



EXPRESSION OF INTEREST NO. AMREF/15/04/2025/011

**SUB-GRANTEE IMPLEMENTATION IN TARGET COUNTIES FOR TUCHEZE
TUSTAWI PROJECT JUNE 2025 –DECEMBER 2027**

Issue Date: Tuesday 15th April 2025

Instructions

Interested applicants may obtain further information from the Amref Health Africa website
<http://amref.org/tenders>

2.0 Grants Submission Guidelines;

Applications must be sent to proposals.tuchezetustawi@amref.org not later than **Tuesday 29th April 2025 12:00 noon EAT**. Only Electronic applications will be received. Hard copy submissions will not be accepted. Application should NOT be submitted to any other contact except to the email address provided.

Deadline for questions and clarifications through Tucheze.Tustawi@amref.org **Monday 22nd April 2025 by 09:00 AM**

Virtual pre-bid conference: Tuesday 22nd April 2025 starting at 10 AM to 11 AM. To access the link for registration of pre-tender conference, log onto the Amref Health Africa website;
<http://amref.org/tenders>

Closing Date & Time: Tuesday 29th April 2025 12:00 noon EAT

Subject: Call for proposals for Sub Grantee implementation in Target Counties for Tucheze Tustawi Project; **EOI NO. AMREF/15/04/2025/011**



Background

Amref Health Africa was founded in 1957 and has since grown to become the largest African-based international health development organization. Amref Health Africa in Kenya is driven by its vision of 'Lasting health change in Africa' and its mission 'To transform the Health of Communities through Primary Healthcare with a focus on young people and women.' We believe that the power to transform Africa's health lies within its communities and therefore strive to ensure that health systems are not only functional, but communities are empowered to hold these systems accountable for delivering quality and affordable health care.

Kenya has made considerable investments in policies and guidelines to support children's development and well-being, particularly those aged 0-3 years. Despite the efforts made, there is still need to generate more contextualized empirical evidence that focuses on integrating play to address mental health and psychosocial support (MHPSS) and Social Emotional Learning (SEL) for children aged 0 to 3 years to strengthen key policy documents.

At the community level, the integration of mental health and psychosocial services into primary healthcare is inadequate. Community health systems and primary healthcare services, which regularly interact with mothers, young children, and their caregivers, often miss opportunities to support early childhood development. Further-more, limited knowledge and implementation of play-based methodologies restrict their contributions to learning and overall child development.

Therefore, Amref Health Africa in Kenya is implementing a 3-years Early Childhood Development (ECD) project in Turkana West and Kamukunji sub-counties in Turkana and Nairobi Counties respectively. The project focusses on integrating play in MHPSS and SEL skills targeting children 0-3years, parents/caregivers and their support networks.

Scope of Work

Amref Health Africa is seeking for proposals from eligible refugee-led organizations and Civil Society Organizations in **2 target Counties -Nairobi (Kamukunji sub-County) and Turkana (Turkana West sub-county)**. The project seeks to recruit 2 Refugee Led Organizations (1 Nairobi (Kamukunji), 1 Turkana West) and 1 CSO from Turkana West host community that will be sub-awarded to implement sub-county level ECD in Primary Health Care interventions aligned to the following outcomes;

- Outcome 1: Enhanced children mental health and well-being through increased use of play.
- Outcome 2: Improved parental and caregiver mental health
- Outcome 3: Strengthening systems to incorporate play into child development programs
- Outcome 4: Generating evidence to inform play-based MHPSS programs



Eligible organizations:

Eligible organizations include **Refugee Led Organizations** (RLO) in Nairobi, Turkana and Civil Society Organizations (CSO) in Turkana, West Sub county that are non-profit organizations and operate independently from the state and private for-profit sector. These organizations **MUST** demonstrate capacity to implement ECD in Primary Health Care interventions in the targeted localities.

***Note that the 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. Compliance with legal requirements of registration at the national and county level.
2. Recommendation letter from Department of Refugee Services in Kenya.
3. Recommendation letter by County Director of Health Services for the proposed county of implementation.
4. Evidence of strong organizational management, governance, and oversight structures.
5. Refugee Led organization implementing Maternal and Child Health, and Early Childhood Development interventions.
6. Proven track record in program implementation, management, and reporting interventions supporting refugees within the last 5 years.
7. Well established structures for linkages and coordination with local communities, county governments and other partners where the organization proposes to implement.
8. Able to organize and participate in meetings, initiatives, and key events as required by the project.
9. Experience working with children aged 0-3 years using play based methodologies.
10. Operating in one of the implementation area (Turkana West and Kamukunji).
(Organizations working in Turkana West and Kamukunji sub-counties are preferred.)
11. Sound financial management capacity and internal controls. Previously handled donor funds.
12. Adequate number of skilled staff with expertise in Program Implementation, Finance, Human Resource (HR), M&E and Procurement (existing or to be hired).
13. Existing physical address and infrastructure including functional Information and communication technology system for internal and external communication.



Mandatory requirements

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

No.	Mandatory requirements	Marks	Compliant	Non-Compliant
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)	1 or 0		
2	Copy of valid Tax Compliance certificate or exemption certificate where applicable	1 or 0		
3	Copy of the organization's constitution/articles of association	1 or 0		
4	Must submit copies of the most recent 2 sequential audited financial reports (not older than 2022) and each must be signed and dated by the auditor and the firms Directors. (<i>Both reports must have unqualified/unmodified auditors’ opinion</i>)	1 or 0		
5	Organizational governance and management structure (organogram)	1 or 0		
6	Two latest board meeting minutes as per the organization's constitution/Articles of association.	1 or 0		
7	Finance policy/procurement manual (if separate documents, provide both)	1 or 0		
8	Curriculum Vitae (CVs) for key project staff (Programs, Finance, M&E)	1 or 0		
9	Recommendation letter dated, signed and stamped by County Director of Health Services for the proposed county of implementation.	1 or 0		
10	Recommendation letter dated, signed, and stamped by the Department of Refugee services	1 or 0		

Bids lacking ANY of the documents above 1-10 will be considered as non-responsive and therefore will be eliminated at this stage.

NOTE

- *All documents provided shall be in the name of the organization submitting the application.*
- *Applicants are strongly encouraged to document their application appropriately.*



TUCHEZE TUSTAWI PROJECT
Sub-Recipient Application Form

FORM 'A'

<p>For official use ONLY Unique</p>
--

Instructions

This application form is to be filled by organisations applying to be considered to implement the Tucheze Tustawi Project under Amref Health Africa from 2025 – 2027. 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 the 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).

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. Refugee Led Organization / /
2. Non-Governmental Organization / /
3. Community-Based Organization / /
4. Faith-Based Organization / /
5. Affected-Community led Organizations / /
6. Professional Associations / /
7. 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	Town:



	offices (if any) Office 1	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 and Sub 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 Similar/ related activities.

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

- Briefly describe the current situation and local context in the proposed area/ sub county of implementation (5 marks).
- 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 project implementation within the local contexts (5 marks).
- Propose implementation strategies including specific activities (5 marks).
- Explain how each of the proposed strategies will contribute to efficiency and sustainability of project activities. (5 marks)

(c) Experience in implementing similar programs within the health sector, particularly focusing on play based methodologies to address mental health and psychosocial support for children 0-3 years and their care givers . - Maximum of 2 page (30 marks)

- Briefly describe the organization's work experience in implementing health and/ or similar project interventions in Kenya in the past two (2) years (2023-2024), highlighting both management and technical capacity as well as good governance practices. Emphasize particularly in the county/sub-county you propose to implement (5 marks).
- Clearly illustrate your ability to coordinate and collaborate with Government of Kenya and other implementing partners within the public health sector. (5 marks).
- Briefly describe current and past experience of your organization in provision of maternal and child health, early childhood development and play based interventions. (15 marks)
- Describe any previous experience as a sub-grantee, providing evidence of performance. (5 marks).

(d) Programme monitoring and evaluation - Maximum of 2 page (25 marks)

- Briefly describe how you plan to conduct monitoring and evaluation of the project. Attach most recent donor narrative report. (5 marks).
- Indicate the key performance indicators (inference to the activities mentioned in (b) above) 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** (5 marks).

- Provide most current project performance framework/results framework or an M&E plan (5 marks)
- Describe how performance will be jointly reviewed with the County/ Sub-county, health care workers, Community Health Promoters (CHPs) and key stakeholder, and how key action plans will be implemented (10 marks).

Section 3: Administration and Project Management - Maximum of 1 page (10 marks):

- Explain how you plan to manage resources for the delivery of the project. (5 marks)
- Describe the procurement processes of your organization (5 marks).

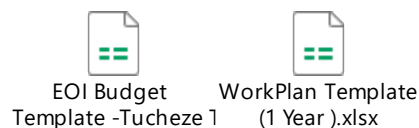
Section 4: Budget and Work Plan (10 marks):

Under this section, prepare a one-year budget (Maximum budget USD 90,000) 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 and HR).

a) Workplan

b) Budget

c) Find the work plan and budget template below



NB: Only organizations who meet all mandatory requirement and who score a minimum of 60% in the technical evaluation will proceed to the capacity assessment stage. Organization must meet a minimum of 60% in capacity assessment and final ranking will be done based on the capacity assessment scores.

Amref Health Africa in Kenya, in consultation with the donor, *reserves rights* to select or not select organizations that have submitted application. Amref shall have the sole responsibility for selecting the most suitable partners for implementation following the assessment results.



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 _____