



# USAID | UKRAINE

FROM THE AMERICAN PEOPLE

**Issuance Date:** June 10, 2011  
**Deadline for Questions:** June 29, 2011, 08:00 am Kyiv, Ukraine local time  
**Closing Date and Time:** July 25, 2011, 05:00 pm Kyiv, Ukraine local time

**Subject:** Request for Applications (RFA) Number RFA-121-11-000002  
**Reference:** Healthy Women of Ukraine Program (HWUP)

The United States Agency for International Development (USAID) is seeking applications (proposals for funding) from U.S. or non-U.S. non-profit or for-profit nongovernmental organizations (NGOs), and other qualified non-U.S. organizations to implement the Healthy Women of Ukraine Program (HWUP). Please refer to the Program Description (RFA Section C) for a complete statement of goals and expected results. The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended.

Subject to the availability of funds, USAID plans to provide a maximum of \$8.2 million to be allocated over a five-year period. A cost share is not required under this funding opportunity. USAID intends to award a single cooperative agreement as a result of this solicitation.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation Part 31 for for-profit organizations), may be paid under the award.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

- Section A – Application Instructions;
- Section B – Selection Criteria;
- Section C – Program Description;
- Section D – Certifications, Assurances, and Other Statements of the Recipient; and
- Section E – Annexes

To be eligible for award, the applicant must provide all required information in its application, including the requirements found in any attachments to this [www.grants.gov](http://www.grants.gov) opportunity. Any amendments to this RFA can be downloaded from [www.grants.gov](http://www.grants.gov). It is the responsibility of the recipient of the application document to ensure that it has been received from [www.grants.gov](http://www.grants.gov) in its entirety.

Applicants shall upload applications to [www.grants.gov](http://www.grants.gov) and shall also submit hard copies:

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## REGIONAL MISSION FOR

UKRAINE  
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MOLDOVA  
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Tel: (+373 2) 237 460 Fax: 237 277  
<http://moldova.usaid.gov>

**1. Electronic submission.** Complete application packages shall be submitted electronically through [www.grants.gov](http://www.grants.gov), and shall be submitted in two separate parts: (a) technical and (b) cost or business application. Both the technical and cost portions of the application shall have a cover page that will identify the applicant, provide the name, title and contact information of the applicant's employee responsible for negotiations (address, phone and fax numbers, and e-mail address), reference the RFA number and Program Title, state application submission date and whether the volume is an original or a copy. Applications **must be** in **MS Word** format in Font size 11 single-spaced with 1" margins on top, bottom, left and right. Budget spreadsheets **must be** in **MS Excel** format, signed pages in MS Word or PDF format.

**2. Hard copy submission.** Applications and modifications thereof shall be submitted (via a commercial courier or in person) in envelopes with the name and address of the applicant and the RFA number (referenced above) inscribed thereon, to:

USAID/Ukraine/RCO  
Attn: Oleg Polozov, Acquisition and Assistance Specialist  
19 Nyzhniy Val Street  
Kyiv 04071 Ukraine  
Tel: (380-44) 537-4600

**Note: Faxed applications are not acceptable.**

Complete application packages (both electronic and hardcopy) must be received by USAID Ukraine no later than the closing date and time indicated at the top of this cover letter at the place designated for receipt of applications. Applicants should take account of the expected delivery time required by the application transmission methods, and are responsible to ensure timely delivery. Applicants shall confirm with the undersigned that their submissions were successfully received by the required due date and time. Applicants are requested to submit the technical and cost portions of their applications in separate volumes so that they may be reviewed separately. Applicants should retain for their records one copy of all enclosures which accompany their application.

Award will be made to that responsible applicant(s) whose application(s) best meets the requirements of this RFA and the selection criteria contained herein. Issuance of this RFA does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant cooperative agreement cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant, and all preparation and submission costs are at the applicant's expense.

In the event of any inconsistency between the sections comprising this RFA, it shall be resolved by the following order of precedence:

- (a) Section B - Selection Criteria;
- (b) Section A - Application Instructions;
- (c) Section C - Program Description; and
- (d) this Cover Letter.

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". USAID/Ukraine reserves the right to fund any or none of the applications submitted. Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of your application.

Any questions concerning this RFA should be submitted in writing to Mr. Oleg Polozov, Acquisition and Assistance Specialist, via email at [opolozov@usaid.gov](mailto:opolozov@usaid.gov) by the deadline specified above.

Thank you for your interest in USAID programs.

Sincerely,

A handwritten signature in blue ink, appearing to read 'K. Kolstrom', with a stylized flourish extending to the right.

Karin A. Kolstrom  
Regional Agreement Officer  
USAID Regional Mission for Ukraine, Moldova and Belarus

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## SECTION A - APPLICATION INSTRUCTIONS

### I. GENERAL PREPARATION AND SUBMISSION GUIDELINES

a. All applications (both hard and electronic copy) received by the deadline specified in the Cover Letter of this RFA (**July 25, 2011, 05:00 pm Kyiv, Ukraine local time**) will be reviewed for responsiveness and programmatic merit in accordance with the guidelines herein. Section B addresses the evaluation procedures for the applications. Applications shall be submitted in two separate parts: (a) technical, and (b) cost or business application. In addition to electronic submission via [www.grants.gov](http://www.grants.gov), **one (1) original and four (4) hard copies of the technical application and one (1) original and one (1) copy of the cost application** shall be submitted as described in the cover letter of this RFA. Both the technical and cost portions of the application shall have a cover page which includes the point of contact for the organization, including name, title, address, phone and fax numbers and e-mail address.

b. Applications which are received late or are incomplete run the risk of not being considered in the review process. Such late or incomplete applications will be considered at USAID's sole discretion depending on the status of USAID's application review process as of the time of receipt and/or the quality of other applications received.

c. Technical applications should be specific, complete and presented concisely. A lengthy application does not in and of itself constitute a well thought-out proposal. Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications should take into account the evaluation criteria found in Section B.

d. To facilitate the competitive review of the applications, USAID reserves the right to reject any applications not conforming to the format prescribed below.

#### e. Preparation of Applications

1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk. Applications (hard copy and electronic copy) **must be in MS Word** format in Times New Roman Font size 11 single-spaced with 1" margins on top, bottom, left and right. Budget spreadsheets **must be in MS Excel** format, signed pages in MS Word or PDF format. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.
2. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and certifications and print or type its name on the cover page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.
3. Applicants which include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

(i) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government

shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in pages\_\_\_\_."; and

(ii) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

f. Applicants should acknowledge receipt of any amendment to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the closing date and time for receipt of applications.

g. Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing not later than the specified deadline for submission of questions (**June 29, 2011, 08:00 am Kyiv, Ukraine local time**) to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of an agreement will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

## **II. TECHNICAL APPLICATION FORMAT AND CONTENTS**

The technical application will contain a cover page and consist of seven (7) sections divided by tabs as described below. The technical application shall be no more than 25 pages - excluding cover page, tabs and annexes - and give a clear and measurable description of what the applicant organization proposes to achieve as well as why, where, when and how. Section (a) Executive Summary shall not exceed 2 pages. The aggregate length of sections (b) through (e) shall not exceed 20 pages. Section (f) Past Performance Information shall not exceed 3 pages. Section (g) Annexes does not have an overall page limit, however, applicants must comply with the page limitations (if any) for specific documents to be included as described below.

### Technical Application Format

#### Cover Page

- (a) Executive Summary (not to exceed 2 pages)
- (b) Technical Approach (included within the 20-page limit)
- (c) Management Approach and Staffing Plan (included within the 20-page limit)
- (d) Monitoring and Evaluation (included within the 20-page limit)
- (e) Institutional Capacity (included within the 20-page limit)
- (f) Past Performance Information (not to exceed 3 pages)
- (g) Annexes (document-specific limits)

Requirements to the contents of each section are as follows:

## **Cover Page**

At the minimum, the Cover Page shall identify the applicant, provide the name, title and contact information of the applicant's employee responsible for negotiations (address, phone and fax numbers, and e-mail address), reference the RFA number and Program Title, state application submission date and whether the volume is an original or a copy.

### **(a) Executive Summary (not to exceed 2 pages)**

The Executive Summary should summarize the key elements of the applicant's technical strategy, management approach, implementation plan, expected results and PMEP.

### **(b) Technical Approach (included within the 20-page limit)**

The Technical Approach should comprehensively address how the applicant is planning to achieve the objectives outlined in the Program Description over the life of the program. This section should describe in detail the proposed technical strategy and approach including evidence of its effectiveness, such as references. The proposal should set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation and evaluation of program activities.

- The proposal is expected to reflect its understanding of the FP sector in Ukraine and existing challenges in the sector as well as the role of other donors and the host country government in improving the sector.
- The applicant is encouraged to propose innovative implementation designs to reach the expected results, in keeping with existing U.S. Government (USG) strategic approaches and programmatic guidance, and an aggressive but realistic schedule of performance milestones as steps towards reaching those results.
- The technical proposal should demonstrate creative and innovative, yet feasible, approaches to achieve results under each of the three indicated objectives.
- The proposal should clearly describe how the three sets of activities are synchronized to maximize impact and accelerate the roll-out of expanded quality family planning services and information.
- The applicant should propose approaches that can be readily scaled-up by the Government of Ukraine either by the end of the project or after the project ends.
- The technical approach must include a detailed draft work plan (including a plan for rapid launch of program activities) for achieving the expected program results clearly outlining links between the proposed results, conceptual approach, and performance indicators, and propose a realistic timeline for achieving the program results. The draft Year 1 Annual Work Plan shall be provided as Annex A of the Technical Application (see below).
- The technical approach must also present a clear plan to utilize existing materials and training approaches from the previous USAID supported Family Planning project, "Together for Health" that can be located at <http://tfh.jsi.com>.
- Applicants are expected to show how they will collaborate with all relevant stakeholders to implement this project.

- Applicants should propose an innovative, creative (yet cost-effective) mix of mass media techniques and interpersonal communications activities.
- Applicants should propose a plan for increasing national and local government commitment towards FP by the end of the project.
- Applicants should provide a plan of how the capacity of the “Women’s Health & Family Planning” NGO is going to be strengthened so that this NGO is able to receive funding from other international sources.

**(c) Management Approach and Staffing Plan (included within the 20-page limit)**

The application must include a detailed description of the management approach for implementing the proposed program including the approach to addressing potential implementation problems. The applicant shall specify the composition and organizational structure of the entire implementation team (including home office support and any sub-partners and/or sub-grantees) and describe the role of each key position (summary descriptions of roles, responsibilities, and qualifications). Applicants may propose a mix of international and local advisors and specialists to cover the full range of objectives and activities. A functional organizational chart shall be included in Annex B of the Technical Application. Resumes and letter of commitments for individuals proposed for the key personnel positions shall be provided in Annex C of the Technical Application. Applicants are strongly encouraged to propose qualified Ukrainian professionals as key personnel.

Applicants should describe the method for identifying new sub-recipients during the life of the program and the criteria for selecting partner organizations and/or sub-recipients through an open competition process. Applicants shall outline which organization/sub-recipient will carry out the various tasks specified in the technical approach and evaluation plan. If the Applicant plans to collaborate with other organizations, government agencies or indigenous organizations for the implementation of the program, the input to be provided by each agency or organization shall be described. [Note: applicants with existing relationships with indigenous organizations will not be scored any higher than those who do not.]

**(d) Monitoring and Evaluation (included within the 20-page limit)**

The M&E section should contain the applicant’s strategy for conducting monitoring and evaluation of the program’s progress in achieving the expected results and objectives. This section should also identify a plan for collecting baseline and follow-on data. An illustrative Performance Monitoring and Evaluation Plan (PMEP) should be provided as Annex D of the Technical Application (see below). Please see section VII of the Program Description for more details.

**(e) Institutional Capacity (included within the 20-page limit)**

The applicant must offer evidence of ability to efficiently manage and administer the proposed program. Applicants must offer evidence of their technical, programmatic and administrative resources and expertise in administration of an NGO grants program, in addressing problems and issues related to family planning. This includes evidence of a successful record of implementing similar programs, organizational strengths as represented by breadth and depth of prior experiences managing large-scale health programs, with a strong emphasis on Family Planning (i.e. technical and programmatic coordination, procurement and grants administration; financial administration), and monitoring and evaluation expertise.

**(f) Past Performance Information (not to exceed 3 pages)**

Applicants must list all contracts, grants and cooperative agreements which the organization, both as the primary applicant as well as a substantive sub-grantee, has implemented involving similar or related programs over the past three years. Please include the following: brief description of the project/assistance activity; contract/grant name and number (if any); beginning and ending dates; name and address of the organization for which the work was performed; current telephone number and e-mail address of responsible representative of the organization for which the work was performed.

**(g) Annexes**

**Annex A – Draft Year 1 Annual Work Plan**

The draft Year 1 Annual Work Plan shall not exceed 5 pages.

**Annex B – Organizational Chart**

**Annex C - Resumes and Letters of Commitment for Key Personnel**

Resumes of key personnel shall not exceed 3 pages each and contain at least three (3) references with accurate and current contact information. Letters of Commitment from all individuals proposed for the key personnel positions will show their willingness and availability for the period of the cooperative agreement, should the Applicant receive an award.

**Annex D – Illustrative Performance Monitoring and Evaluation Plan (PMEP)**

The proposals shall contain an illustrative Performance Monitoring and Evaluation Plan (PMEP) for measuring results outlined in Section V of the Program Description. Applicants are encouraged to propose additional indicators which will assist in managing project performance (not only the required indicators listed in Section V.) The draft PMEP shall not exceed 5 pages.

**III. COST APPLICATION FORMAT**

The cost or business application is to be submitted under a separate volume from the technical application. Certain documents are required to be submitted by an applicant in order for an Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources. While there is no page limit for this portion, applicants are encouraged to be as concise as possible while providing the necessary detail for USAID to make an informed decision. The following sections describe the documentation that applicants for assistance awards must submit to USAID prior to award. The cost application shall contain a cover page that will identify the applicant, provide the name, title and contact information of the applicant's employee responsible for negotiations (address, phone and fax numbers, and e-mail address), reference the RFA number and Program Title, state application submission date and whether the volume is an original or a copy.

**a. Budget**

The budget should be submitted using Standard Forms 424, 424A and 424B which can be downloaded at [http://www07.grants.gov/agencies/aforms\\_repository\\_information.jsp](http://www07.grants.gov/agencies/aforms_repository_information.jsp), and accompanied by a spreadsheet with a summary and breakdown of all costs by cost element and objectives according to each partner organization (or sub-awardee) involved in the program in the format provided in Annex 2. The budget should be accompanied by a detailed budget narrative providing support for all proposed costs. At a minimum the budget and supporting documentation should:

- describe costs associated with expatriate, home office, and local in-country labor, i.e. identification of positions, daily or hourly compensation, hours/days to be worked, fringe benefits, etc.
- provide details of travel, per diem and other transportation expenses for in-country and international travel to include number of trips/travellers, expected itineraries, cost of travel, number of per diem days and per diem rates.
- describe other direct costs, such as, equipment, supplies, communications, vehicles, office rent, subcontracting, etc., stating unit of measure, number of units, basis for the estimate and programmatic need for the expenditure. [Note: the authorized geographic code for procurement of goods and services under this award will be 000 and 110 – see Section A.VII. Title of property shall vest in the recipient.]
- the amount of funds to be set aside for small grants to Ukrainian organizations is \$200,000 during the first three years of the project under the Objective 1 (Small Grants Fund), and \$70,000 during Year 4 and 5 of the project under Objective 3(Advocacy Small Grants Program); and
- provide support for any indirect costs and fringe benefits charged by the prime and all sub partners.

b. Other Documentation

In addition to the requirements for the budget described above, the business or cost application submission should also include the following:

- signed Certifications, Assurances, and Other Statements of the Recipient as applicable (see Section D);
- a copy of the most recent Negotiated Indirect Cost Rate Agreement (NICRA) if available; and
- a copy of the Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance.

Applicants who are new to USAID (have never received a grant, cooperative agreement or contract) shall also submit the following information:

- copies of audited financial statements for the last three years, which a Certified Public Accountant or other auditor satisfactory to USAID has performed;
- copies of projected annual budget and cash flow, and organization charts; and
- copies of applicable policies and procedures (e.g., accounting, purchasing, property management, personnel).

Applicants should also submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the applicant:

- has adequate financial resources or the ability to obtain such resources, as required during the performance of the award;
- has the ability to meet the award conditions, considering all existing prospective commitments, both non-governmental and governmental;
- has a satisfactory record of performance. Generally, relevant unsatisfactory performance in the past is enough to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance or the applicant has taken adequate corrective measures to assure that it will be able to perform its functions satisfactorily;
- has a satisfactory record of integrity and business integrity;
- is otherwise qualified to receive an award under applicable laws and regulations.

Please also note that the Recipient of the award, unless exempt, must be registered in the Central Contractor Registration (CCR) system (see standard provision CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER in section VII below).

#### **IV. BRANDING STRATEGY AND MARKING PLAN**

USAID's framework legislation, the Foreign Assistance Act of 1961, as amended, section 641, requires that all programs under the Foreign Assistance Act be identified appropriately overseas as "American Aid." 22 C.F.R. 226.91(f) requires that, after the evaluation of the applications, the USAID Agreement Officer will request the Apparently Successful Applicant to submit a Branding Strategy and Marking Plan. When requesting a Branding Strategy and Marking Plan, the Agreement Officer will establish a reasonable time frame for submittal, review, and negotiation. If the Apparently Successful Applicant(s) fail(s) to submit or negotiate an acceptable Branding Strategy within the time specified by the Agreement Officer, that/those Applicant(s) become(s) ineligible for award.

USAID will not competitively evaluate the proposed Branding Strategy and Marking Plan. The Agreement Officer will review the proposed Branding Strategy and Marking Plan for adequacy to ensure that it complies with the Agency branding and marking guidance that can be found at <http://www.usaid.gov/branding/> and at <http://www.usaid.gov/policy/ads/300/320.pdf>. During the review of the Apparently Successful Applicant(s)'s Branding Strategy and Marking Plan, the Agreement Officer will coordinate as necessary with the Activity Manager, the Technical Evaluation Panel and the communications specialist. Following completion of the review, the Agreement Officer will negotiate any required changes with the Apparently Successful Applicant(s), approve the Branding Strategy and Marking Plan, and include them as part of the assistance award. The Agreement Officer will ensure that any estimated costs associated with branding and marking are included in the Total Estimated Amount of the grant or cooperative agreement or other assistance award.

#### **V. COOPERATIVE AGREEMENT AWARD**

The Agreement Officer may conduct negotiations with one or more applicants but reserves the right to make an award without discussions. USAID's objective is to award a cooperative agreement to the organization or consortium whose application is in USAID's sole discretion the most likely to achieve USAID's goals as described in the RFA. The awardee will be the applicant whose application is determined by the Agreement Officer to be the most advantageous to the United States Government.

Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting cooperative agreement unless explicitly stated otherwise in the agreement.

To be eligible for award of a cooperative agreement, in addition to other conditions of this RFA, organizations must have a politically neutral humanitarian mandate, a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, age, and political affiliation.

Applicants are reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. The names of individuals and entities designated as being associated with terrorism can be found at the web site of the Office of Foreign Assets Control within the Department of Treasury at: <http://treasury.gov/ofac>.

## **VI. AUTHORITY TO OBLIGATE THE GOVERNMENT**

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed agreement may be incurred before receipt of either a fully executed Agreement or a specific written authorization from the Agreement Officer.

## **VII. AWARD PROVISIONS**

a. The resultant cooperative agreement will contain Standard Provisions (mandatory and required as applicable) applicable to the Successful Applicant. The text of these provisions can be viewed at:

Standard Provisions for U.S., Nongovernmental Recipients,  
<http://www.usaid.gov/pubs/ads/300/303maa.pdf>

Standard Provisions for non-U.S., Nongovernmental Recipients,  
<http://www.usaid.gov/policy/ads/300/303mab.pdf>

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010), <http://ukraine.usaid.gov/arc.shtml>

REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010),  
<http://ukraine.usaid.gov/arc.shtml>

TRAFFICKING IN PERSONS (OCTOBER 2010), <http://ukraine.usaid.gov/arc.shtml>

b. In addition to the Standard Provision discussed above, the resultant cooperative agreement will also contain following special provisions:

### **1. ENVIRONMENTAL COMPLIANCE REQUIREMENTS**

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 201.5.10g 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. Recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA.

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 shall govern.

1c) No activity funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

2) An Initial Environmental Examination (IEE) # DCN: 2011-UKR-001 has been approved for activities expected to be implemented under the award resulting from this RFA (attached, Section E,

Annex 3). USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this award.

3a) As part of its initial Implementation Plan, and all Annual Implementation Plans thereafter, the Recipient, in collaboration with the USAID Agreement Officer's Technical Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this award 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 shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall 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 shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4 When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the recipient shall:

4a) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

4b) Integrate a completed EMMP or M&M Plan into the initial work plan.

4c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

## **2. AUTHORIZED GEOGRAPHIC CODE**

The authorized Geographic Codes for procurement of goods and services under the proposed award are 000 (United States) and 110 (NIS) except for the following:

### Origin of commodities procured in Ukraine:

Pursuant to a blanket waiver signed on November 24, 2010 by the Administrator, code 935 origin is authorized for up to \$5,000,000 worth of commodities procured in the cooperating country with the exception of restricted commodities set forth in 22 CFR 228 and ADS 312 (e.g., motor vehicles, pharmaceuticals, and agricultural commodities).

## **3. THIRD COUNTRY TRAINING**

Third-country training must **not** take place in countries that are

- Considered unfriendly by the U.S. Department of State and to which travel by U.S. citizens is prohibited; or
- Identified as terrorist countries by the Department of State.

**VIII. APPLICABLE REGULATIONS & REFERENCES**

22 CFR 226, [http://www.access.gpo.gov/nara/cfr/waisidx\\_02/22cfr226\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html)

OMB Circular A-122, [http://www.whitehouse.gov/omb/circulars\\_a122\\_2004](http://www.whitehouse.gov/omb/circulars_a122_2004)

OMB Circular A-21, [http://www.whitehouse.gov/omb/circulars\\_a021\\_2004](http://www.whitehouse.gov/omb/circulars_a021_2004)

Federal Grants and Cooperative Agreement Act, 31 U.S.C. 6306,  
<http://uscode.house.gov/download/pls/31C63.txt>

ADS Series 300 Acquisition and Assistance, <http://www.usaid.gov/pubs/ads/>

Federal Acquisition Regulations, <https://www.acquisition.gov/far>

**SECTION B - SELECTION CRITERIA****TECHNICAL EVALUATION**

The criteria set forth below will be used by the technical review panel to evaluate applications submitted in response to this RFA. These criteria have been tailored to the requirements of this particular RFA and reflect the USAID expectations in terms of application content requirements described in the Application Instructions (Section A). Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. The selection criteria below are listed in relative order of importance with the maximum number of points to be assigned to each in the selection process. The sub-criteria listed under each main criterion are of equal importance under that criterion and will have equal weight under that criterion in the selection process.

**1) Technical approach (40 points)**

- Overall merit (creativity, innovative approaches, clarity, analytical depth, technical knowledge and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's objective and results;
- Quality of the implementation plan (including a plan for a rapid program launch) and draft Year 1 Annual Work Plan;
- Extent to which the proposed activities and expected results focus on FP/RH behavior change, policy development and capacity building;
- Extent to which the proposed approaches can be readily scaled-up by the Government of Ukraine (GOU) by the end of the project;
- Clarity of the plan to utilize existing materials and training approaches from the previous USAID supported Family Planning project, "Together for Health";
- Extent to which mandatory factors are addressed, i.e. gender issues, environmental, etc.

**2) Management Approach and Staffing Plan (30 points)**

- Extent to which the proposed management approach is feasible for achieving the program objectives and addressing potential implementation problems;
- Extent to which the proposed mix of personnel covers the full range of objectives and activities;
- Extent to which the proposed staffing is sufficient to successfully implement the program;
- Extent to which the proposed key personnel meets the qualification requirements of the RFA;
- Clarity of the proposed method for selecting/identifying sub-recipients.

**3) Monitoring and Evaluation (10 points)**

- Strength of the proposed strategy to conduct monitoring and evaluation of the program's progress in achieving the expected results and objectives;
- Feasibility of the proposed plan for collecting baseline and follow-on data;
- Clarity of the illustrative Performance Monitoring and Evaluation Plan (PMEP).

**4) Institutional Capacity (10 points)**

- Depth of organizational experience in managing relevant large-scale health projects with a strong emphasis on family planning;

**5) Past Performance**

**(10 points)**

The applicant's past performance will be evaluated in accordance with ADS 303.3.6.3(a)(1) with particular emphasis on applicants' demonstrated ability to simultaneously and transparently manage tasks involving collaborative efforts drawing upon the full range of available skills and experience of the applicant.

**COST EVALUATION**

The cost application(s) will not be scored, but will be analyzed for realism, reasonableness, allowability, and allocability of proposed costs. Award will be made to the responsible applicant whose application offers the greatest value, cost and other factors considered. USAID reserves the right to determine the final funding level of the resultant award.

## SECTION C - PROGRAM DESCRIPTION

### HEALTHY WOMEN OF UKRAINE PROGRAM

#### I. Goal

The goal of the *Healthy Women of Ukraine Program* (HWUP) is to protect the reproductive health (RH) of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancies and associated abortion.

To respond to “USAID Forward” initiative, the HWUP will work with selected Ukrainian NGOs to strengthen their capacity and support them in their advocacy efforts for policy change at the national and local levels.

#### II. Background

##### USAID prior investments in FP in Ukraine

Since 1995, USAID/Ukraine has provided assistance in reproductive health in response to Congressional earmarks and directives to reduce high rates of unwanted pregnancies and abortion and increase the use of modern contraception through implementation of the Women’s Reproductive Health Initiative (WRHI 1995-2000). The WRHI was implemented through six cooperating agencies such as Association for Voluntary Surgical Contraception (AVSC, now ENGENDER Health); Social Marketing of Contraceptives (SOMARC) and POLICY project of the Futures Group International; JHPIEGO and Population Communication Services projects of John Hopkins University; the Mothercare project of JSI; the Centers for Disease Control and Prevention; and Georgetown University’s Institute for Reproductive Health. The WRHI developed model FP and maternity care services and supported FP Centers in selected cities of Ukraine. The centers implemented sustainable strategies to improve RH services by updating providers’ clinical and counseling skills and improving availability of high-quality contraceptives to consumers. Training of Trainers broadened knowledge and skills of RH care specialists to provide modern contraception and FP services. A mid-term evaluation of the WRHI found that specific project objectives were met, but there was little evidence that overall goal of improving the use of modern contraception and reducing abortion was achieved.

In addition, the POLICY project implemented by Futures Group began in 1998 and provided technical assistance to the MOH to guide the development of National Reproductive Health Program (NRHP) for 2001-2005. The Program facilitated the policy dialogue among governmental and non-governmental entities, thus promoting the MOH’s strategic approach to women’s RH issues and bolstering the participation of well-informed Ukrainian citizens in health policy and decision-making. The Program was approved in 2001 and issued as an Order of the President of Ukraine. The development of outpatient and in-patient “prikazes” (administrative orders) have been key aspects in implementing the Program and engaging influential and respected members of the medical community in the process of reevaluating and revising practice norms inherited from the Soviet system. It also created openness toward international practices in RH.

The Ukraine Reproductive Health Survey (URHS) was conducted with assistance from the Centers for Disease Control and Prevention (CDC) in 1999, with results published in 2001. The Birth Defects Surveillance and Prevention Program (1998-2005) provided modern pregnancy outcome data processing and analysis, and described the situation in reproductive health and maternal health care.

To complement the efforts in FP/RH, USAID/Ukraine also provided some assistance for health reform efforts between 1994 and 1999. As a result of these efforts, the Family Doctor position was established in 1997 by the MOH. However, the reform process stalled due to the weak economic development in the country. It was renewed later, and now there are about 8,000 family doctors working in Ukraine.

The intensity of donor assistance from 1995-2000 under the WRHI for in-service and postgraduate FP/RH training, IEC, social marketing, policy, and other areas resulted in increased appreciation of the importance of FP among health professionals. The POLICY Project's collaboration with the MOH was also instrumental in raising awareness of RH issues across many sectors of the government. This collaboration resulted in the development of two groups: The Policy Development Group (PDG) and the Ukraine Reproductive Health Network (URHN). The latter served as a useful mechanism for stimulating public awareness of RH issues, engaging civil society in the advocacy process, and bringing the influence of a multi-organizational force to advocate for policy reforms.

In the middle of 2002, USAID/Ukraine shifted its focus from FP/RH towards maternal and infant care. More attention was given to national level policy changes, and much less attention was placed on implementation of FP programs. Two projects were supported at that time -- Policy Project II implemented by Futures Group, which continued to promote RH and reform norms on patient care, and a project implemented by American International Health Alliance (AIHA) focused on strengthening primary health and family medicine that supported Women's Wellness Centers. These Centers served RH needs of Ukrainian women and provided general health services including screening and provision of education and health promotion activities ranging from domestic violence, FP, and psychological counseling to menopause. In addition, the AIHA provided support to the Ukrainian Railways medical system, supported provision of equipment for breast cancer screening and resuscitation of infants, and supported the MOH training for family doctors.

The Maternal and Infant Health Project (MIHP) was launched in 2002 and was implemented by JSI Research & Training Institute, Inc. It focused principally on maternal deliveries and perinatal services, though some FP information was provided.

#### USAID Together for Health project achievements

In October 2005, USAID/Ukraine shifted the focus back to FP and initiated the Together for Health (TfH) Project (2005-2011). The project was implemented by JSI Research & Training Institute, Inc. (JSI). The TfH project aimed to improve FP/RH in Ukraine by reducing abortions, unintended pregnancies and sexually transmitted infections and develop a strong policy infrastructure to promote FP/RH services. In particular, the TfH efforts were focused on increasing access to FP/RH services while improving the quality of these services and bringing them in line with international standards; educating the population, both men and women, about the importance of FP for family health and preventing unintended pregnancies and abortion; building partnerships with pharmaceutical companies and pharmacies to broaden the range and affordability of contraceptives; and strengthening capacity of the Ministry of Health (MOH) and the public sector to support improved FP policies, standards and systems. Through the TfH project USAID/Ukraine has also encouraged the Government of Ukraine (GOU) to increase political commitment and funding for implementation of FP activities nationwide.

The TfH project expanded awareness of modern contraceptive methods and strengthened the quality of FP services and counseling in 13 participating oblasts, Crimea and the city of Sevastopol. In participating regions, over 60% of the population of reproductive age was reached with modern FP practices and information. Over five years, TfH trained over 9,500 health providers (obstetricians and gynecologists (OB/GYNs), family doctors, nurses and midwives) bringing the total number of facilities that can deliver modern FP services to over 3,000.

The Tfh project supported the MOH in adoption and implementation of Ukraine's State Program "Reproductive Health of the Nation (2006-2015)" (SPRHN).

Through Tfh, the MOH received technical assistance in the revision of orders and guidelines in line with international practices and evidence-based medicine (EMB). Management systems to implement and monitor national and regional RH programs were improved through introduction of the new electronic M&E system that provided reliable data on FP activities, results, and expenditures. Project efforts also helped mobilize local and national funding for FP/RH.

The 5-day clinical training program developed by Tfh was certified as a continuing medical education workshop through the MOH Order #484. If physicians elect to participate in the workshop, they can obtain 10 credits of the mandatory 80 continuing medical education credits required for recertification every five years. The FP/RH curriculum and reference manual for OB/GYN and family doctors developed by Tfh were endorsed by the MOH for inclusion in the postgraduate medical curricula. In addition, the project trained over 80 professors and faculty members to deliver the curricula.

In November 2010, the Tfh project began distribution of AID/W donated contraceptives to vulnerable populations through health facilities with trained providers in 15 partner regions including Crimea and Sevastopol. It is estimated that the supply of these contraceptives will last up to two years. A Logistics Management Information System (LMIS) was created for use by oblast partners to track USAID-donated contraceptives. It facilitated commodity management and promoted transparency in the distribution of contraceptives and had a direct impact on the regional anti-corruption efforts.

Special events, individual counseling sessions, targeted public awareness campaigns, and annual national FP campaign brought modern FP/RH information to over 12 million people including about 1.4 million Crimeans. Over 35% of the population reached were men. Over 2.5 million brochures, posters, and videos were distributed through health facilities, public institutions, and in streets. Over 160 community educators from NGOs and public sector were trained to continue BCC activities beyond the duration of USAID assistance. Over 30 NGOs, including six Crimean NGOs, received grants, targeted training and technical assistance to implement community level activities to raise awareness on FP/RH among youth, journalists, women, railway station employees and the Navy. Prior to Tfh work, there were no NGOs in Crimea that could work in the area of FP. No evaluative information from Crimea is available yet on the level of behavior change of service providers.

Collaboration with private sector contraceptive manufacturers and distributors based on the official public-private partnership that lasted from 2006 till 2010 resulted in the availability of low-priced contraceptive commodities on the market for a number of years. Tfh worked with the private sector to disseminate evidence-based clinical materials at medical seminars and roundtables aimed at increasing acceptance of modern methods, improving prescribing and counseling practices, and reducing provider myths and misinformation. Unfortunately, the project could not continue its comprehensive focus on public-private partnership in 2011, its last year of operation, because of limited interest on the part of pharmaceutical producers in corporate social responsibility activities during the economic downturn.

#### Other USAID supported FP interventions

The USAID-funded 2007 Ukraine Demographic and Health Survey (DHS) provided valuable data on FP/RH and other health areas. The DHS data indicated that Ukraine achieved a Modern Method Contraceptive Prevalence Rate (CPR) of 48% for married women of reproductive age with the bulk of CPR attributed to condom usage.<sup>1</sup>

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<sup>1</sup> Ukrainian Center for Social Reform, State Statistical Committee, Ministry of Health and Macro International Inc. *Ukraine 2007 Demographic and Health Survey*. September 2008.

Subsequently, two major FP assessments, one on Knowledge, Attitudes and Practices (KAP), and the other on Contraceptive Security (CS) were conducted to assess the overall FP situation in Ukraine. These in-depth field studies found that there was room for improvement on FP in Ukraine and that the 2007 DHS did not capture the depth of knowledge among providers and clients. Many providers and clients were making decisions based on misinformation and the result was poor contraceptive practice.

After more than 15 years of cooperation with USAID, Ukraine has made many notable gains in its FP program. However, progress was threatened by the recent economic crisis in 2009, which squeezed Ukrainian budgets at all levels. There are also a number of political, economic and programmatic challenges that persist in FP in Ukraine. In particular, Ukraine's ongoing demographic crisis influences the pronatalist environment and continues to make FP a sensitive issue in many political circles. At the same time, there is a continuing need for FP support to protect women's RH and fertility and improve birth outcomes.

### Existing challenges and problems

The population of Ukraine has been rapidly shrinking in the last ten years, resulting in a demographic crisis. Since the break-up of the Soviet Union and Ukraine's independence in 1991, death rates have been higher than birth rates. Ukraine's population declined by 6.2 million from a high of around 52.2 million in 1993 to around 46.0 million in 2010<sup>2</sup>. Although mortality and emigration due to economic crisis have contributed to negative population growth, the low fertility rate has been the major contributing factor. The total fertility rate declined dramatically since independence, from a high of 1.8 to its current low level of 1.2. The Government of Ukraine (GOU) is concerned about its declining population and has introduced financial incentives to encourage couples to have additional children.

While Ukraine has one of the world's lowest fertility rates, it also has one of the highest abortion rates. Abortion has historically been the primary means of fertility control in Ukraine, and is still widely used. The cause of abortion is clear – the intersection of low desired fertility and the non-use, ineffective use, and inappropriate use of modern contraception (see box). One in four pregnancies in 2004 ended in induced abortion.<sup>3</sup> The abortion ratio (number of abortions per 1,000 live births) in Ukraine in 2008 was 400 as compared to 238 on average for European Union countries<sup>4</sup>. The concern remains that real abortion rates may be even higher than estimated by the MOH and the World Health Organization (WHO)<sup>5</sup>. The MOH reports that while the number of abortions among 15-17 year old youth are decreasing, they remain high in some eastern and southern oblasts of Ukraine such as Donetsk, Mykolaiv, Kirovograd and Crimea as compared to the west of Ukraine.<sup>6</sup>

In addition to the overarching problems described, there are other problems and challenges related to FP that will be directly addressed by HWUP, including:

#### **Understanding Terms**

Throughout this document three terms will be used to describe contraceptive practices that contribute to unwanted pregnancies and abortions. The distinction is important because the interventions to change risky behavior for women not wanting another child or wanting to delay a pregnancy are different for each practice.

**Non-use** – not using any method.

**Ineffective use** – using a less effective method (i.e. spermicides) or using a more effective method in such a way that it is ineffective in preventing pregnancy.

**Inappropriate use** - using a method that may be clinically effective, but actual use effectiveness is not enough for the woman's health risk factors (i.e. pill use for a diabetic) or stage of life (i.e. condom use for a 32 year old woman who wants no more children).

<sup>2</sup> The State Statistics Committee of Ukraine reported a decline in population from 52,244,100 to 45,962,900.

<sup>3</sup> Demographic and Health survey (DHS), 2007

<sup>4</sup> WHO "Health for All Database", 2008.

<sup>5</sup> MOH data indicates that abortion rate in the MOH system (number of abortions per 1,000 women) was 15.1 in 2009.

<sup>6</sup> Average abortion rate in the listed southern and northern oblasts is 5.4 per 1,000 women aged 15-17 years old while in Lviv and Riven it is 0.85 per 1,000 women.

*Knowledge of Modern Contraceptive Methods.* The 2007 DHS found that 99% of currently married women of reproductive age knew at least one modern method and, on average, knew 7.5 methods. However, their knowledge was superficial, as respondents could only name methods, but did not have any functional knowledge of that method. The KAP Assessment found that distrust and fear of modern FP methods is common, especially towards one of the most popular methods world-wide – the contraceptive pill.<sup>7</sup> This fear is based on a historical antipathy to hormonal methods, myths, and misinformation by both the general public and medical community. Contraceptive pills, known in Ukrainian as “hormonal tablets”, first came on the market in the Soviet Union during the 1960s. These were high-dose pills, from Hungary and East Germany. In 1974 the high level of complications from these pills resulted in an MOH order strongly recommending against the usage of these pills. This resulted in the widespread fear of hormonal methods that prevails in Ukraine today. In 1990, when Western European pharmaceutical companies came to Ukraine, they started promoting low-dose pills and carried out widespread pharmacist and health provider information sessions. However, some doctors have not been persuaded that the pill is safe. This fear of hormones has resulted in low pill and injectable use, and hormonal implants have not been registered.

*Client Access to Accurate FP Information.* Access to accurate FP information is still problematic in the current FP environment, especially in the oblasts not supported by USAID. Educational materials for clients are rare and out of date in the oblasts not supported by the earlier USAID FP project. Ukrainian legislation bans brand-based advertisement of contraceptives, which limits pharmaceutical industry investment in client education. Rural areas are more limited in access to information as compared to urban areas. Young people do not have adequate knowledge or access to reliable sources of information about modern FP methods and safe sexual behavior. Despite their early exposure to sexual content in media and internet and early sexual debut, young people avoid visiting health workers and using contraception, and less than half of 15-24 year old youth use condoms at first sex.<sup>8</sup> Not surprisingly, pregnancies of 15-19 year olds in Ukraine continue to exceed by three times the levels of teenage pregnancies in European countries such as Belgium and Austria.<sup>9</sup>

*The Role of Providers in Providing Accurate FP Information.* The same challenges, fear of hormones, biases, and misinformation common to Ukrainian couples persists among FP providers. Stemming from Soviet era models of training and an emphasis on curative care, limited attention paid to preventive health care, doctors raise some medical barriers to use of contraceptives and “over-medicalize” them with unnecessary tests (liver function, “hormonal balance,” STIs), and frequent reexaminations. FP is still not taught in medical schools and universities, except for the post-graduate level educational establishments. The majority of FP service providers in non-USAID supported oblasts does not provide services or information consistent with the WHO International Family Planning Service Delivery Guidelines and have limited access to FP information. This leads to misinformation about methods - most notably that hormonal methods (pills and injection) are strong medicine and dangerous, that intra-uterine devices (IUDs) must be removed after 3 or 4 years, and that both pills and IUDs require rest periods.<sup>10</sup> The state fee structure for doctors does not reward doctors for time spent counseling clients, so explanations of common and temporary side effects are not always adequate. As a result, discontinuation rates for modern methods and failures to use methods effectively are high. The CS Assessment team found that prescribing oral contraceptives for the short-term (approximately 3 months) treatment of hormonal disorders rather than for FP is rather common, and may explain the high first-year pill discontinuation rate of 25% (DHS 2007).

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<sup>7</sup> Only 4.8% of women in Ukraine are using oral contraceptive pills, and 50% of the method-mix is about condom use, DHS, 2007.

<sup>8</sup> DHS 2007.

<sup>9</sup> WHO, 2003.

<sup>10</sup> USAID KAP Assessment, 2010.

The biases and misinformation about modern FP methods were addressed and reduced with the help of training for FP providers in the oblasts supported by USAID in 2005-2011. However, there are 12,000 gynecologists, about 24,000 midwives, and almost 8,000 family doctors working in the public health system in Ukraine, and the need for training still remains very high. Since doctors are true gatekeepers of health behaviors in Ukraine, any effort focused on behavior change will fail unless doctors can provide FP services and information consistent with international standards.

*The Contraceptive Method Mix in Ukraine.* The method mix has improved slightly with a decrease in traditional method use (from 30% to 19%), primarily due to a shift from withdrawal and rhythm to the male condom. The current method mix is characterized by its use of less effective methods such as spermicides and condoms. Condoms and IUDs are the most commonly used modern methods in Ukraine. However, the early removal of IUDs weakens their effectiveness. Pills and other hormonal methods represent a very small portion of contraceptive use due to widespread mistrust of hormonal methods. About one third of women in 2007 did not use any kind of contraception.<sup>11</sup> Because a method is only effective if it is used consistently and correctly, condoms, the major modern FP method in Ukraine, have a 25% failure rate in the first year of use. The 19% of currently married women using traditional methods can expect a failure rate of roughly 27%. Women using spermicides can expect a failure rate of 29% in the first year of use (WHO)<sup>12</sup>. Despite the poor use of modern methods of contraception, there are long birth intervals of median 5.6 years (2007 DHS in Ukraine) and there is also a gap of the 5 to 12 years between completed fertility and menopause

*The Policy Environment for Family Planning.* A number of strategic documents issued by the GOU acknowledge the importance of supporting RH of population, “which is strategically important for sustainable development of the society.”<sup>13</sup> In addition, the GOU adheres to the Millennium Development Goals (MDG), and in its 2010 National Report has declared that “prevention of unwanted pregnancies remains the most important objective of the state strategy to preserve women’s health,” while acknowledging that contraceptive services in Ukraine are not in line with international standards of service delivery.

Family planning policy is defined by the GOU SPRHN, which states that “improving FP system”, “preserving the reproductive health of the population” and “shaping reproductive health in children and youth” are its main objectives. This State Program represents a significant step forward in the GOU support for FP. It envisioned budgetary support for procurement of commodities and designated four vulnerable groups that are eligible for free contraception in Ukraine.<sup>14</sup> However, implementation of the Program faltered due to lack of consistent funding and institutional support. Limited state funding goes to support the procurement of free contraceptives for four high risk groups called vulnerable groups. Unfortunately, even this governmental policy is underfunded relative to the needs of vulnerable population. The SPRHN does not have funds to update training of FP providers, promote modern FP methods, implement public education activities, or support institutional capacity building. The GOU continues to look to external donor funding for activities like training, supervision, and job aids.

*National FP Policy Compliance.* Ministry of Health Orders # 535, #905 and #372/34 are models of good and clear FP policy statements. While all oblasts should implement these orders, both assessment teams found that the degree of compliance with these orders was directly related to the involvement of the earlier

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<sup>11</sup> DHS 2007.

<sup>12</sup> JHU/CCP, USAID, WHO “Family Planning. A Global Handbook for Providers.”, 2007. The provided rates are based on data from multiple countries.

<sup>13</sup> Cabinet of Ministers of Ukraine, Resolution #1849, December 2006.

<sup>14</sup> The four groups identified in the SPRHN policy to receive free contraceptives are: women with extra-genital pathologies; youth aged 18-20 years old; the poor; and HIV+ positive women. The estimated percentage of the vulnerable population getting free government and donor contraceptives in 2009 was 19%.

USAID FP Project. Where the Project did not work, providers did not counsel adequately, did not meet the standards set by Orders #535 and #905 and required a burdensome array of useless tests and gave misinformation. The higher quality of FP service and information in the Project supported oblasts appears to be due to the presentation of the standards in the five-day provider training.

There is also evidence of provider bias against some modern FP methods. Evidence in Ukraine and elsewhere has shown that provider views have changed once they are exposed to state of the art information and a secure supply of contraceptives is established.

*The NGO Sector.* In many countries NGOs play a major role in FP service delivery, especially for reaching under-served populations. This is not the case in Ukraine. The NGO sector is weak, and NGOs are facing huge financial and legislative obstacles to provide FP services. Ukrainian FP NGOs are relatively new and have not had the time to evolve to any serious scale or capability. An affiliate of International Planned Parenthood Federation (IPPF), the Women's Health & Family Planning Foundation (WH&FP) has yet to establish itself fully, and would benefit from USAID support. There are also other small specialized NGO that work with youth, women, education and awareness, and parenting that have FP as a part of their content. Some HIV/AIDS NGOs have distributed condoms for prevention of HIV/AIDS. Given the early stages of development, the FP NGO sector would require considerable capacity building resources to be an effective partner.

### The Importance of Family Planning

Family planning services are essential to decrease rates of unwanted pregnancies and abortions. Abortion is regulated by numerous GOU legislative and normative acts. Abortion is provided upon request up to the 12th week of pregnancy and up to 22 weeks if the mother's life is threatened or in cases of fetal abnormality. While abortion rates have declined by more than 50% in recent years (from 36.4 per 1000 women of reproductive age in 1999 to 16.3 in 2009),<sup>15</sup> they are still high and, as in many countries, may be underreported.

As described in the previous section, currently there are many FP challenges such as high rates of unwanted pregnancies and abortion, a pronatalist policy environment, misinformation about and ineffective use of modern FP methods, and lack of counseling skills on the part of some FP service providers. The promotion of modern FP methods and improvement of FP service delivery in Ukraine to offer a broad and informed choice of methods for women are critical to women's health and birth outcomes.

The current scientific data on abortion points to the negative health implications of unsafe abortions; the most severe include hemorrhage, inflammation, sepsis, uterine perforation, damage of viscera, pre-term delivery, and even mortality. Other possible secondary complications of unsafe abortion include reproductive tract infections, chronic pelvic pain, and pelvic inflammatory disease. It is estimated that there are 5-9 unsafe abortions in Ukraine per 1,000 women of fertile age, which is twice the rate of Europe as a whole (3 unsafe abortions per 1,000 women aged 15-44).<sup>16</sup> Worldwide, studies indicate that of every five women who have an unsafe abortion, at least one suffers a reproductive tract infection as a result; and some of these infections are serious, leading to infertility.<sup>17</sup>

While abortion-related mortality is low in Ukraine, (one reported case in 2009), as abortions are done in medically safe environments by skilled practitioners, scientific data suggests that multiple abortions

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<sup>15</sup> Ministry of Health of Ukraine.

<sup>16</sup> WHO, Glasier et al., 2006.

<sup>17</sup> "The Rationale for Family Planning in Ukraine: Evidence from Europe, Eurasia and the US", T. Bossert, Asta M. Kenney, L. Stan, Anthony Hudgins, August 2007.

increase the life-time mortality risk, and about 10% of UWRA have had 4 or more abortions.<sup>18</sup> Numerous scientific studies have examined some of the potential negative health effects of safe or uncomplicated abortions, often coming to inconclusive findings. For example, there is some concern that abortion may have a negative impact on a women's future fertility.<sup>19</sup>

The economic and social costs of abortion are high<sup>20</sup> and divert funding for other primary care services. Thus, public sector investments in modern contraception and prevention of unwanted pregnancies and abortion related complications is more cost-effective.

### **III. Relationship of the HWUP to the USAID/Ukraine Mission Strategy**

The HWUP is consistent with USAID's Country Strategy described in the Operation Plan, under the program objective of Investing in People. This objective supports Ukraine's effort to improve the availability and effectiveness of health services; ensure Ukrainians are better informed health consumers; increase the GOU capacity to provide quality services in FP/RH and promote modern contraceptive methods and reduced reliance on abortion through improved information and services.

The USG assistance programs in Ukraine address the needs of youth and women. The primary beneficiaries of HWUP are Ukrainian women of reproductive age, who bear the primary health, economic, and social burden of child bearing. By increasing knowledge and access to modern FP methods these women can better time and space their births to minimize the economic impact on the family. They can also prevent unwanted pregnancies and concomitant abortions that have health related implications and associated costs for the family and the society. By bringing evidence-based international standards to FP services, HWUP improves the quality of the entire health system, and the lives of Ukrainian families.

HWUP will contribute to the success of USAID's civil society programs by partnering with and building capacity of non-governmental organizations working to improve the RH of the underserved and marginalized groups, youth and women through education and empowerment. Their advocacy and educational efforts will benefit the whole population of Ukraine. HWUP also complements the efforts of other USAID's health activities focused on improving the health of mothers and children in Ukraine by shifting services to a more "client-centered" approach.

### **IV. Coordination with other donors**

HWUP will work in close collaboration with the United Nations Fund for Population (UNFPA), the second largest donor working in RH that played a key role in introducing FP in Ukraine in the 1990s. Until recently UNFPA was focused only on HIV prevention. In 2010, with a new organizational structure and new leadership in the Ukraine Country Office, UNFPA again shifted its attention to FP, Reproductive and Maternal Health with the goal of "re-positioning UNFPA in the area of Maternal Health and FP."<sup>21</sup> USAID intends to closely collaborate with UNFPA within the framework of the UNFPA strategic plan for 2012-2016.

The UNFPA Evaluation Report on the 2006- 2011 Country Program acknowledges that UNFPA was absent from the FP/RH area during 2006-2010 and that "the needs in this area are unquestionable". The

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<sup>18</sup> Alekseevua, I. et.al. "Abortion Related Maternal Mortality in the Russian Federation," *Studies in Family Planning* 2004, 34(3) and David, H. et.al. "Women's Reproductive Health Needs in Russia: What can We Learn From an Intervention to Improve Post-abortion Care," *Health Policy and Planning*, 2007

<sup>19</sup> Ministry of Health of Ukraine, 2000, Steshenko and Irkina.

<sup>20</sup> Findings from a number of surveys in Ukraine suggested that costs of abortion and management of abortion complications in 2002 were \$380,000, almost twice as high as the costs of providing contraception estimated at \$200,000, Nadiya Zhylyka, 2005.

<sup>21</sup> UNFPA Evaluation Report on 2006 to 2011 Country Programme.

report noted that there is low utilization of contraception in rural areas and over-reliance on condoms and abortions as method of family planning. Since UNFPA will have limited resources for FP/RH, USAID will continue to be the largest external donor in this area.

In particular, USAID will cooperate and collaborate with UNFPA to support an integrated sexual and RH agenda for the population most in need with attention to youth and vulnerable groups. Partnerships with NGOs, including community-based organizations, will be established to improve the quality of services offered to youth, vulnerable women and families and support male involvement in FP/RH through a number of focused interventions. Given persistent urban-rural disparities in access to and utilization of FP/RH services in Ukraine, USAID and UNFPA will collaborate together in directing support to rural areas.

USAID is planning to conduct a Contraceptive Prevalence Survey in 2011 and 2014 with possible UNFPA and UNICEF collaboration. USAID will also work with UNFPA, WHO and the Ministry of Health to support the GOU in implementing the National FP Protocol and Guidelines on FP across Ukraine that were developed by the Tfh project.

## **V. HWUP expected activities and results**

### **A. Overall Goal and Objectives**

**The goal of the HWUP is to protect the reproductive health (RH) of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancy and associated abortion. To achieve this goal, the recipient shall conduct activities in support of the following objectives:**

- **Objective 1:** Enabling women and couples to make informed family planning (FP) and reproductive health (RH) choices.
- **Objective 2:** Improving FP service provider knowledge of modern FP methods and their clinical and counseling skills in order to address existing misinformation and fear of hormonal methods.
- **Objective 3:** Promoting a national and regional policy environment conducive to family planning and reproductive health.

It is expected that major project resources will be invested in implementation of Objective 1 (45%) and Objective 2 (35%) with 20% invested in Objective 3. Under Objective 1, consistent with the August 2010 "USAID Forward" Agency strategy, HWUP will collaborate closely with Ukrainian NGOs. HWUP will address the capacity building of local NGOs and will support advocacy efforts for policy change at the national and local levels. This will include establishing partnership opportunities with selected NGOs working with youth and women and promoting women's health. At least one of these NGOs, WH&FP Foundation, will be expected to strengthen its capacity to be able to provide FP/RH information and education necessary to compete for direct funding by the last year of the project from other sources. The recipient shall set aside \$300,000 over the life of project to fund this organization.

The HWUP will work to change couples' contraceptive behavior by changing the method mix. This change will involve introducing the benefits of more effective contraceptive methods and educating providers who have biases against some modern methods. It will also provide clients with critical information necessary for effective use of modern FP methods.

By achieving its goal, the HWUP will contribute to the RH of Ukrainian women and families by:

- Increasing the contraceptive choices, and allowing women to select the method that best suits their needs;
- Addressing the misinformation and myths that have been restricting access to modern contraceptive methods;
- Supporting a shift in contraceptive practices from a curative model to a cheaper, safer and more socially acceptable preventive health model;
- Enabling Ukrainian women who do not want to be pregnant to access more effective FP methods;
- Enabling Ukrainian women using effective methods ineffectively to more effective and long-lasting methods; and
- Reducing the risk of pregnancy for long-term contraceptive users.<sup>22</sup>

HWUP will impact the level of abortion by offering to Ukrainian women a broad and informed choice of effective FP methods and allowing them to achieve their fertility desires by enabling women to make the informed choice about effective use of appropriate modern FP methods. Reducing the need for abortion to address unwanted pregnancies will:

- Reduce the risk of abortion complications such as hemorrhage, inflammation, sepsis, uterine perforation, depression, damage of viscera, pre-term delivery, etc.;
- Reduce the financial and psychological cost of abortion;
- Reduce the financial burden of the abortion on the health system;
- Reduce the future risk of increased unwanted births due to changes that limit access to abortion from ongoing advocacy.

**Expected Result: Increased use of appropriate and effective modern methods of contraception, as measured by the following indicators:**

Indicator 1: % of oral pill users among women of reproductive age (with a focus on participating oblasts)

Suggested sources: MOH reporting system, USAID supported CPR surveys, HWUP monitoring data, and contraceptive sales data (if accessible)

Indicator 2: % of IUD users among women of reproductive age (with a focus on participating oblasts)

Suggested sources: MOH reporting system, USAID supported CPR surveys, HWUP monitoring data, and contraceptive sales data (if accessible)

Indicator 3: % of women of reproductive age who use modern methods of contraception to avoid pregnancy (with a focus on participating oblasts)

Suggested sources: USAID supported CPR surveys

Indicator 4: Abortion rate (with a focus on participating oblasts)

Suggested sources: MOH service statistics, USAID supported CPR surveys

Indicator 5: % of women of reproductive age who discontinue use of hormonal pill within 12 months (with a focus on participating oblasts)

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<sup>22</sup> Ukrainian couples have long birth intervals (median 5.6 years), and early completion of desired fertility, which will require 5 to 12 years of protection from unwanted pregnancies. The high use of methods with a failure rate of 25% or more virtually guarantees many women a method failure and an abortion. (UDHS-2007)

Indicator 6: % of women of reproductive age who discontinue use of IUD within 12 months (with a focus on participating oblasts)

Suggested sources: USAID supported CPR surveys

## **B. HWUP geographic scope**

HWUP is expected to operate in **the 11 oblasts of Ukraine and the city of Kiev that did not receive USAID assistance in FP/RH during 2005-2011**, which are Zakarpatska, Zhytomirska, Kirovogradska, Kyivska, Luganska, Mykolaivska, Sumska, Ternopil'ska, Khersonska, Chernigiv'ska, Chernivetska and the city of Kyiv. Six oblasts that received a moderate amount of USAID support from 2005 to 2011 may be included in HWUP activities. These oblasts include Rivne, Ivano-Frankivsk, Khmelnytsky, Donetsk, Zaporizhzhia, and Cherkasy. **The determining factors for prioritizing oblasts will be existing need and commitment.** Need will be determined by abortion rates, which serves as a proxy for lack of appropriate and effective use of modern contraception. However, abortion is not an exclusive criterion for determining need. Target population size, current FP practice, and inclusion in the GOU's new perinatal initiative will be important selection criteria. Oblast commitment is based on local capacity, interest, and willingness to cooperate with HWUP and provide financial and in-kind contributions and ability to work with NGOs. HWUP will select participating oblasts through a limited competition process. It will be announced to oblasts that have not benefited previously from USAID FP support and to those who have had two years of prior technical assistance. Oblasts will submit proposals that will determine the degree of commitment to participate in the HWUP. Up to 16 oblasts will be selected during the competition process. For planning purposes, it is expected that HWUP will consider covering up to 50% of the participating oblasts' territory including capital cities and up to 10 rayons and smaller towns.

## **C. HWUP Targeted Recipients of Technical Assistance**

### *1. Target population.*

A major target audience for behavior change interventions will be women of reproductive age (WRA) with a special focus on younger age women and couples at greater risk of multiple unplanned pregnancies and abortions. HWUP is expected to develop and roll-out the best training, education and information dissemination practices to reach WRA nationwide with FP/RH information and messages to increase women's choices of methods appropriate for the couples' life stage and needs.

### *2. Service providers.*

A recent USAID-supported Knowledge, Attitude and Practices (KAP) Assessment suggested that providers lack current and correct information about FP methods. Since gynecologists are the major source of FP information and services, it will be impossible to change client behaviors without addressing the main source of the outdated FP information. The previous USAID FP Project called "Together for Health" (TfH) has shown that with appropriate information and training providers can readily introduce international standards of quality FP services. HWUP will use the lessons learned and structures developed by the TfH project as well as UNFPA previous interventions to bring the attitudes and practices of the remaining providers in line with international standards. HWUP will introduce those standards into medical education for Ukraine's new generation of doctors.

### *3. Policy makers.*

HWUP will target policy makers at the national and oblast level. National policy makers will be involved in setting standards and changing national policies, like medical education curricula. Oblast policy makers with responsibility for budgets and FP service delivery in their oblasts will be helped by HWUP to change operating practices, apply standards, train providers, and inform clients.

HWUP will work at both the national and regional levels. However, the work under Objective 1 (Behavior Change Communication) will take place at both levels; the work under Objective 2 (Training) will be the

priority for the oblast level; and the work under Objective 3 (Policy) will be the priority for the national level.

#### **D. Activities and Exected Results**

**Objective 1: Enable women of reproductive age (WRA) and couples to make informed family planning (FP) and reproductive health (RH) choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage.**

Objective 1 activities will address several major constraints which prevent couples from making informed FP choices such as lack of information, knowledge and access to modern FP methods.<sup>23</sup> HWUP will segment the target audience, tailoring behavior change messages to specific groups.

Using international standard behavior change approaches, HWUP will provide couples with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage. This work will also include partnership opportunities with selected NGOs working with youth and women. The recipient will be expected to work with the WH&FP Foundation to strengthen its financial reporting and technical capacity to be able to provide FP/RH information and education necessary to compete for direct funding from other sources by the last year of the project. Other FP NGOs will be strengthened through a small grants program. It is anticipated that a small grants fund totaling \$200,000 will be awarded to up to two NGOs per oblast ranging in size from between \$5,000-\$10,000 during the first three years of the project.

Under Objective 1 the HWUP will collaborate with private sector pharmaceutical producers and manufacturers to promote shared elements of the USAID and industry agendas aimed at improving the knowledge of the population on safety, effectiveness and correct use of modern FP methods. This dialogue is also intended to lead to greater availability of affordable contraceptives.

Successful achievement of Objective 1 requires a focus on BCC activities to achieve the overall goal of the HWUP. It is expected that it will lead to a better informed public who will expect higher quality service from doctors<sup>24</sup>. Secondly, FP messages that will reach various audiences will reinforce the FP messages doctors receive through FP training. Lastly, Objective 1 activities will impact the decision making process of policy makers who would hopefully have to respond to changes in public opinion. Various communication methods will be used to reach the target audiences described below. However, it is important that mass communication activities are carried in conjunction with face to face communication activities.

Implementation of Objective 1 also includes access of the most vulnerable population to contraceptives and coordination with other project activities which increase access to quality FP services and contraceptives. This Objective will support **the following mandatory activities:**

***1. Design, implement and evaluate a national communication strategy.*** This strategy will be aimed at addressing misinformation and biases against hormonal contraception. The strategy can include but should not be limited to TV and radio talk shows, publications in national level magazines and newspapers,

<sup>23</sup> The KAP Assessment Team found current IEC materials only in Tfh Project areas. In other areas facilities had 25 year old posters, or handmade posters, no client handouts, and no job aids like flip charts for counseling. Many of the materials were Ukrainian translations of international materials, and below the educational levels of most Ukrainian women. IEC materials were the most commonly identified need of all the facilities visited during the Assessment.

<sup>24</sup> Studies in a number of countries have found that better prepared clients get better information and services from health providers.

training of journalists, question and answer formats with health experts on TV, providing scripts to existing TV dramas, establishing a national hot-line, using trusted spokespersons to make media testimonials and explain the safety of modern FP methods. However, given the goal of national coverage, the strategy must be strategically focused to the specific audience, messages and desired behavior and be cost-effective. To this end, the strategy should ensure that all components are integrated, messages are consistent, and all media and other communications channels are being used. The timing of communication activities is also strategic since they will have to link to other components of HWUP. Many of the messages will build in complexity, and some will depend on changes in policy. There also has to be a sequenced relationship between behavior change activities which generate consumer demand, train FP health providers and provide access to contraceptives for vulnerable populations. The communication strategy will be reviewed every year to incorporate the results of the monitoring and evaluation reports, feedback from consumers and FP counterparts. All media campaigns must be pretested and evaluated with rapid “before and after” surveys.

**2. Support up to 16 participating oblasts in developing their regional communication strategies.** Regional communication strategies will be developed for participating regions. They should be based on the national communication strategy.

**3. Distribute existing Information, Education and Communication (IEC) materials.** The previous USAID-supported TtH project developed IEC materials as well as training materials. It is expected that these materials will be reviewed. If they continue to meet the needs of HWUP, they will be reproduced in sufficient quantities and distributed in participating oblasts.

**4. Develop new IEC materials.** While developing new materials, HWUP will have to consider changing issues and behaviors throughout the life of the project; different audiences with different behavior change issues; complex audience segmentation; and different formats and channels. HWUP should reinforce the FP messages across all IEC products and communication strategy. Standard techniques for good communication design will be used, i.e., audience analysis, pretesting, expert review, repeat pretest and redesign until ready for production. The materials should meet the demand for trustworthy and evidence based information from a neutral source.

**5. Develop and disseminate FP messages.** To generate behavior change, FP messages must reach Ukrainian couples. The channels by which the messages travel will be defined by intended audiences, complexity of messages, and the desired behavior. Given the objective of national impact, every possible channel within the operating limits of the Project will be used and may include formal and informal, electronic media, health facilities, providers, word-of-mouth, newspapers and magazines, informal leaders, posters, digital billboards, school programs, and community meetings. The impact of the messages will be evaluated using “before and after surveys”.

FP Messages should be targeted to the following audiences:

**Women of reproductive age.** Women are the core audience for FP messages and the group whose behavior change will determine the success of HWUP. Even for this specific audience “one size does not fit all.” HWUP will have to consider the desired behavior change.

**Men.** Male involvement in FP in Ukraine is already significant. Condoms are the most popular method and require the most commitment from men. Recent focus groups found that men were just as misinformed as women about FP methods, were supportive of their partner’s use of FP, and also were responsible for purchasing the method used by the couple. Their FP and fertility attitudes are also similar to those of women. The desired behavior change from men is likely to focus on support for use of effective FP methods, proper use of condoms, taking more active part

in the decision making process related to the use of female methods and motivating their female partners to get or use the method consistently.

**Youth.** Young adults are already sexually active. They also appear to be early adopters of hormonal methods like Emergency Contraception and pills. For young adults the messages will be the same as the messages for men and women, but the communication channels vary. The project will support creative public service announcements (PSAs) for youth through television or radio, as well as a special website and social media to reach youth and young adults.

**Post-partum and post-abortion clients.** Women who terminate a pregnancy or have recently delivered are ideal candidates for FP. Low levels of exclusive breastfeeding ensure an early return to fecundity and the risk of an unplanned and high-risk pregnancy. Informing women about the risks of pregnancy and the options for immediate protection could reduce high-risk second pregnancies and repeat abortions. Since deliveries and abortions are almost all performed in state health facilities, access to information during antenatal care and delivery or abortion is possible.

**Health professionals.** The Ukrainian health system, like many others, is highly specialized. While gynecologists, family doctors and midwives provide most FP care, there is a large number of health professionals that see clients and have the opportunity to refer, screen for risk, provide motivation to use or continue to use, and to address concerns and misinformation. Their facilities also provide an outlet for IEC materials. However, these providers share the same biases and misinformation. Changing their opinions and behavior adds strength to the broader FP messages.

HWUP will design the messages for couples, women and men that use various channels of communication and that are most likely to reach the intended audience and have the greatest impact on their behavior. It is expected that a number of FP messages will be developed. They will be defined by the behavior change priorities based on the audience analysis and existing data. The messages would have to be pretested and then evaluated in terms of its impact. Over the life of the project the FP messages will change as needs and audiences change. The process of making informed decisions will require periodic monitoring of audience attitudes and behavior change. Suggested below are some of the **illustrative messaging** identified from DHS 2007 and two USAID assessments that should be considered by the HWUP.

**General FP information.** Awareness and approval of FP and sources of FP are universally high in Ukraine. Awareness of FP methods, as defined by DHS 2007 as recognition of the name of the method is also high. Effective knowledge is poor and is characterized by limited knowledge of proper use, normal side effects, effectiveness, and considerable misinformation. More in-depth and credible method knowledge is needed to provide a range of method choices, ensure more effective and appropriate use, and meet USAID standards for informed choice as defined by the Tiahrt guidelines.

**Addressing hormonal mistrust.** There is a historical bias against hormonal methods in most of Eastern Europe. Ukraine is no exception. Pill use by married women is about 5% and for sexually active unmarried women it is 7%. Misinformation about oral contraceptives is virtually universal. It can be found among men and women, doctors and clients, educated and uneducated. Even some gynecologists, especially in the oblasts not supported by USAID in the previous years, believe that pills are “strong medicine” and require a number of unnecessary tests to prescribe pills. Injectables are registered and in the market, but are rare. Implants are not registered and so are not available. However, there is a reason for optimism that the situation will change. Currently the use of hormonal pills appears to be growing slowly, but at the expense of IUD (MOH service statistics.) Emergency contraception is the fastest growing pharmaceutical product. HWUP can improve the FP situation in Ukraine by combating common misinformation and myths about hormonal methods.

*Illustrative message content* could include the following key points:

- Hormonal methods are safe and effective;
- Information about normal side effects/what to expect with usage, and duration of side effects;
- Information about rare/unexpected side effects;
- Proper use of hormonal methods;
- Empirical basis for safe use;
- Share information about usage levels in countries with high safety standards and those Ukraine aspire to be like (Europe, the U.S. and Australia);
- Standard requirements for getting a prescription (to combat unnecessary testing);
- Standards requirements for follow up (to combat twice yearly visits and tests);
- Pills (and injectables) as a more appropriate method for long term use;
- Emergency contraception – time limits for use; its effectiveness relative to use of regular contraceptive methods, and the message, “have it on hand in case you need it.”

***Empowering clients.*** One of the fastest ways to improve the quality of provider-client interaction is to inform clients about the quality of service they should expect. Illustrative message content could include:

- A “client bill of rights” poster (IPPF model);
- Smart client approach (Encourage clients to prepare and ask questions during counseling sessions).

***Appropriate method choice.*** Ukrainian women have the right to informed choice of a broad range of FP methods, but their selection of less effective FP methods coupled with high rates of abortion clearly indicate that women need additional information about safe and effective FP methods. HWUP aims to address this information gap by using a “Life Stage Model” in its client and provider education materials (see Objective 2). The idea is that if a couple considers several issues, it will make a more informed and appropriate choice of the method. The issues are:

- Maternal mortality/morbidity risks (including health and fertility related risks);
- Likely duration of use (ideal birth intervals 5-7 years);
- Stability of relationship (economic, personal, etc.);
- Past experience with contraceptive use and abortion (indicator of poor contraception practices).

An appropriate method is one that best meets client needs to prevent an unwanted pregnancy at various stages of life. If a couple weigh their risks from and of an unwanted pregnancy and have a better notion of the effectiveness of methods, their choices are more likely to be informed and appropriate.

***Understanding method effectiveness.*** The availability of abortion seems to have limited the role of method effectiveness in the FP decision making process. Greater awareness of method effectiveness is necessary for effective and appropriate use. “Family Planning: A Global Handbook for Providers” provides information that might make the risk of an unwanted pregnancy with use of condoms, spermicides, and traditional methods more real for clients and providers.

***Post-partum and post- abortion FP use.*** There has been a post-abortion/post-partum FP counseling component in the earlier USAID FP project’s training module for FP service providers.

However, the 2010 KAP Assessment found little post-partum counseling and virtually no sites that did IUD insertion at delivery, especially in the oblasts not supported by USAID in 2005-2001. Since exclusive breastfeeding lasts only about two weeks on average according to DHS 2007, and desired birth intervals are several years long, post-partum clients should be good candidates for an immediate post-partum FP method like IUD. Post-abortion clients can also have an immediate IUD insertion, for example, if they are informed and prepared.

**6. Partner with NGO community to build their capacity in FP communication and advocacy.** HWUP will partner with selected NGOs. At least two NGOs in every participating oblast will join the partnership. This partnership will be focused on helping to expand the national dialogue on FP/RH and supporting NGO partners to develop and become more sustainable using the experience and resources of the HWUP. NGOs will be selected through an open competition process showing their experience, interest and willingness to cooperate. A Small Grants Program will be part of this activity. It is anticipated that \$200,000 in competitive small grants of \$5000 to \$10,000 will be awarded up to two NGOs per oblast during the first three years of the project. The NGO partners will be involved in the national dialogue on the quality of FP use and services for all levels of society. They will also support HWUP advocacy efforts for policy change at the national and local levels. Participation in HWUP will build the capacity of NGOs in project design, implementation of activities, strategic planning, monitoring and evaluation and fund-raising that will be useful for them in the future.

Targeted support will be given to WH&FP Foundation. This foundation is currently the most developed FP/RH NGO in Ukraine. HWUP support will build the capacity of the foundation so it is able to obtain other sources of funding and provide education and communication services in FP/RH after USAID funding expires. A total of \$300,000 should be allocated to support WHFP. Capacity building support to WHFP will also be available through a buy in to the USAID project called “Ukraine National Initiatives to Enhance Reforms” that has developed a web portal [www.ngomarket.org.ua](http://www.ngomarket.org.ua). The portal serves as a tool to help transform Ukraine’s NGO capacity building by strengthening the direct connections between capacity builders and NGOs seeking expertise in developing organizational systems. Service providers are able to render expertise on a fee-for-service basis. This allows for technical support targeted to the specific needs of the NGO, uses local resources and reduces the direct involvement of donors. The Recipient is expected to assist WHFP in applying for the assistance under this buy-in.

In partnership with one or few local NGOs a *web-based information site* will be created in Ukrainian and Russian on FP/RH for general public based on WHO evidence. Ownership and long-term maintenance of this web-based platform will be transferred to Women’s Health and Family Planning Foundation or another strong NGO partner in Year 5.

The Recipient shall provide technical assistance and training to NGOs to improve their financial management and organizational capacity. This may include basic support and training on proposal writing, strategic/business development, fundraising and similar topics, as well as support for more mature organizations. Although at different levels, all organizational strengthening efforts should provide capacity building in financial management and reporting, grant and report writing. Training on advocacy and fundraising techniques and working with diverse audiences, including opponents, will be of particular importance under capacity building.

**7. Collaborate with private sector, including pharmaceutical companies to increase the effective use of modern contraception and educate consumers.** HWUP will work with selected private sector firms either individually or in a working group to ensure consistency of messages, use of their existing systems for distribution of materials, or leverage resources towards the shared goals. The following examples of collaboration will be considered: contraceptive technology conferences for Ukrainian health practitioners; distribution of information, education, communication materials through private sector partners to providers and pharmacies; seminars for young adults and students at universities to educate and inform

young people about benefits of modern FP; support to physicians in becoming change agents for FP; promotion of training in FP as means to earn additional credits for doctors' post-graduate training; support to local NGOs in promotion of underutilized modern FP methods; dissemination of the earlier produced critically appraised topics supported by USAID to dispel myths about modern FP methods and other education materials; and the organization of public events and media campaigns..

**8. Improve FP/RH communication for youth.** HWUP interventions will focus on exploring opportunities to improve existing channels of FP communication for in-school youth. Oblast health departments currently carry out periodic FP/RH lectures in secondary schools. They often lack lesson plans, visual aids or hand-outs. Building on previous USAID experience and the experience of other international projects, HWUP will work in cooperation with the Ministry of Education (MOE) and oblast Departments of Education to integrate a FP module into the secondary school curriculum. A pool of secondary school teachers in participating oblasts will be trained to teach a FP module within the already existing MOE curriculum. The MOE will then roll-out the training model to other oblasts of Ukraine with the support from HWUP. In addition, HWUP will support the development of appropriate materials and communication channels such as visual aids, handouts, high quality presentations on DVD, youth blogs, social networking, commercials and ads in youth magazines, radio or television. If needed, the existing youth specific educational materials on FP/RH and sexuality will be adjusted and distributed in secondary and vocational schools, universities, colleges, UNICEF youth-friendly clinics as well as among teachers and parents. Approximately \$80,000 should be allocated for this activity in the last three years of the project.

### **Expected results (Objective 1)**

#### **Result 1: Women of reproductive age (WRA) and couples know more about family planning (FP) and reproductive health (RH)**

*[Suggested indicators can be tailored during development of the work plan and PMEP for the proposed project]*

Indicator 1: Number of women who have seen on TV or heard on radio a FP message increases;

Indicator 2: Number of women who have positive attitudes towards hormonal contraceptive methods increases;

Indicator 3: Number of women who report hormonal methods are safe increases;

Suggested sources: USAID supported CPR surveys, HWUP monitoring data.

#### **Result 2: Increased local NGO capacity to provide FP information and education**

Indicator: Number of BCC activities conducted by local NGOs

Suggested sources: HWUP monitoring data.

### **Objective 2: Improve FP service provider knowledge of modern FP methods, and their clinical and counseling skills to provide an informed choice of appropriate contraceptive methods and to address misinformation and fear of hormones.**

HWUP will support the training of FP service providers with the purpose of improving their skills and knowledge of modern FP methods because:

- Doctors are considered to be key as they are gatekeepers to health services;
- FP service providers' (OB/GYNs, family doctors, midwives) in a number of regions still lack family planning knowledge and skills and some exhibit a bias towards certain FP methods, and

There is evidence from the previous USAID “Together for Health” project that training of FP providers was effective in terms of introduction of clinical standards and their application to improve the quality of FP care in Ukraine.

Under Objective 2 the HWUP will collaborate with private sector pharmaceutical producers and manufacturers to promote shared elements of the USAID and industry agendas aimed at improving the knowledge public and private sector health providers on safety, effectiveness and correct use of modern FP methods. This dialogue is also intended to lead to greater availability of affordable contraceptives.

The HWUP will focus on the **following key approaches** to improve the FP service provider skills:

***1. Review and update the existing in-service training curricula for FP service providers to ensure full compliance with FP standards and incorporate “Life Stage Approach” (Figure 1 below).***

The earlier USAID FP Project called “Together for Health” rolled out its 5 day clinical training for FP service providers (OB/GYNs, family doctors, midwives) across 13 oblasts, the Autonomous Republic of Crimea and the city of Sevastopol. The training has been assessed through the USAID 2010 KAP Assessment and found to positively change provider practices. The KAP Assessment also found that the training had improved provider knowledge of FP and counseling skills, in sharp contrast to the knowledge of providers working in non-supported by USAID areas.

The HWUP implementer will review this 5 day training curriculum and training materials for its consistency with the latest evidence-based information and international FP practices, the skills of local trainers, follow up training, and supervision systems. Appropriate changes will be made as required. This will be done in partnership with oblast health administrations. Some of the illustrative adjustments in the existing 5 day training curricula are based on the experience of the TfH project and recommendations from the 2010 USAID supported FP sector assessments.

Improvements in the training may include the following elements:

*Improved information on hormonal contraceptives.* As in many countries, there is provider bias on pills, injectables and emergency contraception (EC). The misinformation on hormonal methods is reflected in prescriptions of contraceptives for non-contraceptive use (see *Inappropriate Prescribing* below), and very rare prescription of injectables. Addressing this misinformation on the use of modern methods will be incorporated in every client-provider interaction.

*Long-term method use.* The IUD is currently the only long-term method available to couples that want no more children or want an extended interval between births. It is also the most popular highly effective method, with about 18% of current users. Given its long-term effectiveness, one might expect more women not wanting another child to be using IUDs. Misinformed doctors reduce IUD protection by encouraging early removal and an extended “rest period” for users. Training should address all longer term, safe and effective methods.

*Inappropriate prescribing.* The recent USAID KAP Assessment found that women are being prescribed the pill to address the “imbalances of hormones” for the period of 3 months or more. This practice communicates that pills are curative and “strong medicine.” It also increases the risk of pregnancy when a woman stops using the pill.

*Side Effects Counseling.* HWUP will enhance counseling on contraceptive side effects by FP providers, particularly in those oblasts which were not supported by USAID. This leads to early discontinuation rates, and refusal of a client to use hormonal methods, as clients do not understand relative risk of the long list of

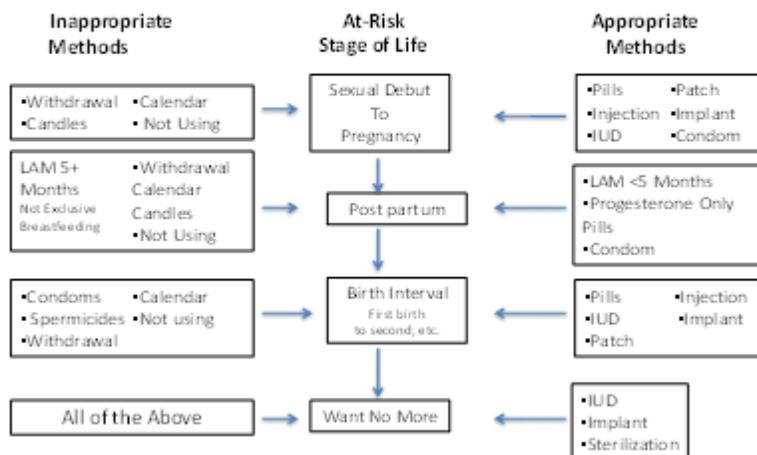
possible side effects. Thus, misinformation continues to play a negative role in contraceptive decision-making.

*Assessing risk.* Recent 2010 USAID supported assessments found little knowledge of risk factors in the use of various contraceptive methods among women. Providers also seem to spend little time on explaining risks, partly because the method mix is predominantly condoms and IUDs, both having relatively few constraints to use. As the method mix expands, greater awareness of risk should be part of an informed decision making process for women and doctors.

*Compliance with FP standards.* Current Ukrainian FP standards introduced through the earlier USAID-supported project are based on the WHO standards. However, there are some gaps in the application of those standards by untrained providers. Trained providers tend to follow the standards, but there are still some misinterpretations. HWUP will identify these gaps and weaknesses and place greater emphasis on them when adjusting training module. Examples include: unnecessary testing, recommendation of rest periods for pill and IUD users and unnecessary follow-up and examinations.

*Life-stage approach.* The FP providers should understand and start prescribing methods that are the most appropriate for a woman's life stage. An appropriate method is one that best meets client needs to prevent an unwanted pregnancy and abortion at various stages of life. USAID plans to incorporate the Life Stage Approach in the training for providers that they become aware of the relationship between method choice, method failure, unwanted and high-risk pregnancy, and abortion. The life stages with a risk of unwanted pregnancy are: Before First Pregnancy, Post-Partum, the Interval Between Births, and when Desired Fertility is Completed. Each of these periods has methods that are appropriate and inappropriate.

Figure 1. Life Stage Model for Optimum Contraceptive Protection



The Life Stage Approach will be incorporated into the training to make FP providers aware of the relationship between method choice, method failure, unwanted and high-risk pregnancy, and abortion.

The Life Stage Approach is expected to play a role not only in the training of providers, but also in other HWUP components line behavior change and FP policy.

The review and adjustments in the existing clinical training curricula for FP providers will be done in collaboration with the MOH. Involvement of the oblasts health administrations that have used the curriculum will be encouraged. MOH will be expected to roll out the curriculum nationwide.

## ***2. Implement capacity building activities that bring FP services in Ukraine to international standards.***

The HWUP will focus on building the local capacity of FP service providers to deliver better services to Ukrainian couples through numerous training opportunities, continuing education events, post-graduate education programs, various training materials and job aids. Centers of Excellence will be created in selected oblasts of Ukraine and will serve as methodological and training basis and a platform for dissemination of the best FP/RH practices and training models during and after HWUP expires. Changes in the provision of FP services could improve broader health services by increasing “client-focused” services, improving counseling skills, applying international standards to client care, and introducing health professionals to preventive model of health care. To ensure sustainability of these capabilities, HWUP will provide technical support to introduce FP/RH module into the university-level medical curriculum.

The following activities will be undertaken:

*Adjust training of trainers’ (TOT) module and prepare master trainers.* As cascade training flows down from master trainer to local trainers and then down to providers there is always the assumption that there is some loss of information at each step down. Reviewing the flow of information down could help refine TOT modules, improve training materials, prepare master trainers and insure that critical information is not being lost as it cascades down. These trainers will be able also to support each participating oblast in preparation of a plan for institutional change (see below).

*Rollout contraceptive technology training.* The 5-day adjusted clinical training program (see activity “Review and update the existing in-service training curricula” above) will be replicated in participating oblasts and rayons not covered in the previous project. Training will be done in collaboration and support from oblast health administrations. Training will move to new oblasts as soon as possible.

*Conduct follow up training and supervision.* Support for follow up to supervise or conduct additional training will be part of HWUP. Follow-up will be used to ensure that new knowledge is thoroughly understood, accepted and put in practice by trained health providers. It will be also used to update FP standards and skills, identify problems and gaps in the FP practices, and motivate providers to maintain high quality standards. Institutionalization of the follow-up at the oblast level is the desired objective, and will vary depending on the level of commitment of oblast health departments.

*Give more attention to the new methods* (such as implants, injectables, sterilization, hormonal patch) through various training activities (including 5 day FP training). Keep FP officials and FP providers aware of progress in contraceptive technology in order to facilitate innovations, avoid rumors and misinformation.

*Conduct Post-Partum and Post-Abortion Care Training.* As noted on page 20, there has been a post-abortion/post-partum FP counseling component in the earlier USAID FP project’s training module for FP service providers. There is also post-abortion care training in the USAID Maternal Health Project. HWUP will review the existing training materials on post-partum and post-abortion FP and adjust them to meet the training needs of the FP service providers. The objective of this component is to ensure that abortion client has sufficient information from the FP service provider to get and use an appropriate family planning method that protect her from another unwanted or unplanned pregnancy.

*Develop additional training materials and job aids that address FP service quality.* HWUP will identify (preferably from existing models) a need for additional training materials and job aids that will improve the quality of FP services. HWUP will produce and disseminate job aids, possibly in partnership with pharmaceutical companies and encourage them to subsidize production and distribution through their detailers.

*Improve services for young adults.* International research has found that dealing with the FP issues of young adults is difficult for most providers. In a recent USAID KAP assessment, youths reported that greater attention to train providers who are youth friendly and skilled in addressing the reproductive issues of young adults need to be in all facilities providing FP services.

*Support creation of Centers of Excellence in at least 5 geographically dispersed oblasts* with the strongest potential to receive support from the local government. These Centers would be based in well-established Oblast FP Centers. Their function would be to provide test sites for new materials, job aids, or other products that would benefit from field tests. They would also serve as a training center for master trainers from other oblasts and a demonstration clinic for study tours. Such study tours would provide recognition for those oblasts that invested in improving their quality of FP services.

*Promote a partnership with the pharmaceutical industry, in particular, the leaders in FP production, i.e., Bayer Schering, Organon (Merck & Co.), and Gedeon Richter.* The potential focus of the partnership could be on educating OB/GYNs and students of medical universities as these companies do training and continuing education, have large staff of detailers visiting doctors, and a vested interest in seeing the quality of FP service improve.

*Support development of the pre-service medical education curricula.* As FP is not currently included in pre-service medical education, HWUP will develop a FP curriculum based on evidence-based best practice and add it to the general curriculum of leading national medical universities with a focus on participating oblasts. The content would address the basic issues and the problems addressed in the in-service training curricula (counseling skills, risk factors, myths and misinformation). This process will require the involvement and approvals of the MOH and MOE to institutionalize the FP/contraceptive technology at the pre-service education level. Thus, this activity will be implemented with Objective 3.

### **Expected Results (Objective 2)**

*[Indicators may be tailored during the development of the work plan and PMEP for the proposed project]*

#### **Result 1: FP service provider knowledge of modern FP methods and their clinical and counseling skills improved**

Indicator 1: Number of FP service providers in selected oblasts who have positive attitudes towards hormonal contraceptive methods

Indicator 2: Number of FP service providers in selected oblasts who regularly counsel FP clients

Suggested Sources: HWUP monitoring data

#### **Result 2: Quality of FP services improved**

Indicator 1: Number of women having contact with a facility who reported satisfaction with quality of care

Indicator 2: Number of visits to service delivery points by women of reproductive age

Suggested sources: HWUP monitoring data

#### **Result 3: FP education institutionalized at the national level**

Indicator 1: FP/Contraceptive technology curricula developed and approved by the Ministry of Education and the Ministry of Health

Indicator 2: FP/Contraceptive technology curricula introduced at leading medical universities

Suggested sources: HWUP monitoring data

**Objective 3: Promote a national and regional policy environment conducive to family planning and reproductive health**

This component of the HWUP is intended to facilitate and leverage the efforts of the two other technical interventions addressing supply (health providers) and the demand (FP users) described above. The HWUP will support the GOU to achieve the stated objectives of the SPRHN and facilitate the implementation of the Family Planning component of the GOU Monitoring Plan. The monitoring plan is designed to measure the success of the SPRHN and its nationwide implementation and to track the GOU expenditures for FP.

HWUP will also work with the MOH and MOE to design and institutionalize the FP/Contraceptive Technology module in the pre-service mandatory training curriculum of leading national medical universities with a focus on participating oblasts.

It is expected that HWUP technical assistance within Objective 3 will take place at two levels, national and regional. First, HWUP *advocacy efforts* will support technical assistance at the national level to develop guidelines, protocols, and executive orders (prikazes) for regional FP and health department officials based on evidence-based best practices. The HWUP will also work with regional governments to facilitate the effective implementation of this new guidance. These FP guidelines must be updated as evidence grows, then distributed, applied, and monitored for compliance.

There are also a number of clinical and operational standards and protocols that may require quality improvement. HWUP will provide technical assistance to update and add new standards, and monitor the international best practices literature for new models to apply in Ukraine. HWUP will work with the MOH and oblast health administrations to identify the documents that may need to be updated or revised.

HWUP will identify and prioritize the most needed and most important policy changes and use every opportunity to influence policy makers with ongoing advocacy activities.

HWUP will also build the capacity of the national and oblast governments to manage FP services in the new oblasts by involving local governments from the start of the project. Partnerships with local governments will be established with shared responsibility. Local governments will be expected to invest their resources and demonstrate commitment and effectiveness during the project implementation process. The power of an effective design process will be modeled for the government (situation analysis, design, implementation, resource allocation, building partnerships, evaluation, and modifying program as required). The importance of good oblast level leadership was an important lesson learned in the TfH project, and HWUP will continue to model the importance of a local leadership as it starts working in new oblasts.

**The following mandatory advocacy activities** are to be implemented under Objective 3:

1. Maintain an ongoing dialogue with the MOH representatives and other senior GOU counterparts where past successes in FP/RH can motivate policy makers towards continued improvements in FP, increase in financial support for FP and expanding of mutual cooperation;
2. Through an Advocacy Small Grants Program in Year 4 and Year 5, the project will work in partnership with the WH&FP Foundation and some selected NGOs located in participating oblasts that focus on youth, women, health, FP/RH to marshal their beneficiaries and supporters to encourage

the dialogue at both the national and regional level.<sup>25</sup> The expected level of funding for this small Grant Program is \$70,000 for two years (Year 4 and 5);

3. Encourage participation of oblast representatives and supporters of the FP in the development of a united and common agenda for change to be used to advocate with the MOH. Support oblasts in development of institutional change plan. Recent experience has shown that strong support by oblast level officials facilitated the transition to positive acceptance of modern FP methods by providers. However, there are still some problems that need to be resolved, i.e. not all OB/GYNs and family doctors have been trained in the country, the support staff has not been trained (midwives and nurses) in big numbers, and some facilities need better layouts and more counseling space and counseling time. HWUP will work in collaboration with health administrations and master trainers to develop plans of institutional change in each of the participating oblast;
4. Maintain dialogue between donors and other international agencies involved in FP to generate a common advocacy platform;
5. Educate national and regional officials through roundtables and seminars on the importance of FP as a social, economic, gender and human rights issue using previously developed advocacy materials and international expertise;
6. Support advocacy activities of oblast partners who can use the evidence of successful policy adaptations and implementation to promote new executive orders (called prikaz), protocols and MOH directives that will support FP/RH nationwide;
7. Advocate for the funding for contraceptives and services for the four vulnerable groups identified in the SPRHN to meet their need in commodities (poor, young people aged 18-20 years old, women with “extra genital” pathologies or medically high-risk women, and HIV positive clients);
8. Advocate for policy change to include FP in pre-service medical education and work with the MOH and MOE in this regard. Provide technical support for developing a FP model curriculum for national medical universities. Support introduction of the curriculum in as many medical universities as possible (See Objective 2); and
9. Support the MOH roll-out of the HWUP approaches, models and materials nationwide.

In addition to specific activities listed above, there are broader issues that require a change of mindset by policy makers. To address these issues will require a longer-term strategy, the building of a constituency for change, and a consensus on what and how change will take place. Success in addressing these issues can be defined as a change in the environment for FP in Ukraine and could result in a number of activities, which may or may not be within the scope or resources of HWUP. Below are some of advocacy issues that if addressed, could positively change the environment of FP services.<sup>26</sup>

1. *Lack of national systems.* Currently there are only two national systems, the monitoring and evaluation system to monitor the GOU expenditures under the SPRHN developed by the previous USAID FP project and basic service statistics collection system. However, there are no tools to

<sup>25</sup> Consistent with USAID Administrator Shah’s “USAID Forward” reform effort of August 2010.

<sup>26</sup> These issues are illustrative, but are issues that have been identified by various experts and assessments as constraining effective FP program development.

monitor quality of care, compliance with policy, addressing the needs of the most vulnerable populations, or to identify problematic FP areas for the attention of FP program management. There is also insufficient funding and staff to supervise or address identified service delivery problems.

2. *Lack of client-centered focus.* Health policy in Ukraine is doctor-centered. Many countries going through health care reform are trying to change their system so that it serves the interests of the client and not the doctor. While some facilities and providers in Ukraine are client-focused, health policy in general is still doctor-focused and includes limited time for counseling, medical testing for clients, and lack of state-supported competency-based training.
3. *Lack of GOU partnerships with various state and private organizations on FP.* Currently the MOH operates vertically. Its clients are oblast departments of health. Expanding the policy dialogue on FP to increase cooperation with other ministries, NGOs and the private sector is necessary to build advocates for FP funding. Supporting the MOH to reach out to other organizations including the medical education institutions, and the private sector will lead to a greater likelihood of national and international goals (like the MDGs) being met.
4. *Need to institutionalize FP.* Currently FP falls within the responsibilities of the Maternal and Infant Health Department of the MOH. The MOH does not have a full-time staff member devoted to FP. The HWUP will support the MOH to reinforce the family planning function of MIH oblast staff and develop a national family planning policy agenda. Over the last three years the GOU funding for family planning (which mostly includes funding for procurement of contraceptives) has remained constant.

If during the course of the project there are any fluctuations in funding by the GOU for FP, it will not directly affect the HWUP program, as the HWUP plans to procure USAID/Washington donated contraceptives and distribute them among the four vulnerable groups identified by the SPRHN.

### **Expected Results (Objective 3)**

*[Indicators may be tailored during the development of the work plan and PMEP for the proposed project]*

#### **Result 1: National policy environment becomes more conducive to family planning and reproductive health**

Indicator 1: At least two policy changes (standards, guidelines, job protocols, orders) issued by the Ministry of Health annually

Source: HWUP performance monitoring data

Indicator 2: Financial support for FP under SPRHN continues

Source: HWUP performance monitoring data

#### **Result 2: Strengthened capacity of oblast health administrations to support FP education and services**

Indicator 1: Availability of institutional change plans in participating oblasts

Indicator 2: GOU financial support for FP in selected oblasts and in-kind costs recurrent

Suggested sources: HWUP monitoring data

In Year 2 USAID/Ukraine will provide \$300,000 of contraceptives to the Recipient via USAID/Washington's central contraceptive procurement mechanism. These commodities will be distributed by the HWUP to the four vulnerable population groups determined by the SPRHN in the

project's target oblasts. Distribution will be based on the Logistics Management Information System (LMIS) developed with the support from the earlier USAID FP project. Relevant health administrators and providers will be trained in the use of the system in the new HWUP oblasts.

USAID will also support a contraceptive prevalence survey to collect relevant FP statistics and to measure the success of the HWUP in Ukraine. This will be done by USAID outside of HWUP in possible collaboration with UNFPA and UNICEF. The baseline data will be collected in Year 1. The survey to measure change will be conducted in Year 4 of the project.

## **VI. Key Personnel Requirements**

The following key personnel are considered to be essential to the work being performed under this cooperative agreement:

### **1) Chief of Party (COP)**

The COP must have at a minimum 10 years of experience designing, implementing and managing national family planning (FP) projects in low resource environments, in Eastern Europe or former Soviet Union. S/he must have at a minimum a Master's Degree in public health in addition to a professional or clinical credential (MD, Nurse Practitioner, or PHD) in reproductive or women's health. Prior experience serving as Chief of Party for an international health donor-financed project is required. Prior management of U.S. Government health projects is desirable as is knowledge of USG assistance project requirements. Additionally, the COP must have demonstrated strategic vision and leadership skills and experience interacting with host county governments and counterparts and international donor agencies. Substantive work experience in Eastern Europe/the former Soviet Union and full professional proficiency in English and Ukrainian or Russian is required.

### **2) Behavior Change and Communication (BCC) Specialist**

The BCC Specialist must have ten years of experience in health communications, developing systematic and evidence based communication campaigns, advocacy and related public relations events and institution building with host country counterparts. S/he will have an advanced degree in one of the fields like communication, public relations, management, journalism or a related field. Knowledge of Ukrainian mass media channels, materials and tactics is desirable. At least five years of relevant experience in Eastern Europe / former Soviet Union is required. Experience with informal communication channels is a plus. Knowledge of international best practices in behavior change communication is strongly preferred. The BCC specialist must be able to develop and lead the design and implementation of a national family planning communication's strategy. Additionally, she/he should have demonstrated evidence of technical leadership skills and ability to build collaborative relationships among the project staff, local partners, government agencies, key stakeholders, and donors. Excellent written and spoken English is required as is native Ukrainian or full professional proficiency in Ukrainian or Russian.

### **3) Clinical Training Specialist**

The Clinical Training Specialist must have ten years of experience in a combination of pre-service, in-service and post-graduate medical or nursing education. Prior experience in family planning and reproductive health training is preferred. S/he must be knowledgeable about international standards of health care including FP service delivery, and be able to build them into a competency-based training program. Additionally, s/he should have demonstrated evidence of strong leadership skills and ability to build collaborative relationships among the program staff,

local partners, government agencies, key stakeholders, and donors. Native Ukrainian, or Russian and working level English is required.

The COP, BCC Specialist and Clinical Training Specialist should have a proven ability to work effectively with local counterparts and stakeholders, and an ability to forge productive relationships with host county governments and international donor agencies. They should have the knowledge of development approaches, techniques (demonstrated by prior work experience and/or publications), and a deep understanding of public health approaches and how they can be applied through family planning/reproductive health activities. All key personnel, regardless of the nationality/citizenship, should possess Ukrainian or Russian language skills in order to enhance effectiveness of the project's work.

## **VII. Performance Monitoring and Evaluation Plan**

The PMEP shall contain project objectives and results, performance indicators, data sources and collection methods, baseline information or a timeline for collecting it, targets, and names of responsible individuals. Performance indicators should comply with the following criteria: direct, objective, practical, adequate, and useful in managing for results. PMEP data should be based on the USG fiscal year calendar.

The Recipient shall collect and report data for the indicators identified in Section V.

The PMEP will have the following suggested structure:

- List of key project objectives, expected results and project outputs (output is a count of services delivered or items produced) as well as brief description of the linkages between the project outputs and its expected results.
- Definition and detailed description of the performance indicators to be tracked including: unit of measure and disaggregation by gender, as appropriate and feasible; justification/management utility; annual baselines/targets; schedule for data collection; individual responsibility for data collection and availability of data at USAID; and detailed plans for data analysis, review and reporting.

Thirty days after award the Recipient will submit the PMEP to USAID together with the Annual Work Plan. The Recipient and USAID will agree upon the final choice of performance indicators useful for timely management decisions and credibly reflecting the actual performance of the project. PMEP data should meet reasonable quality criteria of validity, reliability, timeliness, precision and integrity, and disaggregated by gender as appropriate and feasible. In designing the PMEP, the Recipient should also weigh human and financial resources necessary to implement it. The PMEP is subject to final approval by USAID and is separate from the regular financial and other reports required by the standard provisions of the Cooperative Agreement.

USAID reserves the right to propose that the Recipient integrate into the PMEP a number of additional indicators to help USAID measure the immediate program results, i.e. standard indicators from the Foreign Assistance Framework (FAF), Objective: Investing In People, Program Area: Health, Program Element: Family Planning & Reproductive Health. The most relevant indicators (usually 2-3 indicators) can be selected in collaboration with USAID after the award is made and as the work of the Recipient on the PMEP preparation starts. The recipient is expected to set up annual targets for these indicators, collect actual data and report this data to USAID based on fiscal year calendar.

USAID is also planning to conduct project performance evaluation of the HWUP in accordance with the new AID/W and Mission policies.

## **VIII. Gender Analysis**

The Healthy Women of Ukraine Program (HWUP) focuses on FP/RH aiming to improve the health status of women, men and couples. While women are the most direct beneficiaries of the FP services in Ukraine and most active decision makers in choosing a FP method, men are also involved in making these decisions. With 24% of currently married women and 59% of single sexually active women of reproductive age in Ukraine using condoms, the most popular FP method in Ukraine, men are already supporters of FP. Also 18% of couples use withdrawal or rhythm methods, which also call for men's participation. However, the major problem is that both men and women want small families, and they are misinformed on the benefits of other modern FP methods, in particular, hormonal methods. Couples' lack of information about hormonal methods prevents the usage of more effective FP methods and causes unwanted pregnancies that lead to abortions. In addition, men in Ukraine do not always feel comfortable accessing FP/RH services, as they think that women should have more responsibility for FP.

USAID commitment to advance gender equity and pursue gender as key development issue is fully reflected in the proposed project. HWUP will be investing the majority of its resources in behavior change and communication (BCC) activities designed to inform couples so they can use modern FP methods appropriate for their life stage more effectively. BCC activities will also be focused on encouraging men to become more responsible for FP decision making. HWUP will design the messages for couples, women and men that use various channels of communication and that are most likely to reach the intended audience and have the greatest impact on their behavior. Since youth have limited access to FP information as described in the previous sections of the Program Description, HWUP will also address the informational needs of young men and women by supporting the existing school-based FP/RH training courses.

Improved and more effective use of FP appropriate for an individual's and couples' life stage will reduce reliance on abortion, which ultimately benefits women's health and also benefits men and families economically as the costs for abortion are higher than the costs for contraception. While abortion is subsidized, there is always an informal cost to be borne by the client and the family for performing an abortion.

Recent qualitative studies also found that both men and women have parallel and strong views on spacing of births. Both want to delay first births until they are stable economically, and they want to space births for several years so that a woman can work and provide some economic stability for the household. The changing role of women in relationships and household economics is part of a larger shift in gender roles. As Ukraine becomes much more open to global trends, sexual behavior becomes more open, and people feel less pressure from traditional social norms governing gender relationships. Some of these relationships have already become less stigmatized and more widespread, including early sexual debut, pre-marital cohabitation and "civil marriage" (an unregistered but common, widely-accepted, and generally stable relationship). The stresses of less stable relationships and economic problems fall equally on men and women. Improved FP use and the prevention of unwanted pregnancies and abortions may reduce the stress and give couples the time to build more stable relationships.

The Recipient is expected to:

- demonstrate a sensitivity in reaching women and other underrepresented groups and bringing such groups together to reach consensus;
- develop gender-sensitive materials to reach underserved men and women in various BCC activities, training and counseling related to a broad range of modern contraceptive methods;
- design FP messages aimed at couples, women, men and youth that use various channels of communication and show the impact of these messages on their behavior;

- demonstrate male involvement and participation in the family planning decision-making process that respects and supports women's reproductive health choices and protects men's health at the same time;
- emphasize partnerships with civil society organizations formed by women's and family health advocates;
- use performance indicators for the project's monitoring and evaluation system that would acknowledge the impact of gender relations on project results as well as the impact of HWUP activities on gender relations. Disaggregate project performance indicators by sex as appropriate and feasible;
- utilize other innovative ways of tackling gender issues as they may arise during the implementation of the HWUP.

Mandatory project performance evaluations that will be conducted by USAID shall assess the extent to which both sexes participate in and benefit from HWUP activities, and the degree to which the project designed and contributed to reducing gender disparities in opportunities and improving the situation of disadvantaged women and men.

### **IX. Program Reporting Requirements**

Initial *implementation plan* and subsequent annual work plans shall be submitted to USAID 30 days after the award. As indicated above, PMEPP should be included in this submission along with the work plan. Any significant changes to the approved work plan or the PMEPP will require additional approval of the AOTR.

The Recipient shall submit *quarterly performance reports* in electronic format to the AOTR and Agreement Officer no later than 30 days after the end of each quarter. The quarterly reports should be 15 pages maximum including annexes. The reports must summarize the outcomes of the Recipient's activities during the particular reporting period, document program accomplishments and progress towards achieving results, compare the actual results to the tasks in the work plan and PMEPP, and include the statements about project expenditures against the three project components. It must also discuss any potential constraints that might prevent the recipient from meeting agreed upon targets and benchmarks and challenges that can impact overall implementation of the program.

In addition, the Recipient shall also submit *annual progress reports* in electronic format and one hard copy that measure project goal and objectives as well as expected program results by addressing all required indicators. The annual reports shall be submitted by November 1<sup>st</sup> of each fiscal year in which the project operates.

A *final performance report* in a hard copy and electronic copy shall be submitted no later than 90 calendar days after the end of the Cooperative Agreement. The final performance report shall contain the following information:

- Overall description of the activities under the Program during the period of this Cooperative Agreement and the significance of these activities;
- Life-of-project results towards achieving the project goal and objectives and the performance indicators;
- Analysis of how the indicators illustrate the project's impact;
- Summary of the program's accomplishments;

- Description of unmet targets and the reasons for not meeting them;
- The issues and problems that emerged during program implementation and the lessons learned in dealing with them;
- Comments and recommendations regarding unfinished work and/or future needs and directions for assistance in Ukraine;
- Recommendations for what issues no longer require donor assistance.

All surveys and assessments funded by the project should be summarized and reported to the AOTR in a form of 5-10 page reports.

### X. Illustrative Implementation Plan

| <u>Activity</u>   | Year 1           | Year 2            | Year 3           | Year 4          | Year 5          | # of<br>oblasts |
|---|------------------|-------------------|------------------|-----------------|-----------------|-----------------|
| <p><b>Objective 1:</b> <i>Enable women of reproductive age and couples to make informed family planning (FP) and reproductive health (RH) choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage.</i></p> <p>Activities will include:</p> |                  |                   |                  |                 |                 |                 |
| 1. Design and implement national communication strategy (national TV and radio)   | X -              | X -               | X -              | X-              | X               | 16              |
| 2. Support oblasts in developing and implementation of their regional communication strategies (with cost-share from oblasts)   | X – 5<br>oblasts | X – 6<br>oblasts  | X- 5<br>oblasts  |                 |                 |                 |
| 3. Print and distribute existing IEC materials  | X – 5<br>oblasts | X – 11<br>oblasts | X- 16<br>oblasts |                 |                 | 16              |
| 4. Develop and distribute new IEC materials   | X – 5<br>oblasts | X – 11<br>oblasts | X- 16<br>oblasts | X-16<br>oblasts | X-16<br>oblasts | 16              |
| 5. Develop and disseminate FP messages  | X – 5<br>oblasts | X – 11<br>oblasts | X- 16<br>oblasts | X-16<br>oblasts | X-16<br>oblasts | 16              |
| 6. Small Grants Program   | X – 5<br>oblasts | X – 11<br>oblasts | X- 16<br>oblasts |                 |                 |                 |

|   |               |                |               |                |               |            |
|---|---------------|----------------|---------------|----------------|---------------|------------|
| 7. Partnership with WH & FP NGO   | X             | X              | X             | X              | X             | Kiev       |
| 8. Joint educational activities focused on youth conducted with private sector  |               | X – 11 oblasts | X- 16 oblasts |                |               | 16 oblasts |
| 9. Adjust secondary school curricula to included FP component   |               |                | X             | X              | X             | nationwide |
| 10. Develop and distribute youth specific communication materials (including website and social media)  |               | X-11 oblasts   | X- 16 oblasts | X- 16 oblasts  | X-16 oblasts  | 16 oblasts |
| 11. BCC training of trainers  | X             | X              | X             | X              | X             | 16 oblasts |
| <b>Objective 2: Improving FP service provider knowledge of modern FP methods and their clinical and counseling skills in order to address existing misinformation and fear of hormonal methods.</b> |               |                |               |                |               |            |
| Activities will include:  |               |                |               |                |               |            |
| 1. Review existing 5 day FP curricula and adjust it to include “Life Stage Approach”  | X             |                |               |                |               |            |
| 2. Implement TOT training   | X – 5 oblasts | X – 11 oblasts | X- 16 oblasts |                |               |            |
| 3. Implement provider training based on the adjusted curricula  | X – 5 oblasts | X – 11 oblasts | X- 16 oblasts | X- 16 oblasts  | X- 16 oblasts | 16 oblasts |
| 1. Follow up training and supervision   |               | X – 5 oblasts  | X – 6 oblasts | X- 5 oblasts   |               |            |
| 2. Post-partum and post-abortion training   | X – 5 oblasts | X – 11 oblasts | X- 16 oblasts |                |               | 16 oblasts |
| 3. Support creation of Centers of Excellence in 5 regions   |               |                |               | X – 5 oblasts  | X – 5 oblasts | 5 oblasts  |
| 4. Joint educational activities focused on FP providers conducted with private sector   |               |                |               | X – 16 oblasts | X- 16 oblasts | 16 oblasts |
| 5. Develop pre-service medical education curricula for medical universities and support MOH in its roll-out   |               | X              | X             | X              |               | nationwide |
| <b>Objective 3: Promote a national and regional policy environment conducive to family planning and reproductive health</b>   |               |                |               |                |               |            |
| Activities will include:  |               |                |               |                |               |            |
| 1. Update and revise MOH protocols  | X             | X              | X             | X              | X             | nationwide |

|  |               |               |              |               |               |            |
|--|---------------|---------------|--------------|---------------|---------------|------------|
| and clinical standards through working groups and clinical standards |               |               |              |               |               |            |
| 2. Advocacy small grant program through NGOs                         |               |               |              | X -16 oblasts | X- 16 oblasts | 16 oblasts |
| 3. Support oblasts in the development of institutional plans         |               |               |              | X -16 oblasts | X- 16 oblasts | 16 oblasts |
| 4. Regional educational activities for oblasts                       | X – 5 oblasts | X – 6 oblasts | X- 5 oblasts | X -16 oblasts | X- 16 oblasts | 16 oblasts |

**XI. SUBSTANTIAL INVOLVEMENT**

USAID/Ukraine considers collaboration with the awardee crucial for the successful implementation of this program. Substantial involvement under this award shall include the following:

- Review and approval of the Annual Implementation Plans (Work Plans) including the Performance Monitoring and Evaluation Plan (PMEP) by the AOTR. Any significant changes to the approved Implementation plan or the PMEP, as well as extension for their submission, will require additional approval of the AOTR.
- Review and approval of key personnel and any personnel changes by the AOTR; and
- Sub awards: Approval of program descriptions, selection criteria and funding levels under the Recipient’s grants program prior to solicitation, as well as actual approval of all sub grants, including cost-extensions, prior to award by the AOTR.

**SECTION D - CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF THE RECIPIENT**

NOTE: When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement".

**Part I – Certifications and Assurances**

**1. Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs**

*Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.*

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the Cooperative Agreement for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this

Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

## **2. Certification Regarding Lobbying**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

## **Statement for Loan Guarantees and Loan Insurance**

“The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.”

### **3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)**

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

### **4. Certification Regarding Terrorist Financing, Implementing Executive Order 13224**

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website :

<http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification-

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

**5. Certification of Recipient**

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

RFA/APS No. \_\_\_\_\_

Application No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Recipient \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Part II – Key Individual Certification Narcotics Offenses and Drug Trafficking**

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**NOTICE:**

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

**Part III – Participant Certification Narcotics Offenses and Drug Trafficking**

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**NOTICE:**

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

**Part IV – Certification of Compliance with the Standard Provisions Entitled “Condoms” and “Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking.”**

*Applicability: This certification requirement only applies to the prime recipient. Before a U.S. or non-U.S. non-governmental organization receives FY04-FY08 HIV/AIDS funds under a grant or cooperative agreement, such recipient must provide to the Agreement Officer a certification substantially as follows:*

“\_\_\_\_\_ [Recipient's name] certifies compliance as applicable with the standard provisions entitled “Condoms” and “Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking” included in the referenced agreement.”

RFA/APS No. \_\_\_\_\_

Application No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Applicant/Subgrantee \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

**Part V – Survey on Ensuring Equal Opportunity for Applicants**

*Applicability: All RFA's must include the attached Survey on Ensuring Equal Opportunity for Applicants as an attachment to the RFA package. Applicants under unsolicited applications are also to be provided the survey. (While inclusion of the survey by Agreement Officers in RFA packages is required, the applicant's completion of the survey is voluntary, and must not be a requirement of the RFA. The absence of a completed survey in an application may not be a basis upon which the application is determined incomplete or non-responsive. Applicants who volunteer to complete and submit the survey under a competitive or non-competitive action are instructed within the text of the survey to submit it as part of the application process.)*

Survey on Ensuring Equal Opportunity for Applicants,  
<http://www2.ed.gov/fund/grant/apply/appforms/surveyeo.pdf>

**Part VI – Other Statements of Recipient**

**1. Authorized Individuals**

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

| Name  | Title | Telephone No. | Facsimile No. |
|-------|-------|---------------|---------------|
| _____ | _____ | _____         | _____         |
| _____ | _____ | _____         | _____         |
| _____ | _____ | _____         | _____         |

**2. Taxpayer Identification Number (TIN)**

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: \_\_\_\_\_

**3. Data Universal Numbering System (DUNS) Number**

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.

(8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at [globalinfo@dbisma.com](mailto:globalinfo@dbisma.com). The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: \_\_\_\_\_

**4. Letter of Credit (LOC) Number**

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: \_\_\_\_\_

**5. Procurement Information**

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

\$ \_\_\_\_\_

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION(Generic) \_\_\_\_\_

QUANTITY \_\_\_\_\_

ESTIMATED UNIT COST \_\_\_\_\_

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componentry, which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in

which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items do not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods, which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION \_\_\_\_\_  
QUANTITY \_\_\_\_\_  
ESTIMATED GOODS \_\_\_\_\_  
PROBABLE GOODS \_\_\_\_\_  
PROBABLE (Generic) \_\_\_\_\_  
UNIT COST \_\_\_\_\_  
COMPONENTS \_\_\_\_\_  
SOURCE \_\_\_\_\_  
COMPONENTS \_\_\_\_\_  
ORIGIN \_\_\_\_\_

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION \_\_\_\_\_  
QUANTITY \_\_\_\_\_  
ESTIMATED \_\_\_\_\_  
PROBABLE \_\_\_\_\_  
INTENDED USE (Generic) \_\_\_\_\_  
UNIT COST \_\_\_\_\_  
SOURCE \_\_\_\_\_  
ORIGIN \_\_\_\_\_

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION \_\_\_\_\_  
QUANTITY \_\_\_\_\_  
ESTIMATED \_\_\_\_\_  
PROBABLE SUPPLIER \_\_\_\_\_  
NATIONALITY \_\_\_\_\_  
RATIONALE (Generic) \_\_\_\_\_

UNIT COST (Non-US Only) \_\_\_\_\_  
FOR NON-US \_\_\_\_\_

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION(Generic) \_\_\_\_\_  
QUANTITY \_\_\_\_\_  
ESTIMATED UNIT COST \_\_\_\_\_  
PROPOSED DISPOSITION \_\_\_\_\_

**6. Past Performance References**

On a continuation page, please provide past performance information requested in the RFA.

**7. Type of Organization**

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a state or local governmental organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or (b) If the recipient is a non-U.S. entity, it operates as [ ] a corporation organized under the laws of \_\_\_\_\_ (country), [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a nongovernmental educational institution, [ ] a governmental organization, [ ] an international organization, or [ ] a joint venture.

**SECTION E - ANNEXES**

**ANNEX 1 - LIST OF REFERENCE MATERIALS**

Links to the following documents are provided to prospective applicants as reference only. None of the information contained in these documents should be viewed as an official endorsement of a particular approach or strategy in responding to this RFA.

- 1. Summary of the Knowledge, Attitudes and Practices (KAP) and Contraceptive Security (CS) Assessments supported by USAID in October-November 2010,**

<http://ukraine.usaid.gov/arc.shtml>

- 2. 2007 Ukraine Demographic and Health Survey (DHS),**

<http://www.measuredhs.com/pubs/pdf/FR210/FR210.pdf>

- 3. Together for Health/John Snow International Resource Materials,**

<http://tfh.jsi.com/Resources/resources.htm> or <http://ukraine.usaid.gov/arc.shtml>

**ANNEX 2 - COST APPLICATION FORMAT**

|                                | <u>Year 1</u> | <u>Year 2</u> | <u>Year 3</u> | <u>Year 4</u> | <u>Year 5</u> | <u>TOTAL</u> |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|--------------|
| <b>PERSONNEL:</b>              |               |               |               |               |               |              |
| Expatriate                     |               |               |               |               |               |              |
| Home Office                    |               |               |               |               |               |              |
| Local (CCN/TCN)                |               |               |               |               |               |              |
| <b>FRINGE BENEFITS:</b>        |               |               |               |               |               |              |
| Expatriate                     |               |               |               |               |               |              |
| Home Office                    |               |               |               |               |               |              |
| Local (CCN/TCN)                |               |               |               |               |               |              |
| <b>TRAVEL:</b>                 |               |               |               |               |               |              |
| In-Country                     |               |               |               |               |               |              |
| International                  |               |               |               |               |               |              |
| <b>EQUIPMENT:</b>              |               |               |               |               |               |              |
| .....                          |               |               |               |               |               |              |
| <b>SUPPLIES:</b>               |               |               |               |               |               |              |
| .....                          |               |               |               |               |               |              |
| <b>CONTRACTUAL:</b>            |               |               |               |               |               |              |
| .....                          |               |               |               |               |               |              |
| <b>OTHER DIRECT COSTS:</b>     |               |               |               |               |               |              |
| .....                          |               |               |               |               |               |              |
| <b>OTHER (i.e. subgrants):</b> |               |               |               |               |               |              |
| .....                          |               |               |               |               |               |              |
| <b>TOTAL DIRECT COSTS:</b>     |               |               |               |               |               |              |
| <b>INDIRECT COSTS:</b>         |               |               |               |               |               |              |
| .....                          |               |               |               |               |               |              |
| <b>TOTAL INDIRECT COSTS:</b>   |               |               |               |               |               |              |
| <b>TOTAL ESTIMATED COST:</b>   |               |               |               |               |               |              |

**ANNEX 3 - ENVIRONMENTAL COMPLIANCE FACESHEET AND INITIAL  
ENVIRONMENTAL EXAMINATION (IEE)**

[attached]



**U.S. Agency for International Development  
INITIAL ENVIRONMENTAL EXAMINATION  
Healthy Women of Ukraine Program  
USAID Ukraine**

**A. PROGRAM AND ACTIVITY DATA**

**PROJECT NAME:** Healthy Women of Ukraine Program

**ASSISTANCE OBJECTIVE:** Investing in People

**PROGRAM AREA:** Health

**COUNTRY:** Ukraine

**ORIGINATING OFFICE:** OHST

**DATE:** 04/19/2011

**IEE AMENDMENT:** Yes  No

**DCN OF ORIGINAL IEE:** N/A

**PURPOSE OF AMENDMENT:** N/A

**IMPLEMENTATION START:** 09/30/2011

**IMPLEMENTATION END:** 09/30/2017

**LOP AMOUNT:** \$10,000,000

**AMENDMENT FUNDING AMOUNT:** N/A

**CONTRACT/AWARD # IF KNOWN:** N/A

**Environmental Media and/or Human Health Potentially Impacted (check all that apply):**

None  Air  Water  Land  Biodiversity  Human health  Other

**Environmental Action Recommended:**

Categorical Exclusion:  Positive Determination:

Negative Determination:  Deferral:

Negative Determination with Conditions:  Exemption:

## **B. BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION**

The purpose of the Healthy Women of Ukraine Program is to protect the reproductive health of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancies and associated abortions.

The program aims to achieve three results: to enable women and couples to make informed family planning and reproductive health choices; to improve the family planning service provider knowledge of modern family planning methods and their clinical and counseling skills in order to address existing misinformation and fear of hormonal methods; and to promote a national and regional policy environment conducive to family planning and reproductive health.

Priority will be given to the 11 oblasts of Ukraine and the city of Kiev, which did not receive USAID assistance in FP/RH from 2005-2011. The determining factors for prioritizing oblasts will be existing need and commitments. All planned activities will be aligned with the Program Description.

The primary beneficiaries of family planning services supported through HWUP will be women of reproductive age (WRA) with a special focus on younger women and couples at greater risk of multiple unplanned pregnancies and abortions. HWUP is expected to develop and roll-out the best training, education and information dissemination practices to reach WRA nationwide with FP/RH information and messages to increase women's choices of methods appropriate for the couples' life stage and needs. HWUP will provide couples and family planning providers with information to make an informed decision about contraception. This change will involve introducing the benefits of more effective longer-term contraceptive methods and educating providers who have biases against some modern methods. It will also provide clients with critical information necessary for effective use of modern FP methods.

In Year 2, USAID/Ukraine will provide \$300,000 for procurement of contraceptives that will be ordered through USAID/Washington's central contraceptive procurement mechanism. No condoms will be purchased by USAID. Other contraceptive methods may include intrauterine devices (IUDs) and hormonal contraceptives. These commodities will be distributed by the HWUP in the project's target oblasts in accordance with the existing Logistics Management Information System. Commodities will be distributed to facilities where relevant health administrators and providers have been trained in the use of the system in the new HWUP oblasts if there is a need.

Contraceptives will only be provided to government health facilities where providers have been trained in their prescribed use. These facilities follow Government of Ukraine's (GOU) strict medical waste disposal procedures, which includes proper handling by authorized medical waste disposal companies. Additionally, sharps boxes will be supplied if not on site when contraceptives are distributed in the event that USAID provides Depo-Provera. Used intrauterine devices (IUDs) and expired hormonal products will be disposed of using the GOU's medical waste handling procedures. Spot checks will be conducted by USAID.

**USAID/Ukraine - Healthy Women of Ukraine Program**

**COUNTRY AND ENVIRONMENTAL INFORMATION (BASELINE INFORMATION)****a. Country Information**

Ukraine's population is one of the largest in Europe, but has been shrinking over the last ten years from around 52.2 million in 1993 to around 46.0 million in 2010. Although mortality and emigration have contributed to this negative population growth, the low fertility rate (1.2) has been the major contributing factor. The GOU is concerned about its declining population and has introduced financial incentives to encourage couples to have additional children. Additionally, Ukraine has a relatively high abortion rate. Given this context, the appropriate and consistent use of FP/RH methods would improve health outcomes for women of reproductive age and build upon the gains made under the current project. By bringing evidence-based international standards to family planning services, HWUP aims to achieve the program results as outlined in the program description and described above.

**b. Baseline Environmental Information**

Proper disposal of medical waste products will minimize health risks to people and the environment. The Ukrainian legal framework for environmental and public health protection is quite extensive. The list of program relevant laws includes Natural Environment Protection Law (1991), HIV/AIDS Prevention Law (1992), Health Protection Fundamentals Law (1993), Public Sanitary & Epidemic Safety Law (1994), Ecological Expertise Law (1995), Water Code (1995), Medicines Law (1996), Waste Law (1998), Public Infection Protection Law (2000), Unsafe Product Disposal Law (2000), Land Code (2001), Drinking Water Law (2002), Land Protection Law (2003), Environmental Audit Law (2004), and Ecological Policy Fundamentals Law (2010).

According to Ukrainian legislation, environmental protection encompasses all actions intended to preserve a safe environment for every living and non-living thing, to protect human life and health from the negative effect of environmental pollution, to achieve a balance between people and nature, and to protect, use rationally, and reproduce natural resources. Protecting human health includes actions intended to preserve and develop personal physiological and psychological functions, as well as optimal working ability and social activity, within the longest biological lifetime. Ukrainian environmental and health protection legislation makes practically no distinction among the sectors of the national economy and usually has general requirements for environmental protection. Due to the incomplete legal framework for proper medical waste disposal, there may be associated risks to people and the environment.

## D. EVALUATION OF ACTIVITY WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL AND IDENTIFICATION OF MITIGATION MEASURES

**Objective 1** – Enable women of reproductive age (WRA) and couples to make informed FP and RH choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual’s or couple’s life stage. If undertaken, selected activities will require the implementer to advocate safe medical waste disposal practices.

| <b>Table 1. Objective 1 - Illustrative activities, Potential Environmental Impacts, Recommended Environmental Determination, and Mitigation Measures/Conditions</b>                          |  |   |   |
|--|--|---|---|
| <b>Illustrative Activities</b>   | <b>Potential Impacts</b>                               | <b>22 CFR 216 Environmental Determination</b>   | <b>Mitigation Measures/Conditions</b>   |
| 1.1 Assistance in designing, conducting, and evaluating a national and regional communication strategies   | No adverse impacts are likely                          | Categorical Exclusion is recommended per 216.2.(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, 216.2(c)(2)(viii) - programs involving family planning services, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning | Not required  |
| 1.2 Assistance in developing and/or distributing public information, education, and communication (PIEC) materials   | Potential impacts on human health, land, water and air | Negative Determination with conditions recommended per 216.3(a)(2)(iii)   | If the topic of these activities is one that inherently affects the environment and involves use and disposal of medical waste, then the materials should include information on safe medical waste disposal. |
| 1.3 Assistance to selected NGO in building their capacity in strategic planning, designing and conducting modern FP/RH communication and advocacy campaigns, monitoring and evaluating FP/RH | No adverse impacts are likely                          | Categorical Exclusion is recommended per 216.2.(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to   | Not required  |

| <b>Table 1. Objective 1 - Illustrative activities, Potential Environmental Impacts, Recommended Environmental Determination, and Mitigation Measures/Conditions</b> |  |   |   |
|---|--|---|---|
| <b>Illustrative Activities</b>  | <b>Potential Impacts</b>                               | <b>22 CFR 216 Environmental Determination</b>                           | <b>Mitigation Measures/Conditions</b>   |
| policies and programs   |  | engage in development planning  |   |
| 1.4 Assistance to selected NGOs in maintaining an office and acquiring office equipment   | Potential impacts on human health, land, water and air | Negative Determination with conditions recommended per 216.3(a)(2)(iii) | The implementer will ensure that the assisted NGOs properly transport, use, and dispose of office equipment |

**Objective 2** – Improve FP service provider knowledge of modern FP methods, and their clinical and counseling skills to provide an informed choice of appropriate contraceptive methods and to address misinformation and concern about hormonal methods. If undertaken, selected activities will require the implementer to advocate safe medical waste disposal practices.

| <b>Table 2 Objective 2 - Illustrative activities, Potential Environmental Impacts, Recommended Environmental Determination, and Mitigation Measures/Conditions</b> |   |   |  |
|--|---|---|--|
| <b>Illustrative Activities</b>   | <b>Potential Impacts</b>                                | <b>22 CFR 216 Environmental Determination</b>   | <b>Mitigation Measures/Conditions</b>  |
| 2.1 Help the GOU update the FP/RH in-service training materials  | Potential impacts on human health, biodiversity and air | Negative Determination with conditions recommended per 216.3(a)(2)(iii)   | If the topic of these training sessions or materials is one that inherently affects the environment and involves use and disposal of medical waste, then the training program should include information on safe medical waste disposal. |
| 2.2 Help the GOU design and conduct training sessions for FP/RH service providers  | No adverse impacts are likely                           | Categorical Exclusion is recommended per 216.2.(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, 216.2(c)(2)(viii) - programs involving family planning services, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning | Not required   |

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| <b>Table 2 Objective 2 - Illustrative activities, Potential Environmental Impacts, Recommended Environmental Determination, and Mitigation Measures/Conditions</b> |   |  |  |
|--|---|--|--|
| <b>Illustrative Activities</b>   | <b>Potential Impacts</b>                                | <b>22 CFR 216 Environmental Determination</b>  | <b>Mitigation Measures/Conditions</b>  |
| 2.3 Help the GOU establish five FP/RH Centers of Excellence  | No adverse impacts are likely                           | Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, 216.2(c)(2)(viii) - programs involving family planning services, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning | Not required   |
| 2.4 Help the GOU update the FP/RH pre-service training materials   | Potential impacts on human health, biodiversity and air | Negative Determination with conditions recommended per 216.3(a)(2)(iii)  | If the topic of these training sessions or materials is one that inherently affects the environment and involves use and disposal of medical waste, then the training should include information on safe medical waste disposal. |

**Objective 3** – Promote a national and regional policy environment conducive to FP and RH. If undertaken, some activities will require the implementer to advocate safe medical waste disposal practices. If undertaken, selected activities will require the implementer to advocate safe medical waste disposal practices.

| <b>Table 3 Objective 3 - Illustrative activities, Potential Environmental Impacts, Recommended Environmental Determination, and Mitigation Measures/Conditions</b> |   |   |   |
|--|---|---|---|
| <b>Illustrative Activities</b>   | <b>Potential Impacts</b>                                | <b>22 CFR 216 Environmental Determination</b>                           | <b>Mitigation Measures/Conditions</b>   |
| 3.1 Help the GOU develop and/or update the FP/RH policies  | Potential impacts on human health, biodiversity and air | Negative Determination with conditions recommended per 216.3(a)(2)(iii) | If the policies inherently affect the environment and involve use and disposal of medical waste, then the policies should include information on safe medical waste disposal. |

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| <b>Table 3 Objective 3 - Illustrative activities, Potential Environmental Impacts, Recommended Environmental Determination, and Mitigation Measures/Conditions</b>        |                               |  |                                       |
|---|-------------------------------|--|---------------------------------------|
| <b>Illustrative Activities</b>  | <b>Potential Impacts</b>      | <b>22 CFR 216 Environmental Determination</b>  | <b>Mitigation Measures/Conditions</b> |
| 3.2 Help the GOU monitor the implementation of FP/RH policies   | No adverse impacts are likely | Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, 216.2(c)(2)(viii) - programs involving family planning services, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning | Not required                          |
| 3.3 Assistance to selected NGOs to build their capacity to monitor and evaluate FP/RH policies and programs and advocate necessary changes in those policies and programs | No adverse impacts are likely | Categorical Exclusion is recommended per 216.2(c)(2)(i) - technical assistance & training programs, 216.2(c)(2)(iii) – analyses & meetings, 216.2(c)(2)(v) - document and information transfers, and 216.2(c)(2)(xiv) - studies, projects or programs intended to develop the capability of recipient countries to engage in development planning  | Not required                          |

## **E. RECOMMENDED ENVIRONMENTAL ACTIONS**

### **1. Recommended Environmental Threshold Determinations:**

#### **Categorical Exclusions:**

A categorical exclusion is recommended for the following activities:

- A Categorical Exclusion pursuant to 22 CFR 216.2(c)(2)(i) for education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as the construction of facilities, etc.) is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(iii) for analyses, studies, academic or research workshops and meetings is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(v) for document and information transfers is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.

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- A Categorical Exclusion pursuant to 216.2(c)(2)(viii) for programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.) is recommended for activities 1.1, 2.2, 2.3, and 3.2 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.) is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.

Per 22 CFR 216.2(c)(1), neither an IEE nor an EA is required for activities which are determined to fall within one or more of the classes of activities listed in 22 CFR 216.2(c)(2).

**Negative Determination with Conditions:**

A Negative Determination with Conditions is recommended for activities 1.2, 1.4, 2.1, 2.4, and 3.1 from the Section D tables.

**2. Conditions and Mitigation Measures**

1. Implementer will include information on safe medical waste disposal in all public information, education, and communication materials developed and/or distributed if the topic of these activities is one that inherently affects the environment and involves use and disposal of medical waste.
2. Implementer will include information on safe medical waste disposal in all training materials produced for and/or distributed among FP/RH service providers and medical school students if the topic of these training sessions or materials is one that inherently affects the environment and involves use and disposal of medical waste.
3. Implementer will include information on safe disposal in all policy documents prepared for and transferred to the GOU if the policies inherently affect the environment and involve use and disposal of medical waste.
4. The implementer will make every effort to ensure that the assisted NGOs properly transport, use, and dispose of office equipment.
5. The USAID Agreements Officer will specify this wording in the USAID cooperative agreement. The implementing partner will provide USAID with evidence that the recipient organizations followed all applicable environmental laws.
6. USAID will conduct spot checks during site visits of the disposal of expired contraceptives and medical waste generated by USAID-supported family planning and reproductive health training and education programs.

## **F. MANDATORY INCLUSION OF ENVIRONMENTAL COMPLIANCE REQUIREMENTS IN SOLICITATIONS, AWARDS, BUDGETS AND WORKPLANS**

- Appropriate environmental compliance language shall be included in solicitations and awards for this activity with an appropriate level of funding and staffing to satisfy the environmental compliance requirements set forth in this IEE.
- Adherence to the conditions set forth in this IEE shall be included as project's PMP indicator(s). At least one indicator for environmental compliance will be selected in consultation with the Mission Environmental Officer (MEO) and included in the project's PMP.
- Implementer will incorporate conditions set forth in this IEE into the work plans.

## **G. LIMITATIONS OF THE IEE:**

This IEE does not cover activities involving:

- Classes of actions normally having a significant effect on the environment pursuant to 22 CFR 216.2(d):
  - Programs of river basin development;
  - Irrigation and water management;
  - Agricultural land leveling;
  - Drainage projects;
  - Large scale agricultural mechanization;
  - Resettlement projects;
  - New land development;
  - Penetration road building and road improvement;
  - Power plants;
  - Industrial plants;
  - Potable water and sewerage projects.
- Activities effecting endangered species or introducing exotic species.
- Support to extractive industries (e.g. mining and quarrying).
- Support for activities that promote timber harvesting;
- Construction, reconstruction, rehabilitation, or renovation work.
- Activities involving support to agro-processing, industrial enterprises, and regulatory permitting.
- Potential activity components dealing with privatization of industrial facilities or infrastructure with heavily polluted property.
- Project preparation, project feasibility studies, and infrastructure investments for projects that may have a potentially significant impact on the environment.
- Assistance for the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, cleanup of spray equipment, and disposal) of pesticides or activities involving the procurement, transport, use, storage, or disposal of toxic materials. "Pesticides" cover

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all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act.

- The procurement or use of genetically modified organisms.
- Development credit authority (DCA) or Global Development Alliance (GDA) programs.

Any of the above actions would require an amendment to the IEE approved by the E&E Bureau Environmental Officer (EE/BEO).

## **H. REVISIONS:**

Pursuant to 22 CFR 216.3(a)(9), if new information becomes available that indicates that activities covered by the IEE might be considered “major” and their effect “significant,” or if additional activities are proposed that might be considered “major” and their effect “significant,” this recommendation for Categorical Exclusion and Negative Determination with conditions will be reviewed and, if necessary, revised by the MEO with concurrence by the EE/BEO. It is the responsibility of the USAID AOTR to keep the MEO and BEO informed of any new information or changes in the activity that might require revision of the IEE.

## **I. RECOMMENDED ENVIRONMENTAL THRESHOLD DECISION**

A categorical exclusion is recommended for the following activities:

- A Categorical Exclusion pursuant to 22 CFR 216.2(c)(2)(i) for education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as the construction of facilities, etc.) is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(iii) for analyses, studies, academic or research workshops and meetings is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(v) for document and information transfers is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(viii) for programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.) is recommended for activities 1.1, 2.2, 2.3, and 3.2 from the Section D tables.
- A Categorical Exclusion pursuant to 216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.) is recommended for activities 1.1, 1.3, 2.2, 2.3, 3.2, and 3.3 from the Section D tables.

A Negative Determination with Conditions is recommended for activities 1.2, 1.4, 2.1, 2.4, and 3.1 from the Section D tables.

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**USAID Approval of Recommended Environmental Threshold Decision:**

|              |   |                          |
|--------------|---|--------------------------|
| Approval :   | <u>Sarah Wines</u><br>S. Wines, Acting Mission Director                             | <u>5/19/11</u><br>Date   |
| Clearance:   | <u>P. Duffy</u><br>P. Duffy, Deputy Mission Director                                | <u>5/16/11</u><br>Date   |
| Clearance:   | <u>MP</u><br>Milan Pavlovic, Regional Legal Advisor                                 | <u>5/17/11</u><br>Date   |
| Clearance:   | <u>Peter Duffy</u><br>Peter Duffy, Supervisory Regional Program Officer             | <u>5/5/11</u><br>Date    |
| Clearance:   | <u>Peter Luzik</u><br>Peter Luzik, Mission Environmental Officer                    | <u>5/5/11</u><br>Date    |
| Clearance:   | <u>Judy Chon</u><br>Activity Manager  | <u>5/5/11</u><br>Date    |
| Concurrence: | <u>Peter Luzik</u><br>Peter Luzik, Originator/Preparer                              | <u>5/5/11</u><br>Date    |
|              | <u>Barbara R. Britton</u><br>Barbara R. Britton<br>E&E Bureau Environmental Officer | <u>5/20/2011</u><br>Date |

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