

CALL FOR PROPOSALS

Strengthening the health system in Mozambique so that no adolescent will be left behind

APPLICATION GUIDELINES

1. CALL FOR PROPOSALS

A Call for Proposals (CfP) is hereby made for non-state actors to complement the Government of Mozambique (GoM) and other partners' efforts to strengthen the health system in Mozambique with specific focus on adolescents. The Country Strategy Paper (CSP) 2016-2020 between the government of Flanders and the Government of Mozambique, states as its common mission *"to promote the fundamental right to the highest attainable standard of health for the entire Mozambiquan population in general, and of its adolescent population more specifically, as part of a strategy to reduce absolute poverty in the country."*

This call for proposals looks to support on the ground projects (e.g. in health facilities, schools and communities) in the provinces of Tete and Maputo contributing to improved adolescent health, through strengthening the health system and the promotion of sexual and reproductive health and rights.

It is required that applicants consult these application guidelines before submitting their concept note.

2. BACKGROUND

Flanders and Mozambique have co-operated closely since 2002 and Flanders has reserved a significant amount of the budget for direct funding of the National Health Service, making the Ministry of Health of Mozambique a priority partner for the Flemish development cooperation.

With the third Country Strategy Paper, the Governments of Flanders and of Mozambique opted for continuity in their development cooperation. The overall objective of CSP 2016-2020 is to "Strengthen the Health System in Mozambique, so that no adolescent shall be left behind".

The basic principles of the cooperation include (1) collaboration on the theme of access to health as an integral part of a broader strategy to combat poverty, (2) the choice for a two-track approach combining national and provincial support and (3) the need for a multi-sectorial approach to effectively promote health amongst adolescents.

Flanders uses a portfolio approach for implementing the current strategy paper. This involves: (1) different terms of funding or implementation; (2) different administrative levels of implementation; and (3) a mix of implementing actors.

The CSP also fully integrates the crosscutting themes of 'Gender', 'HIV/AIDS' and good governance into development cooperation.

In addition, the other cross cutting issues that have been identified by the framework Flemish Parliament Act on Development Cooperation, children's rights, persons with disabilities and sustainable development, will have to be given sufficient attention in programmes supported by Flanders.'

3. OBJECTIVE OF THE CALL

The overall goal of all projects supported under this CfP is to "Strengthen the Health System, so that no adolescent is left behind".

The purpose of the Call for Proposals (CfP) is aligned with the three strategic objectives of the CSP 2016-2020 between the Governments of Flanders and of Mozambique, namely:

1. Develop a critical mass of well trained and motivated health workers, skilled to serve the adolescents (supply of services)
2. Contribute to research on adolescent health (operational research)
3. Promote sexual and reproductive health and rights with emphasis on adolescents (demand creation)

The Call for Proposals (CfP) will invite multiple non-state actors to submit proposals that seek to support the implementation of provincial plans on the supply and/or demand side(s) with or without operational research for the improvement of adolescent health in the two selected provinces.

4. FOCUS

Following a study conducted to map the interventions in the area of Adolescents' Sexual and Reproductive Health and Rights (ASRHR) in Mozambique (Hera, 2017), the CfP will focus on two selected provinces (Tete and Maputo) with high needs in terms of ASRHR and identified gaps both in the demand and supply side, as detailed below.

1. Develop a critical mass of well trained and motivated health workers, skilled to serve the adolescents (supply of services)

On the supply side, making adolescent-friendly SRH services (SAAJ in Mozambique) readily available is recommended as one of the main strategies for adolescent health (RMNCAH investment case), while the MoH-plan for the next 4 years includes the following interventions:

- Build capacity of SAAJ to respond to the increased demand for services, particularly in antenatal care, family planning (FP), contraception and HIV testing;
- Improve initial training of health workers on adolescents' health problems and communication with this age group;
- Support the provision of the peripheral Health Facilities (HFs), in order to minimize situations of occasional contraceptive stock outs;

- Ensure the availability of a broad spectrum of contraceptive methods in all HFs, including the training of health professionals in long-term methods;
- Promote the inclusion of FP in the regular activities of the Mobile Teams;
- Ensure support and supervision of Community Health Workers (APEs in Mozambique) for the expansion and regularity of their participation in supplying FP methods.

Although the main focus area for this CfP is to develop capacity and increase motivation of health workers delivering services for adolescents, it is important to position it within the broader goal of health system strengthening. In this context, the main challenges documented for service delivery with a focus on adolescent health are: limited physical space for SAAJ, scarcity of financial resources for nurses and activists to cover transport costs for outreach activities at school and communities, work overload for midwives (ESMI in Mozambique) that are also in charge of SAAJ (Hera, 2017).

There is one public training institute for health workers in Tete and one in Maputo province. Flanders funded an assessment recently finalized on institutional capacity to train the midwifery workforce in Tete and the institute is implementing recommendations. In the course of 2019, the same assessment will be replicated in Maputo province.

Moreover, the training curriculum for midwifery workforce is under revision at national level and it is important to support the smooth introduction in all public health training institutes both in terms of technical assistance, financial support and monitoring and evaluation of the implementation.

2. Contribute to research on adolescent health (operational research)

While some studies and assessments are already available or being conducted, there is still need of more evidence on effective interventions for adolescent health in the different socio-cultural contexts of the country.

In the context of the sector reforms (second pillar of the national health strategy PESS), the National Institute of Health (INS) is conducting a study on the feasibility and acceptability of scheduling appointments for health visits at primary health care facilities. More studies are needed for example on the opening hours of SAAJ, users' flow and waiting time to better understand and overcome bottlenecks for adolescents' access to health services.

The MoH has recently finalized an assessment of all health facilities using the SARA (Service Availability and Readiness Assessment) methodology and the information on the status of infrastructure, human resources and equipment in the existing SAAJ shall be used to better define needs, standards and norms for adolescent-friendly health services (SAAJ) at national level.

There is a need to assess gaps and challenges in the training (both initial and continuous) of health workers on aspects related with adolescent health, including effective communication with people of this age group.

3. Promote sexual and reproductive health and rights with emphasis on adolescents (demand creation)

According to WHO-definitions "Adolescents" are individuals between the ages of 10 and 19. They represent 33% of Mozambique total population (Census projections, 2016).

According with the 'sexual, reproductive, maternal, new-born child and adolescent health investment case 2018-2022' (RMNCAH), the most severe health problems for adolescents are: teenage pregnancy and higher risk of maternal mortality and the onset of sexual activity without adequate protection for sexually transmitted diseases in particular HIV. The main strategic interventions on the demand side include: (i) Use of digital communication platforms and the school environment to increase the dissemination of information on sexual and reproductive health (SRH) - including the availability of service providers - among adolescents; (ii) The testing of massive and long-term mass media campaigns, to diversify the use of existing (national and local) media in Mozambique, effectively demonstrated by recent evidence; (iii) Use the various types of community leaders and influential people (e.g. godmothers and godfathers of initiation rites) to reduce pressure factors for premature marriages, and disseminate knowledge of legislation and the National Strategy for Preventing and Combating Premature Marriages; (iv) Extend local collaboration with schools to facilitate the accessibility of SRH services in the school population, reaching the target population of adolescents in the 2nd Cycle of Primary Education; (v) Strengthen at all levels coordination with the Ministries of Education and Human Development, Youth and Sports, and Gender, Children and Social Action.

Since 2010, the Government of Mozambique (GoM) implements multi-sectorial approaches for ASRHR through the Geração Biz Programme (PGB) operating at three levels: (1) health facilities (SAAJ); (2) schools and (3) communities (youth clubs). The PGB is generally seen as a successful programme but it is now operating with less funding and possible less impact (Hera, 2017). Moreover, cultural challenges might contribute to PGB not attaining effective health communication messages (Lurdes da Silva, 2018).

The SRH needs of adolescents in Maputo and Tete provinces are high, though different. Adolescents in Maputo province have more access to youth friendly services (SAAJ) and more girls use modern family planning methods compared to the ones in Tete. Despite the number of partners working in the two selected provinces, the main focus of the support is on HIV thus leaving other dimensions of SRHR uncovered. In particular, improving youth-parent relations, inclusion of boys and young men and attention to adolescents with disabilities are areas not widely covered by the organisations (Hera, 2017).

Coordination between different sectors and partners working on SRHR needs to be strengthened at national and sub-national level in order to avoid duplication and improve integrated planning towards provincial and district results.

A strategy on adolescent health is under finalization by the MoH together with an action plan on four strategic areas: (i) service delivery; (ii) demand creation; (iii) multi-sectorial coordination and (iv) monitoring and evaluation. It is important to guarantee alignment of interventions at provincial level as soon as the strategy is approved and disseminated.

5. KEY CONSIDERATIONS

The following are the basic conditions that must be fully integrated in the implementation of the CSP projects and initiatives, and which should feature in the conceptualisation of the project:

Gender Equality

Women constitute a large part of the vulnerable groups in the country. Due to social inequalities and ascribed social and economic roles, women and men are equipped with different social resources and adaptive capacities. Gender biases result in vulnerability, exposing women and girls to severe constraints in relation to development, democratic participation, access to property, information, employment opportunities, health, sexual and reproductive rights, education, etc. These pre-existing inequalities make it even harder for women and girls to deal with the sexual and reproductive health (SRH) and rights. Hence SRH and rights are not gender-neutral and all the projects under CSP 2016-2020 need to have a clear gender perspective (which also includes sufficient levels of male involvement).

HIV

The risk of HIV infection, according to the 2015 'Indicadores de Imunização, Malária e HIV/SIDA em Moçambique' (IMASIDA), is much higher in girls than in boys, which is shown by the significant differences in HIV-seroprevalence:

HIV seroprevalence, by gender, ages 15-19 and 19-24, IMASIDA-2015

	15-19	20-24
Girls	6.5%	13.3%
Boys	1.5%	5.3%

The level of knowledge about prevention of HIV transmission among young people has declined in recent years, particularly among boys. The levels of knowledge also show wide differences by socioeconomic characteristics and by province.

Comprehensive knowledge on HIV is higher in Maputo than Tete, while prevalence of early marriages is lower. However, HIV prevalence is much higher in Maputo in this age group (19.8%) compared to Tete (7%), thus implying that there are other influencing factors to be further investigated (Hera, 2017).

Good governance

Good governance is central to the successful implementation of the programme. It entails proper management of finances, better service delivery, transparency, mutual accountability and the participation of the beneficiaries in delivery processes.

Gender equality, HIV and good governance will be fully integrated into the strategic choices made at programming level, the development of partnerships and the implementation of the programme. This should also be reflected in the theory of change, activities and budget of the project proposal.

6. TARGET AUDIENCE

The primary target group for the CfP are non-state actors.

These comprise multiple not-for profit organisations, civil society, academia, organised labour and community-based organisations actively involved in SRH and rights and health workforce development or a combination thereof. It is the intention of the CfP to stimulate (multi-actor) partnerships, i.e. bigger non-state national or international organisations partnering with smaller organisations and/or with private sector organisations (or organisations representing private sector, such as Associations) and/or with educational and/or knowledge institutions, and/or state entities / agencies (ONLY as partners and not lead organisations) or with multilateral organisations.

Organizations that perform executive tasks in Mozambique as part of the project must comply with Mozambican legislation, i.e. they must be registered in Mozambique.

A non-state applicant will act as lead organisation and as the contracting party.

7. SELECTION AND EVALUATION CRITERIA

7.1 Selection of eligible projects

Each application will undergo an initial screening to assess eligibility and should meet all criteria below, in order to be selected for Concept Note evaluation:

- The lead applicant should be a non-state actor with experience in the Mozambican health sector;
- Only projects which are implemented in Tete and/or Maputo province will be considered;
- For projects to be implemented in Tete province: at least one partner should have working experience in the province;
- The lead applicant should have experience in project management for the amount of at least 500,000 EUR;
- The project budget should have a minimum value of 750,000 EUR and maximum value of 1,500,000 EUR;
- The duration of the project should be of minimum 3 years and maximum of 4 years;
- The projects should be submitted both in the Portuguese and English language.
- Concept Note and Organisational Capacity templates completed in full (see 9)
- All required documents submitted within the deadline (see10)

NB: Projects that do not meet any of the above points will be disqualified.

Furthermore, the following are **not eligible for support**:

- Infrastructural projects (more than 20% of the budget).
- Activities that duplicate services already in operation (i.e. day to day business activities).
- Retrospective funding (support for activities that have already taken place).
- Projects which, in its entirety, are focused on academic research.

7.2 Evaluation criteria:

Projects that have met the eligibility criteria in 7.1 above will be evaluated by an Evaluation Committee against the following criteria:

- Contribution to the three strategic objectives as mentioned above, especially objective 1 and 3
- Support to existing systems/public health structures and provincial plans related to the above mentioned focus areas
- Elements of efficiency/effectiveness including potential for scalability and replicability across the country
- Multi-sectorial approach
- Inclusion of the cross-cutting issues: gender, HIV, good governance
- Institutional capacity and ability of lead applicant and partners to implement the scale of activities for which a grant is requested for the project;
- efforts and actions to ensure the sustainability of the initiative beyond the funding period and ensure a contribution to a sustainable development in general
- Partnership with local organisations including elements of capacity building and knowledge sharing.
- Quality of proposed strategy and logical framework

The following elements will be considered an advantage:

- Elements of innovation (e.g. digital technologies and multi-media)
- Attention to adolescents with disabilities, and/or children's rights, esp. those rights that are most relevant for adolescents
- Interventions in underserved districts of the two selected provinces

8. FINANCIAL INSTRUMENT, BUDGET AND DURATION

The financial instrument offered by the Government of Flanders for this CfP is a grant allocation, and only projects ranging from €750,000 - €1,500,000 million, all costs included, will be considered. For Phase 1 a narrative description of the budget is sufficient; for phase 2 a detailed budget according to the guidelines below is needed.

8.1 Budget Breakdown

The project budget will have to be submitted in the format of the template provided. Only eligible costs can be considered for a grant. These are detailed below. The budget is therefore both a cost estimate and a ceiling for eligible costs. Note that the eligible costs must be based on real costs, not lump sum amounts (except for subsistence costs/per diem and indirect costs for which lump sum amounts is accepted).

It is advisable to provide a realistic and cost-effective budget. The award of grants is always subject to a process of verifying budget costs, for instance arithmetical errors, inaccuracies or unrealistic costs and other ineligible costs to minimise amendments to contracts.

Furthermore, the awarding of grants will consider principles of equitable distribution of funding, transparency, value for money and prudent use of funds. The findings of the Evaluation

Committee and due diligence that precedes the signing of the contract might require changes to the budget. These checks may trigger requests for clarification and may lead to modifications or reductions to address such mistakes or inaccuracies.

8.2 Eligible Costs

Eligible costs must be specific to the project activities stipulated in the proposal and should be verifiable. The following costs are eligible:

- Costs of activities linked to project implementation;
- Services and supplies linked to specific programmes/projects to be funded (in part/total);
- Fees for experts (technical, content);
- Travel costs and Per diems linked to project activities;
- Publications, studies, research outputs and dissemination;
- Costs for seminars, workshops, conferences and training interventions;
- Salaries for the project implementation unit; and
- Overhead costs to a maximum of 7% of the sum of investment costs, operational costs and staff costs, is allowed.

NB: Applicants' partners participate in designing and implementing the action, and the costs they incur are eligible in the same way as those incurred by the grant Beneficiary. They must therefore satisfy the same eligibility criteria as applicants. Consequently, the cost of the project activities in which a partner is involved must be included in the project budget.

8.3 Ineligible Costs

The following costs are not eligible:

- Debts and provision for losses or debts;
- Interest owned (to service providers and suppliers);
- Items already funded by other donors/partners;
- Purchase of land or buildings;
- Currency exchange losses; and
- Credits to third parties

8.4 Duration of the projects

All projects must be implemented over a minimum of 3 and maximum 4 years' timeframe.

9. SUBMISSION OF THE PROPOSAL

The Call for Proposals will be administered in two phases. Phase 1 will solicit proposals in a concept note format, while Phase 2 will involve the submission of full proposals. Each application will undergo an initial screening to assess eligibility. Eligible projects will undergo evaluation of the concept notes, which will be performed by an Evaluation Committee, in accordance with the evaluation criteria. Shortlisted applicants will be invited to participate in Phase 2 of the CfP and submit a full proposal for consideration.

Templates will be made available for submission of all documents.

All documents should be submitted both in the Portuguese and English language.

All projects must be completed over a minimum 3 and maximum 4 years timeframe and work plans included in the applications must be structured accordingly.

Project deliverables should also be clearly indicated in the work plan and budget.

The application for phase 1 has to be submitted by way of a (1) concept note and (2) organisational capacity templates which are available for download at <https://www.flanders.org.za> and must be completed in full.

- Concept Note Template
- Organizational Capacity Form - phase 1

To be eligible for consideration, completed applications must be submitted by email to: PropostaSaude.Maputo@flanders.eu

10. CLOSING DATE

The launch of the CfP signals the start of the Phase 1 floating period – the period available to potential applicants to prepare and submit their concept note.

The application window for Phase 1 will open on 8 April 2019 at 00:00 a.m. and close on 5 May 2019 at 11:59 p.m. There will be no extension to submit applications after the deadline.

Applicants will be pre-selected through an initial evaluation of their concept notes and will then be invited to submit a full application. Submission of phase 2-templates will be made available in a later stage (mid-year).

11. THE APPLICATION PROCESS

The application process is outlined in the steps below:

Step 1: Call for Proposals is announced.

Step 2: Begin the proposal submission, developing the proposal using the “Concept Note Template” and the “Organizational Capacity Form” which must be downloaded at <https://www.flanders.org.za>

Step 3: While developing the concept note, please pay attention to the eligibility criteria included in the application guidelines.

Step 4: The completed Concept Note Template and Organizational Capacity Form must be submitted via e-mail.

Step 5: Concepts will be selected against the eligibility criteria.

Step 6: Eligible concept notes will be evaluated according to the criteria stipulated in 7.2 . Concept Notes can receive one of the following outcomes:

Accepted: Proposal has met the phase 1 evaluation criteria, and applicants are invited to submit a full proposal.

Rejection: Proposal is rejected as it does not meet the evaluation criteria of the CfP.

Step 7: Applicants will be invited to submit full proposals provided that their concept notes have satisfied phase 1 evaluation criteria.

Step 8: Full proposal are then reviewed at which point they are either approved for funding or rejected.

Step 9: Applicants will enter into a written contract with the Government of Flanders.

Applicants will be updated on the outcome of the process.

12. RESERVATIONS

The Government of Flanders reserves the following rights:

- a) To reject all or any proposals;
- b) To waive any or all irregularities in the proposals submitted;
- c) To retain the right not to select any application(s) even if meeting all the requirements;
- d) To cancel or withdraw the CfP at any stage.

13. CONTACT US

Please address all enquiries related to this CfP to:

PropostaSaude.Maputo@flanders.eu

This application guideline is designed to assist the development of an application for the Call for Proposals, which consists of the completion of (1) concept note template and (2) organizational capacity form. Should your concept note be selected, you will be invited to develop and submit your full application for further evaluation. A full due diligence check will only be performed for the shortlisted proposals that have been selected for funding.