



2019 Family Planning Planning Sample Grant Application

Here is an example of an application we love from the 2019 grant cycle. We are sharing this so future applicants may have a sense of what we're looking for in a proposal. Organizations of all types and sizes apply to us with various levels of detail in their answers and data. The following is a good example of what we would expect in a smaller organization's proposal.

How would you describe what your organization does to an interested non-expert?

Public Health Ambassadors Uganda (PHAU) is a not for profit youth led and serving organisation working on issues of Sexual and reproductive health and HIV prevention awareness for young people through youth empowerment programmes, ICT, social entrepreneurship and entertainment education.

What current family planning programming do you have? How does it fit within your overall programming?

Currently, PHAU is supporting PSI Uganda in creating demand for sexual and reproductive health services with a focus on long term methods through a network of private health facilities known as "Profam" Clinics. PHAU trains a specific number of peer mobilizers who conduct door to door mobilization and later refer young people for services. In addition, PHAU conducts facility events that attract young people to receive free family planning methods, radio talk shows, training of health providers in provision of youth friendly services. Lastly, an e-referral system to track effective and complete referral for clients from the community to the clinic. This current family planning programme fits into our overall SRHR thematic area purposed to increasing access to age appropriate information and services using youth friendly models

Number of paid staff and basic list of positions

13 Paid staff including Team Leader, Finance Manager, Programmes Coordinator, MEAL Manager, Creative Arts Manager, Office Manager, Accountant, Project Officers, Communications Officers, Data Clerk

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What problems with access to family planning supplies/information/rights do you have within your community? How do you know? What kinds of needs assessment(s) did you complete within the community?

PHAU is working in Eastern Uganda, specifically Iganga District, under the YoSpace Project with support from PSI Uganda. In Iganga, at least 93% of adolescents out of school aged between 10-19 years are sexually active, according to the study findings of Nsamizi Training Institute of Social Development (2019). 20.7% of adolescents aged between 15-19 in Eastern Uganda have begun childbearing, with 15.6% of girls aged 15-19 having already given birth, and 5.1% pregnant with their first child, according to the Uganda Demographic Health Survey 2016. According to UNFPA 2017, 49% of the sexually active adolescents used a contraceptive method the last time they had sex. The underlying reasons are centered around inadequate access to age appropriate SRHR information. Iganga District does not have functional youth friendly centers to attract young people to receive free SRHR services and faces family planning commodities/supplies stock outs in public health facilities. Furthermore, young people find it hard to relate to health workers that are not in their age range (Iganga Islamic Health Centre, for example, has no young health worker including no youth among the 4 Interpersonal Communication agents attached to it). Health centers do not have a specific health day for the youth, except for those that are HIV positive. Health services and supplies are also costly, for example for STD treatment and harm reduction, yet the majority of youth are dependent on their parents as their source of income. Lastly, there are religious barriers for youth accessing proper SRHR services, for example, in Iganga, the population is predominantly Islamic, so parents and religious leaders are often pushing for early marriages and do not support family planning, especially among young people.

A recent documentary on Teenage Pregnancy in Eastern Uganda, in Kamuli District which just next to Iganga District: https://www.youtube.com/watch?v=hq_LzjQvpfM

How did you determine that your program(s) will solve the problem(s)?

PHAU, in partnership with PSI Uganda conducted an illuminating Human Centred Design (HCD) process whereby 15 young Ugandans shared the problems they face around accessing and using high quality SRH information and services, and possible solutions to these problems. With the young people, we brainstormed, conceptualized, visualized, and developed solutions which brought out the need to have their own brand to identify with, advocacy engaging parents, teachers and health workers, peer education, affordable services and using interactive and fun communication channels. This resulted in the creation of a youth health brand known as “YoSpace”, designed by young people for young people, to increase access and uptake of youth-friendly Sexual Reproductive Health (SRH) information and services. “YoSpace” was created as a platform for young people to feel comfortable and safe to access high quality SRH information and services at health centres. “YoSpace” has been implemented in over 6 districts including; Wakiso, Luwero, Jinja, Hoima, Masindi, Bushenyi, Kabarole. Currently, “YoSpace” is being implemented in Iganga District through a network of Private clinics known as ‘Profams’ with support from PSI Uganda.

Who do you serve with your family planning programs?

In 2019, PHAU is supporting the "YoSpace" project in Iganga District which targets young people, focusing on increasing uptake of family planning services among adolescent girls between the ages of 15 to 24 years, both in and out of school. However services are available for anyone including women and men of any age who can receive information during mobilisation drives, door to door and health facility sessions.

How and why did you decide to focus on your current beneficiaries in your family planning work?

The overall state of SRHR for young people in Uganda is extremely concerning, when compared with global data. For instance, according to the World Bank (2016), the adolescent fertility rate (births per 1000 women ages 15-19) stands at 121% for Uganda, compared to 45.3% globally. There is also a high unmet need for contraceptives in Uganda, at 41%, and only 24% of currently married women reporting current use of contraception (UDHS, 2016).

The data further shows evidence of inadequate or lack of accurate SRHR information and services among young people in Uganda. For instance, teenage pregnancy is higher among uneducated girls. 45% of girls without (that are not attending school) education

have already had a baby, compared to 16% of girls with secondary education (UBOS and Macro International, 2011).

Young people are poorly informed about issues such as HIV, STIs and family planning, making them more vulnerable to engage in risky sexual behaviours. Several myths and misconceptions exist among teenagers, for example 54% of young people think a girl cannot get pregnant the first time she has sex (Straight Talk Foundation, 2013). These statistics, combined with Uganda's increasing rate of population growth (3.3%), continue to hinder economic development, deepen poverty, and detract from the achievements that have been made in other social sectors.

Iganga District faces significant challenges regarding youth and SRHR. According to the District biostatistician, Iganga has total fertility rate of 7.3, the contraceptive prevalence rate is 29.4% and the estimated unmet need for family planning is 48.8%. The average school dropout rate is 16% and most of these children are girls that are forced to leave school due to teen pregnancy. It's against this background that we decided to focus on young people as our primary beneficiaries in the "Yospace" project in Iganga. We have previously implemented the same project for PSI successfully in other districts in 2018, including Kabarole and Bushenyi.

Who in your organization is responsible for collecting data and tracking progress toward your family planning goals? What does their work look like?

At PHAU, we have a dedicated M&E department that is responsible for collecting data and tracking progress of the key project deliverables. PHAU has a Senior MEAL Manager supported by a team of data clerks to ensure data (e.g. number of effective referrals by Peer Mobilizers to 'Profam' clinics for family planning services among adolescent girls aged 15-24) is sorted, cleaned and entered in DHIS II, an online platform that we are using to track our project indicators. DHIS II is hosted by our partners PSI Uganda, who provide routine support in data management for our team.

What assumptions did you have to assess on the road to achieving your expected program results?

- Young people are better reached with health information through fellow young people, and this includes educating and mobilizing them for family planning services.
- Young people can be reached with age appropriate information on family planning through fellow Peer Mobilizers, radio talk shows, mobile community

drives, radio jingles - Young people have a need and want for family planning services when provided with informed choices and access

- Health providers at 'Profam' Clinics have been trained in the provision of youth friendly services and issues of quality assurance, hence they can handle young people from different backgrounds and cultures

Please provide an example of a family planning program you had for at least one year. What outputs and outcomes did you measure? Did you collect any data that demonstrated long-term impact?

We measured the following outputs for the 'YoSpace' project carried out in Masindi District in 2018: - Number of Peer Mobilizers trained in referring and sensitizing youth in the community for uptake of PAC, harm reduction and FP services. Total trained was 32 Peer Mobilizers.

- The number of people who attended voluntary HIV testing 467 students from Kyema technical college, 75 from Kabalye police barracks, 221 residents of Kijurra Town, 51 residents of Kyatiri Town, 223 tested for HIV at Kabango Community outreach, 151 residents of Pakanyi, 200 residents of Bulima, 326 at Booma Grounds FP Concert.
- The number of people accessing Family Planning services during outreaches. 33 women received from Kyema technical college, 54 Kabalye Police barracks, 55 from Kijurra Town, 52 from Kyatiri Town, 78 from Kabango Community, 52 from Pakanyi, 72 young women from Bulima, 81 at Booma Grounds FP Concert. We measured the specific methods chosen.
- Number of youths sensitized in the community on FP, PAC 500 students of Kyema Technical college were reached with SRHR information during outreaches, 300 residents of Kabalye police barracks including 100 youth engaged in FGDs, 1000 residents of Kijura Town, 500 residents of Kyatiri Town, over 600 during an outreach at Kabango, 1000 residents of Pakanyi, 1000 residents of Bulima, 12,000 young people at Booma Grounds FP Concert. 2 radio talk shows were aired on Bunyoro Services and 80 radio jingles in 4 languages. Through door to door mobilisations, a total of 16,301 young people were reached in Masindi District (15,415 young women and girls directly referred to FP services at Profams).

We measured the number of condoms distributed as an effective means of HIV prevention and family planning.

How do you know that your family planning intervention(s) is/are working?

With support from PSI Uganda, we have agreed on targets for reaching young people with SRHR information using unique youth friendly approaches such as the use of peer mobilizers, community mobile drives, radio talks shows, mobile outreaches to mention but few. This translates into the number of young people that come to receive services at the health facilities located within our communities. These numbers are tracked down by our peer educators who refer young people to the health facilities as well as the actual young people that have been recorded at the facility when they receive services. All this is monitored using a health information management system known as DHIS II that provides monthly reports on actuals Vs targets. This enables us to know that our interventions are actually impacting the community. Furthermore, we track down people from the community that have received services known as “certified users” in form of documenting success stories for the projects.

What other organizations provide family planning programs in your region and/or community? How does your work differ from theirs? How do you fit in the overall system?

There are a number of organisations that are providing family planning programs in Iganga District and these include; Reproductive Health Uganda, Wellshare International, Marie Stopes Uganda.

However PHAU is responsible for conducting overall demand creation for SRHR services for young people in Iganga district. Through the “YoSpace” program/brand, PHAU is tasked to use unique youth friendly approaches to reach young people during door to door mobilisations, and during events to provide free family planning services. Through the training of Peer Mobilizers who are also young people from the community, we reach out to adolescents with information on family planning options and encourage them to go for the services at the specific youth-friendly clinics. We use referral cards during door to door mobilisations that are given out by the Peer Mobilizers to each person reached with information, which can then be monitored when that person reaches the facility for the service from a qualified health worker. The cards are supported by the e-referral system that enables us to track effective and complete referrals at the facility. Our health facility events are also integrated with edutainment sessions purposed to appeal to young people, and through the brand of “YoSpace” (visible in the communities through banners, bright pink tshirts, ABS Boards at the facility etc) create awareness that they are safe spaces for young people to share their interest, concerns and perceptions around family planning and address myths and misconceptions on family planning.

What organizations or entities do you collaborate with and how? What is the desired impact of these collaborations?

PHAU has strong partnerships with a number of CSOs and NGOs working on SRHR for young people such as PSI Uganda which is responsible for quality assurance of SRHR services in the 'Profam' clinics as well as supplying of family planning commodities. PHAU also works with Iganga District Local Government, especially the District Health Office which is mandated to provide technical support to all implementing partners in the district.

What risks does your organization face in trying to complete its work?

Currently, our peer mobilizers are not in position to conduct health education sessions on family planning in schools, because the existing policies and guidelines in Uganda prohibit CSOs and NGOs from this. Despite this, the reality is that young people are sexually active and not informed about their rights, cannot make informed choices and therefore require sexuality education and access to family planning. As we cannot work in schools, we put our emphasis on young people out of school. However to target the youth who are also in school, PHAU has also organized community music concerts dubbed "Family Planning Mundongo", including in the districts of Bushenyi and Kabarole District, that can mobilize all young people to come and receive free integrated services such as family planning, HIV testing and counselling, cervical cancer screening and safe male circumcision, especially during the term/semester break. These concerts are organized in collaboration with other like-minded organisations, with strong involvement and support from local leaders.

What are two internal challenges you face? Provide an example of something that went wrong recently within the organization and how the team dealt with it.

1. Large expenses on outsourcing video production for documentation. As a solution we decided to hire a Communications Officer with expertise on videography and also high definition cameras so that we do some of the videos in-house. This greatly reduced the video documentation budget. We further secured a long term partnership with Bridge films, whereby they offer us services at a reduced cost.
2. Corporate communication Until last year we did not have office email addresses. We researched and came across google apps for businesses but at a high cost so we decided to utilise Zoho mail which allows us to have 15 free email addresses for our staff with a corporate brand appeal and to streamline our communication through this channel.

What are your current funding sources for your family planning programming and for how long do they last? If possible, please give us a breakdown of your current family planning funding sources out of 100%.

67% from Guttmacher Institute: USD30,000 1Year 33% from Populations Services International: USD15,000 1year renewable

What are your expected funding sources for 2020?

Population Services International

If you receive a grant from us, but you do not receive intended funding from other partners, what would you do? How would our grant be put to use?

The grant would be still used in Family Planning programming to increase the uptake of family planning services among young people. We shall continue to have partnerships with family planning service providers like Population Services International.