

**IPPF Strategic Fund Consortia Grants
Request for Concept Notes
March 2021**



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A. Stream 2 Strategic Fund: Background

In July 2020, the IPPF Board of Trustees approved Stream 2 of IPPF's Resource Allocation Model, also referred to as the Strategic Fund. The purpose of the Strategic Fund is to support initiatives in the areas of the Strategic Framework that require additional investment and that will help IPPF deliver on its strategic outcomes. In designing Stream 2, the Independent Resource Allocation Commission relied on a number of criteria that were set by the membership:

- The Strategic Fund should provide greater agility and ability to react swiftly to strategic changes and emerging opportunities.
- The Fund should leverage the critical expertise and delivery capacities of Member Associations and Collaborative Partners, helping to close gaps where they exist, allowing for regional or multi/country approaches.
- The Strategic Fund should have an MA-centric outlook and seeks to build on existing MA capacities, where such exist, rather than develop new centralised ones.

The main strategic priority for 2021-2022 is Enabling and Delivering a Gender Transformative Programme on Medical Abortion Self Care.

B. Strategic Fund 2021 – 2022: Opportunity Statement

IPPF's commitment to Abortion and Gender Equality

IPPF has a long history of commitment to abortion as a human right and critical element of sexual and reproductive health care, articulated in IPPF's abortion policy. In the current Strategic Framework under Outcomes 2 and 3, IPPF has made the commitment to ensure that by 2022, one billion people act freely on their sexual and reproductive rights and to deliver 2 billion quality integrated sexual and reproductive health services. Facilitating access to abortion care and empowering women and girls and people who can become pregnant¹ to end a pregnancy through person-centred, rights-based approach is central to the achievement of these two outcomes. In 2019, IPPF Member Associations provided 5.6 million abortion-related services and achieved 17 advocacy wins in support of improved access to safe and legal abortion care. IPPF is committed to working to achieve the liberalisation of abortion laws and policies and eliminate implementation barriers, as part of IPPF's Advocacy Common Agenda.

In order to accelerate progress towards the achievement of the Strategic Framework, an abortion consultative meeting was held in October 2019 uniting colleagues from the IPPF Secretariat and Member Associations to identify opportunities and agree key priorities on abortion to pursue as a Federation. It was agreed that abortion care has changed exponentially over the past few decades, and this means that women are looking to IPPF to move beyond traditional models of service delivery to increase access to abortion care. Five strategic initiatives were identified to be taken forward including a strong consensus to advance medical abortion self-care as an integral part of IPPF's abortion programme through a de-medicalised, person-centred and gender-transformative approach.

IPPF recognizes that investing in gender equality is essential both as a means for fulfilling SRHR and as an end in itself. This commitment to gender equality is framed within a human rights approach and outlined in the 2017 Gender Equality Policy and is an essential cross-cutting area in the current Strategic Framework (2016-2022). The IPPF Gender Equality Strategy articulates an overall vision to create "A gender equal and gender just world where all people, in particular women and girls, are

¹ This document is inclusive of women and girls and all people who can become pregnant, including intersex people, transgender men and boys, and people with other gender identities that may have the reproductive capacity to become pregnant and have abortions. For the purposes of this document, references to 'women and girls' refers to all people who have the capacity to become pregnant.

empowered to exercise their rights to make free and informed choices about their sexuality and well-being.”

Central to the Gender Equality Strategy is that people, in all their diversity, are empowered to demand and exercise their sexual and reproductive rights, and that access to abortion should be enabled through a variety of models of care to meet the diverse needs of individuals. A gender transformative approach to abortion access and care is needed to achieve sustainable change by transforming gender norms and patriarchal structures to challenging existing gender inequities and promote positive change in gender roles and power dynamics.

Gender Transformative Medical Abortion Self-care

Across the world, there is growing commitment for a fundamental shift in the way health services are managed and delivered. Central to this should be the feminist move towards a people-centred care approach, away from health systems designed around health conditions and institutions towards health systems designed around and for people. This approach is particularly critical for sexual and reproductive health services, ensuring that care is delivered in a person-centred, stigma-free, rights-based approach. Advances in health sciences and growing evidence on the safety and acceptability of self-care interventions related to SRH have further enabled progress towards a more person-centred approach to care and present opportunities to shift care from a “provider-client” frame to an enabler/facilitator framing, empowering individuals to play the leading role in their own care.

Most notably, medical abortion self-care using misoprostol alone or in combination with mifepristone to safely and effectively end a pregnancy is transforming pathways to care for one of the most stigmatized and hard-to-access SRH services. Abortion is often seen primarily as a health issue. However, abortion seen as a feminist and gender justice issue provides a different perspective, one that puts at the centre the needs, experiences, and leadership of the individual. Every person has the capacity and right to a safe and dignified abortion informed by the values and needs most important to them, rather than being defined by the legal, policy or social environment.² Medical abortion self-care can reimagine abortion from being a health service alone to an issue of gender justice that enables women to control their fertility and overcome coercive legal restrictions and inadequate health systems, while simultaneously breaking harmful social norms and patriarchal structures.

Medical abortion self-care has long been used by women in settings where there is limited or no access to abortion care through formal health systems due to legal, policy, structural or social barriers. Strategies such as a harm reduction approach, capacity building of pharmacists and informal community support networks are examples of interventions often used to facilitate access to abortion information, commodities and care in restricted settings. The benefits of medical abortion self-care are now more apparent than ever during the COVID-19 pandemic, removing the need for physical contact with a healthcare worker and overcoming additional barriers to safe abortion care during a time when health systems are overwhelmed and reproductive health is deprioritised. Beyond COVID-19 and restricted settings, medical abortion self-care is becoming increasingly popular in countries where abortion services are legal and accessible, with women choosing a self-care approach because the process is simple, low cost, provides greater control and allows women to end a pregnancy in the privacy and comfort of their own home or other familiar environment.

However, despite promising practices that promote and enable medical abortion self-care such as tele-health, ongoing medicalization and stigmatization of abortion continues to pose significant and unnecessary barriers to empowering, transformative care including financial, policy, stigma-related, and institutional barriers. In addition, gaps in understanding abortion care pathways outside of formal health systems has limited interventions to support women in medical abortion self-care. When self-

² Joanna N Erdman, Kinga Jelinska & Susan Yanow (2018) Understandings of self-managed abortion as health inequity, harm reduction and social change, *Reproductive Health Matters*, 26:54, 13-19, DOI: 10.1080/09688080.2018.1511769

care interventions are initiated, these are too often focused on the medical and technological aspects of medical abortion, rather than focusing on the impact on women's lives, with the risk of reinforcing, rather than challenging negative societal norms around gender.

IPPF has a role to play, alongside other partners, in ensuring that women can access medical abortion either with or without the support of the health system, while simultaneously addressing harmful societal gender norms using a gender transformative approach. Formal health systems should be reformed to offer easier and better links to care as a key part of a woman's support network in her self-care journey, if, and when she should choose to seek that support. IPPF Member Associations are uniquely placed as national, grass-roots organizations, which are comprised of advocates, diverse service delivery channels and deep community networks, to enable the transformation of abortion care. IPPF can be instrumental in reshaping the abortion ecosystem from one which is medicalized and provider-led, into a vibrant ecosystem of communities, collectives and social networks, enabled by supportive policies and formal health systems that empower individuals.

Interventions at the individual, community, institutional and policy levels are needed to ensure the full potential of medical abortion is harnessed to place the woman at the centre of her abortion care. By implementing a medical abortion self-care programme that is gender-transformative and person-centred, IPPF's membership can simultaneously inform, support and empower women to have greater control and agency in their reproductive lives, improve access to quality abortion care, and reframe abortion as a natural and legitimate act, rather than a stigmatised and complex medical procedure.

C. Request for Concept Notes

IPPF invites consortia of IPPF members to submit Concepts Notes in response to the Strategic Fund 2021 – 2022 Goal and Impact Areas (articulated in Sections D & E).

The total available amount for 2021-22 is USD 2.54 million., which will be awarded to a single consortium. The grant should be implemented over a 2-year period from the date of project commencement.

Consortium Approach

Applications must be submitted by consortia, both Member Associations (MAs) and Collaborative Partners (CPs) are eligible to be part of a consortium.

A consortium must be comprised of IPPF members from more than one region, with approximately 4 to 6 countries represented within the consortium.

The lead partner in the consortium must be an IPPF Member Association.

The consortium must also include at least one partner organization external to IPPF.

NB. In order to apply, a lead applicant must express an interest in writing before or on 6nd April. The expression of interest should be done in the form of an email to the allocated email address: strategicfund@ippf.org. The lead applicant will not have to present the full consortium, only the intention to form one. Once an email has been received, the application format will be shared.

Timeline/ Key Milestones

24 March	Request for Concept Notes issued
06 April	Deadline for expression of interest to strategicfund@ippf.org

On-going support to applicants, through FAQs page and direct engagements

30 April	Deadline for submission of Concepts Notes
03 May	Technical Review Panel individually receive Concepts Notes
07 May	Technical Review Panel convene to agree final Concept Note scores
14 May	Decision Making Panel convenes to take final decision on Concept Notes
20 May	Successful applicants informed, with feedback for changes where required

On-going support to successful applicants to develop full proposal

25 June	Start up work plan and budget submitted.
01 July	Contracts signed
15 July	Project implementation commences

D. Strategic Fund 2021-2022: Vision and Goal

IPPF's long-term vision for its programme on abortion self-care is to:

Catalyse sustainable social change for women and girls through the normalisation of abortion self-care and the facilitation of abortion self-care at scale

In support of this long-term vision, the overall goal of the 2021- 2022 Strategic Fund is to:

Deliver a gender transformative programme to enable medical abortion self-care through a person-centred approach³.

E. Impact Areas

Concept Notes MUST respond to ALL 3 Impact Areas. Applications that do not include interventions to address all 3 Impact Areas will not be considered. Applicants should clearly demonstrate how the concept will contribute to each of the Impact Areas.

IMPACT AREA 1: Design and test innovative and person-centred models of care that support and enable an individual throughout a medical abortion self-care experience, either in-part or entirely.

Concept Notes should provide and facilitate linkages to on-demand support systems for person-centred care during and following medical abortion self-care. Working through a combination of community and systems approaches, interventions should aim to create systems of support ranging from trusted individuals, like-minded collectives, supportive partnerships and transformed health systems that provide timely, accurate, non-judgmental care and support at all stages of medical abortion self-care.

IMPACT AREA 2: Catalyse socio-cultural change by creating positive narratives, social movements and community interventions to remove stigma and improve knowledge and attitudes around self-care for early medical abortion.

Concept Notes responding to this impact area should focus on community and systems level interventions that aim to provide gender transformative, people centred information that actively promotes medical abortion self-care as a safe and valid choice, address stigma, create positive narratives and inform on accountability measures relevant to medical abortion self-care.

³ Medical abortion self-care refers to the use of misoprostol alone or in combination with mifepristone used for the termination a pregnancy with a gestational age of 12 weeks or lower ONLY.

IMPACT AREA 3: Transform national level policy and legislation to create an enabling environment for medical abortion self-care, as a key part of a supportive health system for abortion care.

Initiatives that advocate for, contribute to and enable the transformation of policy and legislation and/or removing implementation barriers to enable medical abortion self-care will be the focus under this impact area. Concept Notes responding to this impact area could include enabling access to quality, affordable medicines for medical abortion self-care by addressing barriers around regulatory challenges or prescription requirements, or the removal of non-evidence-based policies restricting how, where and by whom abortion care can be provided.

F. Principles of Concept Design

All Concept Notes must consider and integrate the following essential principles in the design of the overall program. Please be explicit throughout your application about how these principles have been integrated. Applications will be scored against each of these principles.

Person-centred: Individuals who have self-efficacy are more empowered to tackle abortion stigma and the silencing that comes with it. Interventions should focus on giving people more choice and control in their lives by providing options relevant to the individual's needs. Interventions and strategies should empower individuals and be structured in a manner that enables them to take an active role in managing their own health and well-being, working alongside other support mechanisms. Fundamental to the strategy should be an explicit approach that seeks to transform power imbalances and enable individuals to have self-efficacy, build knowledge, skills and be connected to each other and their communities.

Inclusive: Proposed interventions should be based on the principle of access to care for all individuals who may need an abortion irrespective of visible or invisible differences and an explicit recognition that individuals will have unique needs. Programs should specifically demonstrate how the proposed interventions and strategies will achieve inclusivity, especially for marginalized and vulnerable groups. Inclusivity from a systems perspective should ensure that medical abortion self-care is addressed from community and health systems through integration and framed as a free choice among other options in all interventions.

Innovative: Concepts should be innovative and transformational in their approach. Innovation is the creation and testing of new approaches to solve the defined problem. This can be scientific/technological, social or business innovation or an integration of all three, known as integrated innovation. Concepts should demonstrate how innovation will be used to catalyse systemic and sustainable transformation to the abortion ecosystem.

Human rights: Bodily integrity and autonomy is a fundamental human right, central to sexual rights and gender and reproductive justice. Peoples' right to make autonomous decisions about their own bodies and reproductive functions is at the core of their fundamental right to equality, privacy and non-discrimination. Proposed strategies and interventions should be based on principles of reproductive justice and sexual rights including: the rights of all people to be informed of and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, not only on methods but also on where to seek, whom to receive from and freedom to decide the role they can play in their own care. Interventions should be based on that everyone has the right freely "to share in scientific advancement and its benefits". To fulfil human rights, all interventions should recognize and enable clients to have adequate information, autonomy, and the ability to makes their own decisions.

Gender transformative: Gender transformative approaches (GTA) are programs and interventions that create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women in communities, and address power inequities between

persons of different genders⁴. The promotion of gender equality is central to facilitating access to self-care interventions for all. Proposed strategies should recognize existing harmful gender norms and stereotypes, the unequal power in societies and intimate relationships, the additional barriers created by the socio-cultural and policy environment and attempt to address these to ensure equitable, transformative access to medical abortion self-care. Interventions should build on existing gender awareness and analysis for proposed contexts and include both strategies and its measurement of how gender transformation is attempted and achieved.

Quality and dignity of care: Proposed interventions and outcomes on medical abortion self-care should incorporate standards that address and ensure individual rights and safety. Recognizing that greater responsibilities lie with the individuals practicing self-care, interventions should ensure safety and include interventions that promote accountability of formal health systems to offer seamless linkages, non-judgemental and timely support on self-care for abortion. While empirical evidence is limited given the varied approaches for medical abortion self-care, proposals are also encouraged to generate evidence through operational research efforts.

G. Measurement, Learning and Evidence Generation

All concepts should establish strong learning frameworks and aim to generate evidence, including appropriate metrics to understand outcomes related to self-care, systems change and gender transformation among specifically defined populations.

The monitoring and measurement of self-care approaches should include a clear articulation of metrics, both quantitative and qualitative and ensure measurements that are meaningful to the individual undertaking self-care and those enabling it. At the institutional level, it is critical to agree on measures to define ambition and intended impact to allow creation of an appropriate roadmap for change. Monitoring and measurement functions on medical abortion self-care may include one or more of the following:

- Prevalence of availability, and / or patterns of self-care in populations addressing gender and rights-based principles.
- Change in health outcomes at the individual or systems level (e.g. reduction in disparities)
- Change in access to health because of self-care approaches
- Unintended outcomes including harm and vulnerabilities from self-care approaches

H. Eligibility Criteria

All applications will first be reviewed against the following five eligibility criteria. Applications which do not meet all five eligibility criteria will be automatically disregarded from the process.

- I. Applications **must** be submitted by consortia. The lead agency must be an IPPF Member Association, and at least one member of the consortium must be an organization external to IPPF. The consortiums must comprise of IPPF members from more than one IPPF region.
- II. The consortium **must** demonstrate how they will address all three Impact Areas within their Concept Note
- III. The consortium **must** follow the correct procedures and deadlines and must use the correct templates

⁴ <http://www.healthcommcapacity.org/wp-content/uploads/2014/08/Gender-Transformative-Approaches-An-HC3-Research-Primer.pdf>

- IV. The lead applicant **must** demonstrate unqualified audits for the last two years and must demonstrate onward granting experience and systems.
- V. The lead applicant **must** be solvent and able to demonstrate funding and an income pipeline for the period 2021-2022
- VI. The lead applicant **must** have an annual turnover that is larger than the tendered amount

I. Concept Note Review and Scoring Criteria

All applications will be reviewed by a Technical Review Panel and scored against set criteria grouped into three main categories. Concept Notes can score a maximum of 200 points. Assessment categories, criteria and weighting is as follows:

1. Technical quality (95 points)

Relevance: The concept demonstrates a clear and comprehensive understanding of the context and drivers relevant to the technical brief/vision and impact areas. (20 points)

Feasibility: The proposed concept is feasible and realistic in its design; the activities to be implemented and goal to be achieved are realistic within the timeframe and budget. (20 points)

Impact: There a defined path between the outcomes of the proposed initiative and its intended impact. Impact is at an acceptable scale? (20 points)

Sustainability: The concept includes plans for how critical activities or outcomes will be sustained/continued beyond the duration of funding. Proposed plans are reasonable and realistic. (20 points)

Evidence generation: The concept outlines an approach to measurement and evidence generation including relevant metrics. There is sufficient focus on the generation of evidence to support the scale-up and replication of successful interventions. (15 points)

2. Principles (75 points)

Inclusive & rights-based: The proposed interventions intended are inclusive and based on human and sexual rights principles for all individuals seeking abortion care. (15 points)

Gender-Transformative: The proposed interventions are active in challenging gender norms and addressing issues to promote gender equality and enable transformation in abortion care (from provider-led to empowered self-care). The proposed concept includes a robust gender assessment in its design. (15 points)

Person-centered: The proposed interventions are centred around and intended to empower the individual (instead of the health systems or other ecosystem actors). There a clear recognition of power differentials and intentionality to address them as part of self-care approaches. (15 points)

Quality and dignity of care: The proposed intervention and outcomes incorporate standards that address and ensure individual rights and safety. The overall programme design and interventions focus on ensuring linkages, address and promote accountability for care among formal systems. (15 points)

Innovation: The concept innovative and transformational in its approach. The consortium has attempted to include innovation in the different components of the proposed initiative. There a clear scope for the initiative to contribute to or advance medical abortion self-care within IPPF and the Global community. (15 points)

3. Consortium (30 points)

Value proposition: The consortium should outline their unique selling point/ value proposition as a collective against the vision of the Strategic Fund Goal (15points)

Capacity: The consortium should demonstrate the offer of each consortia member and clearly articulate their role and ability to deliver on the proposed interventions. (15 points)