

## Addressing neglected areas of sexual and reproductive health and rights in sub-Saharan Africa (ANSRHRA)

### Anticipatory two-stage process for selection of implementation research teams: STAGE 1 - Call for letters of interest

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## SPONSORS

Addressing neglected areas of sexual and reproductive health and rights in sub-Saharan Africa (**ANSRHRA**) is an initiative of Canada's **International Development Research Centre** (IDRC) and other funding partners.

## IMPORTANT DATES

Call for letters of interest launch: March 18, 2024

Stage 1 information session webinar: March 26, 2024

Application deadline – letter of interest: May 13, 2024

Anticipated successful applicants notified: June 28, 2024

Anticipated proposal development workshop: July 16, 17 and 18, 2024

Anticipated deadline for submission of full proposal: October 7, 2024

Anticipated applicants notified of funding decisions: November 1, 2024

Funding period: 36 months

Anticipated funding of first cohort of implementation research teams: January 2025

Anticipated funding of second cohort of implementation research teams and Synergy Grants: Fall 2026

## OVERVIEW

ANSRHRA is an initiative to fund up to eight implementation research teams (IRTs) in the first cohort of projects (anticipated to be funded in the fall of 2024) and up to eight additional IRTs anticipated to be funded in the second cohort (to be funded in the fall of 2026). IRTs will develop and implement sustainable, equitable, evidence-based, scalable and gender-transformative interventions in areas of SRHR for underserved, including women and girls, in sub-Saharan Africa. For the purposes of this funding opportunity, neglected areas of SRHR include **improving access to family planning and contraceptive services, expanding access to safe abortion care where legally permitted and post-abortion care, upholding SRHR rights and ensuring access to services for adolescents, including comprehensive sexuality education, preventing sexual- and gender-based violence (SGBV) and improving services for people experiencing SGBV, and strengthening advocacy for SRHR.**

This initiative will be administered through two distinct calls. An anticipatory call for Health Policy and Research Organizations (HPROs) was issued in December 2023.

The ANSRHRA Initiative will also support two HPROs, one based in West and Central Africa, and another based in East and Southern Africa through a separate call. An HPRO is an independent, nonpartisan institution that supports knowledge mobilization and brokering to provide decision-makers with

evidence-based knowledge and guidance, to contribute to the development and implementation of evidence-informed, gender-transformative policies and practices that create and strengthen equitable health systems. More information on the role of HPROs in the ANSRHRA Initiative can be found in [Annex 2](#). Each funded IRT will be linked with one of the two HPROs to strengthen and amplify the findings of their research. **This document is the first step of the anticipatory second call to fund IRTs, as an open call for letters of interest (LOIs) addressing priority areas in sexual and reproductive health (SRHR) and rights in sub-Saharan Africa.**

## GEOGRAPHIC FOCUS

The geographic scope of this Initiative is sub-Saharan Africa and eligible countries are listed in [Annex 3](#).

## FOCUS POPULATIONS

This Initiative refers to **underserved populations**, which, in the context of neglected areas of SRHR, include but are not limited to **women and girls<sup>A</sup> facing multiple forms of social, economic and political exclusion across the life course**; adolescents, and particularly very young adolescents aged 10–14 years, including girls, boys and gender-diverse youth; older adults responsible for caregiving; LGBTQA+ people and people who identify with an underrepresented gender identity, including, but not limited to, transgender, non-binary, gender fluid and agender people; people living with disabilities; refugees, migrants and/or internally displaced people; people disproportionately affected by climate-change-related infections or conditions; Indigenous communities; people who use substances; and people engaged in sex work. Included in this definition of underserved populations are other communities facing disproportionate harm, exclusion and/or disadvantage based on local, national or regional legal, political and/or social conditions. Applicants are encouraged to describe how chosen target populations may be underserved with respect to accessing safe and high-quality services, leveraging legal instruments, policies and processes to exercise their rights, and participating in advocacy and accountability around neglected areas of SRHR. We acknowledge that there are many intersecting and overlapping identities among these listed groups, and that sex, gender and intersectional considerations must be incorporated across proposals.

## FUNDS AVAILABLE

- An anticipated total of CAD29.9 million will support the ANSRHRA Initiative, with anticipated approximately CAD19.1 million available to fund up to 16 implementation-research projects over two cycles.
- The total amount available for this anticipatory first cohort of letters of interest is up to CAD750,000 to fund up to 15 IRTs with proposal-development grants of CAD50,000 each for a duration of 3 months.

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<sup>A</sup> We refer to women and girls recognizing that these identities are conceptualized in a variety of ways. ANSRHRA goes beyond a singular focus on sex and gender binaries and includes the experiences and needs of all people who identify as a woman, girl, intersex and/or and underrepresented gender-identity, including but not limited to trans, non-binary, genderfluid and agender people (text adapted from CIHR's National Women's Health Research initiative: <https://cihr-irsc.gc.ca/e/53095.html> and IDRC's Glossary of Terms Related to Gender Equality and Inclusion: [https://idrc-crdd.ca/sites/default/files/2023-10/GEI%20Glossary%20EN\\_1.pdf](https://idrc-crdd.ca/sites/default/files/2023-10/GEI%20Glossary%20EN_1.pdf)).

- Successful applicants will be invited to submit full proposals for the second stage of this call, where approximately CAD9.6 million is anticipated to be available to fund a first cohort of up to eight full proposals of up to CAD1.2 million each, over a period of 36 months.
- A second call for letters of interest and full proposals is anticipated in 2026.

## DURATION

Successful applicants of Stage 1 will receive proposal-development awards for a duration of 3 months.

## BACKGROUND

Sexual and reproductive health and rights (SRHR) are foundational to people living full healthy lives in ways that enable them to contribute to prosperous, equitable and sustainable societies. Across the life course, when people can access quality SRHR information and services, and have decision-making power to exercise their rights, they can effectively contribute to their wellbeing and that of their families and communities. Respect for SRHR and improved access to SRHR services have immediate and longer-term benefits for health, particularly for reducing inequitable impacts of sexually-transmitted infections, but also for other spheres of life — from education, employment, livelihoods and access to resources such as land, credit and social capital. With greater choices and opportunities, adolescent girls can complete more years of school and obtain the education and skills they need to achieve their full potential.<sup>1</sup>

The international community has committed to improving SRHR through Sustainable Development Goal (SDG) 3: Good Health and Well-Being and specifically, through target 3.7 on “ensuring universal access to SRH care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.”<sup>2</sup> SRHR is also highlighted in target 5.6—under the gender equality goal, which aims to, “ensure universal access to sexual and reproductive health and reproductive rights,” in accordance with previously negotiated UN agreements.<sup>2</sup> There are, however, significant barriers to meaningful progress towards this goal, notably the under-funding and fragmentation of health, social and education systems, limited access to high-quality information and services related to SRHR, socio-cultural norms and beliefs and the misalignment between existing programs and services and the needs of many already underserved or marginalized populations.<sup>1</sup>

Sub-Saharan Africa has strong and growing civil society organizations committed to improving outcomes related to neglected areas of SRHR. It is also home to innovative and contextual approaches to address these challenges as well as powerful national and international legal instruments critical to addressing neglected areas of SRHR.<sup>3,4</sup> This includes the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, which guarantees comprehensive rights including the right to take part in the political process, to women’s social and political equality with men, autonomy in their reproductive health decisions, and prohibiting and condemning female genital mutilation.<sup>5</sup> This is but one example of many policies and guidance documents describing international, regional and national commitments to SRHR, many with a particular focus on underserved populations.

Opportunities to realize improved SRHR are complicated by the impacts of emerging and existing infectious diseases, such as COVID-19, and the direct and indirect effects of climate change, on already weak health and education systems. Such pressures lead to increased demand, reduction in provision,

and increased barriers to accessing SRH services.<sup>1,6</sup> The links between climate change and SRHR are complex, and include decreased access to contraceptive services and abortion care where legally permitted, increased risks for poor maternal and newborn outcomes due to increases in climate-related diseases, increasing food insecurity, increasing risk of GBV, child marriage and reduced capacity for climate-related shocks. These challenges are greatest among populations that already face discrimination in securing SRHR.<sup>6</sup> Despite these challenges, many governments and civil society organizations are building more responsive, resilient and integrated responses to address intersecting needs.<sup>7</sup> Targeted investments in SRHR can be an important catalyst to strengthen the existing momentum building across many communities, states and countries across the region.<sup>8, 9</sup> Moreover, such investments can help improve the preparedness of health systems to build resilience to future emergencies and/or disruptions.

This Initiative will build on the capacity of civil society organizations, researchers and research organizations, as well as policy and decision-makers and communities, to integrate gender-transformative approaches within implementation research. Focused on investments to **transform service design and delivery, strengthen the development and implementation of equitable and sustainable movements**, this Initiative will contribute to improved sexual and reproductive health and realization of rights, while also building systems and structures that enable and support underserved populations, including women and girls, to demand and benefit from the full spectrum of SRHR.

## A TRANSFORMATIVE FOCUS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Accelerating progress for underserved populations, including women and girls, requires more holistic views of SRHR with respect to **improving access to family planning and contraceptive services; expanding access to safe abortion care where legally permitted and post-abortion care; upholding SRHR rights and ensuring access to services for adolescents, including comprehensive sexuality education; preventing sexual- and gender-based violence (SGBV) and improving services for people experiencing SGBV; and strengthening advocacy for SRHR.**<sup>10</sup> These areas form the primary focus of this Initiative, where funded research teams must address at least one of these research areas. Each of these areas is described in more detail later in this call.

There is limited evidence on sustainable, equitable, evidence-based, scalable and gender-transformative interventions to transform service design and delivery, strengthen the development and implementation of policies, laws and legal instruments, and build equitable and sustainable SRHR movements that perpetuate the challenges facing underserved populations across sub-Saharan Africa.<sup>1</sup> Lack of or limited representation of underserved populations, including women and girls, in leadership and community engagement, limits the role that civil society plays alongside policymakers and practitioners to effectively address the root causes of poor SRHR.<sup>10</sup> ANSRHRA will generate and promote use of high-quality evidence towards the **greater realization of neglected SRHR by underserved populations, including women and girls in sub-Saharan Africa.**

Critical to the transformative potential of this Initiative is the **integration of implementation and gender-transformative research** that lays the foundation for sustainable and systems-level changes. Implementation research is the scientific inquiry into questions concerning the act of carrying an intervention into effect, which can be policies, programs, or individual practices, collectively referred to as interventions.<sup>11</sup> Implementation research develops tests and refines theories or hypotheses of how interventions can achieve their intended impacts across specific populations, understanding what works for whom, in what contexts, and why.<sup>12,13</sup> **Gender-transformative research** examines, questions, analyzes and builds an evidence base to inform long-term changes in structural power relations and norms, roles

and inequalities that define the differentiated experiences of women and men, girls and boys, and gender-diverse people for more equitable, fair and inclusive systems. This approach also strengthens the agency of groups at the individual, household and community levels. Integrating gender-transformative approaches as a part of implementation research deepens analysis by examining and driving societal transformations towards greater gender equality, while fostering social and political change through an action-oriented approach to research and learning.<sup>14</sup> Advancing transformative change through action-based learning requires an in-depth and multi-disciplinary understanding that integrates considerations of differential voice and power and how systems and structures shape health inequities and methodologies that can engage with and integrate different perspectives, knowledge paradigms and lived experience.<sup>15,16</sup>

## AIMS AND OBJECTIVES

The Initiative's overall aim is to support **greater realization of neglected SRHR by underserved populations, including women and girls, in sub-Saharan Africa.**

Aligned with the intermediate outcomes of the ANSRHRA's logic model ([Annex 1](#)), the specific objectives are to:

1. increase capacity to collaboratively generate evidence on the implementation of gender-transformative SRHR interventions
2. increase availability and mobilization of evidence on the implementation of gender-transformative SRHR interventions
3. increase demand by decision-makers for evidence on gender-transformative SRHR interventions
4. strengthen the use of evidence to advocate for promotion of SRHR, especially among underserved populations, including women and girls, and organizations that serve them
5. strengthen the use of evidence to hold communities, governments and other key stakeholders accountable for promotion of SRHR, especially among underserved populations, including women and girls, and organizations that serve them.

Expectations for successful IRTs specific to these objectives are described in more detail in [Annex 1](#).

## IMPLEMENTATION RESEARCH TEAM GRANTS

ANSRHRA is anticipated to provide up to 16 implementation-research grants of up to CAD1.2 million over a period of 36 months. Each funded project must have:

1. a principal applicant who is a sub-Saharan Africa-based researcher (citizen or permanent resident of an African country) with a position in an institution based in an eligible country;
2. a co-principal applicant who is a senior member of a civil society organization led by and/or prioritizing underserved populations, particularly women and girls, who has been active in supporting priority areas of SRHR based in the same country as the principal applicant's institution;

3. a co-principal applicant who is an **independent researcher** based in a Canadian institution;
4. a co-applicant who is a relevant local, district or national level decision-maker, based in the same country as the principal applicant's institution.

Additional co-applicant(s) may be based in countries other than that of the principal applicant or Canada. The affiliated institution of the principal applicant must be sub-Saharan African and have independent legal status and capacity to administer funds. United Nations agencies and international organizations based in Africa or overseas are not eligible. Organizations headquartered outside Africa are not eligible.

For both the LOI (Stage 1, described in this anticipatory call) and full proposal submissions (Stage 2- issued in a separate anticipatory call), an external scientific review committee (SRC) composed of international and multi-disciplinary experts will evaluate submissions. LOIs will be judged on their own merit according to the evaluation criteria outlined in this call as well as how they compare with other applications submitted.

Successful applicants at the LOI-stage are anticipated to receive a **proposal-development award of CAD50,000 each over 3 months**. Funds may be used to convene team members, build capacity in specific areas and conduct feasibility analysis, among other activities deemed necessary to prepare a full proposal. Teams who are successful at the LOI-stage will also be required to take part in a proposal-development workshop, where the principal applicant, co-principal applicants and the decision-maker co-applicant must participate. This workshop will provide training and orientation to support teams to develop strong proposals and implementation plans, while also offering an opportunity to teams to interact with regional and international experts.

## PRIORITY RESEARCH AREAS

Proposed implementation-research projects must address **at least one** of the priority areas of SRHR, address **all of the Initiative's objectives** (see [Annex 1](#)) and integrate the **core design elements** throughout the project's design. Successful applicants at the anticipatory LOI stage will be required to produce a full proposal, an implementation plan, related budget and timeline, and a publish-quality situation analysis by October 7, 2024. Teams may also include other areas of SRHR provided they justify why this area should be prioritized for gender-transformative implementation research with their focus population(s).

The **five priority areas** for the ANSRHRA Initiative are:

***Improving access to family planning and contraceptive services*** for those who want to delay or prevent pregnancy could prevent 67 million unintended pregnancies and avoid 35 million induced abortions across the globe.<sup>1</sup> Contraception that is both appropriate and accessible not only reduces risks related to sexually transmitted infections and unplanned or unwanted pregnancies, but also contributes to expanded education opportunities and choice for women and girls and expanded economic development.<sup>10</sup> Access to contraception is complicated by market-based measures as well as climate and humanitarian-related disasters, where underserved populations, and particularly women and girls, often face increased direct and indirect consequences from lack of access to contraceptive services.<sup>6</sup>

**Expanding access to safe abortion care where legally permitted and post-abortion care (APAC)** is an essential component of SRH services. Comprehensive APAC services include accessible and accurate health information, abortion management and post-abortion care, discussing and providing contraceptive care, combined with legislative protection for all those seeking and providing abortion-related care where legally permitted.<sup>17</sup> Alongside the scaling-up of contraceptive services, expanding access to safe APAC care where legally permitted remains necessary.

**Upholding SRHR rights and ensuring access to services for adolescents** is critical to meeting global health, economic and sustainability goals. **Comprehensive sexuality education (CSE)** programs empower children and young people to secure their health, wellbeing and dignity, develop respectful social and sexual relationships, consider how their choices affect their own wellbeing and that of others, and understand and ensure the protection of their rights throughout their lives.<sup>18</sup> Global systematic reviews have shown that successful CSE programs improve knowledge and self-esteem among adolescents, lead to more inclusive gender and social norms, delay sexual initiation, and contribute to the prevention of HIV and other sexually transmitted and blood-borne infections.<sup>1</sup> There are many lessons to be drawn from successful CSE programs implemented across sub-Saharan Africa; however, centering the voices and needs of adolescents and their caregivers, including older, often women, caregivers, remains an important area for improvement across most initiatives.<sup>19,20</sup> While comprehensive sexuality education in school is essential for raising awareness among adolescents, equally important is developing ways to reach out-of-school youth with this information.

**Preventing sexual and gender-based violence (SGBV) and improving services for people experiencing SGBV** is critical to empowering underserved populations, and particularly women and girls, to exercise their self-determination and autonomy related to their SRHR and all aspects of their lives. The intersections between SGBV and SRHR requires integrated, multi-sectoral prevention approaches across the life course that address root causes, while providing accessible, appropriate care to people of all age groups experiencing violence.<sup>1</sup> While SGBV exists across all sectors of society, some populations face higher risks.<sup>21</sup> Women and girls living in fragile states and conflict settings face heightened risks of SGBV and are underserved by existing programs.<sup>1</sup> The experiences of people who live with lifelong consequences of SGBV, including traumatic brain injuries and cognitive and mental health concerns, and its intersections with SRHR remain largely unexamined areas of research. Policy and legislative responses to SGBV are also important mechanisms to address underlying causes of SGBV, such as inclusive political participation and gender-responsive programming and service delivery.<sup>16</sup>

**Strengthening advocacy for SRHR** requires comprehensive approaches that cross public, political, health, economic and legislative spheres. Neglected areas of SRHR suffer from an underlying lack of political commitment, inadequate resources, persistent gender-based stigma and discrimination, and an unwillingness to openly and comprehensively address issues related to sexuality.<sup>1</sup> Stigma around sexual and reproductive rights remains a root driver for unmet needs. There is an important opportunity to advocate for the inclusion of SRHR generally, as well as in both the response to and prevention of climate and humanitarian crises, highlighting the intersections between SRHR, SGBV, harmful social norms and practices, climate change and social and political unrest.<sup>6</sup>

This Initiative has a **dual focus on advocacy as a priority area for implementation research as well as an expected outcome across all areas of SRHR**. Implementation-research projects implementing, evaluating, adapting and scaling evidence-based, community-informed SRHR advocacy initiatives would therefore be eligible for funding. This is intended to generate and translate evidence on gender-



transformative advocacy interventions as well as address the lack of evidence on how to effectively link and translate advocacy initiatives to build system sustainability and accountability across all areas of SRHR.<sup>1</sup>

## CORE DESIGN ELEMENTS

LOIs and full proposals will be evaluated on the extent to which they integrate each of the following **core design elements** into their proposed implementation-research projects:

***Participatory and built on local priorities and knowledge:*** Implementation-research projects must demonstrate clear links to policy priorities and describe how the needs of underserved populations, and the needs of women and girls in particular, are centred in the planning and implementation of interventions and, where appropriate, the systems meant to support them. Proposals must also describe how teams will strengthen and/or build community-based and multi-sectoral partnerships, describing the expertise and commitment of each partner to the analysis, development and implementation of planned SRHR interventions.

***Capacity-focused:*** Implementation-research projects must demonstrate how they will strengthen and sustain capacity within communities, civil society organizations, research and implementing organizations in gender-transformative implementation research, with particular attention to gender and intersectional equity considerations. Projects must also demonstrate how civil society organizations and IRTs will learn from one another's expertise, strengthen country and regional collaborative relationships, and build opportunities to form sustainable partnerships.

***Evidence-based and action-oriented:*** Transformative implementation research is participatory, solutions-based and adopts an active and inclusive approach to identifying relevant evidence and implementing solutions.<sup>16</sup> Research questions must be grounded in community and/or policy concerns, while systematic, participatory and transparent methods must build processes that strengthen the role of community-voice in shaping both the demand and supply of evidence. Projects must describe the breadth and relevance of available evidence used to inform their interventions, particularly evidence about policies and intervention(s) that have been developed, piloted, tested and/or evaluated elsewhere with published evidence of effectiveness. Projects must also demonstrate how they will adapt and translate evidence to interventions that effectively address context-specific barriers and facilitators, benefiting from strong partnerships between researchers, communities, community advocates and decision-makers.

***Intersectional and gender transformative:*** Intersectional and gender-transformative approaches provide frameworks and tools to examine, analyze and build an evidence base to inform long-term practical changes in structural power relations and norms, roles and inequalities that define the differentiated experiences across populations.<sup>15</sup> Evidence and interventions should include considerations of how economic, social and political rights of underserved populations, including the right to self-determination over one's sexuality, gender and forms of work and reproduction, intersect with realizing SRHR.<sup>22</sup> Projects must present intersectional analyses of their SRHR research area(s), including how populations may experience compounding levels of advantage and/or disadvantage when living with multiple intersecting identities and how differences can be a source of solidarity, empowerment and resistance.<sup>16,23</sup> Projects are expected to build from in-depth and multi-disciplinary understandings that integrate considerations of differential voice and power, centering the experience of underserved populations, and particularly women and girls, and translating these to transform how systems and structures shape opportunities to exercise and fully benefit from SRHR. Projects must include intersectional analysis in project-level capacity

building as well as in their implementation, knowledge translation, and mobilization and advocacy strategies.<sup>4</sup>

## ELIGIBILITY

Eligibility criteria must be met in full for LOIs to be considered for this competition.

At the LOI stage, IRTs **must consist of**:

1. a principal applicant who is a sub-Saharan Africa-based researcher (citizen or permanent resident of an African country) with a position in an institution based in an eligible country
2. a co-principal applicant who is a senior member of a civil society organization led by and/or prioritizing underserved populations, including women and girls, who has been active in supporting priority areas of SRHR based in the same country as the principal applicant's institution
3. a co-principal applicant who is an **independent researcher** based at a Canadian institution
4. a co-applicant who is a relevant local-, district- or national-level decision-maker, based in the same country as the principal applicant's institution

A **principal applicant** is a researcher who is a citizen or permanent resident of a sub-Saharan African country, and who is based at an eligible institution and residing in an eligible country where the research will take place. Women and other under-represented people are strongly encouraged to apply. The principal applicant's **institution** must:

- have legal corporate registration, independent legal status and have the ability to receive and administer funds,
- be based in an eligible country in sub-Saharan Africa and be eligible to conduct or coordinate independent research in study countries, and
- have a corporate policy to allow researchers to publish without institutional restrictions in the international academic literature.

The principal applicant will be the team lead and will work in close collaboration with the IRT, including but not limited to:

1. a **co-principal applicant who is a senior member of a civil society organization** led by and/or prioritizing underserved populations, and particularly women and girls, who has been active in supporting priority areas of SRHR for a minimum of 3 years. The civil society organization must be based and active in the same country as the principal applicant's institution. The senior member must have within their responsibility and authority to support the identification of research questions, implementation and uptake of results at the appropriate level. Eligible civil society organizations include non-governmental organizations, cooperatives, unions, civil society organizations, non-profit foundations or divisions of for-profit organizations. Eligible civil society organizations must:

- have legal corporate registration, independent legal status and have the ability to receive and administer funds,
- be based in an eligible country in sub-Saharan Africa, and
- have a corporate policy to allow members and partnered researchers to publish without institutional restrictions in international academic literature.

Women and other under-represented people are strongly encouraged to apply. Co-applicant civil society organizations share intellectual responsibility for and ownership of the data generated as well as of the knowledge and outputs produced as part of implementation-research projects.

2. a **co-principal applicant who is an independent researcher based in Canada** and affiliated with a Canadian post-secondary institution and/or its affiliated institutions or an individual affiliated with an Indigenous non-governmental organization in Canada with a research and/or knowledge translation mandate.

Women and other under-represented people are strongly encouraged to apply. The Canadian-based co-principal applicant's institution must:

- be a Canadian post-secondary institution and/or its affiliated institutions (including hospitals, research institutes and other non-profit organizations with a mandate for health research and/or knowledge translation) or an Indigenous non-governmental organization in Canada with a research and/or knowledge-translation mandate
- have legal corporate registration in Canada, be allowed to contract in its own right and name, and will be responsible for managing grant funds in Canada
- have a corporate policy to allow researchers to publish without institutional restrictions in the international academic literature

3. a **decision-maker co-applicant** at the local, district or national level in the same country as the principal applicant's organization in a country where the research will take place. Decision-makers must have within their responsibility and authority to support the identification of research questions, implementation of research (where appropriate) and uptake of results at the appropriate level. If the decision-maker is not from a government entity, teams need to justify how the chosen decision-maker co-applicant has the ability to support the research, act to implement the research findings, and influence relevant levels of government. Women and other under-represented people in decision-making positions are strongly encouraged to apply.

For applications involving Indigenous communities, the IRT must include at least one member who self-identifies as Indigenous or provide evidence of having meaningful and culturally safe involvement with Indigenous people in an Indigenous health research environment. This team member could be the African-based principal applicant, co-principal applicant who is a senior member of a civil society organization, Canadian-based co-principal applicant or could be an additional Indigenous co-principal applicant who is an Indigenous community member or leader, Indigenous Elder or Indigenous Knowledge Keeper. The IRT must submit an attachment describing how they meet this requirement.

An earlier call for proposals for HPROs was issued in 2023 under this Initiative (see [Annex 2](#)). Organizations who were successful in their submission to be the HPRO for either West and Central Africa or East and Southern Africa **are not eligible to apply** for this call for letters of interest for IRTs.

**Applications that do not meet the eligibility criteria outlined above will be withdrawn from the competition.**

## REVIEW PROCESS

For both the LOIs (stage 1) and full proposal submissions (stage 2), an external scientific review committee (SRC) composed of international and multi-disciplinary experts will evaluate submissions. LOIs and full proposals will be judged on their own merit, how they compare with other applications submitted and a balance across research areas, countries and languages, among other considerations. The selection of IRTs may also be influenced by operational considerations, such as Canadian and international guidance, policies and laws; conditions that may make it difficult, costly, dangerous or onerous for the initiative to carry out its objectives; or exercise proper stewardship of its resources.

To be considered as fundable, LOIs must meet all eligibility criteria and be evaluated by the SRC as meeting satisfactory quality standards based on the evaluation criteria below:

Criteria	Percentage of Score
Rationale and research design	35%
Gender-transformative and intersectionality considerations	20%
Team capacity	20%
Knowledge mobilization and impact	20%
Appropriateness of budget	5%

Applicants who are successful at the LOI-stage will receive additional information about specific evaluation criteria for the full proposal, though teams should expect similar criteria with additional depth expected at the full proposal stage.

Applicants who are successful at the LOI-stage will be expected to take part in the proposal development workshop on July 16, 17 and 18, 2024.

A grant will only be awarded subject to the availability of funding. The funding partners reserve the right to cancel the process at any time without prior notice and/or at its discretion to grant the award.

## DETAILED EVALUATION CRITERIA

Each eligible proposal will be reviewed based on the following breakdown and weighting of evaluation criteria. These criteria apply to the selection of IRT’s LOIs and will be used by the SRC to assess the LOIs.

### Rationale and research design (35%)

Extent to which:

- the proposed implementation research is driven by the needs of communities, health and social care providers, program implementers and policymakers, with particular emphasis on the needs of underserved populations, and particularly women and girls, with respect to the priority areas of SRHR described in this call
- the proposed research questions and design respond to the Initiative’s objectives, address at least one priority research area and integrate all core design elements of the funding opportunity
- the proposed research has a set of clear research question(s), a conceptual or theoretical framework to study the implementation of the intervention(s) and/or policy option(s), data collection plan (including more than one time point), and the expected outcomes
- the proposed methods to address the research question(s) are feasible within the intended time frame
- the proposed research has buy-in from decision-makers and other relevant stakeholders within and outside of health sector, including underserved populations, including women and girls, and organizations that serve them
- the proposal describes how the team has anticipated difficulties that may be encountered in the research and plans to mitigate any challenges

**Gender-transformative and intersectionality considerations (20%)**

Extent to which:

- gender-transformative research approaches and gender-equity and intersectionality considerations are embedded throughout the research design and implementation process, including considerations of the specific needs of underserved populations, particularly of women and girls
- the proposed research will address gaps in evidence and questions pertaining to implementation of gender-transformative SRHR interventions
- the proposed research considers gender norms, roles and relations and how they affect access to and control over resources and opportunities

ANSRHRA will not fund LOIs that describe gender-blind research proposals.

**Team capacity (20%)**

Extent to which:

- the proposal demonstrates the quality, experience, readiness and appropriateness of the research teams to carry out proposed research and methodology, including a consideration of the complementarity of expertise across the team and the necessary expertise in gender-transformative research approaches and gender-equity and intersectional analysis

- the team has the experience and skills necessary to design and implement the proposed project and/or the proposal demonstrates a commitment to engaging a diversity of team members, with an emphasis on how team composition, recruitment process, research environments and training activities will be designed and determined
- members of the team possess expertise in research, advocacy and policy influence related to SRHR, gender-transformative research and implementation research
- the research team brings expertise and experience in multi-stakeholder knowledge mobilization, particularly in centering the perspectives of underserved populations, and particularly of women and girls, to influence programming and policy and advocacy and accountability initiatives
- the proposal demonstrates an awareness of capacity gaps and describes a strategy to address them, while considering gender, professional and social inequities in training and professional development opportunities

### **Knowledge mobilization and impact (20%)**

Extent to which:

- the proposed project demonstrates how generated evidence will inform policy and program decisions and inform the scale-up of interventions within health and other sectors to improve the realization of SRHR and support the sustainability of interventions
- the proposed project demonstrates how generated evidence will inform advocacy and accountability mechanisms to promote SRHR and gender-transformative interventions
- the research can inform and build momentum towards gender-transformative SRHR interventions, particularly for underserved populations, including women and girls
- the proposal describes appropriate, clear and creative project-specific knowledge-mobilization strategies
- communities, particularly underserved populations including women and girls, civil society organizations and decision-makers at the local, district and national levels, will be engaged in defining priority evidence needs and knowledge-translation and mobilization strategies
- knowledge-mobilization activities focus on positioning evidence for use in programming and policy, as well as to inform advocacy and accountability initiatives

### **Appropriateness of budget (5%)**

Extent to which the proposed budget is justified in relation to the suggested activities, and is apportioned appropriately between the principal applicant, civil society organization co-principal applicant, Canadian-based co-principal applicant and, where appropriate, the decision-maker co-applicant.

While each team should define the most appropriate way to distribute their budget to achieve their proposed project’s activities, a minimum of CAD250,000 must be allocated to support the activities of civil society organizations related to strengthening advocacy and accountability mechanisms.

## FORMAT AND REQUIREMENTS

LOIs must be typewritten in 12-point Arial font, single spaced, with 2.54 cm margins, and each page must be numbered. The LOI may be written in English or French and its content should be organized according to the following headings as well as respective page lengths:

Content of letters of interest		Maximum word count English	Maximum word count French
<p><b><i>Applicant details</i></b></p> <p>Title of research project</p> <p>Countries where research will take place</p> <p>Name and address of principal applicant</p> <p>Name and address of senior member of civil society organization co-principal applicant</p> <p>Name and address of Canadian-based researcher co-principal applicant</p> <p>Name and address of decision-maker co-applicant</p> <p>Total amount of funding requested and duration of research project (in months)</p>		N/A	N/A
<p><b><i>Overview of proposed project</i></b></p> <ul style="list-style-type: none"> <li>• Background and description of target population(s), priority SRHR concerns and justification of project aligned with ANSRHRA objectives (see <a href="#">Annex 1</a>) and core design elements</li> <li>• Statement of implementation-research question(s) and objective(s), where at least one objective includes gender-transformative and intersectional considerations</li> <li>• Methods to achieve objectives, describing how planned research will build from multi-sectoral and local knowledge and priorities, draw on participatory and action-oriented methods and contribute to</li> </ul>		1000 words	1200 words
		250 words	300 words
		2500 words	3000 words

<p>gender-transformative and intersectional objective(s). What risks and how they will be mitigated</p> <ul style="list-style-type: none"> <li>• For projects involving Indigenous peoples, description of plans for meaningful and culturally safe engagement with Indigenous communities as part of the research team, research and implementation activities and knowledge mobilization, including influencing policy and programming, advocacy and accountability initiatives</li> <li>• Potential impact through expected results and anticipated outcomes, including how proposed research can inform and build momentum towards gender-transformative SRHR interventions, particularly for underserved populations, including women and girls</li> <li>• Description of integrated knowledge-mobilization strategies, including how communities, particularly underserved populations, including women and girls, and decision-makers at the local, district and national levels, will be engaged in defining priority evidence needs and mobilization strategies, and how proposed strategies will influence programming and policy, as well as inform advocacy and accountability initiatives</li> <li>• Description of team composition and expertise to achieve project objectives and impact, strategies to address any gaps in expertise within the team, and build and retain capacity in gender-transformative implementation research, translation and mobilization of evidence for use in intervention design, policy, advocacy and accountability initiatives</li> <li>• Estimated budget as a total amount and the expected division between the principal applicant, Canadian-based co-principal applicant, civil society organization co-principal applicant and, where appropriate, the decision-maker co-applicant</li> </ul>		750 words	900 words
		1000 words	1200 words
		1000 words	1200 words
		500 words	600 words
<b>Total word count</b>		7,000 words	8,400 words

**Additional documents required with LOI submissions**

For a LOI to be considered complete, all the following documents must also be received before the deadline:



- signed letters of support from all organizations named in the implementation-research proposal, namely: principal applicant organization, senior member of civil society co-principal applicant organization, Canadian co-principal applicant organization, and the organization with which the decision-maker co-applicant is affiliated, and any other third-party organizations
- signed letters of support from relevant government ministries or other key stakeholders, where appropriate
- short biographies (250 words) and CVs of the principal applicant, and all co-principal applicants and co-applicants
- for IRTs working with Indigenous communities, a brief (max 1 page) description of how the team meets the requirement of including a Co-PI who self-identifies as Indigenous or provides evidence of having **meaningful and culturally safe** involvement with Indigenous peoples in an Indigenous health research environment
- legal registrations or incorporation certificates of the principal applicant's organization and Canadian co-principal applicant's organization
- up-to-date organization charts for the principal applicant's organization, the civil society co-principal applicant's organization and Canadian co-principal applicant's organization
- list of current external donors and their contributions to the principal applicant's organization, the civil society co-principal applicant's organization and Canadian co-principal applicant's organization

## APPLICATION PROCESS

This is an open call for letters of interest.

Applications must be submitted in the [SurveyMonkey Apply](#) portal no later than May 13, 2024 (23:59 Eastern Time). For a letter of interest to be considered complete, all required documents must be received before the deadline. Letters of interest received after the deadline will not be considered.

Letters of interest received by the deadline and deemed to be compliant with the eligibility requirements set out in this call will be evaluated in accordance with the process outlined under the Review Process and Evaluation Criteria sections above.

Please refer to the IDRC guidelines for application for a research grant available through this link: [Applying for funding IDRC - International Development Research Centre](#).

## COMMUNICATION OF RESULTS

Results of the selection process will be communicated via email by June 28, 2024, to the Lead Applicant indicated in the proposal.

## PERMISSION FOR USE AND DISCLOSURE OF INFORMATION

Relevant departments and individuals of the partners supporting the ANSRHRA Initiative will have access to all information related to the proposals submitted for this competition, including the full applications and the ranking and rating lists of the review committee. Individual applications are otherwise considered confidential until they are approved for funding, at which point the abstract, objectives, institutional and project team information and budget of the approved proposal will be in the public domain.

By way of submitting an application under this call for a competitive grant, the applicants consent to the disclosure of the documents submitted by the applicant to the reviewers involved in the selection process, belonging to the partner agencies and invited external reviewers. The applicant further consents to the disclosure of the name of the lead applicant and the title of the proposed project in any announcement of the selected proposal.

## AUTHORIZATION AND COUNTRY CLEARANCE REQUIREMENTS

In some cases, IDRC has scientific and technical cooperation agreements with the governments of the countries where we support projects. Where such agreements exist, IDRC may require additional or alternative approval processes to be followed to comply with such agreements. Otherwise, grantees must follow the prevailing approval procedure as required by the government authority. This is often administered by a coordinating or nodal agency of the government and varies by jurisdiction.

An IDRC grant administration representative will advise the selected applicant if any country procedures need to be followed. A grant agreement will only be issued if country clearance(s) is/are obtained beforehand. In cases where the recipient will manage sub-grantees, the country requirements that apply to sub-grantees are also documented in the grant agreement. It becomes the responsibility of the IDRC grantee to ensure that sub-grantees meet these requirements.

Applicants must **meet minimum requirements** to receive an IDRC grant. Any selected proponents shall be required to sign IDRC's **Standard Grant Conditions**, as amended by IDRC from time to time. Furthermore, IDRC reserves the right to cancel the granting process at any time without prior notice and/or reserves the right to grant, at its discretion, all or none of the awards under this process. The grant agreement will provide a schedule for submitting interim and final technical and financial reports.

This information can also be found at <https://idrc.ca/en/grant-application-kit-quick-tour>.

## CONFLICT OF INTEREST

In submitting an application, the applicant must avoid any real, apparent or potential conflict of interest and will declare to IDRC any such conflict of interest. In the event that any real, apparent or potential conflict of interest cannot be resolved to IDRC's satisfaction, IDRC will have the right to immediately reject the applicant from consideration.

## IDRC STANDARD GRANT CONDITIONS

Any selected proponents shall be required to sign IDRC's standard grant agreement, as amended by IDRC from time to time. For a sample of the general terms and conditions, please refer to the following link <https://idrc.ca/en/standard-terms-and-conditions-grant-agreement>.

## CONTACT DETAILS

Any inquiries should be directed to [SRHR-SDSR@idrc.ca](mailto:SRHR-SDSR@idrc.ca) on or before 23:59 Eastern Time on May 3, 2024, in order to receive a response prior to the deadline date. Any inquiries which affect all applicants received on or before the above-mentioned deadline will be compiled in a Frequently Asked Questions (FAQ) document that will be posted to the Initiative's website and sent by email to all applicants. The document will not reveal the sources of the inquiries.

## ANNEX 1: ANSRHRA'S LOGIC MODEL AND EXPECTATIONS FOR FUNDED PROJECTS

ANSRHRA's preliminary logic model developed to guide the Initiative's planning and activities. It is open to revisions with key Initiative contributors, including the two funded HPROs.

<b>Ultimate Outcome</b>	<b>Greater<sup>1</sup> realization<sup>2</sup> of SRHR<sup>3</sup> by underserved populations,<sup>4</sup> including women and girls in sub-Saharan Africa (1000)</b>					
<b>Intermediate Outcomes</b>	Expanded use <sup>5</sup> of evidence-informed gender-transformative <sup>6</sup> SRHR interventions <sup>7</sup> with underserved populations, including women and girls in sub-Saharan Africa (1100)			Increased <sup>8</sup> promotion <sup>9</sup> of gender equitable SRHR by communities, governments and other key stakeholders <sup>10</sup> in sub-Saharan Africa (1200)		
<b>Immediate Outcomes</b>	Increased capacity of IRTs <sup>11</sup> to collaboratively generate evidence on the implementation of gender-transformative SRHR interventions in SSA (1110)	Increased availability and translation <sup>12</sup> of evidence on the implementation of gender-transformative SRHR interventions in SSA (1120)	Increased demand by decision-makers <sup>13</sup> for evidence on gender-transformative SRHR interventions (1210)	Greater use of evidence to advocate for promotion of SRHR, especially among underserved populations, including women and girls and organizations that serve them (1220)	Greater use of evidence to hold communities, governments, and other key stakeholders accountable for promotion of SRHR, especially among underserved populations including women and girls and organizations that serve them (1230)	
<b>Outputs</b>	HPROs <sup>14</sup> and other experts deliver training to IRTs on gender-transformative implementation research for SRHR in SSA (1111)	IRTs translate new knowledge to inform SRHR interventions (1121)	HPROs and IRTs provide training to decision-makers to develop evidence-based SRHR interventions (1211)	IRTs co-create evidence-based tools to advocate for promotion of SRHR with underserved populations including women and girls and organizations that serve them (1221)	IRTs co-create evidence-based tools to strengthen accountability mechanisms for the promotion of SRHR with underserved populations including women and girls and organizations that serve them (1231)	

	Grants provided to IRTs to generate and translate evidence on the implementation of gender-transformative SRHR interventions in SSA (1112)	HPROs and other experts deliver training workshops to IRTs on knowledge translation for SRHR in SSA (1122)	IRTs and HPROs organize events for decision-makers to deliberate on evidence to inform gender-transformative SRHR interventions (1212)	IRTs socialize evidence with underserved populations including women and girls and organizations that serve them to mobilize advocacy for the promotion of SRHR (1222)	IRTs socialize evidence with underserved populations including women and girls and organizations that serve them to strengthen accountability mechanisms for the promotion of SRHR (1232)
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**Expectations of funded projects in contributing to ANSRHRA’s intermediate outcomes**

*Expand use of gender-transformative SRHR interventions with underserved populations, including women and girls, in sub-Saharan Africa*

Projects must adopt an action-oriented approach to research and learning, where interventions are informed by a strong and multi-sectoral evidence base and are adapted through an iterative cycle of testing and refining theories and actions. While interventions can be focused on a particular priority area of SRHR, they will also need to address structural and systemic factors, contributing to building better lives for underserved populations, healthier families and more sustainable communities. This call prioritizes interventions that transform service design and delivery and/or build more equitable and sustainable movements, including by strengthen the development and implementation of policies, laws and legal instruments. Teams may also propose combinations and/or other intervention areas that align with the Initiative’s objectives.

*Increase capacity of IRTs to collaboratively generate evidence on the implementations of gender-transformative SRHR interventions*

Funded projects will need to identify and develop the skills, tools and strategic know-how to develop evidence-based, community-led, sustainable interventions to meaningfully address priority areas of SRHR. Projects must demonstrate how they will strengthen and sustain capacity within communities, civil society organizations, research and implementing organizations in gender-transformative implementation research, with particular attention to gender and intersectional considerations. Analysis must consider the full range of social and structural factors limiting the fulfillment of SRHR among underserved populations, including women and girls. Projects must also demonstrate how different sectors will learn from one another’s expertise, strengthen country and regional collaborative relationships, and build opportunities to form sustainable partnerships.

*Increase availability and translation and mobilization of evidence on the implementation of gender-transformative SRHR interventions*

Teams must describe how they will translate and mobilize research evidence through specific activities such as priority-setting processes with underserved populations, including women and girls, identifying the types of messages to be translated for specific audiences, as well as identifying and empowering credible messengers within families, communities, organizations and governments who may have greater access to or influence among target audiences. IRTs must describe how they will develop knowledge products from individual research projects and work with Health Policy Research Organizations to enable learning and exchange between projects, identifying opportunities to amplify and exchange insights and learning relevant to shared SRHR issues regionally and internationally.

*Increase demand by decision-makers for evidence on gender-transformative SRHR interventions*

Strategies to increase demand for evidence should consider approaches to strengthen skills to access, assess evidence, collective processes to contextualize and socialize evidence, and foster a culture of evidence-based decision-making within families, communities, organizations, institutions and governments. This includes the regular stock-taking of how SRHR policies and other decisions are being implemented on the ground, how these may differentially impact underserved populations, including women and girls, and an adaptive approach to implementation to ensure the greatest reach and targeting of interventions to improve SRHR outcomes among underserved populations, particularly among women and girls.

*Greater use of evidence to advocate for and hold communities, governments and other key stakeholders accountable for promotion of SRHR, especially among underserved populations including women and girls and organizations that serve them.*

Teams will work with underserved populations including women and girls and organizations that serve them, to co-develop evidence-based tools to advocate for immediate action to improve SRHR, while also mobilizing action for effective interventions to address poor health and rights outcomes for underserved populations. Adaptive learning around advocacy strategies will support community and civil society organization leaders, program implementers and policymakers to be more aware of the rights and intersectional needs of underserved populations and particularly of women and girls. Proposals must describe how teams will work collaboratively to translate research findings to local audiences, as well as identify opportunities to strengthen formal and informal accountability mechanisms<sup>B,24</sup> while building sustainable intersectoral partnerships and interventions to address one or more priority area of SRHR.

**Footnotes to ANSRHRA logic model**

<sup>1</sup> Greater: meaning more of population and/or offers greater breadth and/or depth of rights

<sup>2</sup> Realizing rights requires citizens actively claiming their rights and governments, institutions and other duty-bearing entities being accountable for meeting their obligations (UNHCR, 2006; <https://www.ohchr.org/sites/default/files/Documents/Publications/FAQen.pdf>)

<sup>3</sup> All references to the use of the words sexual and reproductive health and rights are comprehensive and refer to areas defined in the GoC Health and Nutrition Framework, Annex 1 & 2 Action Area Human Dignity – [https://www.international.gc.ca/world-monde/issues\\_development-enjeux\\_developpement/priorities-priorites/fiap\\_human\\_dignity-paif\\_dignite\\_humaine.aspx?lang=eng#a1](https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/priorities-priorites/fiap_human_dignity-paif_dignite_humaine.aspx?lang=eng#a1) with a focus on improving access to

<sup>B</sup> A range of formal and informal mechanisms are often needed to hold key stakeholders accountable for the promotion of SRHR. Formal state mechanisms can play an important structural role in how populations understand and are able to enact their sexual and reproductive rights, from how gender roles may be codified into laws and policies, to how national governments plan, develop and monitor laws, programs and services that protect and promote SRHR. Informal and community-driven accountability mechanisms are equally important in holding public institutions accountable for their commitments and shaping the public's trust in institutions meant to serve them.

family planning and contraceptive services, expanding access to safe and legal abortion and post-abortion care, comprehensive sexuality education for adolescents and, preventing and improving services for people experiencing sexual- and gender-based violence, and strengthening advocacy for neglected areas of SRHR

<sup>4</sup> This Initiative refers to underserved populations, which in the context of neglected areas of SRHR include but are not limited to women and girls facing multiple forms of social, economic and political exclusion across the life course; adolescents, and particularly very young adolescents aged 10–14 years, including girls, boys and gender diverse youth; older adults responsible for gendered caregiving, particularly of adolescents; LGBTQA+ people and people who identify with an under-represented gender identity, including but not limited to transgender, non-binary, gender fluid and agender people; people living with disabilities; refugees, migrants and/or internally displaced people; people disproportionately affected by climate-change-related infections or conditions; Indigenous communities; people who use substances; and people engaged in sex work. Included in this definition of underserved populations are other communities facing disproportionate harm, exclusion, and/or disadvantage based on local, national, or regional legal, political, and/or social conditions

<sup>5</sup> Expanded use: used by more of population and/or use of a greater breadth and/or depth of interventions

<sup>6</sup> A gender-transformative approach aims its interventions and their resulting influence at the individual, organizational, political, and structural levels that shape issues of power and voice

<sup>7</sup> Interventions include transforming service design and delivery, strengthening the development and implementation of policies, laws and legal instruments and building equitable and sustainable movements

<sup>8</sup> Increased: targeting more of population and/or targeting a greater breadth and/or depth of influence

<sup>9</sup> Promotion of SRHR may be financial in the form of financing of programs and services, political in the form of laws and policies, and social in the form of public discourse in media or resources to raise awareness

<sup>10</sup> Other key stakeholders: includes national and international organizations, international NGOs and private-sector institutions with mandates related to SRHR

<sup>11</sup> IRTs are co-led by a principal applicant based in an academic institution in sub-Saharan Africa, a lead from a civil society organization that has an established record of supporting SRHR with and for underserved populations, and particularly with women and girls, in sub-Saharan Africa, and a principal applicant based in a Canadian academic institution, together with a decision-maker based in the country where project activities take place

<sup>12</sup> Translation and/or mobilization of evidence includes preparing knowledge products (such as manuscripts, presentations, policy briefs, infographics, etc.) as well as relationship building with decision-makers and positioning evidence for use in relevant public and policy space

<sup>13</sup> Decision-makers include people within families, communities, organizations, institutions, governments and other organizations who make decisions that have the potential to affect SRHR of others

<sup>14</sup> HPROs are Health Policy Research Organizations with expertise synthesizing and translating evidence in partnership with policy and decision-makers, and civil society organizations, and who have experience working with underserved populations, and particularly with women and girls, and been active in supporting neglected areas of SRHR in sub-Saharan Africa. A minimum of one HPRO will be funded per programming region (e.g., East and West Africa)



## ANNEX 2: HEALTH POLICY RESEARCH ORGANIZATIONS WITHIN ANSRHRA

The first element of ANSRHRA was a by-invitation call for proposals for Health Policy Research Organizations (HPROs). An HPRO is an independent, nonpartisan institution that works with researchers on knowledge mobilization and brokering to provide decision-makers with evidence-based knowledge and guidance, to contribute to the development and implementation of evidence-informed, gender-transformative policies and practices that create and strengthen equitable health systems. Evidence suggests that essential knowledge-brokering mechanisms and processes need to be in place to ensure that research can be readily used by decision-makers and other knowledge users to strengthen responses that build more equitable realization of SRHR.<sup>25</sup>

The primary roles of HPROs in the ANSRHRA Initiative will be to identify priority evidence gaps in each region to inform the proposal-development stage, identify and address capacity needs within funded IRTs, particularly around integrating gender and social equity analysis within projects and both the execution and translations of gender-transformative implementation research. HPROs will also facilitate networking and learning across and within funded IRTs and facilitate knowledge mobilization and exchange across the full spectrum of knowledge users, including underserved populations, and particularly women and girls, as well as decision-makers and policymakers across multiple sectors and jurisdictions.

This by-invitation call for HPROs will identify two entities with expertise working in partnership with policy and decision-makers, and civil society organizations, who have experience working with underserved populations and been active in supporting neglected areas of SRHR. One HPRO will be based in and lead relevant activities for funded IRTs in West and Central Africa. The other HPRO will be based in lead relevant activities for funded IRTs in East and Southern Africa. The two HPROs will be responsible to work collaboratively with one another and support learning and exchange across regions. The HPROs will play a key role in both the planning stage, and in the implementation stage of this Initiative and are critical to several immediate outcomes and outputs as described in ANSRHRA's logic model ([Annex 1](#)). HPROs will support IRTs funded through the ANSRHRA Initiative in three specific areas:

- 1. Strengthen capacities** by tailoring trainings and resources to specific needs identified by and for IRTs, including civil society organizations, decision-makers and policymakers to build and maintain equitable and productive partnerships within and beyond the teams themselves. HPROs will also support teams to integrate gender and social equity analysis, rights-based, gender-transformative and intersectional approaches to SRHR, and position evidence for use to apply in developing policies, programming, advocacy and accountability initiatives.
- 2. Facilitate knowledge mobilization** by building opportunities for linkage and exchange between IRTs, decision-makers and key knowledge users, including underserved populations, including women and girls, to achieve greater impact on policies and programs. This includes identifying strategic opportunities for knowledge translation and mobilization, increasing scale and reach of successful interventions, and brokering critical relationships for IRTs, including with international organizations and institutions.
- 3. Build momentum** to facilitate coherence, lasting partnerships and shared advocacy addressing SRHR by maintaining an open and inclusive environment, valuing diverse expertise and perspectives, including by enabling a vibrant community of practice and strategic activities for peer learning and collaboration.

**ANNEX 3: ELIGIBLE LOW- AND MIDDLE-INCOME COUNTRIES/TERRITORIES LIST**

Principal applicants affiliated with organizations based in the countries/territories below can have their costs of participation met from eligible budget expenses. Participants based in other countries are eligible to participate, though their costs of participation must be met from other sources.

<ul style="list-style-type: none"> <li>• Angola</li> <li>• Benin</li> <li>• Botswana</li> <li>• Burkina Faso*</li> <li>• Burundi*</li> <li>• Cameroon*</li> <li>• Central African Republic*</li> <li>• Chad*</li> <li>• Congo (Brazzaville)</li> <li>• Democratic Republic of Congo (Kinshasa)*</li> <li>• Equatorial Guinea</li> <li>• Ethiopia*</li> <li>• Gabon*</li> <li>• Gambia</li> </ul>	<ul style="list-style-type: none"> <li>• Ghana</li> <li>• Guinea</li> <li>• Guinea-Bissau</li> <li>• Ivory Coast</li> <li>• Kenya</li> <li>• Lesotho</li> <li>• Liberia</li> <li>• Madagascar</li> <li>• Malawi</li> <li>• Mali*</li> <li>• Mauritania</li> <li>• Mauritius</li> <li>• Mozambique*</li> <li>• Namibia</li> <li>• Niger*</li> <li>• Nigeria*</li> </ul>	<ul style="list-style-type: none"> <li>• Rwanda</li> <li>• Senegal</li> <li>• Sierra Leone</li> <li>• South Africa</li> <li>• Eswatini</li> <li>• South Sudan*</li> <li>• Tanzania</li> <li>• Togo</li> <li>• Uganda*</li> <li>• Zambia</li> <li>• Zimbabwe*</li> </ul>
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\*Applications with principal applicants affiliated with organizations based in these countries are eligible but may be subject to a further stage of approval within IDRC.

## REFERENCES

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