

The **EmpowHER Fund:** Collective action for an HIV free future for women and girls

 **aidsfonds**



Call for Proposals

Invitation to apply for funding to advance choice, accelerate access and leadership to close the HIV-prevention gap for women and girls in all their diversity in South Africa, Zambia, Kenya, Uganda and Mozambique

November 13th 2025

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1. Summary

The EmpowHER Fund envisions a world where women and girls in all their diversity¹ can truly use the HIV-prevention method of their choice. Yet, in sub-Saharan Africa girls and young women still bear the greatest burden of HIV infections, accounting for nearly 63% of all new infections, with those aged 15–24 being particularly vulnerable². Too many of them, especially those experiencing intersecting vulnerabilities, face limited options to prevent themselves from HIV, leaving them stuck with methods that don't fit their lives or worse, no methods at all. New and emerging HIV-prevention options, including the 6-monthly Lenacapavir, the two-monthly Apretrude, the Dual Prevention Pill and the Dapivirine vaginal ring, offer a critical opportunity to expand choice and make sure women and girls find the method that best fit their needs.

However, choice isn't just about having these products available.

It's about giving women and girls the knowledge, confidence, and power to make decisions and to demand the prevention methods they want. It's about creating safe, stigma-free services, backed by policies and systems that truly protect and prioritize women's health. And it's about centering the leadership of women and girls, ensuring they are the ones shaping the HIV-prevention landscape themselves.

Through this call Aidsfonds invites organisations led by women- and girls³, to submit proposals that drive community-led action for choice, access and leadership, to turn EmpowHER's vision into reality.

¹ Throughout this document when we refer to 'women and girls in all their diversity' or 'women and girls', it encompasses all women and girls up until the age of 30 disproportionately affected by HIV due to discrimination and exclusion, including adolescent girls and (young) women, LGBTQ+ women and those experiencing intersecting vulnerabilities by engaging in sex work or drug use.

² UNAIDS, 2025

³ A women- or girls-led organization is an organization in which women or girls holds the primary leadership position (e.g., CEO, Executive Director) including a majority of leadership, governance, and decision-making roles are held by women and girls, their board included. The organization's mission should primarily advance gender equality, rights, empowerment of women and/or girls and should be accountable to them. For the purpose of this fund, this explicitly means that the lead organization must be headed by a woman (no male leader in the top executive position(s)), and women and girls must have a central role in setting the organization's vision, strategy, and priorities.

2. Key Information

- This call for proposals is for national or regional community led civil society (not for profit) organisations led by women- and girls, with proven experience in national or regional HIV (prevention),- women and/ or girls- (sexual health) rights advocacy in the countries of implementation: South Africa, Zambia, Kenya, Uganda and Mozambique.
- The EmpowHER Fund specifically seeks to support strategic- ideas and collaborations that bring together complimentary expertise of HIV-, health and feminist stakeholders, community actors and advocates.
- The EmpowHER fund is an advocacy program and not a service delivery focussed call.
- The total amount under this call is €4,000,000. Applications of individual organisations can include an annual budget ranging from €50,000 to €200,000. Applications for consortia can include an annual budget ranging from €150,000 to €300,000. Aidsfonds anticipates a well-balanced portfolio across countries, grant types, populations, stakeholders and budgets.
- The proposed project must be implemented between April 2026 and 31st of December 2028
- Applying to this fund takes place in 2 phases:
 - Phase 1: Applications in the form of an Expression of Interest (including eligibility requirements) must be received in English or Portuguese (for Mozambique only) through Aidsfonds Grants Platform before December 2nd, 2025 at 12:00 (CET time). Both successful and unsuccessful applicants get notified mid- December. Successful applicants are invited to submit a full application.
 - Phase 2: Full applications must be received in English or Portuguese (for Mozambique only) through Aidsfonds Grants Platform before February 2nd, 2026 at 12:00 (CET time).
- Funding decisions will be jointly made by Aidsfonds and the EmpowHER Fund Advisory Committee.
- A Question & Answer session on the call will be organized on the 25th of November. You are invited to sign up and submit your questions beforehand through the link on the website until November 24th 2025 6.00 am CET.
- For any questions or clarifications, please email us here: grants@aidsfonds.nl

Key concepts

- ‘Women and girls in all their diversity’:

Throughout this document ‘women and girls in all their diversity’ or ‘women and girls’, we refer to all women and girls up until the age of 30 disproportionately affected by HIV due to discrimination and exclusion, including adolescent girls and (young) women, LGBTQ+- women and those experiencing intersecting vulnerabilities by engaging in sex work or drug use.
- ‘Women and girls led’:

A women- or girls-led organization is an organization in which women or girls holds the primary leadership position (e.g., CEO, Executive Director) including a majority of leadership, governance, and decision-making roles are held by women and girls, their board included. The organization’s mission should primarily advance gender equality, rights, empowerment of women and/or girls and should be

accountable to them. For the purpose of this fund, this explicitly means that the lead organization must be headed by a woman (no male leader in the top executive position(s)), and women and girls must have a central role in setting the organization's vision, strategy, and priorities.

- 'Organisation'

Throughout this document an organisation refers to a non-governmental, not-for-profit civil society organisation, which may include: community-led or based organizations (CBOs), non-governmental organizations (NGOs), networks, coalitions, or alliances that operate independently of government and whose work aligns with the mission of the fund.

3. About Aidsfonds

Aidsfonds – Soa Aids Nederland, based in Amsterdam, is a Dutch organisation that also works internationally. At Aidsfonds - Soa Aids Nederland, we strive for a world where there are no longer any deaths from AIDS and where people enjoy good sexual health. A world in which everyone can love freely and without fear.

Aidsfonds has 3 dream goals: 1) no more deaths from AIDS and no new HIV infections; 2) sexual health and rights for all; and 3) a cure available for everyone living with HIV. We build on the United Nations Sustainable Development Goals, the UNAIDS 2026-2031 Strategy and the existing policy frameworks of the Dutch Government.

At the heart of everything we do, is working in partnership with communities⁴ and essential stakeholders⁵ – because they know best what is needed and what works. Together we are working to ensure accessible STI-, HIV and AIDS care for all. To have the most impact towards our strategic dream goals, Aidsfonds - Soa Aids Nederland aims for the highest possible level of co-decision making on all organisational levels.

As an involved funder and fundraiser, Aidsfonds funds and secures funding for community-led solutions and HIV cure research with long-term, flexible and core funding. We work with communities and professionals in preventing, detecting and treating HIV and other STIs. We advance scientific research into an HIV cure, and call on other donors to help make this possible.

Fundraising among the Dutch public

Aidsfonds raises funds in the Netherlands through donations from individual donors, the Dutch public. Their solidarity to support the fight against HIV, enables us to invest in initiatives like the EmpowHER Fund. Selected partners in partnerships with Aidsfonds, including the EmpowHER Fund, will be asked to contribute to fundraising efforts and raising awareness, for example, by sharing stories of impact, participating in communication efforts, or highlighting community achievements that demonstrate the value of public investment in HIV- prevention and women- and girls' health and rights.

⁴ Communities and those who represent them, we focus on key and priority populations whose engagement is critical to a successful response. This includes people living with HIV and groups more likely to be exposed to HIV and STIs – such as men who have sex with men, transgender people, LGBTI+ people, people who use drugs, sex workers and adolescent girls and women.

⁵ Activists, healthcare providers, scientists, governmental and non-governmental funders and individual donors

4. HIV prevention for women and girls

Challenges

Girls and young women continue to bear the greatest burden of HIV infections in sub-Saharan Africa. They account for nearly 63% of all new HIV infections in the region, with adolescent girls and young women (15-24) being particularly vulnerable. In sub-Saharan Africa the HIV prevalence among adolescent girls and young women is three times higher than among their male counterparts; over 3100 adolescent girls and young women acquired HIV every week in 2023. Though not all women experience this vulnerability in the same way, since HIV risk is shaped not only by gender but by the intersecting realities of income inequality, sex work, drug use, and sexual orientation or gender identity. These overlapping factors not only increase women's exposure to HIV but also create (additional) barriers to accessing healthcare services, amplifying their risk to HIV.

One of the driving factors behind the high number of new infections among girls and women, is the limited access to HIV prevention options and adequate healthcare. Many clinics do not have HIV prevention options readily available due to stock-outs or supply chain issues, due to limited distribution, high costs or regulatory delays of newer effective methods and untrained or unaware health care workers. Girls and young women themselves face barriers such as stigma, social norms, lack of awareness of the prevention options or might not have the adequate resources to access them. Access to HIV prevention becomes harder at the intersection of multiple vulnerabilities due to e.g. criminalisation, exclusion from services, violence and safety concerns.

The lack of choice in HIV-prevention methods is a major problem because it limits girls and women to find and stick to methods that suit their individual needs and circumstances. Research demonstrates that providing women with options, ensures that they can find the prevention method that works best for them. However, choice requires more than just product availability – it is also about ensuring that women and girls have the agency, ability and feel personal leadership to make informed decisions, to know what options exist, and to demand access to the methods that align with their preferences and realities. This combination of access and agency ultimately leads to higher usage, better health outcomes, greater empowerment, and a decrease in new HIV infections.

With growing restrictions and conservatism on sexual and reproductive health and rights, women's rights and gender equality, reduced funding for advocacy and a shift towards male-dominated decision-making, women's needs are deprioritized. Conservative policies limit or block access to comprehensive services and information, restrict funding for sexual health services and reinforce gender norms that leave girls and women with less control over their own health. This might mean fewer prevention options and limited access to new innovations. Without dedicated investments in women's rights and leadership, these trends will only deepen inequalities.

Finally, the underrepresentation of women and gender-diverse individuals in HIV-prevention leadership and decision-making poses a major challenge, as it results in policies and interventions that fail to address the specific needs and realities of women and girls. Women continue to be disproportionately affected by

HIV, and without their voices and leadership, solutions risk being incomplete, less effective, inaccessible, or even harmful.

Opportunities

Despite these challenges, there is tremendous potential to change the trajectory of HIV among girls and young women. The HIV-prevention landscape has evolved significantly in recent years, with existing options such as daily oral PrEP, the monthly Dapivirine vaginal ring (DVR), the two-month injectable cabotegravir (CAB LA) – and with new medical developments in long acting PrEP Lenacapavir (twice a year), Apretude (every two months) and the dual prevention pill (DPP) available from 2026 there's potential to significantly reduce, or even end, the prevalence of HIV infections among girls and young women. Every girl and young woman who can benefit from PrEP should have the opportunity to use it; no one should be left behind.

The new (long acting) HIV-prevention options offer a critical opportunity to close the HIV prevention gap for women and girls as well, particularly those facing intersecting vulnerabilities. The reduced frequency of administration removes the daily burden of adherence often associated with oral PrEP. Long-acting PrEP offers a discreet and stigma-free form of protection. These methods are more convenient and private, empowering women to protect their health on their own terms; even in contexts where negotiating condom use or accessing regular health services may be difficult.

5. Introduction to the EmpowHER Fund

The EmpowHER Fund (2026–2030) is Aidsfonds’ latest initiative in response to the urgent challenges and opportunities outlined above. The EmpowHER Fund is designed to bridge the gap between the availability of (new and existing) HIV-prevention and the ability of women and girls to access, choose, and benefit from them.

The EmpowHER Fund’s overarching objective is to accelerate the rollout of current and new HIV prevention options and increase access to them for women and girls in all their diversity in Southern and Eastern Africa.

To achieve this change, the EmpowHER Fund works according 3 interlinked outcome areas⁶:

1. *More women and girls increasingly access and adopt HIV- prevention options*
Strengthening health systems and ensuring that women and girls understand their options, generate demand, have the agency to make informed choices and know where to access them.
2. *Policies create equitable access for women and girls to HIV prevention*
Influencing policies to make products increasingly available and to better meet women- and girls’ needs and to make it easier and safer for them to access prevention options.
3. *Women & girls-led movements lead advocacy for long-term change*
Supporting and capacitating women and girls to unite, grow, build collective leadership and advocate effectively to influence decision-making for long-term change

Together, initiatives under these pathways ultimately contribute to EmpowHER intended impact: Women and girls in all their diversity use the HIV-prevention method of their choice.

HIV- and feminist principles

The EmpowHER Fund is grounded in both HIV- and feminist principles, recognizing that effective HIV prevention goes beyond the mere availability of products. True choice for women and girls requires agency, knowledge, and the power to make informed decisions about the prevention methods that fit their lives. This approach ensures that accelerated access to HIV prevention is not only addressed as a health issue, but also a matter of equity, empowerment and justice.

Alignment with donor efforts around medical breakthroughs

The EmpowHER Fund recognizes and values the critical efforts and investments of other donors, including the Global Fund and the Gates Foundation, in expanding access to innovative HIV-prevention options, such as Lenacapavir. To ensure sustaining impact for women and girls, Aidsfonds’ EmpowHER fund enhances those efforts, by adding the unique value of dedicating support to community-led initiatives, complementing other programmes that focus primarily on procurement of product and strengthening government health systems.

⁶ Please see ANNEX for the rationale of each outcome area in ‘Our understanding of how change happens’ including the ‘Theory of change’ of the EmpowHER Fund.

A pooled fund

The EmpowHER Fund is a pooled fund. The fund will bring together unearmarked resources from Aidsfonds and contributions from additional investors. By combining investments, EmpowHER envisions to create bigger impact and ensures more coordinated, strategic allocation of funding, aiming to reduce duplication in the region. With a current fundraising target of EUR 15 million, the fund aims to catalyze collective action to reach her goal.

6. Objectives of the Call

Through this call Aidsfonds invites organisations led by women- and girls, to submit proposals that drive community-led action to advance choice, accelerate access to new and existing HIV- prevention methods and women- and girls leadership in South Africa, Zambia, Kenya, Uganda, and Mozambique.

Our priorities for this call

- Proposed initiatives under this call will address one or more outcome areas of The EmpowHER Fund
- Proposed initiatives address issues that advance HIV- prevention choice, access, and leadership for women and girls in all their diversity
- Proposals can address local, national or regional contexts
- Proposals should demonstrate a strong understanding of the (national, and - if applicable the - regional) HIV-prevention landscape for women and girls, including e.g. (local, national, regional) policy environment, access gaps and/ or opportunities
- While building on gaps and opportunities, proposals are to show a clear need and strategy how the initiative contributes to a change in access and choice for women and girls in that context
- Proposals should reflect an understanding and alignment with national or regional HIV-prevention priorities, including to the planned rollout of Lenacapavir, the yet to be introduced dual prevention pill, while also considering existing prevention options such as daily oral PrEP, the Dapivirine vaginal ring, injectable cabotegravir, and other methods that are currently available but are often limited in access.
- Proposals preferably demonstrate alignment with existing donor or government (advocacy) programs with a focus on access to HIV- prevention in their context, to avoid duplication and strengthen complementarity.
- We encourage applicants to think beyond their usual scope, and appreciate applications with strategic collaborations or consortia that bring (cross-sector) complimentary expertise in the right mix of community actors, health- and feminist stakeholders and advocates.

What work can be done under this call?

- **Advocacy and policy influence:** Efforts to improve policies, guidelines, and budgets to make HIV- prevention options — including oral PrEP, the vaginal ring, and long-acting methods like Lenacapavir — accessible. This may include bringing women- and girls' voices into decision-making spaces, influencing budgets and frameworks, and strengthening accountability.
- **Raising awareness and creating demand:** Community-led initiatives that build knowledge and confidence among women and girls, challenge stigma, and encourage informed choice. Examples include peer networks, digital campaigns, storytelling, and youth- or feminist-led movements.
- **Expanding choice and access:** Activities that broaden the range of HIV-prevention options available and ensure women and girls can choose what works best, such as advocacy with health providers, supporting clinics, or helping communities demand better services.

- **Strengthening health systems:** (Assessments to) making health systems more responsive, inclusive and women and girls' friendly, including strengthening the capacity of health providers, improving referral systems, and creating feedback mechanisms.
- **Building feminist leadership and movements:** Strengthening the collective power and leadership of women, girls, and gender-diverse people to influence HIV-prevention policies and programming.
- **Cross-sector collaboration:** Encouraging partnerships between community groups, researchers, media, students, CSO organisations engaging religious leaders and service providers to ensure prevention options are truly accepted, available and accessible.
- **Learning and sharing:** Capturing lessons, models, and evidence from community-led initiatives to inform advocacy, scale-up, and regional learning.
- **Evidence-informed service delivery:** Small-scale service delivery such as peer information provision and awareness campaigns may be funded if it generates evidence or informs advocacy.

What work cannot be done under this call?

- Large scale health system improvements such as setting up health information technology, clinical software, digital databases, laboratory systems, exclusive focus on community led monitoring, managing or building supply chains, facilitating task shifting
- Purchase of pharmaceuticals such as PrEP, ARVs and Lenacapavir and purchase of products such as condoms, HIV-testing kits.
- Clinical trials
- Standalone advocacy that addresses structural barriers on its own, without a clear link to improving access and available to HIV prevention services for women and girls (e.g., broad gender equality initiatives, SRHR services or products, women's rights activities, or health system reform)
- Larger-scale service delivery (e.g. testing, treating, counseling, psychosocial support, distributing of prevention products) are out of scope.
- Large scale academic research
- Large-scale national campaigns managed by external actors (e.g., media agencies or consultancies) rather than the applicant organisation itself
- Economic empowerment activities, even if linked to prevention of HIV.

7. Eligibility criteria: Who can (not) apply?

Only applications that are received before the deadline will be checked on the eligibility criteria. To be eligible for funding, your organisation must meet the following criteria:

- Your organisation is locally – in country of implementation – or regionally registered *or* is fiscally hosted
- Your organisation is a community-led CSO e.g. non-profit, non-governmental, network or coalition, led by women- or girls. The organisations' mission and vision is guided by feminist principles, including those that promote gender equity, agency and empowerment.
- Your organisation has a proven substantial track record in HIV (prevention),- women and/ or girls- (sexual health) rights advocacy at district, national or regional level, engaging with governments and health systems in country of proposed implementation, and has experience in strengthening the (co-) leadership of girls and young women in these processes
- Non-CSO or other (technical) support organisations, e.g. in research, monitoring, and evaluation (e.g., academia, research institutes, capacity building institutes, media, journalists, tech) may be included in the proposal or budget as third-party service providers
- The requested budget cannot be higher than 30% to 50% of the annual budget of the applicant. In case of applying as consortium, this applies to all applicants.
- Your application is submitted in English or Portuguese (for Mozambique) through Aidsfonds online grants application system, and includes all requested information and supporting documentation.
- Only one application per organisation is accepted for this call

Applicants and their applications that do not meet these criteria, will not be considered for further assessment, and will receive notification of this by Aidsfonds. All organisations engaging in a consortium must meet the eligibility criteria.

The following organisations and institutions are *not eligible to apply individually*. However, these organisations may participate in a consortium *only* in a supporting role or to carry out specific, well-defined tasks that have a demonstrated contribution to reach the goal of the proposal. Such organisations cannot take the lead nor manage major parts of a country- or context-specific programme, nor hold the majority of the budget. The overall direction and accountability must remain with the lead applicant or the consortium of women- and girls led organisations.

- Male-led, non-community-led, general HIV or health organisations, and organisations without sufficient leadership and decision-making representation of women and girls

The following organisations and institutions are *not* eligible to apply individually, nor as part of a consortium.

- International NGOs (International Non-governmental Organisations)
- Local branches of International NGO's in South Africa, Zambia, Kenya, Uganda or Mozambique
- Multilateral organisations, e.g. UN bodies or equivalent international organisations
- Individuals, or educational, political, governmental, or religious institutions.
- Private or profitable organisations or companies.

8. Funding amount and budgeting

Under this first call for proposals, a total grant amount of €4,000,000 is available. Eligible organisations are invited to submit proposals for up to **2 years and 9 months of funding**: April 2026 – December 2028.

For the full grant period (2026-2028) individual organisations should provide an annual budget within the range of **€50,000 to €200,000**. Applications for consortia should provide an annual budget within the range of **€150,000 to €300,000**. The budget submitted will be divided in calendar year 1 (nine months April-December 2026) and year 2 and 3 (12 months January-December 2027 and 2028). The budget should be outlined to outcome areas, as presented in the online budget format. Subgranting with a clear intention is possible.

Project & core funding

The budget includes project and core (operational) funding. Each budget annually includes a budget line for travel (€1500,-) and emergency or opportunity funding of a €3000,- to be used throughout the grant when the context requires for flexible funding. (Organisational) Capacity strengthening activities can be included, as long as there's a clear link to the grants outcome.

Planning, monitoring, evaluation, and learning

All grant recipient organisations will become part of a broader EmpowHER monitoring and evaluation framework. Please see the Annex for more information on EmpowHER ToC, the 3 outcome areas and impact measuring. Grantees do not develop their own Theory of Change, however, their own outcomes and indicators – together with some indicators that are pre-determined - will feed into the overall programme impact strategy. Organisations may receive guidance by Aidsfonds.

Moreover, the EmpowHER Fund will facilitate joint learning across grantees and national and/or regional levels.

Decision-making and budget adjustments

Aidsfonds ensures communities play a central part in decision-making processes and investments. They know best what is needed and what works. The EmpowHER Fund decisions, including final grant decisions, are made jointly by the EmpowHER Fund Advisory Committee and Aidsfonds. The aim is to create a well-balanced portfolio in terms of grant types, countries, populations, and budgets ceilings. To ensure this, applicants should note that the amount of funding requested may not be fully granted and that they might be asked to revise their proposed budget after the review process.

9. Application process

Summary Timeline

- | | |
|--|---|
| • December 2 nd 2025 12.00 CEST | Expression of Interest deadline |
| • Mid- December | Eligibility screening |
| • Mid-December | Invitation for full proposal |
| • February 2 nd 2026 | Full proposal submission deadline |
| • Early March 2026 | Funding decision shared with applicants |
| • March 2026 | Due diligence, contracting of successful applicants |
| • April 2026 | Contract and implementation start date |
- Once contracting is completed, the first tranche will be disbursed.

Detailed process for applications

The process for this call for proposals is as follows:

- This call is published November 13th 2025, 1 month after the pre-announcement.
- On November 25th Aidsfonds will organize an online Q&A session to answer questions. You are invited to sign up and submit your questions beforehand through the link on the website until November 24th 2025 6.00 am CET.
- Applying to this fund takes place in 2 phases:
 - a. Phase 1: Applications in the form of an Expression of Interest (including eligibility requirements) must be received in English or Portuguese (for Mozambique only) through Aidsfonds Grants Platform before December 2nd, 2025 at 12:00 (CET). Both successful and unsuccessful applicants get notified mid- December. Successful applicants are invited to submit a full application.
 - b. Phase 2: Full applications must be received in English or Portuguese (for Mozambique only) through Aidsfonds Grants Platform before February 2nd, 2026 at 12:00 (CET time).
- The Aidsfonds team will conduct an initial review to determine whether applications meet the eligibility criteria and are suitable to move to the next phase. If applicants are not eligible, they will not be able to make an amendment.
- Full proposals will be reviewed and scored by Aidsfonds and the EmpowHER Fund Advisory Committee jointly. This review is based on:
 - a. The overall quality of the proposal, feasibility of the proposed initiative within the suggested timeline and budget, alignment to local (country) context and adherence towards the EmpowHER Fund goals.
 - b. Relevance and expected impact and change of the proposed initiative on roll-out, access and choice of women and girls in all their diversity
 - c. Experience with the implementation with alike advocacy programs
 - d. Alignment with in-country HIV- prevention gaps and opportunities
 - e. Meaningful (cross-sector) collaboration of community actors, government, health- and feminist stakeholders and advocates

- f. The organisational capacity to implement and monitor outcomes of proposed initiative (M&E systems in place or to be developed) appropriate governance, accountability and (financial) management systems in place to manage the grant (lead supplication) or portions of the grant (sub-grantees).
 - g. Quality of the financial budget, cost-benefit indications (financial investment versus expected impact)
 - h. The suitability of the application for fundraising purposes.
- Aidsfonds aims to inform (un)successful applicants early March 2026.
 - After the funding decision meeting Aidsfonds might request clarification from the applicant in case of fundamental questions applicants. Applicants also might be asked to revise their proposed budget. The applicant has the opportunity to respond to this within 1 week time.
 - The selected organisations and/or lead applicant in a consortia will be subjected to a due diligence review. Once this is successful, contracts can start from April 2026 onwards
 - The selected organisations and/or lead applicant in a consortia might have to adjust their project plan and budget with Aidsfonds.
 - Once the proposal is approved and the due diligence completed successfully, the organisation or consortium will be contracted to start implementation.

For any questions about this call for proposals or the application form, please contact us at: grants@aidsfonds.nl.

Aidsfonds is looking forward to receiving your application.

ANNEX: Theory of Change & Impact measurement of the EmpowHER Fund

1. Our understanding of how change happens

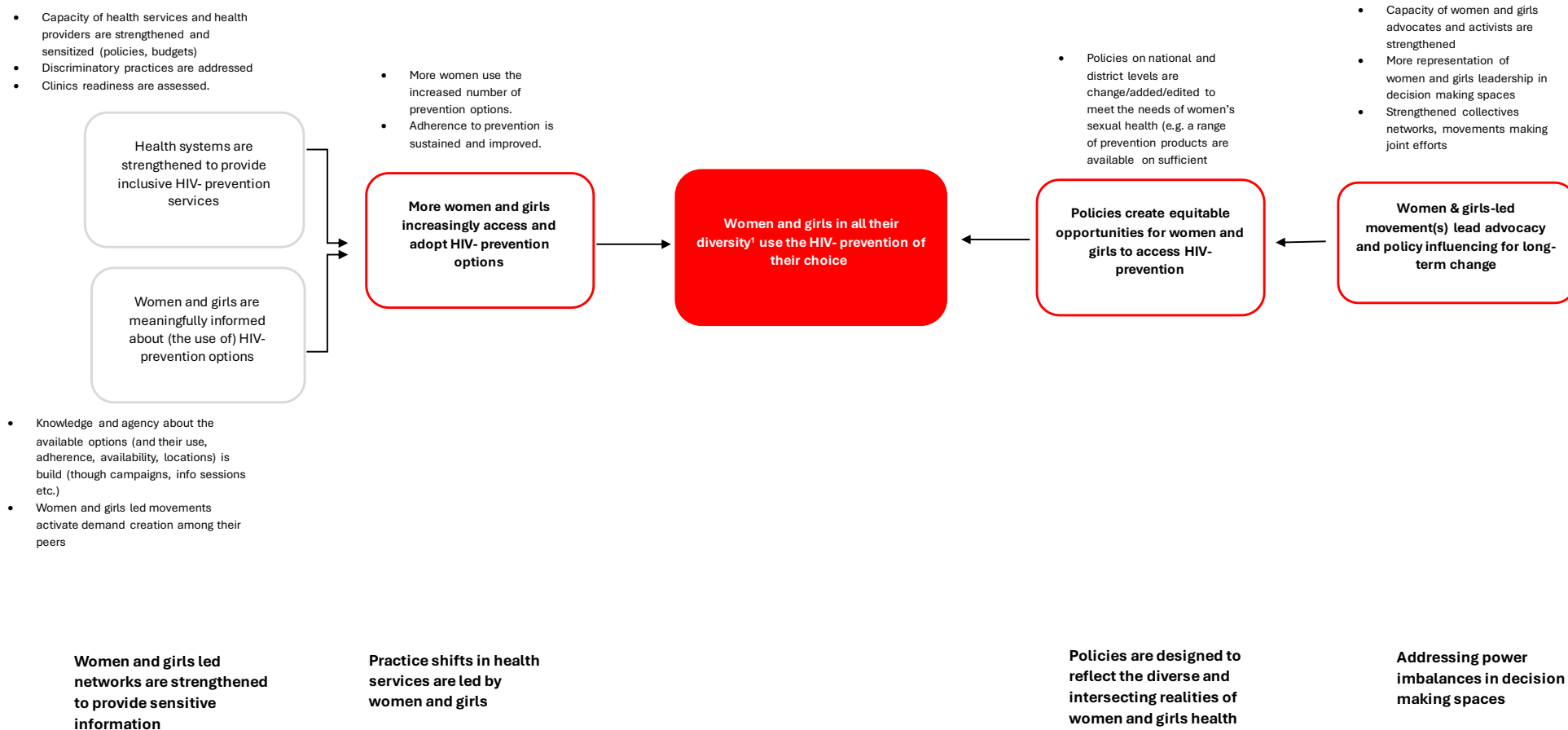
Outcome areas

At the EmpowHER Fund, we recognize that change is rarely a linear process. Creating lasting social and behavioral change to improve girls' and women's sexual health is complex and takes time. With this in mind, we've developed a flexible Theory of Change that highlights the main areas of impact we'll be working towards together.

These areas, or categories, often overlap and support each other rather than standing alone. For example, improving access to prevention services can also increase community awareness and empowerment. Partners are encouraged to choose the outcome areas that best fit their practices and priorities to achieve the intended change in their context. These same areas will also help guide how we reflect on progress and change.

The EmpowHER Fund: Collective action for an HIV free future for women and girls

Final Draft Theory of Change visual EmpowHER Fund



Feminist Led Programming

The Theory of Change has **3** main outcome areas, one area on access, one on policy change and one on movement building. We explain them shortly in the following text:

1. More women and girls increasingly access and adopt HIV prevention options

This outcome focusses on expanding (the range of) prevention options available for women, and increasing the number of women who use these different prevention options.

To reach the main outcome, we will focus on two related sub-outcome areas:

a. Health systems are strengthened to provide inclusive HIV prevention services

Not all clinics are fully prepared to support women and girls in accessing a range of prevention methods. This outcome area focuses on improving clinic readiness, including:

- Strengthening the capacity of health services and providers (their practices, knowledge, (peer-to-peer) outreach, understanding, etc.)
- Addressing stigmatizing and discriminatory barriers that limit access for women and girls
- Assessing clinics' ability to provide, monitor access and use and distribute prevention methods

b. Women and girls are meaningfully informed about (the use of) HIV-prevention options.

Even if health services are ready to provide sensitized and inclusive services, women and girls still need information to make informed decisions about HIV- prevention and create demand. For this, we will be working towards:

- Increasing knowledge and agency of women and girls about the available options (to find, understand, use health information and follow treatment instructions) (through campaigns, info sessions, community groups, etc.)
- Women and girls led movements to activate demand creation for accelerated access among their peers

2. Women & girls-led movement(s) lead advocacy and policy influencing for long-term change

We aim to meaningfully increase the representation of women in key decision-making spaces so they can shape their own health agendas on HIV- prevention. Decisions about women's health are often removed from the real needs and experiences of women and girls and taken without their engagement. By strengthening women's leadership and addressing structural barriers, we aim to embed our progress into self-sustaining advocacy movements. To reach this result, we will be working towards:

- Strengthening the advocacy capacity of women advocates and activists
- Increasing meaningful representation of women and girls leadership (or engagement) in decision making and sensitization spaces.
- Strengthening women led collectives, networks and movements through fostering joint efforts

3. Policies create equitable opportunities for women and girls to access HIV- prevention

Policies that respond to the needs of women and girls often shape the availability and quality of services. By focusing on this outcome area, we aim to ensure that as we engage in policy-influencing spaces, policymakers are motivated and committed to translating agreements into lasting policies that protect women's right to inclusive and accessible HIV prevention. In this outcome area, we will focus on:

- Ensuring policies on national and district levels are adjusted or introduced to meet the needs of women and girls' access to and availability of HIV prevention methods.

2. How we plan to measure impact

At the EmpowHER Fund, we work with these 3 outcome areas rather than a rigid, predefined Theory of Change. These outcome areas give structure and focus, but still allow grantees to define their own short- and medium-term outcomes and goals, based on what makes sense in their specific context. For example, one outcome area might be “Women leading advocacy and policy change.” A grantee working in that area could decide whether their focus is on building women’s leadership in local health committees, supporting national advocacy campaigns, or both—depending on what is most needed in their country.

This approach puts grantee knowledge, agency and choices at the center, and follows feminist and participatory MEL principles. It acknowledges that social change is complex, non-linear, and different in each context. At the same time, it allows us to spot trends and patterns across grantees—like how many are working on leadership, access to prevention, or community awareness—without forcing everyone into the same plan. By working with outcome areas, we create space for reflection, learning, and adaptation, while it is still giving a clear way to track progress, impact and trends across the fund.

For each grant, partners will create a workplan according to the 3 outcome areas, outlining their outcomes, activities and the specific changes they hope to achieve in their country or context. Together, these workplans feed into a country specific impact strategy, that connects all activities to the EmpowHer’s main outcome areas. For example, if one outcome area is “Women leading advocacy and policy change,” a partner might focus on building women’s leadership in local health committees, while another focuses on national advocacy campaigns. Each partner defines the specific changes they hope to see in their country, while still contributing to the Fund’s overall goals. This approach creates space for reflection and adaptation, so strategies can evolve as partners learn from what works best in their local context.

Outcomes and indicators

Partners have the flexibility to develop their own outcomes and indicators, in addition to a few standard indicators that are required to feed into Aidsfonds’ overall impact measurement. This allows grantees to use outcomes and indicators that they are familiar with, that fit their existing monitoring practices, or that are specific to their local context. At the same time, the required indicators ensure we can track progress across the Fund and measure overall impact.

Periodically, indicators such as the following will be used to measure change (this list is indicative):

Quantitatively:

- number of women and girls accessing prevention methods.
- number of women and girls knowing about the available and new prevention methods.
- number of prevention methods made available.
- number of women advocates with strengthened capacities
- number of women and girls actively participating in decision-making or advisory spaces
- number of clinics and health care providers strengthened.
- number of strengthened women led organizations.

- number of strategies created/strengthened to mobilize policy change.
- number of policies modified/created to meet the needs of girls and women's prevention agency.
- number of programs co-designed with women and girls

Qualitatively:

- Extent to which women and girls feel their voices influence program or policy decisions
- Perceptions of agency among women and girls in accessing prevention methods
- Experiences of inclusivity and safety in health spaces