

Agenda Item: Stream 2 Structure and priorities 2021

Summary:

The purpose of the Strategic Fund (Stream 2) is to support initiatives in the areas of the Strategic Framework that will help IPPF deliver on its strategic outcomes. It is intended to provide agility and the ability to react swiftly to strategic changes, emerging opportunities and focus on innovative approaches.

For Stream 2 funding cycle in 2021-2022, it is proposed to focus the call for proposal on Enabling and Delivering a Gender Transformative Programme on Medical Abortion Self-Care.

Interventions at the individual, community, institutional and policy levels will be encouraged 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, MAs and their partners can 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 simple process central to reproductive and social justice, rather than a stigmatized and complex medical procedure

A full request for proposals will be developed as a next step including the list of objectives/intended outcomes from which applicant consortiums and its members will be able to select from.

Action Required:

- The Board to provide feedback on the thematic framework and endorse the attached outline to inform the request for proposals for Stream 2 funding (2021-2022).

Note for IPPF Board of Trustees - Stream 2 funding priority 2021-2022

Background on Stream 2 Funding:

The purpose of the Strategic Fund is to develop initiatives in the areas of the Strategic Framework that require additional support and that will help IPPF deliver on its strategic outcomes. The Fund closely aligns with the Strategic Framework (2016-2022), the IPPF Business Plan (2019-2021) and IPPF's current Reform Agenda (2019-2020), offering a cohesive and flexible unrestricted funding mechanism. The Strategic Fund is intended to

provide agility and the ability to react swiftly to strategic changes, emerging opportunities and focus on innovative approaches.

Summary:

- The aim of Stream 2 funding is to support the Federations membership to initiate or expand radical new approaches with different actors and collaborations.
- This note provides the outline brief for the request of proposals for Stream 2 funding for 2021-2022 for inputs and approval from the BoT.
- For Stream 2 funding cycle in 2021-2022, it is proposed to focus the call for proposals from Federation's membership on **Enabling and Delivering a Gender Transformative Program on Medical Abortion Self-Care**

Background on Abortion work in IPPF:

IPPF has a long history of commitment to abortion as a human right and critical element of sexual and reproductive health care. 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 to end a pregnancy through person-centred, rights-based approach is central to the achievement of these two outcomes.

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 working on abortion across programme and advocacy. This consultative meeting was a forum 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 and increase access to abortion care, while also improving quality of care, choice and autonomy.

Following a detailed analysis and review of IPPF's existing abortion programme to consider strengths, weaknesses, gaps and opportunities, the consultative group identified five strategic initiatives to be taken forward and act as a Business Plan to the Abortion Strategic Action Plan (ASAP), providing focus to the broader strategy. Among the five strategic priorities identified, there was a strong consensus to advance medical abortion self-care for IPPF and its Member Associations through a de-medicalised, person-centred and gender-transformative approach. As such, it was agreed to make self-care an integral part of IPPF's abortion programme with a focused effort on designing and implementing interventions to achieve this.

IPPF and some of the large INGOs providing abortion services have benefitted over the years from the support of committed donors. The largest funder of abortion services in restricted environments has recently changed its strategy with a pivot towards resourcing African public services where governments are committed to safe abortion and (only) advocacy elsewhere.

Opportunity statement for IPPF:

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 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, it intersects with issues of social justice including empowerment, poverty reduction and education, making it important to frame any abortion programme around an agenda of social and reproductive justice. Medical abortion self-care can reimagine abortion from being a health service alone to an issue of reproductive justice that enables women and communities to overcome and address social norms and stigmas, coercive legal restrictions and inadequate health systems.

The benefits of medical abortion self-care have been made 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-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.

Research conducted by IPPF in partnership with Ibis Reproductive Health exploring women's priorities for quality abortion care identified that clients prioritised information and support that was personalized to their individual situation with the primary goal of being prepared for the abortion process. They also highly valued reassurance provided during and after the abortion. This research provides an insight into the kind of support and care that some women may want when ending a pregnancy. While some national organizations are offering tele-health services across countries to provide women with remote support and care through an internet-based approach, there still remains an opportunity to further advance medical abortion self-care while ensuring better and easier links with the formal health system to make available adequate support and follow-up care for women who would like or need it during medical abortion self-care.

These findings combined with the opportunities to de-medicalize abortion care underscore the importance of building an ecosystem that provides access to information and support for women who chose medical abortion self-care. Health systems should reform to be 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 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 simple process central to reproductive and social justice, rather than a stigmatised and complex medical procedure.

Goal of Stream 2 funding for 2021-2022 cycle:

The proposed overall goal of the call for proposals for 2021- 2022 under the Strategic Fund is to support efforts within the Federation's membership to **Enabling and Delivering a Gender Transformative Program on Medical Abortion self-care**¹.

Objectives:

We propose to include a broad list of objectives/intended outcomes from which applicant consortiums and its members will be able to select from. It is intended that, a consortium will include partners who, based on context and capacities, will together contribute to several or all these objectives.

Objectives:

1. Design and implement person-centred, innovative integrated models of care within the Federation that enables medical abortion self-care, either in-part or entirely, as a safe and valid choice to end a pregnancy.
2. Design and implement programmes that influences knowledge, understanding, attitudes around de-medicalized gender-transformative care for early medical abortion at scale
3. Generate evidence and understanding of pathways related to medical abortion self-care among specifically defined populations
4. Test and identify metrics through implementation science approaches on impact of gender transformative approaches to medical abortion self-care.
5. Implement impactful interventions across the socio-cultural, political and policy domains that enable reproductive autonomy for self-care.

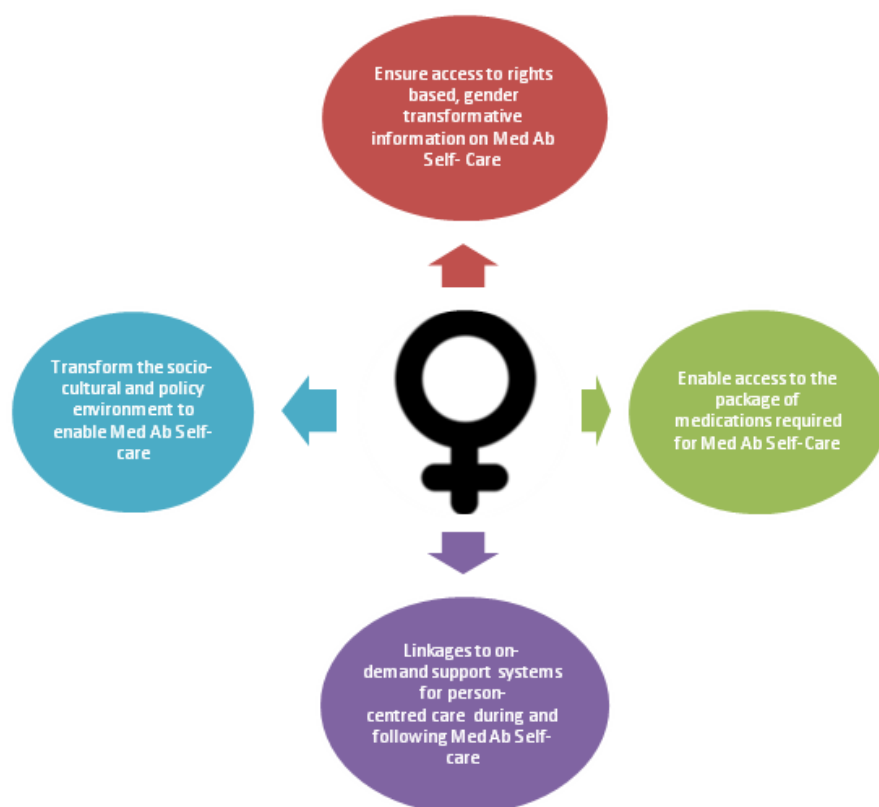
Framework for approach: Inputs are sought from the BoT on the illustrative framework for approach to gender transformative, person-centred medical abortion self-care.

The aim is to present this framework within the proposal to guide applicants to design their respective Theory of Change within the geographies they propose to work in. The call for proposals would have additional details on the overall framework and welcome suggestions/modifications to the same from applicants as well.

The illustrative framework focuses on four pillars across the spectrum of medical abortion self-care.

¹ Self Managed Medical Abortion 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.

Figure 1: Illustrative Framework on Medical Abortion Self – Care



Pillar 1: Ensure access to rights based, gender transformative information on Medical Abortion Self- Care:

Efforts under this pillar will 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.

Pillar 2: Enable access to the package of medications required for Medical Abortion Self-Care:

Efforts under this pillar would include addressing issues that enable access to quality, affordable medicines essential for a safe and positive medical abortion self-care experience. Interventions are expected to address context specific barriers around policy and regulatory challenges, prescription requirements, limits on range of providers and outlets that can provide access to quality mifepristone and misoprostol, and access to other medications (e.g. pain medication) required during a medical abortion process.

Pillar 3: 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, this pillar will 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.

Pillar 4: Transform the socio-cultural and policy environment to enable Medical Abortion self-care:

Initiatives that advocate, contribute to and enable transformations of social values, narratives, attitudes and legislation (as necessary) to enable medical abortion self-care will be the focus under this pillar. It is recognized that a combination of approaches working across the range of context specific stakeholders will be necessary to achieve this transformation.

Essentials of Program Design: The call for proposals will include information to potential applicants outlining the essential principles to be utilized in the design of the overall program. Applicants will be required to include narratives, activities and metrics related to these essential principles within their proposal.

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.

Human rights: Bodily integrity and autonomy is a fundamental human right; 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 rights relating to sexual and reproductive health (SRH) 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: 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 intimate relationships, and the 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 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 focus on ensuring 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.

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.

Annex: General criteria for decision making:

All proposal related documents will be reviewed, and decisions arrived at based on the following criteria

1. **Significance:** How likely is it that the proposed initiative is relevant to achieving transformation in medical abortion self-care in the proposed geographies?
2. **Institutional integration:** Has the consortium considered how this scope of work is aligned with/ integrated to the institution's broader area of work? Is there a clear pathway that is sound and rigorous in how the proposed interventions will contribute to institutional transformation?
3. **Transformative approaches:** Does the proposed initiative have a robust gender assessment included in its design? Are proposed interventions transformative to enable and promote medical abortion self-care? Are interventions addressing the essential principles for programme design indicated within the RFP?
4. **Innovation:** How has the consortium attempted to include innovation in the different components of the proposed initiative? Is there scope for the initiative to contribute to or advance medical abortion self-care within IPPF and the Global community?
5. **Impact:** Does the proposal clearly describe how this initiative could be leveraged for impact? Is there a defined path between the outcomes of the proposed initiative and its intended impact? Is impact likely at an acceptable scale?
6. **Sustainability:** Has the proposal included plans for how critical activities will be sustained/continued beyond the duration of funding? Are proposed plans reasonable and realistic?