



Eastern and South African Regional Hub for Research and Policy on Climate Change and Health

REQUEST FOR PROPOSAL (RfP)

FOR

EAST AND SOUTHERN AFRICAN REGIONAL HUB FOR RESEARCH AND POLICY ON CLIMATE CHANGE AND

HEALTH 2025- 2028

RFP NO. AMREF/22/10/2026/019

**AMREF HEALTH AFRICA IN KENYA, IN PARTNERSHIP WITH UNIVERSITY OF BOTSWANA, KPMG ADVISORY
SERVICES AND AFRICAN INTERNATIONAL UNIVERSITY**

October 2026.

Request for Proposal
Climate and Health Catalyst Awards Program
For Early Career Researchers in Eastern and Southern Africa

Implementing institution/Program partners	Amref Health Africa, KPMG Advisory Services Limited, Africa International University and University of Botswana through the Eastern and Southern Africa Regional Hub for Research and Policy on Climate Change and Health.
Award period	November 2026 – October 2027 (12 months)
Award value	Up to USD 5,000 per selected ECR team/awardee

October 2026

1.1 Background and Rationale

1.1.1 About Amref Health Africa in Kenya

Amref Health Africa is the largest international health development organisation based in Africa. In Kenya, Amref is present in all 47 counties with context-specific programs for hard-to-reach and marginalized areas. Our 2022 achievements in Kenya include training 97,000 frontline health workers, administering drugs for neglected tropical diseases to 8.7 million people, diagnosing and treating 1.2 million cases of malaria, and helping 767,000 children get access to safe drinking water. Amref Kenya's new strategic plan (2023-2030) is aligned with the government's Bottom-Up Economic Transformation Agenda and manifesto on Universal Health Coverage (UHC).

Our mission is to transform the health of communities through primary health care with a focus on women and children. The Kenya country programme implements project activities under three programme areas namely; Disease Control, Prevention and Management (DCPM) Population Health and Environment (PHE); Family and Reproductive Health (FRH); and Health System strengthening (HSS). Training and development of health workers is a major component of each of the programme areas. Health Policy and Systems research is a cross cutting area within Amref operations. The building blocks of our approach are in seven key strategic areas;

- I. **Access** – To address the key constraints around proximity to healthcare and financial ability to pay for healthcare.
- II. **Quality** – To enhance the healthcare standards expected by beneficiaries and provided by facilities.
- III. **Accountability** – To increase ownership and involvement in the governance of healthcare at a national and local level.
- IV. **Resilience** – To ensure the systems are always prepared to respond to people's needs in a health emergency.
- V. **Climate Crisis** – To ensure that climate change policies and actions have net positive effect on healthcare.
- VI. **Education** – To enhance the positive impacts on health generated by strong education policy and implementation.
- VII. **Livelihoods** – To increase the fiscal ability of communities to address their health needs.

1.1.2 About the Eastern and South African Regional Hub for Research and Policy on Climate Change and Health (ESA-HuB)

The Eastern and South African Regional Hub for Research and Policy on Climate Change and Health (ESARHRCCH) is hosted at the Amref's Pan-African Center for Research and Policy in Climate Change and Health (CPRCCH). This partnership seeks to build a connected African climate-health evidence and leadership ecosystem. Its intended outputs include high-quality research and open-access analytical resources, the Africa State of Climate and Health Report, policy and evidence briefs, climate-health curricula and learning platforms, fellowship and exchange programmes, policy dialogues, technical assistance, innovation partnerships and communities of practice. In Eastern and Southern Africa, the Climate and Health Catalyst Awards translate this mandate into action by providing ECRs with catalytic funding, structured mentorship, scientific-writing and knowledge-translation support, peer learning, regional networks and opportunities to engage policy and practice audiences.

1.1.3 Program Context and Rationale

Climate change is among the greatest threats to public health in the twenty-first century. Rising temperatures, extreme weather, shifting patterns of infectious disease, food and water insecurity, air pollution, displacement, and worsening mental health are already affecting millions of people, and Africa carries a disproportionate share of this burden despite contributing least to global greenhouse-gas emissions (IPCC, 2023; Romanello et al., 2024). In Eastern and Southern Africa, the impacts are acute: recurrent droughts, floods, and heatwaves, climate-sensitive disease outbreaks, malnutrition, and climate-induced displacement are eroding population health, livelihoods, and development gains,

while placing mounting pressure on health systems already constrained by limited resources, weak infrastructure, and high disease burdens (WHO, 2023).

Governments across the region are responding through National Adaptation Plans (NAPs), Health National Adaptation Plans (HNAPs), Nationally Determined Contributions (NDCs), and climate-resilient health strategies. Translating these commitments into action depends on robust, locally generated evidence and on a new generation of climate-health leaders able to produce it — and that foundation remains thin. Limited research funding, inadequate data systems, weak research-to-policy translation, and a shortage of trained climate-health researchers continue to constrain the region's ability to design, implement, and scale effective interventions.

Early Career Researchers (ECRs), including Master's students, PhD candidates, and emerging policy professionals, are central to closing this gap, yet they face the steepest barriers to contributing. Across Eastern and Southern Africa, they encounter limited research funding, inadequate mentorship, few opportunities for interdisciplinary collaboration, and restricted access to publication and policy processes. These constraints bite hardest in the climate-health field, which demands expertise spanning environmental and climate science, epidemiology, public health, economics, governance, and the social sciences. As a result, promising ideas stall at the concept stage for want of catalytic funding, locally led evidence remains scarce, and young researchers stay underrepresented on the national, regional, and global platforms where climate-health agendas are set. Without deliberate investment in this next generation, the region risks stalling progress toward resilient health systems, evidence-informed policy, and effective climate action.

1.2 Purpose of the Call

This Request for proposal provides the application, selection and implementation framework for Early Career Researcher (ECR) teams and awardees under the Climate and Health Catalyst Awards Program. They define eligibility documentation, technical requirements, assessment criteria, the purpose and scope of the awards, roles and responsibilities, activities and deliverables, implementation and mentorship arrangements, reporting timelines, performance standards and financial accountability requirements.

The RFP also outlines expectations relating to research ethics, safeguarding, data protection, gender equity and social inclusion, knowledge translation, dissemination and participation in capacity-strengthening and peer-learning activities. They are intended to promote consistent implementation, clarify the responsibilities of awardees, mentors and programme partners, and ensure that supported projects generate credible, policy-relevant climate-health evidence and contribute to research capacity, professional development and climate-resilient health systems across Eastern and Southern Africa.

1.3 Programme Goal and Objectives

1.3.1 Programme Goal

To strengthen the research, leadership and policy-engagement capacities of ECRs and practitioners in Eastern and Southern Africa to generate and translate climate and health evidence for informed decision-making.

1.3.2 Overall Objective

To support ECR teams/awardees during a 12-month award period to produce at least one publishable climate-health research output, strengthen research-writing and knowledge-translation skills, and participate in a sustained professional network contributing to evidence-informed climate-health policy and practice.

1.3.3 Specific Objectives

1. Provide structured mentorship and skills development to all awardees by pairing each with a named senior mentor from the ARCH Consortium or partner institutions for at least two sessions per month, and delivering at least four scientific writing and knowledge-translation workshops across the award period.
2. Support each awardee to complete and submit at least one climate and health research output (secondary data analysis, scoping review, rapid evidence synthesis, manuscript, or policy brief) by the end of the award period, with at least 90% submitting a manuscript or policy brief for publication or dissemination.
3. Enable all awardees to present their work at a program learning forum, and at least five to present at an external regional or global climate-health event during the award period.
4. Establish a community of practice connecting all awardees and their mentors, convening at least quarterly, to support cross-awardee collaboration and continued engagement beyond the award.

1.4 Scope of the Award

Each awardee shall implement the project approved through the competitive selection process. Supported work may include:

1. Secondary analysis of existing climate-health data, including work by teams that have completed data collection and require support to analyse, write and publish;
2. Scoping reviews, systematic or rapid evidence syntheses on priority climate-health questions;
3. Development and submission of manuscripts, policy briefs, evidence briefs or policy-analysis papers;
4. Testing or refinement of a feasible climate-health innovation or evidence-to-action approach; and
5. Stakeholder engagement, knowledge translation and dissemination linked directly to the approved project.

Any material changes to the approved objectives, methods, work plan, budget, team composition or outputs require prior written approval from Amref Health Africa/CPRCCH.

2.1 Geographic Scope and Thematic Priorities

Projects must address climate and health priorities in Eastern and Southern Africa. Applicants must identify the country, locality and population concerned and explain the relevance of the work to the regional Hub. The eligible applicant locations and institutional affiliations will be those specified in the applicable ECR call.

Applicants should identify one or more relevant Hub thematic areas and adapt the scope to a catalytic ECR award:

- a) Climate-health data and information systems, including surveillance, early warning, interoperability and appropriately scoped AI or digital approaches.
- b) Health workforce skills and climate-resilient health services, including preparedness, surge capacity and continuity of essential services.
- c) Climate-health economics, policy, governance and financing, including health-systems research.
- d) Climate-sensitive diseases and health outcomes, including vector- and water-borne diseases and other climate-related health risks.
- e) Gender, equity and vulnerable populations, including intersecting vulnerabilities and inclusive access to health services.
- f) Heat and health, including heat exposure and vulnerability assessment, heat-related illness and mortality, occupational heat risks, heat early warning and action plans, and health-system preparedness for extreme heat.
- g) Climate-related loss and damage and health, including economic and non-economic health losses, disruption of health services and infrastructure, displacement and psychosocial impacts, and approaches to assessment, response, recovery and financing.

A focused single-country or local study is acceptable where it addresses a relevant climate-health question. Comparative or collaborative work should be proposed only where the available time, data and budget support it.

2.2 Application Package and Submission

Interested applicants must submit their Request for proposal to Amref Health Africa via portal <https://esahub-app.amref.org/> by/before **29th October 2026 5.00pm EAT**.

Eligible applicants shall submit a complete package as follows;

- a) Completed application form or applicant details, project title, country and institutional affiliation, with lead contact and team roles where applicable.
- b) Provide ALL the three mandatory requirements
- c) Provide technical proposal covering the requirements in this call, with an abstract, justification, objectives, methods, anticipated outputs and knowledge-translation approach.
- d) Motivation letter aligned with the stated evaluation criterion.
- e) Milestone-based work plan, itemized budget and justification.
- f) A proportionate data management plan, ethics and safeguarding approach, and a risk and mitigation statement.
- g) Declaration that the information is accurate, conflicts of interest are disclosed, and the applicant can participate in required mentorship, training, reporting and dissemination activities.

Applicants should disclose other funding supporting the same work and distinguish the activities and costs requested from this award. The application must explain how duplication of funding for the same expenditure will be avoided. Do not submit identifiable participant data or confidential institutional datasets with the application.

3.1 Application Process

This Request for proposal is an online application process. All eligible interested applicants to access the application portal through <https://esahub-app.amref.org/>

Section1: Applicant registration details

Provide the lead applicant or team leader's registration details below. Optional demographic disclosures are used for programme monitoring and carry no technical marks.

No.	Field / applicant-facing wording	Response format
1	ECR category	PhD candidate with data; postdoctoral/ECR within five years of PhD graduation with data
2	Applicant/team leader's full name	Short text
3	Primary email address	Validated email
4	Alternative email address	Validated email
5	Telephone number, including country code	Short text
6	Country of citizenship or legal residence	Eligible-country dropdown; Botswana; Ethiopia; Kenya; Malawi; Mozambique; Rwanda; South Africa; Tanzania; Uganda
7	Current country of residence	Country dropdown; Botswana; Ethiopia; Kenya; Malawi; Mozambique; Rwanda; South Africa; Tanzania; Uganda

No.	Field / applicant-facing wording	Response format
8	Gender	Optional single choice + self-describe; Woman; Man; Non-binary; Prefer to self-describe; Prefer not to disclose
9	Do you identify with an underrepresented group?	Optional multi-select; Person with a disability; Indigenous or historically marginalized community; Refugee or displaced person; Researcher from an underserved institution or geographic area; Youth or early-career researcher; Other; Prefer not to disclose

Section 2: Eligibility Requirements and Technical Specification

a) Preliminary Evaluation Criteria:

Any interested applicant shall provide, in its submission in response to this RFP, sufficient documentary evidence of adherence to the eligibility and minimum qualification criteria detailed below;

No.	Mandatory Requirements	Score	Compliant	Non-Compliant
1	Valid Tax Compliance Certificate, Tax PIN Certificate, Tax Clearance Certificate, or equivalent official evidence issued by the relevant tax authority in the applicant's country of registration or tax residence.	1 or 0		
2	Provide a copy of the applicant's MSc certificate for PhD students and a copy of PhD certificate for Post Doc	1 or 0		
3	Curriculum (CV) in PDF format, not exceeding four pages.	1 or 0		
Applications missing any of the above mandatory requirements numbered 1 to 3 will be considered non-responsive and therefore will be eliminated at this stage				

Section 3: Technical Criteria

Applicants must convert an existing, accessible climate-and-health dataset or evidence base into a final research or policy output within 12 months.

No.	Technical Requirements	Max Score	Score	Remarks
1	Data readiness and project feasibility	20 Marks		
	a) Completed Data Collection and Evidence Base: Describe the data collection already completed or the existing evidence base. Specify the data sources, sample size and characteristics, key variables, and availability and accessibility of the data- [5 Marks] b) Data Quality and Analytical Readiness: Describe the quality, completeness and suitability of the data for the proposed work. Explain its readiness for analysis, any limitations			

	or gaps, and the outstanding analysis or writing required. [4 Marks] c) Primary Technical Output: Identify the main technical output to be completed, such as a manuscript, policy brief, dataset or analytical report. Specify its scope, intended users and criteria for completion- [3 Marks] d) Milestone-Based Work Plan: Provide a work plan showing activities, responsible persons, expected outputs, milestones and timelines. Identify key dependencies, implementation risks and mitigation measures. [5 Marks] e) Feasibility of Completion Within 12 Months: Demonstrate how the proposed work will be completed within 12 months using existing, accessible data. Describe the available technical, mentorship and institutional support needed to achieve the planned output. [3 Marks]			
2	Relevance to climate and health priorities in Eastern and Southern Africa	20 Marks		
	a) Project Identification and Thematic Area: Provide the project title, implementation country, study area and thematic area. [2 Marks] b) Problem Statement: Describe the climate–health problem the project addresses, the affected populations and the evidence or knowledge gap. Explain why addressing this problem is important. [4 Marks] c) Overall Objective and Specific Objectives: State the overall objective and specific objectives. Ensure they are clear, achievable and aligned with the identified problem and intended technical output. [4 Marks] d) Data-to-Output Pathway: Explain how the existing data or evidence will be analysed and translated into the proposed technical output. Show the connection between the data, analytical approach, objectives and intended use of the findings. [4 Marks] e) Climate–Health Connection: Explain how climate hazards, exposures or changes relate to the health outcomes under investigation. Identify relevant pathways and populations at increased risk. [3 Marks] f) Alignment with Eastern and Southern African Priorities: Explain how the project responds to climate–health research, policy or practice priorities in Eastern and Southern			

	Africa. Describe its relevance to local needs and potential contribution to regional learning or action. [3 Marks]			
3	Scientific quality, methodology and innovation	20 Marks		
	a) Analytical or Research Approach: Describe the proposed research design, analytical methods and key steps. Explain how the methods address each specific objective and suit the available data or evidence. [5 Marks] b) Use of Existing Evidence: Explain how existing datasets, literature or previous findings will inform the research and analysis. Describe their relevance and suitability for answering the research questions. [4 Marks] c) Credibility and Rigour of Findings: Describe measures to ensure reliable and credible findings, including appropriate checks, validation or triangulation. Explain how potential bias and uncertainty will be addressed. [4 Marks] d) Methodological Limitations: Identify limitations of the proposed design, data or analytical methods. Explain their implications for interpreting the findings and how they will be managed. [3 Marks] e) Innovation or Added Value: Explain what the project contributes beyond existing work, such as a new analysis, application, perspective or synthesis. Describe how this contribution will strengthen climate–health knowledge, policy or practice. [4 Marks]			
4	Expected outputs, policy influence and knowledge translation	15 Marks		
	a) Primary Technical Output: Identify the main technical output, such as a manuscript, analytical report, policy brief or dataset. Explain how it addresses the project objectives. [3 Marks] b) Dissemination Output and Channels: Identify the dissemination products and channels through which findings will reach intended users. Explain how their format, language and accessibility will suit the target audiences. [3 Marks] c) Intended Users: Identify the decision-makers, institutions, practitioners or communities expected to use the findings. Describe their needs and the relevance of the findings to their decisions or actions. [2 Marks]			

	d) Stakeholder Engagement: Describe how stakeholders will participate in interpreting, validating and communicating the findings. Specify engagement activities, timing and stakeholder roles. [3 Marks] e) Expected Policy, Practice or Community Contribution: Explain how findings will inform policy, improve practice or support community action. Identify opportunities for uptake and how the use of findings will be tracked. [4 Marks]			
5.	Applicant capacity and leadership potential	15 Marks		
	a) Relevant Climate-and-Health Experience: Describe relevant research, policy, practice or community experience in climate and health. Explain how this experience supports delivery of the proposed project. [4 Marks] b) Technical Skills and Achievements: Describe relevant analytical, research, writing and knowledge translation skills. Highlight achievements, such as publications, technical outputs or contributions to policy and practice, and specify your role. [4 Marks] c) Leadership Potential: Demonstrate your potential to lead research, coordinate collaboration and contribute to climate-and-health action. Provide examples of initiative, responsibility or mentorship. [4 Marks] d) Team Roles and Responsibilities: Identify team members and their responsibilities. Explain how their complementary expertise will support project implementation and completion. [3 Marks]			
6	Motivation and career development Explain motivation, career goals, learning needs, expected benefits of mentorship, and commitment to programme participation. Submit a motivation letter not exceeding one page.	5 Marks		
7	Gender, equity, interdisciplinary collaboration and regional relevance Explain how these considerations will inform the research question, methods, analysis, collaboration and dissemination. Optional personal demographic disclosures are not scored. Assess integration into the proposed	5 Marks		

	work without duplicating marks awarded for regional priority alignment.			
	TOTAL	100		
Only applicants who score 70 marks and above will be considered responsive and therefore, they will proceed to the next evaluation stage				

3.2 Responsibilities of the ECR Team/Awardee

1. Attend program onboarding and work with the assigned mentor and program team to refine the project work plan, milestones, risk register and budget.
2. Implement the approved project with scientific integrity, methodological rigour, value for money and adherence to the agreed timeline.
3. Existing data projects must demonstrate lawful and ethical data access.
4. Participate in at least two documented mentorship sessions per month and act promptly on agreed technical feedback.
5. Participate actively in required workshops, quarterly community-of-practice meetings, peer-learning sessions, progress reviews and programme learning events.
6. Maintain complete project, financial and activity records, including receipts and supporting documentation, in accordance with the grant agreement.
7. Submit concise narrative and financial progress reports in the formats and at the times specified by the programme.
8. Notify the program team promptly of delays, safeguarding concerns, ethical issues, conflicts of interest, data incidents or other material risks.
9. Acknowledge Amref Health Africa, ESA hub under the ARCH Program Consortium and the funder in approved outputs and communications, following programme branding and publication guidance.
10. Submit all agreed outputs and present findings, lessons and policy recommendations at an approved dissemination platform.

3.3 Duration and Indicative Implementation Schedule

Activity	Indicative timing
Contracting, onboarding and mentor matching	November, 2026
Implementation, mentorship and learning activities	November 2026 – August, 2027
Community-of-practice convenings	At least quarterly
Mid-term progress review	January 2027
Draft core outputs	September, 2027
Finalisation, dissemination and close-out	September to October, 2027

3.4 Gender, Equity and Social Inclusion

- Integrate GESI throughout project design, implementation, analysis and reporting.

- Consider differences in exposure and vulnerability, ensure inclusive participation, and use disaggregated analysis where feasible and ethical.
- Make outputs accessible and avoid harm or exclusion.

3.5 Open Access and Data Management

- Submit a proportionate data management plan with the application and refine it at inception, covering permissions, responsibilities, data quality, secure storage and sharing.
- Follow applicable funder open-access and data-sharing requirements, respecting consent, privacy, licences and intellectual property.
- Deposit shareable outputs in an agreed repository; protect sensitive data and document any sharing restrictions.

3.6 Authorship, Intellectual Property, Publication and Communication

- Assign authorship according to substantive contributions and accepted publication ethics.
- Follow the award agreement and applicable institutional arrangements on ownership, licensing and use of data and outputs.
- Protect confidential information and include required acknowledgements, disclaimers and reviews before public release.

Section 4.0 : Financial

4.1 Budget requirements

Submit an itemised budget in USD, quantities and unit costs, justification and value-for-money explanation, with the total not exceeding USD 5,000. The budget receives no marks. It is reviewed on a compliant or non-compliant basis for the ceiling, eligible expenses, arithmetic accuracy, cost justification and alignment with activities. A non-compliant budget must be corrected and approved before award confirmation; the correction does not alter the technical score.

4.2 Award Value, Eligible Costs and Financial Management

Each selected ECR team/awardee will receive up to USD 5,000. Expenditure must be necessary, reasonable, directly linked to the approved project and supported by adequate documentation. Eligible costs may include approved data analysis, software or data access, modest research materials, transcription/translation, stakeholder engagement, publication preparation, approved dissemination and other direct project costs.

Funds shall not be used for personal allowances, salary top-ups, large equipment or capital purchases, tuition or academic fees, unapproved travel or events, research without required ethical approval, political or religious activities, commercial activities, entertainment, gifts, alcohol, or institutional overheads/indirect costs unless specifically approved in writing.

Disbursement will be made in tranches linked to satisfactory deliverables and financial accountability as specified in the grant agreement. Any unspent, unsupported or ineligible expenditure shall be refunded or otherwise resolved in accordance with Amref procedures.

4.2.1 Grant Disbursement Schedule

Each selected ECR team/awardee will receive catalytic funding of not more than USD 5,000, disbursed in three phases. Each disbursement will be conditional upon the satisfactory completion and approval of agreed milestones, submission of the required technical and financial documentation, and compliance with the grant agreement. Disbursement of subsequent phases will not be automatic. It will depend on satisfactory technical progress, responsible use and accounting of previously disbursed funds, participation in mandatory programme activities, and timely resolution of any identified performance or compliance issues.

Amref Health Africa may delay, reduce, suspend or withhold a disbursement where an awardee has not met the agreed milestones or reporting and accountability requirements.

The approved percentages and amounts for each phase will be specified in the individual grant agreement and approved project budget.

Phase	Disbursement trigger	Percentage/amount
Phase 1: Inception	Signing of the grant agreement and approval of the inception package, including the refined work plan, budget, protocol, risk register and applicable ethical or institutional approvals.	30%
Phase 2: Implementation	Satisfactory completion of agreed mid-term milestones and approval of the narrative and financial progress reports, mentorship records and preliminary technical outputs.	40%
Phase 3: Completion	Approval of the final technical output, dissemination product, final narrative and financial reports, financial accountability documents and final reflection report.	30%

4.3 Acceptance of the Call for Proposal

These Terms of Reference should be read together with the award letter, signed grant agreement, approved concept note, budget, work plan and applicable Amref policies. In the event of inconsistency, the signed grant agreement shall prevail.

For the ECR team/awardee	For Amref Health Africa/CPRCCH
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____