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Call for Implementation Research Proposals:
Health Information Systems or Adolescent Sexual and Reproductive Health in West Africa

Date Issued: April 10, 2017

Deadline for submission of proposals: May 23, 2017, 23:59 UTC

Funding Scope and Duration: Between CAD 250,000-750,000 for 36-48 months

1. Introduction

Canada's International Development Research Centre (IDRC) is pleased to announce a call for implementation research proposals to contribute to national and regional efforts to improve health systems responsiveness in West Africa (WA). Two separate but complementary thematic areas of focus are considered under this call:
- (1) Health Information Systems (HIS)
- (2) Adolescent Sexual and Reproductive Health (ASRH)

The objectives of this Call are:

- Generate and promote application of an evidence base through support to a cohort of implementation research projects focusing on either HIS or ASRH in West Africa.
- Ensure adoption of a gender and rights approach, and clear consideration of equity dimensions and economic value propositions in each implementation research project.
- Strengthen the research and leadership capacities of research project team members, particularly of youth and women, to conduct research and use effective Knowledge Translation (KT) strategies to influence policies and practices.
- Support ongoing exchange and engagement with relevant stakeholders in country and regional contexts to strengthen an enabling environment for policy discourse, development and implementation.

Despite progress in health outcomes achieved in West Africa, this progress has been uneven and recently tested due to growing economic and political challenges as well as to crises such as the Ebola Virus Disease outbreak. The events have served to further weaken often-fragile health systems, particularly in their ability to promote health prevention and strong primary health care services that address social determinants of health as root causes of ill-health. Responding to the changing health needs and providing quality health services requires, in part, an understanding of the evolving demographics and reliable data on which to base informed decisions that can have a positive impact for those who are most vulnerable.

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Improving maternal, child and adolescent health, including sexual and reproductive health, is a cornerstone of Canada's development agenda. The Maternal and Child Health (MCH) program at IDRC contributes to improving lives of women, children, and adolescents by supporting innovative and solution-oriented implementation research engaging multisectoral stakeholders to improve the quality, accessibility and accountability of health services, especially for the most vulnerable. These efforts adopt a comprehensive and coordinated approach addressing the social determinants of health within a framework of gender equality and rights.

As a subset of health systems research, [implementation research](#) focuses on the interaction between an intervention or program and its context. It looks at how various aspects of the health system such as financing, information systems, government leadership and community engagement function, interact and affect the piloting of new and scaling up of promising health and social programs. It requires the engagement of a wide range of stakeholders across different sectors and draws on multiple disciplines in order to address complex implementation challenges[1].

2. Health Information Systems

Improving the health of women, children and adolescents around the world should ideally be based on decisions made using reliable HIS. However, in most West Africa countries, HIS are challenged by poor coverage, incomplete records, inferior data quality, untimely reporting, limited analysis and use, and fragmented systems that impede access to quality health services. Efforts to strengthen HIS often fail to capture marginalized groups, which are subsequently underrepresented for planning and resource allocation purposes. These challenges to providing equitable and accessible health services are further exacerbated in fragile settings.

Institutionalizing a strong culture of collecting, analysing and using health information requires engagement with, and participation across, different groups, including women and youth leaders, and different sectors (e.g. education, sanitation) to ensure greater inclusion and to create stronger accountability of the health system to its citizenry. The use of innovative processes and technologies (e.g. mobile phones) can be leveraged to improve the cost-effectiveness, interoperability and inclusivity of HIS in different low-resource and/or fragile contexts in West Africa.

Indicative examples of potential research questions for the HIS thematic area in low-resource and/or fragile contexts include, but are not restricted, to:

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[1] Peters D.H., Tran N.T., Adam T. (2013). Implementation Research in Health: A Practical Guide. Geneva: World Health Organization

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- ➢ How can routine and non-routine HIS capture quality standards-based data with an emphasis on vulnerable and undercounted populations?
- ➢ How do social, cultural and economic factors – such as gender norms and biases - influence the accountability and sustainability of HIS at local, national, regional and global levels?
- ➢ Under what circumstances can innovative, cost-effective, scalable and sustainable HIS strategies and interventions be scaled up to broader regions or populations?
- ➢ How can locally-grounded, innovative and cost-effective social and technical processes be used to support sharing of data across locations and sectors, while protecting privacy and confidentiality of individuals and groups?
- ➢ How can informed use of HIS for resource allocation, decision-making and advocacy at family, community/local, national and regional levels' be improved?
- ➢ How can effective multisectoral collaboration be strengthened to build sustainable and comprehensive HIS?

3. Adolescent Sexual and Reproductive Health Rights and Services

The largest cohort of youth in history is entering their reproductive age; however many do not obtain the information needed to acquire the knowledge and develop the skills to exercise their rights or to access the services required to protect themselves from harmful situations and their consequences. In addition to adolescents' awareness and ability to exercise their sexual and reproductive health rights, the State and other service provision entities have obligations to respect, protect and fulfill these rights. In many countries in West Africa, adolescents, particularly girls, face high risks of early marriage, sexual and gender based violence and transactional sex. Of the 20 countries in the world with the highest rates of girls married before age 18, five are in West Africa[2]. Gender inequalities, and negative social norms and practices can compound those risks. These challenges are further exacerbated in fragile settings.

Addressing these challenges requires engagement with multiple stakeholders, including youth leaders, and different sectors (e.g. education, sanitation). Such approaches would have a long lasting positive impact on adolescent health extending throughout adolescents' adulthood and reducing their vulnerability to the multiple health risks hindering them from achieving their full potential and wellbeing. And yet, stakeholders have many different, often conflicting, perceptions and values that underpin ASRH. Given these sensitive issues, implementation research can play a strategic role in exploring the barriers against and enabling environments for adolescents to improve their access to sexual and reproductive health and quality services that help protect themselves and live free of coercion, violence or abuse.

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[2] Niger (75%), Guinea (63%), Mali (55%), Burkina Faso (52%), Sierra Leone (44%) in International Center for Research on Women (2016). Child marriage facts and figures

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Indicative examples of potential research questions under the ASRH area in low-resource and/or fragile contexts include, but are not restricted, to:

> What are some innovative, cost-effective, sustainable and scalable community strategies and interventions embedded in the local context that address the barriers and increase access to information and services?

> How can multisectoral approaches be employed effectively to increase the number of entry points to reach more adolescents and their communities to improve their awareness and ability to exercise their sexual and reproductive health and rights?

> What mechanisms and processes, including research to policy and practice, can improve sustainability for ASRH from community to national levels?

> How do economic and socio-cultural factors including gender norms and practices influence ASRH strategies and practices?

> Under what circumstances can effective multisectoral approaches to scaling up promising interventions be implemented?

> What are the social and economic gains of addressing ASRH in low-resource and/or fragile contexts?

4. Funding scope and duration

Applicants are required to select <u>ONLY ONE</u> thematic focus that best fits their research problematique.
The Project duration will be between 36 and 48 months. All research activities and reporting must be completed before the agreed upon project completion date.

5. Eligibility criteria and submission process

<u>Geographic scope of proposal</u>
The proposal must focus on at least one of the following member states of the [Economic Community of West African States](#) ([ECOWAS](#)) ([LIST](#)). Proposals focusing on multi-country research from this list will be accepted. Projects could include countries from other regions as long as the majority of the activities take place in the ECOWAS countries, and significant contribution to the West African region is demonstrated.

<u>Applicant organizations</u>
Applicant organizations are considered to be those that have legal corporate registration in an eligible country to receive funds and to operate in the country. IDRC enters into agreement with legal entities only that meet IDRC's institutional criteria (refer to website: [*IDRC grants to institutions[3]*](#)). To be eligible, the following set of criteria will be applied to the organization or the consortium (with a lead organization identified):

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[3] https://www.idrc.ca/sites/default/files/sp/Documents%20EN/resources/idrc-grants-to-institutions-a-guide-to-administrative-procedures.pdf

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- Organization must be a non-partisan, not-for profit organization legally founded and registered as an independent entity in the country of operation.
- Organization must not be a United Nations agency either as lead organization or as direct recipient of funds from IDRC.
- International organizations can apply if they can clearly demonstrate local ownership and leadership.
- In cases of weak or missing local capacity, international organizations may be considered to take the lead. In such cases, the proposal must include key stakeholders from the country in the design and implementation of the work and must demonstrate a significant contribution to local capacity strengthening.

Submission process

All applications must be submitted using the following portal: his-sis-asrh-ssra.fluidreview.com. The proposal should not exceed 20 pages, single-spaced, Arial point 12-font text, including all sections in the attached outline (Annex).

Applications can be submitted in either English or French.

6. Selection process

Applications received before the deadline and deemed by IDRC to be compliant with the requirements set out in this Call for Proposals will be checked against eligibility criteria outlined above.   Only proposals that meet the eligibility criteria will be considered for evaluation in accordance with the process and criteria outlined herein. Eligible proposals will be reviewed by technical experts within and external to IDRC.

Principal Investigators of all selected applications will be required to participate in a proposal finalization workshop. It is anticipated that this finalization process may require some adjustments to submitted proposals and all successful applicants are expected to engage fully in this process. The dates and the location will be communicated to the selected applicants after the results are announced.

Successful teams (Principal Investigators, and potentially other team members) will also be expected to actively participate in a series of workshops with other winning teams to maximize opportunities for networking, capacity strengthening and knowledge transfer. Moreover, all teams will be engaged in different forms of collective action and collaborative writing activities.

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Applications will be assessed on the following seven criteria:

	Criteria	Assigned weight
A	Relevance and fit – respond to local, national, regional development priorities, including appropriate considerations specific to fragile contexts	15%
B	Relevance and fit - significance of research for decision-makers and windows of opportunity for impact	10%
C	Voice and inclusion – team composition, community and adolescent/youth participation and stakeholder engagement	15%
D	Voice and inclusion – leadership by locally registered organisations	15%
E	Merit – conceptual soundness, appropriate study design; capacity strengthening strategy	20%
F	Gender, equity and rights considerations in conceptual, design, and analysis	10%
G	Feasibility – adequate capacity of team, viable work-plan and budget, identification and mitigation of risks	15%

A. Relevance and Fit:
   i. Evidence that the proposed activities respond to priorities identified by local, national and regional stakeholders with appropriate considerations specific to fragile contexts. The proposal is expected to focus on implementation research questions addressing priority research agendas and development priorities defined by the country(ies) where the research will take place.
   ii. Strong justification that the proposed research is relevant to key stakeholders (e.g. policy makers, practitioners, civil society organisations). The proposal is expected to demonstrate how it responds to available policy and practice windows of opportunity and how it will engage in a timely manner with, and disseminate findings to, a variety of relevant stakeholders.

B. Voice and inclusion:
   i. Clear strategy of team composition and overall stakeholder engagement, demonstrating integration of relevant stakeholders (e.g. adolescent girls and boys, women, community members, frontline health workers, practitioners and decision-makers).

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ii.   Leadership by locally registered organizations embedded in the local context must be demonstrated. Applications from civil society organizations, medium size organizations, local and regional organizations, organizations from francophone countries - either individually or in consortia - and those that have not received funds in the past from IDRC are strongly encouraged to apply.

C. Merit:
Evidence of innovation, clarity of research questions and objectives, conceptual soundness, adequacy of design and methodology (including field data gathering, processing and analysis, rights and gender analyses). Clearly explained interdisciplinary, intersectionality and participatory approaches to research. Proposals should provide as much detail as possible on the scope of knowledge translation, expected outcomes and outputs and possible post-activity follow-up. Applications supporting relevant capacity strengthening activities, including training of masters and/or doctoral students, are encouraged, noting that completion of degrees must be within the timeframe of the grant.

D. Gender, equity and rights considerations:
The project must integrate a transformative gender and rights analysis component. Transformative gender approaches demonstrate and apply an understanding of intersectionality and equity issues at the conceptual, design, analysis and gender-specific recommendations. The proposal should assess how underserved groups, particularly women and girls are impacted by current HIS and ASRH programmes and by the implementation research.

E. Feasibility:
Evidence demonstrating satisfactory capacity of the team to design and undertake implementation research and knowledge translation activities. This includes the ability to mobilize necessary human resources and collaboration to ensure the success of the project; clear work plan with key activities, timelines, team roles and responsibilities; realistic and well-supported budget and capacity to efficiently manage financial resources; experience in conducting and managing multi-disciplinary, multisectoral research relevant to this call, sound monitoring and evaluation plan that contributes to learning by the team and other stakeholders; and identification of potential risks and mitigation strategies, particularly for activities in fragile contexts. The roles and responsibilities of each team member should be described.

7. Enquiries

Any enquiries should be directed to his-sis-asrh-ssra@idrc.ca on or before 17:00 UTC on May 19, 2017, in order to receive a response prior to the deadline date. Any enquiries

which affect all applicants received on or before the above-mentioned deadline will be posted as FAQs on his-sis-asrh-ssra.fluidreview.com with responses to those enquiries, without revealing the sources of the enquiries. Applicants are, therefore, strongly encouraged to monitor this website for any information updates regarding this call.

8. Timeline of the Call process

The Call is launched	April 10, 2017
Deadline for submission of proposals	May 23, 2017 (23:59 UTC)
Communication of results	Summer 2017

Applications received after the deadline will not be considered.

9. Finalization of grant

Please note that the technical selection of a proposal does not guarantee that it will be funded by IDRC.

a. *Proposal finalization* - Prior to finalizing a Grant Agreement, IDRC reserves the right to request any revisions to the submitted proposal. A revised proposal with the necessary revisions must be returned in a timely manner to IDRC.
b. *Administrative Finalization* - Administrative considerations must also be satisfactory. See *IDRC Grants to Institutions[4].*
c. *Country clearance requirements* - IDRC has conducted general agreements for scientific and technical cooperation with a number of governments. These agreements establish the framework for IDRC cooperation with that country by defining the rights and obligations of both IDRC and the government. As such, the applicant institution may be required to obtain country approval in accordance with these agreements prior to receiving funding from IDRC. This requirement applies only for selected applications. IDRC reserves the right to not pursue the funding of a selected project if the country approval is not secured within six months after IDRC officially announces approval of the project, as this would jeopardize the timely completion of the initiative.

Any selected proponents shall be required to sign IDRC's standard grant agreement, as amended by IDRC from time to time. Please refer to the sample of the general terms and

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[4] https://www.idrc.ca/sites/default/files/sp/Documents%20EN/resources/idrc-grants-to-institutions-a-guide-to-administrative-procedures.pdf

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conditions[5].   Furthermore, IDRC reserves the right to cancel the process at any time without prior notice and/or at its discretion to grant 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.

10. 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.

11. Permission for use and disclosure of information

By way of submitting an application under this Call for competitive grants, the applicant consents to the disclosure of the documents submitted by the applicant to the reviewers involved in the selection process, both within IDRC and externally. The applicant further consents to the disclosure of the name of the applicant, the name of the lead researcher and the name of the proposed project, in any announcement of selected proposals.

All personal information collected by IDRC about grant, scholarship and fellowship applicants is used to review applications, to administer and monitor awards, and to promote and support international development research in Canada and in the regions where IDRC operates. Consistent with these purposes, applicants should expect that information collected by IDRC may come to be used and disclosed in IDRC supported activities.

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[5] https://www.idrc.ca/sites/default/files/sp/Documents%20EN/resources/idrc-general-terms-and-conditions-of-agreement.pdf

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ANNEX

Please note that the proposals should include as a minimum the <u>specific information outlined below.</u> When preparing the submission, please refer to the guidance notes under each of the sections below.

NOTE: TO SUBMIT THE BUDGET PLEASE USE THE FOLLOWING BUDGET TEMPLATE:
https://www.idrc.ca/sites/default/files/sp/Guides%20and%20Forms/budget_proposal.xlsx

➢ Project title (maximum 100 characters)

➢ Project duration (in months between 36 and 48)

➢ Countries in which research will take place (according to eligibility criteria)

➢ Abstract of research project (maximum 300 words)

➢ Research problem and justification (maximum 500 words)
    Describe the development challenge, its importance and relevance to the thematic area of focus within the call, and indicate the gaps that the proposed implementation research project will fill. Clearly demonstrate how the research will add value to existing knowledge, citing past work done on the theme and in the country(ies) or region - both by the applicant institution(s) and others.

➢ Objectives and clear research questions (maximum 300 words)
    Describe the overall and specific objectives of the project and the specific implementation research questions to be investigated. Objectives should be phrased to be specific, measurable, attainable, relevant and timely. The implementation research questions should address interactions between an intervention or program and its context.

➢ Methodology
    Describe the conceptual framework and methodology guiding the research. This should include a justification and brief explanation of the specific methods to be used, their rigour, limitations, and how they will individually and collectively address particular implementation research questions, as well as the overall objective of the proposal. The call encourages rigour in the evidence to be generated, diversity in methods, quantitative and quantitative, and multi-disciplinarity. Capacity building activities within the methodology should be clearly explained with regards to the

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types of capacities being strengthened; individuals or groups being targeted through the capacity strengthening activities (e.g. researchers, policy-makers, civil society members, youth groups or other local populations); and how these contribute to the proposed objectives and research questions.

Discuss the equity and gender[6,7] considerations of the proposed implementation research and ensure they are integrated in the proposed study design, methods and analysis. Health equity, gender equality and broader social inclusion considerations should be embedded throughout the study design and implementation processes. Identify possible ethical considerations and indicate whether the proposal will be/has been submitted to an ethics review board. Outline possible political, reputational and/or operational risks associated with the project, and summarize proposed mitigation strategies.

➢ Expected outputs and outcomes

Describe what this implementation research project intends to achieve. These outcomes and outputs should reflect the objectives and research questions of the proposal. They should be ambitious but feasible, specific and be designed in a way that they can be practically monitored.

A description of who will be engaged in and/or potentially benefit from the proposed outcomes and outputs should be included - for instance, the knowledge to be generated, capacities to be strengthened, engagement to be nurtured, policies to be influenced, etc.

Outline potential risks associated with the dissemination of results and the strategies to mitigate them.

➢ Knowledge translation plan

Indicate how the research findings will be disseminated, who the target audiences are and how and when they will be engaged throughout the research cycle using a range of approaches, mechanisms, tools and outputs. Indicate how the research results are

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[6] Status of Women Canada (2004). *An Integrated Approach to Gender-Based Analysis*. Ottawa. Retrieved from http://publications.gc.ca/site/eng/294256/publication.html

[7] Sen G., Östlin P., & George A. (2007). Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it: Final Report to the WHO Commission on Social Determinants of Health. Geneva, WHO Commission on Social Determinants of Health. Retrieved from http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf

likely to be used and what their expected impact might be in terms of policy and practice.

➢ Project schedule and work plan
Provide a schedule of work and a work plan of proposed activities illustrating the chronology of activities and the relationships and dependencies among them over the course of the project.

➢ Institutions and personnel
Describe the research team (including their expertise and experience) and how individuals and institutions will collaborate to achieve project objectives and outcomes. Please describe clearly who the lead institution and lead researcher are, and how collaboration with other institutions are planned, if applicable, and how this structure is intended to help achieve project outcomes.