



REQUEST FOR PROPOSALS

RFP NO. AMREF/30/09/2026/016

**SUB-GRANTEE IMPLEMENTATION IN NAKURU COUNTY FOR
COMMUNITY DEMAND GENERATION CIVIL SOCIETY ORGANIZATION
(CSO) FOR THE SUPREME LIFELINES PROJECT IN KENYA (OCTOBER
2026 – DECEMBER 2028)**

Issue Date: Wednesday 30th September 2026

Instructions

1.0 Grants Submission Guidelines;

Applications must be sent to Supremelifelines.nakuru@amref.org not later than **Wednesday 7th October 2026 at 12 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 procurementsharedservices@amref.org shall be **Friday 2nd October 2026 by 2pm EAT**.

Closing Date & Time: Wednesday 7th October 2026 at 12Noon EAT

Subject: Call for proposals for Sub Grantee implementation in Nakuru County for Supreme Lifelines Project; **RFP NO. AMREF/30/09/2026/016**



1. Background

Amref Health Africa was founded in 1957 and has since grown to become the largest African-based international health development organization; currently implementing more than 180 programs, reaching more than 40 million people across 35 African countries; and a staff complement of over 2,000. Headquartered in Nairobi, Kenya, Amref Health Africa has offices in ten countries in Africa – Burkina Faso, Ethiopia, Guinea (Conakry), Kenya, Malawi, Senegal, South Sudan, Tanzania, Uganda and Zambia. An additional eleven advocacy and fundraising offices are located in Europe and North America. Amref Health Africa is driven by its vision of ‘Lasting health change in Africa’ and its mission ‘To catalyze and drive community-led and people-centered health systems while addressing social determinants of health’. 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 that communities are empowered to hold these systems accountable for the delivery of quality and affordable health care.

2. About the Project

Amref is implementing a four-year, UNITAID -funded Sustained Uptake of Products for Preeclampsia and Maternal Anaemia (SUPREME) Lifelines project. The project seeks to accelerate the uptake and use of lifesaving tools for the prevention, diagnosis and management of preeclampsia and maternal anemia, which are amongst the two major contributors to maternal and neonatal morbidity and mortality in low-resource settings.

Specifically, the project is delivered through four main outputs:

- (i) Conducting implementation research to generate evidence on the feasibility, acceptability, and cost of comprehensive, context-appropriate, and woman-centered models of care for preeclampsia and maternal anaemia;
- (ii) Increasing awareness, knowledge, and literacy, including support for quality care in antenatal care (ANC) and the adoption of improved models of care at local, regional, and national levels;
- (iii) Addressing systems barriers to ensure availability of key products
- (iv) Ensure uptake and scale up of the models of care within the focus countries, regionally and globally.

By leveraging innovative service delivery platforms such as group antenatal care (GANC), midwifery models of care, and/or networks of care, the project will integrate priority new and underutilized MNH products such as calcium supplements, low-dose aspirin, magnesium sulphate, antihypertensives, automated blood pressure devices, haemoglobinometers, multiple micronutrient supplementation (MMS), and intravenous ferric carboxymaltose (IV FCM).

3. Geographic and population focus

Nakuru County (10 health facilities) – to be supported by one CSO.

Priority populations include pregnant and postpartum women, adolescents and young women, partners and families, community gatekeepers, CHWs, underserved or low-income groups, people with disabilities, and communities affected by access barriers or climate-related shocks.

4. Purpose of the Assignment

To contract locally rooted CSO partners to implement community engagement and demand generation interventions that increase awareness, trust, demand and equitable uptake of quality antenatal care (ANC) and preeclampsia and maternal anaemia packages of care in the project implementation facilities. Contracted CSOs will also generate structured community feedback, support advocacy and contribute to learning, adaptation, transition and scale-up.

5. Geographic and population focus

The assignment will cover project-supported sites and surrounding communities in Nakuru County at 10 health facilities based on guidance as per project sites expectations

6. Scope of Work

The selected CSO will implement project-specific demand generation and community engagement interventions in the following areas:

6.1 Community Awareness, Health Literacy and Demand Creation

- Conduct community education on early ANC initiation, the WHO 8-contact model, preconception care, and the benefits of continued ANC.
- Increase awareness of pre-eclampsia (PE) and maternal anaemia (MA), including prevention, danger signs, timely care-seeking, and recommended products and services.
- Mobilize pregnant women and families to initiate ANC early and maintain care through delivery.
- Conduct targeted community dialogues to strengthen demand for ANC, PE/MA services and facility linkages.
- Support development of appropriate IEC materials for household education, community dialogues and demand creation.

6.2 Community Identification, Referral and Continuity of Care

- Support CHAs to supervise CHPs in household mapping, visits, identification, education, referral and ANC defaulter tracing.
- Strengthen community–facility referral and follow-up mechanisms, including linkages to Group ANC (GANC) and Networks of Care (NOC).
- Support routine use of relevant tools to document community visits, referrals and follow-up.
- Link women to SHA and other services to enable ANC access

6.3 Community Participation, Partnerships and Male Engagement

- Engage women's groups, adolescent mothers, birth companions and other community groups to strengthen maternal health participation and demand.
- Engage men, male champions, religious and local leaders, and other influencers to promote early ANC, PE/MA awareness and maternal health service utilization.
- Leverage existing government community engagement structures, including CHAs, CHPs and community platforms.

- Facilitate inclusive community dialogues involving women, men, families, leaders and other stakeholders to identify and address maternal health priorities.

6.4 Gender- and Climate-Responsive Community Engagement

- Integrate gender-sensitive approaches into household counselling, community education and demand-generation activities.
- Identify and address gender, social and cultural barriers affecting early ANC, continued service utilization and uptake of recommended PE/MA products and services.
- Engage men, families and community leaders to address gender-related decision-making and access barriers.
- Incorporate climate-responsive approaches to address barriers to access, mobility and continuity of maternal health services in vulnerable communities.

6.5 Accountability, Learning and Adaptive Programming

- Conduct monthly data-driven community–facility feedback meetings and support community scorecards to strengthen accountability and capture client perspectives.
- Use community feedback, eCHIS and routine data to identify gaps and inform improvements in GANC, NOC and other models of care.
- Document implementation progress, emerging innovations, success stories and lessons learned to inform programme adaptation and scale-up.

7. Expected Deliverables

- 100% of linked CHUs mapped and routinely connected to their respective supported health facilities for feedback and referrals.
- $\geq 90\%$ of trained CHPs/CHAs demonstrate improved competency in PE/MA danger-sign identification, counselling and referral.
- 100% of CHPs equipped with PE/MA information materials to support household ANC education and danger-sign awareness.
- $\geq 90\%$ of pregnant women requiring referral appropriately referred and followed up through established community–facility referral mechanisms.
- CHPs routinely use eCHIS to document ANC client follow-up and referrals.
- 100% of supported facilities conduct monthly community–facility feedback meetings.
- Quarterly community dialogues and scorecard sessions conducted in each target area, with participation of women, men, community leaders and key influencers.

Means of Verification: CHU mapping reports, CHP/CHA training records, community dialogue reports, eCHIS records, referral registers and supervision reports, activity reports among others.

Monitoring Indicators

- #Community health units mapped and actively involved in project implementation
- #CHPs sensitized on preeclampsia and maternal anaemia danger signs
- #CHPs active on e-CHIS and utilizing e-CHIS for tracking pregnant women



- People reached in the various community awareness forums, disaggregated by sex, age, disability, geography and other relevant equity dimensions
- Community groups/champions and stakeholders engaged in the period
- #ANC referrals or linkages to health facilities, and ANC defaulters traced and linked to care
- Community feedback meetings held
- Evidence that community feedback influenced implementation, materials, models of care or policy dialogue

8. Reporting Arrangements

The CSO will report to the Project Management Unit in Amref while working in close collaboration with County and Sub-county Health Management Teams, participating health facilities and the implementation research team. All reports will be done on a monthly basis

All reports shall integrate routine implementation progress with implementation research findings.

Eligible organizations:

Eligible organizations include **Civil Society Organizations (CSO)** in Nakuru County that are non-profit organizations and operate independently from the state and private for-profit sector. These organizations **MUST** demonstrate capacity to implement community MNH 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:

1. At least 3 years of experience implementing community engagement, community systems strengthening, and demand generation on MNH or RMNCAH and nutrition.
2. Experience in establishing linkages and collaboration community structures such as community health units, CHPs/CHAs, community leaders, men, women, health facilities and other local stakeholders to support meaningful participation throughout project implementation.
3. Experience in addressing gender and social barriers and engaging men, women, adolescents, persons with disabilities and underserved groups, with appropriate equity-disaggregated indicators.
4. Established presence in Nakuru county for at least two years and strong collaboration with the County Department of Health.
5. Demonstrated capacity to generate and use quality data to monitor implementation, identify gaps, document learnings and drive continuous improvement using relevant national reporting systems.
6. Demonstrated ability to plan, implement, monitor and report community activities.
7. Demonstrable capacity to implement MNH/RMNCAH Program at community level
8. Availability of project management tools



9. Compliance with legal requirements of registration at the national and county level
10. Sound financial management capacity and internal controls.
11. Experience with donor funded community programs
12. Participation in county coordination forums; stakeholders, TWGs SWGs etc
13. Able to organize and participate in meetings, initiatives, and key events as required by the project.
14. Existing physical address and programme management 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 (<i>for organizations that require annual renewal, evidence of up-to-date renewal should be provided- scan front and back</i>)	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 provide the most recent two (2) sequential audited financial reports (not older than 2022) and each must be signed and dated by the auditor and the firms Directors. (Both reports must have unqualified/unmodified auditors' opinion)	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 or Procurement guidelines/policy/manual (if separate documents, provide both)	1 or 0		
8	Provide a list of key project staff (Including Programs, Finance, M&E) and their corresponding Curriculum Vitae (CVs)	1 or 0		
9	Recommendation letter dated, signed and stamped by County Director of Health Services or appointed representative for Nakuru County	1 or 0		

Bids lacking ANY of the documents above 1-9 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.***



SUPREME LIFELINES PROJECT

Sub-Recipient Application Form

FORM 'A'

For official use ONLY Unique
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Instructions

This application form is to be filled by organisations applying to be considered to implement the Supreme Lifelines Project under Amref Health Africa from 2026 – 2028. 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 Organization: _____

Type of Organization (Tick as appropriate):

1. Non-Governmental Organization /__/
2. Community-Based Organization /__/
3. Faith-Based Organization /__/
4. 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.	Organization 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:
12.	Physical location of branch offices (if any)	Town:
	Office 2	Building:
		Street:
		Building:
		Street:
		Nearest Landmark/street:

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



Technical & Financial Proposal

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

Provide a brief description of your organizations profile and capacity to undertake the assignment.

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

This section assesses the applicant's technical capacity, relevant experience and proposed approach to implementing the project.

(a) Understanding of the Local Context – Maximum ½ page (10 Marks)

- Briefly describe the maternal health context in the proposed county, including key barriers to early and continued ANC access and utilization.

(b) Proposed Implementation Approach – Maximum 2 pages (15 Marks)

- Describe the proposed implementation approach for the stated scope of work, including key activities for community demand generation, engagement, referral and continuity of care.

(c) Experience in Implementing Similar Health Programmes – Maximum 2 pages (30 Marks)

- Relevant experience and organizational capacity (20 Marks):
Describe the organization's current and recent experience (2023–2026) implementing MNH or related health interventions in Kenya, demonstrating technical and management capacity, staffing and good governance practices.
- Coordination and collaboration (10 Marks):
Demonstrate experience coordinating and collaborating with County/Sub-county Departments of Health, health facilities, CHPs and other public health sector partners.

(d) Programme Monitoring, Evaluation and Learning – Maximum 2 pages (25 Marks)

- Describe the proposed approach to monitoring, evaluation, learning and reporting.
- Present key performance indicators, realistic targets, responsibilities, data sources and means of verification, including mechanisms for data quality assurance and flow from community to facility level, in a table (10 Marks).
- Attach the organization's most recent donor narrative report (5 Marks).
- Describe how programme performance will be jointly reviewed with County/Sub-county health teams, health workers, CHPs and other stakeholders, including mechanisms for developing and implementing action plans (10 Marks).

Section 3: Administration and Project Management – Maximum 1 page (10 Marks)

- Organizational and financial management capacity (5 Marks):
Describe the organization's management structure, staffing mix and capacity to manage project resources and deliver planned activities.
- Procurement and resource management (5 Marks):



Describe the organization's procurement processes and systems for ensuring transparent, efficient and compliant use of project resources.

Section 4: Budget and Work Plan (20 marks):

Under this section, prepare a budget from October 2026 to December 2027 (Maximum budget; (Nakuru) USD 55,000) and work plan based on the activities above. The budget should demonstrate value for money and clarity of cost items. A minimum of 70% of the budget to be allocated to direct project activities and a maximum of 30% to program management (Administration and Personnel costs).

- a) Workplan
- b) Budget (see attached template)

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 to select organizations that have submitted an application. Amref shall have the sole responsibility for selecting the most suitable partners for implementation following the assessment results.



SECTION 5: 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 _____