

EXPRESSION OF INTEREST NO. AMREF/27/06/2024/012

SUB-GRANTEE IMPLEMENTATION IN TARGET COUNTIES FOR GLOBAL FUND MALARIA PROJECT JULY 2024 –JUNE 2027

Issue Date: Thursday 27th June 2024

Deadline for questions and clarifications through GFMalariabid2024@amref.org: Thursday 4th July 2024 by 10am

Virtual pre-bid conference: Friday 5th July 2024 starting at 10am to 11am. To access the link for registration of pre-tender conference, log onto the Amref Health Africa website; <http://amref.org/ways-to-give/tenders>

Closing Date & Time: Thursday 11th July 2024 at 12:00 noon

Subject: Call for proposals for Sub Grantee implementation in Target Counties for GC7 July 2024- June 2027 Global Fund Malaria grant; **EOI NO. AMREF/27/06/2024/012**

Background

Amref Health Africa: Established in 1957, Amref Health Africa is Africa's largest indigenous health Non-Governmental Organization (NGO) headquartered in Nairobi. Amref Health Africa in Kenya's (Amref) vision is lasting health change in Africa, and its mission is to transform the health of communities through Primary Health Care with a focus on women and young people. Amref is a non-state actor Principal Recipient (PR) for the Global Fund (GF) Malaria grant for the period July 2024 – June 2027.

Malaria is still a major public health concern in Kenya with approximately 75% of the population at risk of the disease. The country has therefore prioritized malaria among the diseases targeted for elimination. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) through the July 2024 – June 2027 funding cycle will be supporting the country in implementing high-impact interventions toward the vision of a malaria free Kenya. This funding will be supporting among others, community-based malaria prevention and control interventions in priority Counties. The Global Fund will support the implementation of the Kenya Malaria Strategy 2019 – 2023 currently under review.

In consultation with Kenya Coordinating Mechanism (KCM) and Ministry of Health, Amref Health Africa in Kenya is requesting for proposals from eligible organizations that will be sub-granted to implement priority components in 3 target Counties. These are: **Kisii, Kakamega and Kericho Counties.**

Scope of Work

The successful applicant will be required to support implementation of the following activities in their proposed areas/Counties of operation.

List of Key Activities

1. Community malaria services
2. Bi-annual Supportive supervision for CHPs and CHAs by the sub-county with oversight from the county
3. National and Counties stakeholders biannual oversight visits to monitor community malaria services implementations
4. Scale-up training of CHAs and CHPs on community malaria services & MIP
5. Quarterly integrated community health unit data validation and oversight meetings
6. CHAs monthly airtime for routine monitoring and supervision of CHUs & SCHRIO data bundles
7. Specific prevention interventions (SPI): Key intervention is the school health Programme that aims at increasing utilization of appropriate malaria interventions by the school community

Eligible organizations:

Eligible organizations include Non-Governmental Organizations (NGO) and Civil Society Organizations (CSO) that are non-profit organizations and operate independently from the state and private for-profit sector. These include National and Local NGOs, Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), Affected-Community led Organizations and Professional Associations.

Note that Global Fund Grant is not for profit making and any applicant cannot use the grant funds to make profit

Eligibility criteria

Eligible organizations should meet the following criteria:

1. The organizations currently implementing **the Global Fund Malaria project in three Counties are not eligible to apply for the above Counties in the GC7 July 2024 - June 2027 Global Fund Malaria grant.**
2. Compliance with legal requirements of registration at the National and County levels.
3. Evidence of strong organizational management, governance and oversight structures.

4. At least 2 years' experience in implementing health related projects, (Experience in implementing TB, HIV or Malaria projects is an added advantage).
5. Local presence for the last 2 years in the proposed area of operation (Counties or Sub Counties).
6. Well established structures for linkages and coordination with local communities, county governments and other partners where the organization proposes to implement.
7. Experience in implementing the Kenya Community Health Strategy and Community based projects.
8. Track record of accountability for results.
9. Sound financial management capacity and internal controls.
10. Adequate number of skilled staff with expertise in program implementation, finance, human resource (HR), M&E and procurement (existing or to be hired)
11. Existing physical infrastructure including functional IT system for internal and external communication.

Mandatory requirements

Organizations MUST submit ALL the following mandatory documents with their applications:

No.	Mandatory requirements	Yes/No
1	Copy of valid organization's certificate of incorporation/ registration certificate (for organizations that require annual renewal, evidence of up-to-date renewal should be provided)	
2	Copy of valid Tax Compliance certificate or exemption certificate where applicable	
3	Copy of the organization's constitution/articles of association	
4	Copies of 2 audited financial reports (2021-2022) and each must be signed and dated by the auditors, firms/organization Directors. (<i>Both reports must have unqualified/unmodified auditors' opinion</i>)	
5	Organizational governance and management structure (organogram)	
6	Two latest board meeting minutes as per the organization's constitution/Articles of association (from 2022 to date)	
7	Finance policy/procurement manual (if separate documents, provide both)	
8	Curriculum Vitae (CVs) for key project staff (Programs, Finance and/ Procurement, Human Resource (HR), M&E)	
9	Recommendation letter dated, signed and stamped by County Director of	

	Health Services for the proposed county of implementation.	
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Any applicant who does not provide ANY of the above documents will not proceed to the next stage.

GLOBAL FUND MALARIA PROJECT

Sub-Recipient Application Form

FORM 'A'

For official use ONLY

Unique Code: _____

Instructions

This application form is to be filled by organisations applying to be considered to implement community Malaria interventions under Amref Health Africa in Kenya, GC7 July 2024 – June 2027 Global Fund Malaria grant. The information provided in this application will be treated confidentially and only used to assess your organisation’s capacity to implement the proposed intervention. All information provided will be verified. Note that provision of any false information will lead to automatic disqualification of your application. (Remember to respond to all questions as accurately as possible, observe the page limits, fill in the declaration form and attach all the mandatory documents). Organizations proposing to implement in more than one county must submit different applications for each of the proposed Counties.

All the answers must be **TYPED** and not handwritten to facilitate timely processing of the application. Kindly adhere to the text guidelines below;

- Font size: 12 point, Times New Roman;
- Spacing of 1.5
- Page margin size: 1” all round

Name of Organisation: _____

Type of Organisation (Tick as appropriate):

1. Non-Governmental Organization /__/
2. Community-Based Organization /__/
3. Faith-Based Organization /__/
4. Affected-Community led Organizations /__/
5. Professional Associations /__/
6. Other (specify)_____

Contact details of the organization

Provide contact information for your organization in the table below:

1.	Full name of organization	
2.	Acronym (Where applicable)	
3.	Postal address	
4.	Telephone Number	
5.	E-mail Address	
6.	Name of key contact person	
7.	Position of key contact person	
8.	Organisation registration Number	
9.	Year of registration	
10.	Physical location of head office	Town:
		Building:
		Street:
		Nearest Landmark/street:
11.	Physical location of branch offices (if any) Office 1	Town:
		Building:
		Street:
		Building:

		Street:
		Nearest Landmark/street:
	Physical location of branch offices (if any) Office 2	Town:
		Building:
		Street:
		Building:
		Street:
		Nearest Landmark/street:
12.	Proposed County of implementation (<i>Remember only one County per application</i>)	

If you have more than two branch offices, please attach a separate list.

Section 1: Organisation profile and Background information - Maximum of half a page

Provide a brief description of your organizations profile

Section 2: Technical and programmatic approach (Total marks – 80)

This section will measure your technical capacity and experience in implementation of Malaria related activities.

(a) Understanding of the problem - Maximum of 1 page (10 Marks)

- Briefly describe the current Malaria situation and local context in the proposed area/ county of implementation (5 marks).
- Outline the National Malaria Control Program priorities according to the Kenya Malaria Strategy 2019 - 2023, Kenya Malaria indicator survey 2020, and other relevant surveys conducted by the National Malaria Control Program. Justify the need for this project in the targeted communities you propose to work in (5 marks).

(b) Project description - Maximum of 2 pages (15 marks)

- Describe the geographical area where you propose to implement the project (County), factors that hinder and those that facilitate malaria prevention and control activities within the local contexts (5 marks).
- Propose implementation strategies including specific activities for meeting the proposed objectives of Kenya Malaria Strategy 2019-2023-time lines (5 marks).
- Explain how each of the proposed strategies will contribute to efficiency and sustainability of project activities. (5 marks)

(c) Experience in implementing health and/or development interventions- Maximum of 1 page (30 marks)

- Briefly describe the organization's work experience in implementing health and/ or development project interventions in Kenya in the past two (2) years, highlighting both management and technical capacity as well as good governance practices. Emphasize particularly in the area/county you propose to implement (10 marks).
- Clearly illustrate your ability to coordinate and collaborate with Government of Kenya and other implementing partners within public health (5 marks).
- Briefly describe current and past experience of your organization in provision of community malaria services or any other community health related services (10 marks).
- Describe any previous experience as a Global Fund Sub-Recipient, providing evidence of performance. (5 marks).

(d) Programme monitoring and evaluation - Maximum of 1 page (25 marks)

- Briefly describe how you plan to conduct monitoring and evaluation of the project (5 marks).
- Indicate the key performance indicators to be monitored, realistic targets to be achieved, responsibilities for reporting and means of verification to ensure quality of data as well as data flow from the community to the health facility. This should be presented in a **table** (10 marks).

- Describe how performance will be jointly reviewed with the County/ Sub-county Malaria Control Coordinators (CMCC/SCMCC), health care workers and Community Health Promoters (CHPs), and how key action plans will be implemented (10 marks).

Section 2: Administration and Management (10 marks):

- Explain how you plan to administer and manage the proposed activities and the resources of the program. (5 marks)
- Describe the procurement processes of your organization (5 marks).

Section 3: Budget and Work Plan (10 marks):

Under this section, prepare a one-year budget and work plan based on the activities you have proposed above, with 70% of the budget allocated to direct project activities and 30% to program management (Administration, HR and M&E).

NB: Only organizations who will score a minimum of 60% will proceed to the capacity assessment stage. The final total score will be a weighted average of the technical evaluation and capacity assessment (70% from technical evaluation and 30% from the capacity assessment).

SECTION 7: DECLARATION

I confirm that the information provided in this assessment form is a true reflection of the operations and technical capacity of my organisation. I understand that this is a competitive process.

Name: _____

Designation: _____

Signature: _____

Date: _____

Stamp _____