REQUEST FOR APPLICATION

Support from a local organization in Kenya to lead national and subnational advocacy planning and implementation that supports scale-up of self-care policy and practice in the national health system.

SUMMARY OF DEADLINES

Release of Request for Applications (RFA)	4 October 2021
Questions about RFA due to SCTG	13 October 2021, 11pm EAT
Response to questions posted	18 October 2021
Applications due	19 November 2021, 11pm EAT

N.B.: The Self-Care Trailblazer Group (SCTG) reserves the right to modify this schedule as needed. All parties will be notified simultaneously by email of any changes.

PART I . INTRODUCTION

SELF-CARE BACKGROUND

Self-care is not a new concept, which the WHO defines as 'the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider.[1] However, recent advances in medical and digital technology combined with changing consumer expectations provides an opportunity to refocus attention on this important and evolving approach. Self-care interventions, particularly in the realm of sexual and reproductive health and rights (SRHR), have transformative potential to increase individuals' autonomy in making decisions about their own care, strengthen countries' health systems, and ultimately pave the way toward universal health coverage (UHC). Self-care offers particular promise for helping to reach vulnerable populations, including the 270 million women and girls in the developing world who have an unmet need for contraception,[2] the 7.1 million individuals living withHIV who are unaware of their status[3], the 84% of cervical cancer cases that reside in the developing world[4], and especially those living in humanitarian contexts.

On 20 June 2021, the World Health Organization (WHO) released the new _WHO Consolidated Guideline on Interventions for Health and Well-Being_, building on version 1 of the global guidance published in

---

[1] WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights, Geneva: World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGO.
[2] Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ (2020) Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. PLoS Med 17(2): e1003026.
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003026
[3] 3 UNAIDS Global HIV & AIDS statistics — 2020 fact sheet; 2020. https://www.unaids.org/en/resources/fact-sheet
[4] World Health Organization fact sheet on human papillomavirus (HPV) and cervical cancer; 2019. https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer

2019. This guideline includes people-centered, evidence-based recommendations to support individuals, communities, and countries with quality health services and self-care interventions, as a critical pathway to achieving universal health coverage. The COVID-19 crisis has created a greater urgency to advance self-care work in order to offer continuity of health services in low physical touch environments.

ABOUT THE SELF-CARE TRAILBLAZER GROUP

In 2018, the Children's Investment Fund Foundation (CIFF) and the William & Flora Hewlett Foundation funded the formation of the Self-Care Trailblazer Group (SCTG) with Population Services International (PSI) as the Secretariat, to incubate a self-care movement in low- and middle-income countries (LMIC) and at the global level.

The SCTG is a global coalition of partners dedicated to expanding the safe and effective practice of self-care so that individuals can better manage their own health, health outcomes are improved, and health systems are better equipped to achieve UHC. By improving the enabling environment for self-care, particularly through policy development, the SCTG aims for self-care to be institutionalized into policy and integrated into national health systems. The SCTG will work with global, regional, national and local partners to achieve this goal and the outcomes contributing to it.

The SCTG operates as both a **coalition** and a set of **related programs**:
- The SCTG's **coalition function** is responsible for (1) building a coordinated, diverse, and influential self-care movement mobilized around common evidence, goals, and messaging to advance self-care, and (2) increasing awareness and support fo quality, evidence-based self-care care among self-care influencers, policymakers, and potential opposition. The coalition functions include individual and organizational members, a Coalition Steering Committee, Evidence and Learning Working Group, Global Advocacy and Communications Working Group, Country Advocacy Working Group, and a Learning Lab.
- The SCTG's **programmatic function** aims to advance (1) the institutionalization of self-care policies and financing at national and subnational levels and (2) increase the demand and accountability for self-care among target communities and constituencies. The programmatic functions include the National Self-Care Networks (NSNs), technical assistance support, and a Program Advisory Committee.
- The Secretariat supports the operations of both functions.

SCTG PROGRAMMATIC WORK TO DATE

The SCTG recently launched its 2021-2025 Strategic Plan, which reflects a new focus on national and subnational advocacy. In 2020 the SCTG selected National Self-Care Network (NSN) leads from Nigeria (White Ribbon Alliance Nigeria, or WRA Nigeria), Senegal (PATH Senegal), and Uganda (Center for Health, Human Rights and Development, or CEHURD) to develop and lead in-country, grassroots self-care advocacy efforts and serve as models for guideline adoption and implementation efforts in subsequent countries. All three countries are making significant progress. WRA Nigeria's work in Nigeria has focused on subnational guidelines and budgets to implement Nigeria's National Guideline on Self Care for Sexual, Reproductive, and Maternal health. In Uganda, CEHURD has been collaborating with various ministries to review and incorporate principles of self-care into national policies, laws and guidelines, including the National Sexual and Reproductive Health and Rights policy. PATH Senegal has been coordinating the national Self-Care Pioneers Group alongside the Ministry of Health to draft

the first Senegal national self-care guidelines within this year. Going forward, these NSN leads will refine and implement their national advocacy strategies and develop a monitoring and evaluation framework to measure the quality and quantity of policy change. NSNs will continue engaging grassroots networks and communities in increasing demand and strengthening social accountability for self-care policies and programs in their countries.

In 2021, the SCTG identified Kenya as the fourth country to develop an NSN and lead country-level self-care advocacy and policy work. WRA-led country consultations conducted in 2019 found a clear policy widows and moderate political will and enabling environment for self-care advamnets. Salient Advisory self-care policy landscaping in 2020 identified opportunities to advance self-care work in Kenya such as task shifting to increase channel availability (including for DMPA-SC) and advance telemedicine policies. The Imperial College London's Self Care Academic Research Unit (SCARU) led policy mapping in Kenya in late 2020 and early 2021, which identified broad categories of needed action such as improving health literacy, operationalizing policy into practice, addressing regulatory issues and poor channel availability (corroborating the findings from Salient Advisory), addressing the criminal status of abotion, improving logistical issues, and addressing fragmentation of cervical cancer screening programmes.

Kenya had the third highest representation of all countries at the Self-Care Learning and Discovery Series (approximately 175 registrants), as well as strong participation during the Self-Care SMART Advocacy Workshop running parallel to the Discovery Series—a workshop where more than 30 active participants from 14 countries developed advocacy strategies aimed at adapting, adopting, or implementing some or all of the WHO Self-Care Guidelines. Areas of interest for self-care advocacy emanating from the Discovery Series and the SMART Advocacy Workshop include UHC, adolescent sexual and reproductive health, digital health, and self-administered products (e.g. HIV self-testing, self-injection of DMPA-SC). The Kenya NSN will be encouraged to connect with Kenyan participants in the Discovery Series and SMART Advocacy Workshop and engage them as part of the self-care movement in Kenya.

PART II. SCOPE OF WORK

GOAL

NSNs are established to coordinate self-care advocacy at the national level in order to transform healthcare systems and place autonomy, power, and control in the hands of individuals. This RFA seeks to identify a strategic partner in Kenya who will co-develop and implement country-specific advocacy strategies, to advance self-care policy and practice based on the local context, particularly self-care in SRHR.

DESCRIPTION OF SUBAWARD

To reach this goal, PSI will subaward a local organization in Kenya a 12 month grant for up to $100,000 USD value, with the opportunity to extend an additional 12 months/$100,000 USD based on performance.

The selected partner will establish and convene a NSN to serve as the SCTG country focal point and manage the day-to-day operations and local partnerships required for implementation of

country-level activities. The newly established NSN will lead a consultative process to define a coordinated advocacy strategy for self-care, which could include, but is not limited to:
- development of consolidated national self-care guidelines, Or integrating principles & practices of self care into existing policies/guidelines;
- engage target policymakers and influencers in supporting self-care and instituting self-care policies and financing at national and subnational levels; and/or
- increasing demand and accountability for self-care among target communities and constituencies, particularly engagement with broader advocacy opportunities for FP, SRHR and bodily autonomy.

The selected partner in Kenya will report progress against targets to the SCTG Secretariat and Program Advisory Committee, and will be in regular communication with both throughout the life of the subaward. The NSN will work closely with the Secretariat to achieve shared advocacy objectives and develop tools to share with other advocates at the global, regional, and national levels. The Steering Committee and the relevant working groups will provide technical assistance as well as guidance for success.

KEY RELATIONSHIPS

The SCTG will provide resources, tools, and technical support to the Kenya National Self-Care Network Lead as needed and requested to help reach the self-care goals in the country. Under the guidance of the Secretariat, the subaward recipient will primarily engage with the following stakeholders:
- **SCTG Secretariat:** contractual oversight, and technical assistance (TA) for messaging frameworks;
- **White Ribbon Alliance (WRA):** TA for advocacy planning, implementation, and learning;
- **Program Advisory Committee (PAC)**: manages the programmatic functions in the logic framework. It will consist of donors supporting the SCTG, chairs of the SCTG working groups, and each NSN's designated focal point. The NSN leads will discuss progress/challenges and share their perspectives and priorities to the PAC as they relate to achieving programmatic outcomes.
- **Evidence and Learning Working Group (ELWG):** TA on frameworks and tools related to the working group's various workstreams, including policy mapping, measurement, social and behavioral change, and financing;
- **Country Advocacy Working Group:** Platform for NSN leads to exchange learnings and pursue collaborations with other advocates who are working, or interested in working, to advance self-care through policy, programmatic and public advocacy at national and sub-national levels;
- **Global Advocacy & Communications Working Group**: Platform for NSN leads to engage in coordinated advocacy, outreach, and communications efforts at the global and regional levels to support a joint advocacy strategy for the introduction and scale-up of self-care interventions within health systems.

ROLE AND RESPONSIBILITIES

The sub-recipients will be required to lead in-country representation of the SCTG and lead an advocacy planning process to inform the advocacy implementation plan.

1. **Representation and Coordination:** Establish the Kenya NSN
   - Identify NSN focal point: individual affiliated with sub-recipient organization who will lead advocacy efforts in country
   - Build and connect with existing multi-sectoral networks of engaged in-country advocates to the SCTG that include representatives from:
     o professional associations (i.e., medical practitioners and pharmacists), private sector providers, religious and interfaith leaders, community leaders, media representatives, and civil society members (i.e., advocates and experts on women and girls rights, SRHR, HIV, young people's rights, gender equality, and disability rights).
     o opposition/issues management networks
   - Outline the roles and responsibilities of the NSN through a charter, coordinating with key partners to spearhead national and subnational policy and advocacy priorities;
   - Promote country-level participation and sharing in global SCTG activities (e.g. webinars, panels, knowledge products, etc.); promote country-level application of SCTG global goods (e.g. Digital Health Framework, [Policy Mapping Tools](#), Measurement Guidance (expected early 2022), etc.)
   - Engage target national and subnational policymakers and influencers in supporting self-care using a range of mechanisms including media (social and traditional), meetings, and events.

2. **Advocacy Planning:** Conduct and execute advocacy planning and strategies for country-specific activities across a broad, local stakeholder group, leveraging [SCTG tools and resources](#)
   - Conduct landscape assessment to identify diverse, multisectoral stakeholders for self-care and analyze their knowledge, interests, positions, and resources when it comes to self-care, building on the outputs from the [SCARU Policy Mapping Kenya Assessment (2020/2021)](#) Salient Advisory Rapid Policy Assessment, [Global Self Care Federation Self Care Readiness Index](#) , and other relevant tools/studies
   - Outline potential policy objectives to focus self-care advocacy efforts, noting opportunities and threats in pursuing them as advocacy priorities. Specific policy objectives could include, but are not limited to:
     o Developing consolidated national self-care guidelines
     o Improving telemedicine policy architecture
     o Advancing task-shifting policies and guidance
     o Raising demand and awareness of self-care as an integral component to the health system
     o Promote health systems accountability for self-care (year 2 only)
   - Define a national self-care advocacy strategy, with clear goals, indicators, roles, and responsibilities, building on the landscape assessment.

3. **Advocacy Implementation:** Implement the advocacy strategy described above with clear goals, indicators, roles and responsibilities
   - It is strongly suggested that the NSN find ways to apply SCTG supported tools to the country context, where applicable. This could include: [Digital Self-Care Framework](#) (to improve digital self care regulatory and policy architecture); adapting the Measurement Guidance (expected in Q1 2022) to coordinate monitoring of self-care within the HMIS; adapting the Financing Guidance (expected Q2 2022) to define blended financing mechanisms for self care.

4. **Monitoring, Evaluation & Learning (MEL):** Co-create a clear MEL framework alongside the Program Advisory Committee and Secretariat to measure quality and quantity of policy change and share experiences and lessons learned with other countries.
   - Monitor landscape to respond to national advocacy opportunities as they arise.
   - Create clear MEL factors and plan to measure the quality of policy advocacy in achieving strategic goals and objectives.
   - Document changes in the operating context and provide periodic progress updates to the SCTG Program Advisory Committee and Secretariat, and make recommendations for adjustments.
   - Work with the Program Advisory Committee and Secretariat to capture, cross-sharing and dissemination of knowledge, best practices and lessons learned from in-country engagement.

ACTIVITIES AND DELIVERABLES

Organizations funded under this program will be expected to engage in the following activities and provide the specific deliverables listed below in the proposed timeline (timeline is flexible), in order to demonstrate project progress and success:

- Q1 2022: Inception and Establishment of NSN
- Q2 2022: Landscape Assessment of Stakeholders, Policies, and Guidelines to inform the Advocacy Strategy
- Q3 2022: Finalize the Advocacy Strategy, inclusive of M&E framework, and Messaging Framework
- Q4 -2023: Implement the Advocacy Strategy and Develop Social Accountability Mechanisms

PART III . QUALIFICATIONS AND CONDITIONS OF AWARD

APPLICANT ELIGIBILITY

Eligible applicants must be registered/incorporated as a non-governmental or non-profit organization that:
- Are formed and legally incorporated locally in Kenya (only open to local NGOs; organizations simply registered in Kenya or internationally incorporated are not eligible)
- Can successfully execute the roles and responsibilities contained herein
- Are capable of receiving and administering subaward funding

These are ineligible:
- Sole proprietorships
- Government organizations
- United Nations country offices.

Applications must include all required information. Only complete applications will be considered by the Review Committee. The Self-Care Advocacy Lead must be affiliated with the institution from which the application is being submitted.

Applicants must obtain any legal and/or regulatory approvals, consents or reviews required to accept foreign grant funds and/or conduct the project activities, before concluding a funding agreement.

PSI may, at any time and at our sole discretion, change the eligibility criteria for subaward applicants, individual Self-Care Advocacy Leads and/or priority countries, as long as it doesn't substantially undermine the review process.

Please note:
- We must approve any changes to the original application.
- Focal points must get their affiliated institution's sign-off before submitting any application.

DESIRED QUALIFICATIONS
Eligible NGOs will demonstrate past SRHR advocacy successes and active membership in local, national, and/or regional networks.

FUNDING
At this stage, PSI anticipates selecting one local organization with relevant capabilities, past experience and proposed staffing to lead the national advocacy work. After the organizations are selected, PSI anticipates making a sub-award of $100,000 USD for one year with the opportunity to extend to an additional year/$100,000 USD based on performance.

DURATION
This is a short-term investment to harness energy and momentum as well as foster localized leadership—with focused effort on 'exemplar' countries. Each subaward will be funded for a maximum of one year. Longer-term funding, including subaward extension, will depend upon performance.

PART IV. PROCESS FOR SOLICITING, REVIEWING, NEGOTIATING AND AWARDING FUNDING
CALL FOR APPLICATION PROCESS AND TIMELINE
- RFA released: 4 October 2021
- Applications due: 19 November 2021
- Subawards announced: 8 December 2021
- Project implementation begins: 1 February 2021

EVALUATION CRITERIA
Organizations wishing to apply are asked to submit Capabilities Statement and Past Performance Review (PPR) that demonstrate:
- Capacity designing and implementing advocacy programs that have achieved measurable policy outcomes (30%);
- Experience in SRHR advocacy, ideally self-care (20%);
- Experience conducting similar work listed in the "Roles and Responsibilities" section of the RFA (20%);
- Strong relationships with in-country SRHR stakeholders (20%);
- Experience designing robust MEL systems to measure advocacy outcomes and outputs (10%).

The designated Kenya National Self-Care Network Lead has:
- At least 10 years of relevant SRHR advocacy experience;

- Demonstrable relationships with local stakeholders and the Ministry of Health;
- Proven ability to develop strategy, build partnerships internally and externally, execute an action plan, achieve results, and evaluate progress;
- Experience with (preferably) leading multi-stakeholder coalitions and democratic consensus-building process.

HOW TO APPLY

Applications must be submitted in English and emailed electronically to secretariat@selfcaretrailblazers.org. A complete application should include the following:

Required

- Capabilities Statement: 2-page capabilities statement that demonstrates the applicant's relevant capabilities to deliver the requested program
- Past Performance Review (PPR): up to 6 PPRs (1/2 page each) that each provide an overview of the applicant's performance on a project with similar objectives to this proposed program. The PPRs should emphasize specific results/outcomes achieved.
- CV of designated Advocacy Lead: 2-page CV of proposed Advocacy Lead who will serve as the team lead for all activities under this program
- Letters of Reference: At least 3 letters of support from key national and regional organizations that demonstrate capacity to advance advocacy outcomes through coordinated action.

Receipt of all applications will be acknowledged within 48 hours of submission. Projects will then undergo a thorough, multi-step, expert review managed by the SCTG Secretariat team.

SOLICITATION QUESTIONS

Questions on this solicitation will be accepted via email to the contacts listed above through **Wednesday, 13 October 2021.** Questions and answers to all questions will be provided on 18 October 2021 to all participants who confirmed interest. Please note that responses will not be confidential except in cases where proprietary information is involved. Inquiries after this date cannot be accommodated.