determination and implementation of local policies and the delivery of services is the responsibility of local governments (districts and lower councils).

USAID has, through the Strengthening Decentralization in Uganda Phase II Activity of 2004 – 2007, and the Strengthening Decentralization for Sustainability (SDS) Activity of 2009 – 2016, implemented programs aimed at building the capacity of government in the areas of planning and budgeting to effectively implement the GOU's Fiscal Decentralization Strategy and to improve public procurement at the local level.

Considering that the most significant change has been the transfer of implementation responsibility from central level to the districts and sub-county level, there is need to strengthen the capacity for local government levels to plan for, implement and monitor quality SBC interventions and to learn how to deploy SBC approaches to achieve their development agenda. This is because the districts are responsible for delivery of primary healthcare, primary education, rural roads and rural water & sanitation supply programs and services.

- ***Strategic integration of SBC efforts across health areas and/or development sectors***

SBC interventions that address multiple behaviors across health areas and/or sectors respond to audience preferences and provider constraints while offering potential for heightened impact and cost-benefit. Such programs typically address either behavior related to co-occurring health conditions, or behaviors that are concentrated during the same life-stage. The Activity may further support the GoU in applying best practices in integration in its strategic planning and program design activities as indicated by formative research, and when politically and programmatically feasible.

- ***Use of enhanced approaches to audience segmentation and profiling***

USAID and its partners increasingly recognize the benefits of mixed-method approaches to audience segmentation that utilize attitudinal and behavioral determinants in addition to demographics to identify those groups most amenable to adopting desired behaviors and estimate the proportion of the population comprising each segment. Some partners have begun to build on such enhanced segmentation by creating algorithms that allow facility-based providers or outreach workers to rapidly identify the segment to which a client belongs and tailor messaging accordingly. SBC for Transformation may consider and build upon this emerging area of practice as it assists the GOU and partners to improve the impact and cost-benefit of their SBC activities.

- ***Focused attention to social norms and dynamics influencing individual-level behaviors***

In Uganda social norms and dynamics exert powerful influence over individual-level behaviors. Gender norms, in particular, hinder men's information- and health-seeking behaviors, while limiting women's ability to independently and confidently make health-related decisions. Gender-based violence is rampant, under-reported, and is perceived as "accepted" throughout Uganda. Additionally intergenerational and early marriage fuels teenage pregnancy, which hampers young girls from reaching their full potential. In order to effectively promote behavior change in health and other development sectors, the GoU must acknowledge, understand, and address normative and social drivers of individual behavior. Focused attention to men as both clients and influencers of women's behavior, in particular, is a critical need. This will be a cornerstone of this Activity.

- ***Use of defined behavioral analysis process to select appropriate communication- or non-communication-based SBC approach(es)***

USAID currently recommends that in designing SBC programs, Missions and partners identify behaviors of interest (focusing on those most amenable to change and likely to yield health impact), then follow a logical and evidence-informed process to determine which interventions may best address those behaviors.[14] This focus on outcomes rather than intervention approach supports data-driven, results-oriented programming that considers the full range of intervention types that may be used to achieve social and behavior change - including both communication-based approaches and activities grounded in behavioral science, design thinking, and structural change. To the extent practical, SBC for Transformation may support the government and partners in appreciating and applying this expanded understanding of SBC and effective design.

- ***Quality improvement in interpersonal communication (IPC) and community outreach***

Ensuring quality in IPC and community outreach is of critical importance to public and private sector health services seeking to attract, engage, and support clients. The ability of providers and community health workers to interact with clients in a manner that is tailored, interactive, and respectful may strongly influence both perceptions of service quality and behavioral impact. Such ability is linked not only to the competency of providers, but also to their norms and motivation - determinants that must be addressed through effective recruitment, supervision, and management processes. SBC for Transformation may support the GoU in defining shared standards for IPC and applying these standards across its activities.

- ***Routine quality assurance as a component of SBC monitoring***

Rapid, routine, and applicable monitoring that enables continued improvement of program quality is an essential element of effective SBC. In order to produce behavioral impact, the GOU and partners

[14] www.acceleratorbehaviors.org

must possess and utilize tools to ensure application of best practices in design, and regularly measure Activity reach; fidelity to design; and audience perception and response. They must also understand how best to use the data yielded by such monitoring, and be prepared to make changes as indicated by findings. SBC for Transformation as described above will utilize new or existing data sources and monitoring approaches that support improved program quality and real-time program learning.