

Overview of CALL FOR PROPOSALS Health Policy and Research Organizations Innovating for Maternal and Child Health in Africa

The Global Health Research Initiative invites proposals from organizations or consortia of organizations based in sub-Saharan Africa. These organizations/consortia should be committed to facilitating the use of research evidence, knowledge, and recommendations to inform national policies on strengthening equitable health systems for better maternal, newborn and child health outcomes in sub-Saharan Africa.

Innovating for Maternal and Child Health in Africa is a research program that seeks to assist countries in resolving pressing health systems challenges to improve maternal, newborn and child health. It is designed to support two separate but interrelated components: (1) two independent policy organizations/consortia – referred to as Health Policy and Research Organizations (HPROs) – and (2) approximately 20 Implementation Research Teams (IRTs). These teams will conduct implementation research to strengthen equitable health systems to improve maternal, newborn and child health outcomes in sub-Saharan Africa. The Health Policy and Research Organizations will provide an essential knowledge brokering function, and directly link the Implementation Research Teams' research to national and regional policymaking.

The research program will focus on four priority research themes:

- high impact community based maternal, newborn and child health interventions
- quality facility based maternal, newborn and child health interventions
- policy environment to improve maternal, newborn and child health care services and outcomes
- human resources for maternal, newborn and child health.

These priorities will be addressed by the research of the Implementation Research Teams. It is expected that the Health Policy and Research Organizations will be familiar with these topics to be able to play their brokering role between the Implementation Research Teams and knowledge users at all levels, as well as support the Implementation Research Teams to generate policy and practice relevant research.

KEY DATES

Call for Proposals Launch:	March 17, 2014
Application Deadline:	June 11, 2014
Successful Applicants Notified:	July 31, 2014
Inception Workshop:	February 23-25, 2015

KEY FEATURES

- a total of two HPROs will be selected: one in West Africa and one in East Africa
- policy organizations or consortia of organizations (with a lead organization identified) may be considered as an HPRO
- each selected Health Policy and Research Organization will be eligible to receive up to a maximum of CA\$2.5M over 68 months.

ELIGIBILITY – the organization (or lead organization of a consortium) must:

- be a non-partisan, not-for profit organization legally founded and registered as an independent entity in the country of operation (this also applies to organizations of a consortium)
- be an African organization (United Nations agencies and international organizations based in Africa or overseas are **ineligible** to be the lead organization or to be part of a consortium)
- support health policy development and implementation through knowledge brokering, analysis and research as their mandate
- work in at least one of the targeted countries and demonstrate willingness and capacity to expand their work in all the other targeted countries in the selected HPRO region (East or West). The nine targeted countries are:

Senegal	Ghana	Malawi
Mali	Tanzania	Mozambique
Nigeria	Ethiopia	South Sudan

This call focuses only on the Health Policy and Research Organizations. GHRI is launching another concurrent call for the Implementation Research Teams (www.idrc.ca/EN/Funding/competitions).

For inquiries, contact innov-afr-org@idrc.ca

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Call for Proposals: Innovating for Maternal and Child Health in Africa

Health Policy and Research Organizations

March 17, 2014

Deadline for submission of proposals: Wednesday June 11, 2014 at 17:00 GMT

The Global Health Research Initiative a collaboration between Foreign Affairs, Trade and Development Canada (DFATD), the Canadian Institutes of Health Research (CIHR), and the International Development Research Centre (IDRC), is pleased to announce a call for proposals concerning maternal, newborn and child health in sub-Saharan Africa.

1. Background and Rationale

The vast majority of preventable maternal, newborn and child deaths, illnesses and disabilities continue to burden low and middle income countries (LMICs), particularly in sub-Saharan Africa. Within this region, nine countries (Ethiopia, Ghana, Mali, Malawi, Mozambique, Nigeria, Senegal, South Sudan, and Tanzania) have amongst the lowest key maternal, newborn and child health (MNCH) indicators. For example, child mortality rates range between 74 and 178 deaths per 1,000 live births. Infant mortality rates range between 47 and 99 deaths per 1,000 live births, and maternal mortality ratios range between 350 and 840 maternal deaths per 100,000 live births^a.

Most maternal, newborn and child death, illness, injury and disability can be prevented when strong health systems promote gender equity and provide comprehensive primary health care which is usually the first and main level of contact with the health system for mothers and children, their families, and communities. Although effective interventions are usually known, their implementation is still a challenge in many low and middle income countries.

To address these challenges, the Global Health Research Initiative (GHRI) is launching the **Innovating for Maternal and Child Health in Africa** program across sub-Saharan Africa with a focus on the above mentioned nine countries to deliver the scientific evidence necessary for improving and scaling up effective MNCH interventions. This is the focus of a separate call on Implementation Research Teams.

The Health Policy and Research Organizations call is based on the premise that generating implementation research evidence alone is not sufficient to improve MNCH outcomes. Extensive experience shows that essential knowledge-brokering mechanisms and processes need to be in place to ensure that the research is available and can be readily used by policymakers, practitioners and other stakeholders to improve health and health equity outcomes^b. It is also recognized that there can be value added by bringing together organizations that undertake research and those institutions that broker research findings.

^a World Health Organization (2013). *World Health Statistics*. Geneva. Retrieved from http://www.who.int/gho/publications/world_health_statistics/2013/en/

^b Carden F. (2009). *Knowledge to Policy - Making the Most of Development Research*. Ottawa, International Development Research Centre.

2. Overall Program Goal, Objectives and Structure

The **Innovating for Maternal and Child Health in Africa** program seeks to improve maternal, newborn and child health outcomes by strengthening health systems, using primary health care as an entry point. It will do so by supporting implementation research and the use of the research results to:

- address critical knowledge gaps in research, policy and practice around delivering primary health care to mothers and children in sub-Saharan Africa
- generate knowledge and tangible solutions that can be effectively scaled-up to achieve better health outcomes and improved health equity for women and children
- strengthen the relevance and timeliness of MNCH research and the uptake of its results into MNCH policy and practice
- build successful sub-Saharan African/Canadian research collaborations that are equitable, mutually beneficial, and that strengthen institutional and individual capacity for implementation research and its use.

Two inter-related program components, Implementation Research Teams (IRTs) and Health Policy and Research Organizations (HPROs) have been designed to achieve the goals of the **Innovating for Maternal and Child Health in Africa** program. They will be selected through two separate calls.

Approximately 20 IRTs are expected to conduct implementation research in the area of MNCH, while two HPROs will fulfill the essential knowledge brokering function, directly linking the IRTs and their research findings to national policymaking. Each IRT will be associated with one of the two HPROs, according to their geographical location.

This call invites proposals for the HPRO component of this program from organizations in sub-Saharan Africa. These organizations should be committed to facilitating the use of research evidence, knowledge, and recommendations to inform national policies on strengthening equitable health systems for better maternal, newborn and child health outcomes in sub-Saharan Africa.

Health Policy and Research Organizations (HPROs)

This new program recognizes the importance of supporting African organizations demonstrating high quality leadership, strong skills in policy research, strong potential for policy and program influence, organizational capacity, and interest and capacity to work in the respected regions to use and facilitate the use of sound research evidence to improve the health of mothers, newborns and children across sub-Saharan Africa. The primary goal of such organizations, called HPROs for the purpose of this call, is to function as catalysts and enablers for moving research evidence to policy and practice at the national levels within the targeted countries, therefore enabling connections between research and decision making. In order to account for the geographic size, socio-political complexity, and linguistic and

cultural diversity of the program's targeted countries, one HPRO will be based in West Africa and the other in East Africa.

An HPRO is expected to be an established organization in sub-Saharan Africa, such as a think tank, with a strong background in policy and research work in addition to strong linkages with decision makers in the targeted countries. An eligible applicant can be either a single organization or a consortium. A consortium of different organizations will require the designation of a lead organization. A consortium must clearly demonstrate their robustness and capacity to work together in fulfilling the role of the HPRO. United Nations agencies and international organizations based in Africa or overseas are ineligible to be the lead organization or to be part of a consortium.

Definition of HPRO:

A Health Policy and Research Organization is an independent, non-partisan institution that provides information, knowledge and advice, based on research, to contribute to the development and implementation of evidence-based policies in order to strengthen equitable health systems.

The core functions of the two HPROs that will be selected for the program **Innovating for Maternal and Child Health in Africa** include:

- *Enable national level ownership of the research from the IRTs*
 - catalyse mechanisms to support the uptake and integration of research and research evidence into practice and policies in the targeted countries in collaboration with IRTs.

- *Build coherence and facilitate mutual learning across the Innovating for Maternal and Child Health in Africa program*
 - actively promote and facilitate mutual, South-South learning across the program by establishing ongoing linkages with national level decision makers, key stakeholders, and research institutions as well as with the IDRC regional office and DFATD country staff. This includes linking and facilitating interactions between the IRTs and amongst the two selected HPROs
 - using a strong gender and equity focus, in collaboration with the IRTs, undertake comparative analyses of the IRTs research results on health systems interventions across sub-Saharan countries
 - identify potential opportunities for scale-up of promising health systems interventions.

- *Strengthen individual and institutional capacities in implementation research and research use*
 - strengthen individual and institutional capacity to enhance the use of implementation research evidence by developing the capacity among policymakers to access and apply research evidence in their work
 - explore ways to institutionalize HPROs' connections with government through systematic mechanisms
 - offer capacity strengthening support to the IRTs when appropriate, including support on gender and equity analysis; social, cultural and economic analysis; knowledge exchange with decision makers; and communication strategies.

GHRI is also running a concurrent call for letters of intent for the selection of Implementation Research Teams. Please visit www.idrc.ca/EN/Funding/competitions for information on the IRT call for letters of intent.

Applicants are not eligible to lead both an IRT and an HPRO, or an organization that is part of an HPRO, in the case of an HPRO consortium. Nevertheless, applicants may submit as a lead/principal on both HPRO and IRT calls. In this case of dual application, ALL applicants must declare clearly their preference in the event that they are successful in both applications. Specifically they must state whether they prefer:

a) to be invited to submit a full-scale application for the IRT

-OR-

b) be an HPRO, either as lead or part of a consortium.

In the case of a proposed HPRO consortium, all leads from each organization will need to have ONE agreement on their preference.

For more details on the functions of Implementation Research Teams please refer to Appendix B.

3. Priority Themes

The program **Innovating for Maternal and Child Health in Africa** has four priority research themes:

- high impact community based MNCH interventions
- quality facility based MNCH interventions
- policy environment to improve MNCH care services and outcomes
- human resources for MNCH.

These research priorities will mostly be addressed by IRTs, yet HPROs must demonstrate their capacity to support researchers and decision makers and engage in related knowledge translation across all four themes. The Health Policy and Research Organizations should be able to play a brokering role between the

Implementation Research Teams and knowledge users at all levels, as well as support the implementation teams to generate policy and practice relevant research.

For more detail on the four priority research themes, please consult Annex C.

4. Equity and Gender Equality Considerations: Cross-cutting Theme

In sub-Saharan Africa, striking health inequalities and inequities exist between and within countries. While these health imbalances are the result of a complex and interdependent set of factors, evidence demonstrates that the observed differences in health status are mostly avoidable and unfair (i.e. they reflect inequitable access to health promoting conditions and interventions). In sub-Saharan Africa, differences in health status typically relate to inequalities and inequities across racial groups, rural/urban status, socio-economic status, gender, age and/or geographical region. These inequalities and inequities come to the forefront in the challenge of improving maternal, newborn and child health through strengthening primary health care.

The concept of equality acknowledges that women and men may sometimes require different treatment to achieve similar results, due to different life conditions or to compensate for past discrimination. Gender equality, therefore, is the equal valuing by society of both the similarities and the differences between women and men, and the varying roles they play.^c Gender relations of power constitute the root causes of gender inequality and addressing the problem of gender inequality requires actions both outside and within the health sector because gender power relations operate across such a wide spectrum of human life and in such inter-related ways.^d Implementation research can enrich the evidence base needed to inform the development and implementation of policies and interventions that redress such imbalances.

For the purpose of the submitted proposal, discussions on gender equality and equity in health must be embedded into a comprehensive analysis of the differential effects of health policies and interventions as it relates to maternal, newborn and child health in the context of primary health care. It will be important for the

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

^d 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

selected two HPROs to engage in discussions on gender issues with each other and with IRTs to ensure that these issues are embedded in the research.

5. Funding Scope and Duration

A budget of approximately CA\$5 million is available over 68 months for the HPRO competition.

- two successful organizations will each be awarded a maximum of CA\$2.5 million per grant over 68 months
- the proposed budgets will be reviewed in detail:
 - proposals are not required to request the maximum amount available, but rather should justify the scale and duration of the proposed work relative to the grant objectives
 - the appropriateness of the proposed budget to the proposed workplan will be considered in the review and selection process.

6. Selection Process

This is a call for proposals. An external review process will be implemented for the selection of the HPROs. A review committee will evaluate the proposals, first individually and then in a review meeting. The Committee will be composed of a mix of African, Canadian, and international researchers and decision makers with expertise in health systems and implementation research, MNCH, gender and equity issues, and linking evidence to policy.

A summary of the timelines of the application and selection process for HPROs is noted below in Table 1.

Table 1: Summary timelines of the application and selection process for HPROs

Activity	Date
Launch of calls for proposals for HPROs	March 17, 2014
<i>Note: Call for letters of intent for IRT also launched on this date</i>	
Deadline for submission of HPRO's proposal	June 11, 2014 at 17:00 GMT
Notify the selected HPROs	July 31, 2014

Post-selection activities:

Organizational assessment (September – November 2014)

A detailed organizational readiness assessment of the selected Health Policy and Research Organizations will be conducted once the final selection is completed (beginning in September 2014) by external consultants. This assessment will be followed by a three month accompaniment process to enable the Health Policy and Research Organizations to address gaps and build on their strengths to meet the objectives outlined in their proposals. This thorough organizational assessment will mainly focus on strengthening the institutional performance of the Health Policy and Research Organizations. All institutions will receive advance notice of the visits.

Inception workshop (February 23-25, 2015 – tentative)

Both selected HPROs and IRTs will be required to participate in an inception workshop to be tentatively held on February 23-25, 2015, in a location to be determined. More information about this workshop will be provided to the successful HPROs and IRTs.

7. Eligibility Criteria

Applicant organizations are considered to be those that have legal corporate registration in their country of operation. IDRC, the agency managing the grants and implementing the program, enters into agreement with legal entities only.

To be eligible, the organization or the consortium (with a lead organization identified) must have the following characteristics and competencies:

- be a non-partisan, not-for profit organization legally founded and registered as an independent entity in the country of operation (This also applies to organizations of a consortium)
- be an African organization (United Nations agencies and international organizations based in Africa or overseas are ineligible to be the lead organization or to be part of a consortium)
- support health policy development and implementation through, knowledge brokering, analysis and research as their mandate
- work in at least one of the targeted countries and demonstrate willingness and capacity to expand their work in all the other targeted countries in the selected HPRO region (East or West). The nine target countries are:

-Senegal	-Ghana	-Malawi
-Mali	-Tanzania	-Mozambique
-Nigeria	-Ethiopia	-South Sudan

Applications from a consortium of organizations with one lead organization as the recipient of this program will be considered. All members of the consortium must be African organizations. The lead organization must meet all the eligibility criteria listed above and submit the application on behalf of the consortium and administer all funds.

An organization can only submit a proposal to be an HPRO in one region (West or East Africa), not both.

Applicants are not eligible to lead both an IRT and an HPRO, or an organization that is part of an HPRO, in the case of an HPRO consortium. Nevertheless, applicants may submit as a lead/principal on both HPRO and IRT calls. In this case of dual application, ALL applicants must declare clearly their preference in the event that they are successful in both applications. Specifically they must state whether they prefer:

a) to be invited to submit a full-scale application for the IRT

-OR-

b) be an HPRO, either as lead or part of a consortium.

In the case of a proposed HPRO consortium, all leads from each organization will need to have ONE agreement on their preference.

The primary considerations in selecting Health Policy and Research Organizations will be the scientific merit of the proposal which includes its potential for development impact and capacity strengthening. However, the selection of Health Policy and Research Organizations may also be influenced by operational considerations, e.g., Canadian policy and law; knowledge of research settings; ability to monitor research activities; conditions that may make it difficult, costly, dangerous or onerous for IDRC to carry out its objectives; or exercise proper stewardship of its resources.

Only proposals that meet the eligibility criteria above will be considered.

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.

8. Evaluation Criteria

Each proposal will be reviewed based on the following breakdown and weighting of criteria:

Rationale and originality of the proposal (20%)

- extent to which the HPRO's proposal is creative, innovative, and coherent
- extent to which the proposal justifies the value-added of the HPRO
- extent to which the proposal meets the objectives of the **Innovating for Maternal and Child Health in Africa** program.

Competencies (35%)

The HPRO demonstrates:

- a strong understanding of
 - the policy, socio-political and cultural contexts of several targeted countries in its region, identifying creative and effective strategies for building linkages and enabling environments for the use of evidence
 - implementation research in the identified research priority themes
 - gender equality and equity issues.

- a solid experience in
 - mobilizing multi-sectorial key stakeholders (not restricted to health) for improvements in MNCH
 - providing research evidence and technical assistance in policy formulation, and conducting policy dialogues at national and regional levels
 - holding knowledge exchange activities supporting the uptake of research evidence in several countries in the region
 - promoting and conducting health systems and policy research in several countries in the region including cross-country analysis
 - strengthening capacities of both researchers and decision makers.

- a capacity to influence key decision makers in the targeted countries in its region and has the credibility to collaborate with researchers, policymakers and other relevant stakeholders.

Organizational track record and leadership (20%)

- evidence that the organization has the systems, resources, and management in place to succeed, and/or that it has the ability to understand its weaknesses and has proposed strategies to develop or improve these systems
- evidence that the organization has, or it has the potential to have, the necessary:
 - strategic leadership which, among other things, demonstrates willingness to challenge current assumptions on methods used for the promotion of research uptake
 - human resources
 - resource mobilization capacities
 - program, administration, and financial management capacities
- evidence that the organization has established mechanisms for linking with decision makers and policymakers, including a strong track record in the promotion of uptake of research findings.

Feasibility and overall effectiveness (20%)

- proposal includes a realistic workplan (demonstrating roles and activities of consortium members if a consortium is proposed) which clearly outlines:
 - a plan on the management and coordination of the HPRO (e.g. proposed governance framework of the HPRO to ensure it meets its objectives)
 - a plan on how the HPRO will engage researchers (from the IRTs and others), partners from governments, NGOs, and the private sector as well as other stakeholders, including how they will work together in a multi-sectorial way
 - how the HPRO will strengthen institutional knowledge translation capacities in targeted countries
 - how the HPRO plans to undertake cross-country analysis of IRTs' research results
 - anticipated challenges with the approach for implementing the suggested activities and suitable plan/strategies for mitigating these challenges
 - a communication plan and if a consortium is proposed, a specific communication plan within the consortium
 - a monitoring and evaluation plan.

Appropriateness of Budget (5%)

- proposed budget is justified in relation to the suggested activities.

9. Format and Requirements

All applications must be submitted using the online GHRI application process: <https://ghri-irsm-comp.fluidreview.com/>.

All applicants will be required to complete the following online steps and tasks:

Step 1: Completion of online Eligibility Form

Step 2: Completion of full online Application

- Task 1: Completion of online Application Form

The form is comprised of contact information, biography of the designated lead applicant in the HPRO (and in the case of a consortium, the lead within each member organization of the consortium).

- Task 2: Uploading the Proposal

The proposal must be typewritten in Arial font 12-point and each page must be numbered. The proposal may be written in English or French and its content should be organized according to the following headings as well as respective page lengths:

Headings	Proposal Content	Number of Pages
Heading 1	Abstract	1 page – not to exceed 250 words
	<i>Using plain language and active verbs, provide a summary of the proposal.</i>	
Heading 2	Description of the Organization and Policy Linkages	3 to 4 pages
	<i>Describe the structure and governance of the organization as well as its mission and vision. Provide evidence that the organization has the basic systems, resources and management to succeed in the role of the HPRO, and discuss potential weaknesses and propose strategies to improve. Discuss how the applying organization has, or has the potential to have, the strategic leadership, program administration, and financial management capacities to fulfill the suggested activities. Also describe how the organization/consortium is linked to decision makers and policymakers and has established mechanisms for these linkages.</i>	
Heading 3	Competencies of the Organization	3 to 4 pages
	<i>Give examples of the organization's experience in providing research evidence and technical assistance in policy formulation, engaging in policy relevant research and strengthening capacities of researchers and decision makers in this field. Elaborate on each example.</i>	
Heading 4	HPRO Implementation	10 pages
	<i>Include a plan of how the HPRO will bring IRTs together with stakeholders in order to influence MNCH practices and policies; this includes a description of the governance framework. If an application is made by a consortium of organizations with one lead organization, clearly describe the role of each institution in implementing the HPRO. Describe how the HPRO will link the IRTs' research to policy and practice. Consider how the HPRO will work</i>	

	<i>toward institutionalizing evidence informed decision making at the national level. Also describe how the HPRO will strengthen the capacities of IRTs in translating evidence to practice and policy, and the capacities of decision makers in the use of research in decision making. Describe how the HPRO plans to undertake cross-country analysis of IRTs research results. Consider organizing your strategies and activities alongside a communication plan. Describe how the HPRO will monitor and assess its progress. Describe who will carry out ongoing monitoring and how monitoring and evaluation will be used to improve the performance of the HPRO.</i>	
Heading 5	<p>Equity and Gender Equality Considerations</p> <p><i>Describe how equity and gender equality will be fully integrated in the activities of HPROs as well as how HPROs will work with IRTs to support them in undertaking gender and equity analyses within and across countries.</i></p>	1 to 2 pages
Heading 6	<p>Operational Risk Assessment</p> <p><i>Identify and propose mitigation strategies for risk management of the HPRO, including delays in staffing, issues with absorption of funds, conflicts between HPRO and IRTs, and staff turnover. Describe recruitment plans to fill any human resources gaps.</i></p>	1 to 2 pages

- **Task 3:** Uploading Workplan
A workplan related to the implementation of the work proposed in the proposal should be uploaded.
- **Task 4:** Submission of Budget
An Excel budget workbook was created especially for this call: it is available in the Resource folder of the online application platform (top right corner of your screen) or on the webpage of the Health Policy and Research Organization call on [IDRC Competition Website](#). A description of the allowable budget categories (personnel, consultants, evaluation, equipment, international travel, training, research expenses and indirect costs) is available on each tab of the respective category in the excel workbook. All tabs of the workbook will have to be completed.
- **Task 5:** Uploading CVs of proposed team members
The complete CVs of each of the team members within the proposed team must be submitted.

- Task 6: Uploading Letter(s) of Support from the appropriate leader(s) and stakeholder(s)

Signed letters of support from appropriate leaders and stakeholders associated with this proposal within and outside the administering organization, must be uploaded, if relevant.

- Task 7: Uploading high quality products

Three (3) high quality products, such as policy briefs, publications, examples of comparative analysis, or other relevant materials should be uploaded separately.

- Task 8: Uploading legal documents for the applying organization

Documentation demonstrating that the administering organization(s) (the lead applicant) is a legal entity will need to be uploaded. These documents are:

- *Copy of the legal documentation by which the applicant organization was founded or created in the location in which it is based^e*
- *Copy of the most recent audited financial statements.*

- Task 9: Uploading signatures from proposed team members

The content of the application and proposal must be known and approved by all applicant(s) and the designated official(s) of the organization that will administer the funds. Signed letters confirming that team members and the administering agency have agreed to their role and/or commitment to the

^e Such legal documentation obviously varies depending on the location and type of organization. By way of illustration to assist you in providing the necessary documentation to us, such legal documentation may include:

For private institutions

- letters patent
- articles of incorporation
- articles of association
- certificates of incorporation
- certificates of registration
- récipissé

issued by government authorities for private sector/non-governmental organizations;

For public institutions

- legislation (act of a legislature) creating public sector or governmental/quasi-governmental bodies.

The documentation provided to IDRC should clearly indicate the name of the institution and should be provided to IDRC in English or French. If the original documentation is not available in one of these languages, a certified translation into one of these languages should be provided along with a copy of the original document.

A certified translation means the translation is completed by someone who is an external translator (not part of your organization) who certifies that the translation is accurate to the best of their knowledge.

proposed work. In cases of dual applications (both HPRO and IRT) applicants must declare clearly their preference as stated in Section 7 Eligibility Criteria.

Step 3: Submission of final online Application

Once all online forms and tasks will be completed, the applicant must submit the full application. Completed applications that were not submitted will not be accepted.

10. Submission Process

Applications must be submitted no later than June 11, 2014 at 17:00 GMT.

Applications received after the deadline **will not** be considered.

Applications received by the deadline and deemed by GHRI to be compliant with the requirements set out in this Call for Proposals will be evaluated in accordance with the process outlined herein.

The proposal must be typewritten in Arial font 12-point and each page must be numbered. The proposal may be written in English or French.

All applications must be submitted using the online GHRI Application Form: <https://ghri-irsm-comp.fluidreview.com/>.

Applications must be submitted in either English or French.

For an application to be considered complete, each section of the application must be filled, and all supporting documents included in the application.

Inquiries

Any inquiries should be directed to innov-afr-org@idrc.ca on or before 17:00 GMT on Monday June 2, 2014, 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 posted as FAQs on the [IDRC Competition Website](#) with responses to those inquiries, without revealing the sources of the inquiries. Applicants are, therefore, strongly encouraged to monitor this website for any information updates regarding this call.

For general questions about GHRI, please visit: www.irsm.ca or www.ghri.ca.

11. Communication of Results

Results of the selection process will be communicated via email by July 31, 2014 to the Principal Applicant indicated in the proposal.

12. Permission for Use and Disclosure of Information

Relevant departments and individuals of Foreign Affairs, Trade and Development Canada, the Canadian Institutes of Health Research, and the International Development Research Centre, the three partners supporting this program, 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, research teams and budget of the approved proposals will be in the public domain.

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 title of the proposed project, in any announcement of selected proposals.

13. 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.

14. 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.

15. 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:

http://www.idrc.ca/EN/Funding/Guides_and_Forms/Documents/MGC-Att-A-e.pdf

Appendix A – The Global Health Research Initiative

The **Global Health Research Initiative** (GHRI) is a made-in-Canada collaboration that improves health worldwide. Funded by Foreign Affairs, Trade and Development Canada (DFATD), the Canadian Institutes of Health Research (CIHR), and Canada's International Development Research Centre (IDRC), GHRI brings together researchers and decision makers from Canada and LMICs to support scientific breakthroughs and shared learning to meet critical global health challenges in areas like health systems strengthening, maternal and child health improvement, and HIV prevention. GHRI-funded teams develop and implement practical research projects that build important scientific capacity in LMICs while providing policymakers with the evidence they need to improve the health of their populations, especially their most vulnerable.

GHRI supports the development and testing of novel programs in global health research, contributes significantly to the development of health research capacity in LMICs, and promotes knowledge transfer activities that enable the adoption of research-driven innovations by health policymakers and community stakeholders.

For more information visit: www.ghri.ca

Global Health Research Initiative Partners

Canadian Institutes of Health Research

The mandate of the Canadian Institutes of Health Research (CIHR) is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system. CIHR promotes a solutions-focused, multidisciplinary and collaborative approach to health research. Its unique structure brings together researchers from across disciplinary and geographic boundaries through its 13 Institutes.

As part of its mandate, CIHR seeks to lead, stimulate and facilitate effective Canadian international involvement in health research that benefits Canadians and the global community. CIHR has identified global health research as a priority and engaged in a broad range of global health initiatives that support the study of health issues related to the low and middle-income countries and the related health, health-system, health inequities, and health policy challenges facing populations living in conditions of vulnerability.

The following CIHR institutes/initiatives have sponsored this call for proposal:

Institute of Gender and Health (IGH)

The Institute of Gender and Health aims to foster research excellence regarding the influence of gender and sex on the health of women and men throughout life, and to

apply these research findings to identify and address pressing health challenges. IGH co-leads the CIHR Pathways to Health Equity for Aboriginal Peoples Signature Initiative with IPPH and the Institute of Aboriginal Peoples' Health.

Institute of Health Services and Policy Research (IHSPR)

IHSPR is dedicated to positioning Canada as a global leader in optimizing health and health outcomes in the population through the provision of evidence-informed health care services. IHSPR's mission is to foster excellence and innovation in health services and policy research and catalyze the application of research finding to policies, practice and programs that provide real-world benefit and enhance the provision of high-quality care for Canadians. IHSPR co-leads CIHR's Signature Initiative in Community-based Primary Health Care with IPPH.

Institute of Human Development, Child and Youth Health (IHDCYH)

The IHDCYH is dedicated to the process and integration of developmental, physical and mental well-being throughout the life cycle from a population perspective. By facilitating partnerships and working to accelerate the translation of new knowledge, IHDCYH funds and promotes research that ensures the best start in life for all Canadians and the achievement of their potential for optimal growth and development.

Institute of Infection and Immunity (III)

Institute of Infection and Immunity supports research and helps to build research capacity in the areas of infectious disease and the body's immune system. Through the Institute's programs, researchers address a wide range of health concerns related to infection and immunity including disease mechanisms, disease prevention and treatment, and health promotion through public policy.

HIV/AIDS Initiative

HIV/AIDS Research Initiative supports HIV/AIDS research, research capacity building, research partnerships and knowledge translation that contributes to ending the spread of HIV and improves the lives of people living with or susceptible to HIV/AIDS.

Institute of Population and Public Health (IPPH)

IPPH aims to improve the health of populations and promote health equity in Canada and globally through research and its application to policies, programs, and practice in public health and other sectors. IPPH co-leads CIHR's Signature Initiative in Community-Based Primary Health Care with IHSPR. IPPH also co-leads the CIHR Pathways to Health Equity for Aboriginal Peoples Signature Initiative with IGH and the Institute of Aboriginal Peoples' Health.

Department of Foreign Affairs, Trade and Development Canada

The mandate of Foreign Affairs, Trade and Development (DFATD) Canada is to manage Canada's diplomatic and consular relations, to encourage the country's

international trade and to lead Canada's international development and humanitarian assistance. This includes, among other roles, engaging in policy development in Canada and internationally, enabling Canada's effort to realize its international development and humanitarian objectives. Indeed, DFATD's international development mission is to lead Canada's international effort to help people living in poverty by reducing poverty in developing countries and providing humanitarian assistance to vulnerable people in crisis. Guided by Canada's aid effectiveness agenda for more efficient, focused and accountable aid, three priority themes are part Canada's international development work: increasing food security, securing the future of children and youth as well as stimulating sustainable economic growth.

International Development Research Centre

To achieve self-reliance, poor communities need answers to questions like: How can we grow more and healthier food? Protect our health? Create jobs? IDRC supports research in developing countries to answer these questions. IDRC also encourages sharing this knowledge with policymakers, other researchers, and communities around the world. The result is innovative, lasting local solutions that aim to bring change to those who need it most.

Improving people's health in low and middle income countries requires access to quality health services, and strong and equitable health systems. This is essential for sustainable social and economic development. IDRC has pioneered the field of strengthening health systems since 2000, recognizing the importance of governance and equity issues. IDRC's health programs funds research that helps improve health systems so countries and communities can meet the health challenges they face. The areas of support focus on:

- issues of equity in access to quality primary care
- policies to prevent non-communicable disease
- health concerns shared by Canadian federal agencies and that supports the global health research community.

The Governance for Equity for in Health Systems (GEHS) program, where GHRI resides, strives to strengthen equity in health systems and contribute to better health for all. GEHS is particularly committed to research on primary health care because it places families and communities at the heart of health systems. Supported research seeks to address the challenges of power relations and decision-making to ensure that resources are allocated to reach the most vulnerable.

Appendix B – Implementation Research Teams

Implementation Research Teams will address health systems challenges and strengthen health systems using primary health care as an entry point in the targeted countries. Implementation Research Teams, working with relevant stakeholders and their respective HPRO, will undertake implementation research to improve in-country practice and policies. The IRTs will work ‘on the ground’ to test proper implementation and/or scale-up evidence-based interventions. These interventions can include policies, programs and services that involve multiple strategies and require implementation both within and outside the health sector. They will generate new knowledge about what works under what conditions. The research will have a clear, practical and problem-solving orientation to maximize the potential for impact and increase the potential for scale-up. IRTs should also demonstrate true decision-maker buy-in, not only by producing letters of support but also by obtaining concrete support through mechanisms such as co-funding, in-kind contributions and clear participation in the design and execution of the project. The IRT will build in ways to ensure continuous policy and program engagement to take advantage of opportunities as they arise.

Appendix C - Four Priority Themes of the Program

The four priority research themes of the program **Innovating for Maternal and Child Health in Africa** are:

- ***High impact community based MNCH interventions***

Existing interventions, if implemented through efficient and effective strategies (in a way that reaches those most in need), could prevent a substantial proportion of existing mortality (e.g. up to 95% of diarrhea deaths and up to 67% of pneumonia deaths in children under 5 years could be prevented by 2025 by scaling up existing highly cost effective interventions such as oral rehydration salts and zinc). Coverage of essential MNCH interventions is inadequate in sub-Saharan Africa. It is estimated that an average of 58% of births are home-based, and less than 50% of births are attended by skilled personnel. If coverage was extended to 90% of households by 2015, it is estimated that approximately 4 million MNCH deaths could be saved annually.

- ***Quality facility based MNCH interventions***

To save the most lives, increasing health care coverage is essential. Yet efforts to improve program coverage may be uneven and slow if physical and cultural barriers are not well understood and not addressed in program delivery design. Furthermore, for the growing number of women and children presenting at health care facilities, quality of care and positive outcomes are important. Good quality obstetric care along the entire referral chain has been found to be vital to decrease maternal mortality. Quality must improve and remain high in order to provide effective care and to maintain demand for health services. Community-based interventions must be supported by clinical care that is responsive to local needs.

- ***Policy environment to improve MNCH care services and outcomes***

Effective health policies, health finances, and health information systems are needed to ensure an enabling environment for successful implementation of MNCH programs and improvements in MNCH outcomes. Removing policy, financing, and data barriers would accelerate the uptake of MNCH programs and thus, reduce morbidity and mortality. Health information systems directly contribute to health policy and financing decisions through the collection and management of data on health infrastructure, human and financial resources, equipment, and organizational policies. Health policies are informed by health information systems, health outcome data (e.g. mortality, morbidity, disability, well-being, and health status) and inequities in health determinants (e.g. coverage and use of services stratified by sex, socioeconomic status, ethnic group, and geographical location). For local and state officials, the use of costing estimates and health data informs health policy and financing, and can provide a powerful rationale for disadvantaged districts to advocate for funds based on needs. From a donor's perspective, health information

system will help ensure tracking of resource flows directed towards MNCH, contribute to strengthened accountability and enable the measurement of results and returns on investment.

- ***Human resources for MNCH***

According to the World Health Organization, 57 countries are facing critical shortages in human resources for health; 36 of these are in sub-Saharan Africa. Increasing the availability and appropriate skills of those delivering essential health services and creating the right organizational conditions to support their functions are critical to improving coverage of high impact interventions, achieving better quality health care and reducing MNCH morbidity and mortality. One innovative approach is task-shifting; for instance, almost half of sub-Saharan African countries now use non-physician clinicians to perform some minor surgeries. Other approaches have included increasing the number of community health workers or redesigning training programs to match local priorities. Yet, human resources for health policies do not always correspond to local needs and are constrained by monetary and remuneration challenges. Furthermore, the factors that influence the implementation of effective task-shifting strategies across sub-Saharan Africa remain poorly understood.