



REQUEST FOR APPLICATION

The Self-Care Trailblazer Group (SCTG), with funding from the Children’s Investment Fund Foundation (CIFF), requires support from a local organization in Mozambique to lead national and subnational advocacy planning and implementation that supports scale-up of self-care policy and practice in the national health system.

SUMMARY OF DEADLINES

Release of Request for Applications (RFA)	9 March 2026
Questions about RFA due to SCTG	16 March 2026, 11.00pm GMT
Response to questions posted	23 March 2026
Applications due	6 April 2026, 11.00pm GMT

NB: The Self-Care Trailblazer Group (SCTG) reserves the right to modify this schedule as needed. All parties will be notified simultaneously by email of any changes.

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PART I. INTRODUCTION

SELF-CARE BACKGROUND

The World Health Organization (WHO) defines self-care as ‘the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider’. Recent advances in medical and digital technology combined with changing consumer expectations provide an opportunity to refocus attention on this important and evolving approach. Self-care interventions, particularly in the realm of sexual and reproductive health and rights (SRHR), have transformative potential to increase individuals’ autonomy in making decisions about their own care, strengthen countries’ health systems, and ultimately pave the way toward universal health coverage (UHC).

In 2022, the World Health Organization released the [WHO guideline on self-care interventions for health and well-being](#) building on the global guidance published in 2019. This guideline includes people-centered, evidence-based recommendations to support individuals, communities, and countries with quality health services and self-care interventions, as a critical pathway to achieving universal health coverage. In 2023, WHO released [Implementations of self-care interventions for health and well-being](#) to build upon the normative recommendations and offer key considerations and guidance, to support the introduction and scale-up of self-care interventions in countries, at national or subnational levels. This global guidance is intended to assist countries in implementing the recommendations to their local context.

ABOUT THE SELF-CARE TRAILBLAZER GROUP

Established in 2018, with funding from the Children’s Investment Fund Foundation (CIFF) and the William & Flora Hewlett Foundation, the [Self-Care Trailblazer Group](#) (SCTG) is a global coalition working to sustain the momentum, following the publication of the *WHO Consolidated Guideline on Self-Care Interventions for Health* in 2019 (updated in 2022), and further advance the self-care agenda. The SCTG is focused on expanding the safe and effective practice of self-care to ensure individuals can better manage their own health, health outcomes are improved, and health systems are more resilient and better equipped to achieve UHC. By improving the enabling environment for self-care, particularly through policy development, the SCTG aims for self-care to be institutionalized into policy and integrated into national health systems. The SCTG works with global, regional, national, and local partners to achieve this goal and the outcomes contributing to it. [Population Services International](#) (PSI) houses the staff of the SCTG Secretariat.

The SCTG operates both as a coalition and a set of related programs:

- *The SCTG’s coalition function* is responsible for:
 - i. building a coordinated, diverse, and influential self-care movement mobilized around common evidence, goals, and messaging to advance self-care
 - ii. increasing awareness and support for quality, evidence-based self-care among self-care influencers, policymakers, and potential opposition

The coalition functions include individual and organizational members, a Coalition Steering Committee (CSC), the Evidence and Learning Working Group (ELWG), the Advocacy and Communications Working Group, and the Self-Care Learning Lab.

- *SCTG’s programmatic function* aims to:
 - i) advance the institutionalization of self-care policies and financing at national and subnational levels
 - ii) increase the demand and accountability for self-care among target communities and constituencies.

The programmatic functions include the National Self-Care Networks (NSNs) convened by a local organization, technical assistance support, and a Program Advisory Committee (PAC).

- *The SCTG Secretariat* supports the operations of both functions.

PROGRAMMATIC WORK TO DATE

The SCTG launched its [2021-2025 Strategic Plan](#) which reflects a focus on national and subnational advocacy in early 2021, and selected National Self-Care Network (NSN) leads from 5 focus countries to lead in-country advocacy efforts - Nigeria (White Ribbon Alliance Nigeria (WRA Nigeria)), Senegal (PATH Senegal), Uganda (Center for Health, Human Rights and Development (CEHURD)) in 2021, from Kenya (the Reproductive Health Network Kenya (RHNK)) in 2022, and from Ethiopia (Ethiopia Society for Obstetricians and Gynecologists (ESOG)) in 2023. In 2025, ADEMAs took over the role of NSN lead in Senegal.

The National Self-Care Networks (NSNs) are Ministry of Health (MOH) led working groups, which bring together key in-country stakeholders, including civil society organizations working in SRH, health provider associations, academia, country based advocates and implementers, private sector among others, to develop and lead in-country, grassroots self-care advocacy efforts and serve as models for guideline adoption/development and implementation efforts in focus countries.

To date, five SCTG focus countries – Ethiopia, Kenya, Nigeria, Senegal and Uganda, have made significant progress through establishing and convening NSNs, that have been instrumental in the development of national self-care guidelines and are at various stages of implementing these guidelines and institutionalizing self-care into their health systems (see SCTG’s learning journey [here](#) for more information).

PART II. SCOPE OF WORK

GOAL

National Self-Care Networks (NSNs) are established to coordinate self-care advocacy at the national and subnational levels to transform healthcare systems and place autonomy, power, and control in the hands of individuals.

Through this RFA, the SCTG seeks to identify a strategic partner to serve as the NSN-lead in Mozambique. Building on the country’s achievements to date, the NSN-lead will help accelerate progress towards institutionalization of self-care into the national health system through strengthened country-specific advocacy strategies and awareness building, to expand self-care policy and practice based on the local context.

DESCRIPTION OF AWARD

To reach this goal, *PSI Europe* will award the selected local organization in Mozambique up to USD 80,000. The duration of this award is expected to be 9 months. Contingent upon the availability of donor funds and the subrecipient’s performance, additional funding and an extended period of performance may be available.

The selected organization will serve as the SCTG country focal point and will support the Ministry of Health to convene the NSN members and manage the day-to-day operations and local partnerships required for implementation of country-level activities. The National Self-Care Network will lead a consultative process to define a coordinated strategy for integration of self-care for sexual and reproductive health (SRH) into health systems at national and sub-national levels.

Building on Mozambique’s achievements to date, this process will include, but is not limited to:

- assess and document the *landscape* for self-care by conducting a stakeholder mapping, aimed at documenting key stakeholders and a policy analysis to map existing policies that support or hinder the integration of self-care into the national health system

- support the MOH to establish a *National Self-Care Network (NSN)*, comprising of key stakeholders, to lead the engagement on institutionalization of self-care in Mozambique
- coordinate the process of *adopting the WHO self-care guidelines*, and the development, endorsement and approval of national self-care guidelines for Mozambique
- build *awareness and support* for self-care among target policymakers and influencers in the country to enable instituting self-care policies and financing at national and subnational levels
- increase demand and accountability for self-care among target communities and constituencies, including through the compilation of a bi-annual *country monitoring dashboard* to document progress.

The selected organization will report progress against targets to the SCTG Secretariat and the Program Advisory Committee (PAC) and will be in regular communication with both throughout the life of this award. The NSN-lead will work closely with the SCTG Secretariat to achieve shared objectives and share key achievements with other self-care advocates and implementors at the global, regional, and national levels. The Coalition Steering Committee (CSC) and relevant SCTG working groups will provide technical support and guidance for success as needed.

KEY RELATIONSHIPS

The SCTG will provide resources, tools, and technical support to the NSN-lead as needed and requested, to help reach the self-care goals in the country. Under the guidance of the Secretariat, the selected recipient will primarily engage with the following stakeholders:

- *SCTG Secretariat*: contractual oversight and technical assistance
- *Program Advisory Committee (PAC)*: manages the programmatic functions in the logical framework. PAC consists of the donors supporting the SCTG, chairs of the SCTG working groups, and each NSN's designated focal point. The NSN leads discuss progress and challenges and share their perspectives and priorities to the PAC as they relate to achieving programmatic outcomes.
- *Evidence and Learning Working Group (ELWG)* provides technical support on guidance, frameworks and tools related to the working group's various workstreams, including policy mapping, quality of care, digital self-care, measurement, social and behavioral change, costing and financing, evidence mapping and prioritization, implementation among others.
- *Advocacy Working Group (AWG)* leads and coordinates advocacy efforts at the global level and provides technical support for country and regional advocacy. This is a platform for NSN leads to:
 - engage in coordinated advocacy, outreach, and communications efforts at the global and regional levels to support a joint advocacy strategy for the introduction and scale-up of self-care interventions within health systems
 - exchange learnings and pursue collaborations with other advocates who are working, or interested in working, to advance self-care through policy, programmatic and public advocacy at national and sub-national levels.
- *Learning Lab*: Contribute country experiences and best practices for inclusion and presentation in the *Self-Care Learning and Discovery series (SCLADs)* and other relevant platforms and events.

ROLES AND RESPONSIBILITIES

The NSN-lead will be required to lead in-country representation of the SCTG and lead a planning process to inform the implementation plan.

1. Representation and Coordination:

- Identify NSN focal point: individual affiliated with sub-recipient organization who will lead engagements in country
- Build and connect with existing multi-sectoral networks of engaged in-country advocates and implementers that include representatives from: professional health associations (i.e., associations of medical practitioners, pharmacists, nurses, midwives); private sector providers; religious and

- interfaith leaders; community leaders; media representatives, and civil society members (i.e., advocates and experts on women and girls' rights, SRHR, young people's rights, gender equality, and disability rights)
- Outline the roles and responsibilities of the NSN through a charter, coordinating with key partners to spearhead national and subnational policy priorities
 - Promote country-level participation and sharing in global SCTG activities (e.g., webinars, panels, knowledge products, etc.); promote country-level application of relevant SCTG global goods and focus country experiences (see SCTG [website](#)) to inform the development of national self-care guidelines
 - Engage target national and subnational policymakers and influencers in supporting self-care using a range of mechanisms including media (social and traditional), meetings, and events.
2. **Advocacy Planning:** Conduct and execute advocacy planning and strategies for country-specific activities across a broad, local stakeholder group, leveraging *SCTG tools and resources*
- *Conduct landscape assessment* to identify diverse, multisectoral stakeholders for self-care and analyze their knowledge, interests, positions, and resources, building on relevant tools and studies e.g. [Global Self Care Federation Self Care Readiness Index](#)
 - Outline potential policy objectives to focus self-care advocacy efforts, noting opportunities and threats in pursuing them as advocacy priorities. Specific policy objectives could include, but are not limited to:
 - Development of national self-care guidelines
 - Advancing task-shifting and other enabling policies and guidance
 - Raising demand and awareness of self-care as an integral component to the health system
 - Promoting health systems accountability for self-care
 - Define a national self-care advocacy strategy, with clear goals, indicators, roles, and responsibilities.
3. **Advocacy Implementation:** Implement the advocacy strategy described above with clear goals, indicators, roles, and responsibilities. It is strongly suggested that the NSN find ways to apply SCTG supported tools to the country context, where applicable. This could include: the Digital Self-Care Framework, to improve digital self-care regulatory and policy architecture; Quality of Care Framework to address quality of self-care; Measurement Tool, to coordinate monitoring of self-care within the HMIS; adapting the Costing and Financing Framework to define blended financing mechanisms for self-care.
4. **Monitoring, Evaluation & Learning (MEL):** A M&E framework to measure quality and quantity of policy change and share experiences and lessons learned with other countries will be developed for Mozambique with input from key stakeholders. The NSN-lead will adapt this framework and/or amend/review as needed to regularly:
- Monitor landscape to respond to national advocacy opportunities as they arise.
 - Create clear MEL factors and plan to measure the quality of policy advocacy in achieving strategic goals and objectives.
 - Document changes in the operating context and provide periodic progress updates to the SCTG Program Advisory Committee and Secretariat and make recommendations for adjustments.
 - Work with the Program Advisory Committee and the Secretariat to capture, cross-sharing and dissemination of knowledge, best practices and lessons learned from in-country engagement.

ACTIVITIES AND DELIVERABLES

The organization funded under this program will be expected to engage in the following key activities and provide the specific deliverables listed below, in order to demonstrate project progress and success.

Key activities:

- assess and document the *landscape* for self-care by conducting a stakeholder mapping, aimed at documenting key stakeholders and a policy analysis to map existing policies that support or hinder the integration of self-care into the national health system
- support the MOH to establish a *National Self-Care Network (NSN)*, comprising of key stakeholders to lead the engagement on institutionalization of self-care in Mozambique
- coordinate the process of *adopting the WHO self-care guidelines*, and the development, endorsement and approval of national self-care guidelines for Mozambique
- build *awareness and support* for self-care among target policymakers and influencers in the country to enable instituting self-care policies and financing at national and subnational levels
- increase demand and accountability for self-care among target communities and constituencies, including through the compilation of a bi-annual *country monitoring dashboard* to document progress.

Key deliverables:

- Report of landscape analysis, detailing the stakeholder mapping and policy analysis finalized and disseminated to key stakeholders
- MOH-led *National Self-Care Network* including key stakeholders e.g. professional health associations (nurses, doctors, midwives, and pharmacists' associations), private sector, WHO, and organizations working on SRH established and regularly convened
- Draft National Self-Care Guidelines finalized and endorsed
- Bi-annual Country Monitoring Dashboard developed and disseminated.

PART III. QUALIFICATIONS AND CONDITIONS OF AWARD

APPLICANT ELIGIBILITY

- Eligible applicants must be registered/incorporated as a non-governmental or non-profit organization that:
 - Are formed and legally incorporated locally in Mozambique (only open to local NGOs; organizations simply registered in Mozambique or internationally incorporated are not eligible)
 - Can successfully execute the roles and responsibilities contained herein
 - Are capable of receiving and administering sub-award funding
- The following organizations are ineligible:
 - Any organization wholly or majority owned or controlled by a US entity
 - Sole proprietorships
 - Government organizations
 - United Nations country offices
- Applications must include all required information. Only complete applications will be considered by the Review Committee. The NSN focal point must be affiliated with the institution from which the application is being submitted.
- Applicants must obtain any legal and/or regulatory approvals, consents or reviews required to accept foreign grant funds and/or conduct the project activities, before concluding a funding agreement.
- *PSI Europe* may, at any time and at our sole discretion, change the eligibility criteria for subaward applicants, individual NSN focal points and/or priority countries, as long as it does not substantially undermine the review process.
- Please note:
 - We must approve any changes to the original application.

- Focal points must get their affiliated institution's sign-off before submitting any application.

DESIRED QUALIFICATIONS

Eligible organizations will demonstrate past SRHR advocacy successes and active membership in local, national, and/or regional networks.

FUNDING

PSI Europe anticipates selecting a local organization with relevant capabilities, past experience, and proposed staffing to lead the national self-care work in Mozambique. *PSI Europe* anticipates making an award of up to USD 80,000 for 9 months.

DURATION

This is a short-term investment to harness energy and momentum to move self-care in Mozambique to the next level through the development of national self-care guidelines. The subaward will be funded for a maximum of 9 months, with the possibility of extension dependent on availability of funds and performance.

PART IV. PROCESS FOR SOLICITING, REVIEWING, NEGOTIATING AND AWARDING FUNDING

CALL FOR APPLICATION PROCESS AND TIMELINE

- RFA released: 9 March 2026
- Applications due: 6 April 2026
- Award announced: 30 April 2026
- Project implementation begins: 1 May 2026

EVALUATION CRITERIA

Organizations wishing to apply are asked to submit Capabilities Statement and Past Performance Review (PPR) that demonstrate:

- Capacity designing and implementing advocacy programs that have achieved measurable policy outcomes (30%)
- Experience in SRHR advocacy, ideally for self-care (20%)
- Experience conducting similar work listed in the "Roles and Responsibilities" section of the RFA (20%)
- Strong relationships with in-country SRHR stakeholders and the Ministry of Health (20%)
- Experience designing robust MEL systems to measure advocacy outcomes and outputs (10%).

The designated Mozambique National Self-Care Network Lead has:

- At least 8 - 10 years of relevant SRHR advocacy experience
- Demonstrable relationships with local stakeholders and the Ministry of Health
- Proven ability to develop strategy, build partnerships internally and externally, execute an action plan, achieve results, and evaluate progress
- Experience with (preferably) leading multi-stakeholder coalitions and democratic consensus-building process.

HOW TO APPLY

Applications must be submitted in English and emailed electronically to secretariat@selfcaretrailblazers.org, and cc: sonyango@psi.org A complete application should include the following:

Required:

- Capabilities Statement: 2-page capabilities statement that demonstrates the applicant’s relevant capabilities to deliver the requested program
- Past Performance Review (PPR): up to 6 PPRs (1/2 page each) that provide an overview of the applicant’s performance on a project with similar objectives to this proposed program. The PPRs should emphasize specific results/outcomes achieved.
- CV of designated NSN focal point: 2-page CV of proposed NSN focal point who will serve as the team lead for all activities under this program.
- Letters of Reference: At least 3 letters of support from key national/regional organizations that demonstrate capacity to advance advocacy outcomes through coordinated action.
- Budget: Submit a summary-level budget for the 9-month award period using the cost categories outlined below for both direct and indirect costs (details on these costs are outlined below). Following selection, SCTG will collaborate with the successful applicant to finalize the detailed workplan and budget using SCTG’s standard templates.

Organization Name:		
Country:		
Proposal Name:		
Effective Dates:		
Reference Number:		
<u>SUMMARY BUDGET</u>		
DESCRIPTION	YEAR 1 MM/DD/YY - MM/DD/YY Total Cost	GRAND TOTAL [DONOR + COSTSHARE]
PERSONNEL	\$0	\$0
FRINGE BENEFITS	\$0	\$0
TRAVEL	\$0	\$0
FURNITURE & EQUIPMENT	\$0	\$0
SUPPLIES	\$0	\$0
CONTRACTUAL	\$0	\$0
CONSTRUCTION	\$0	\$0
OTHER	\$0	\$0
TOTAL DIRECT CHARGES	-	-
TOTAL INDIRECT COSTS	\$0	\$0
GRAND TOTAL	\$0	\$0

Direct costs refer to expenses that can be specifically identified with a particular award, such as personnel, fringe benefits, consultant fees, equipment, supplies, travel, other direct costs, and contractual services.

Indirect costs (also known as “administrative costs”) are those incurred for common or joint objectives that cannot be readily attributed to a specific project or activity. Examples include facilities operation and maintenance, depreciation, and general administrative expenses.

Receipt of all applications will be acknowledged. Proposals will undergo a thorough, multi-step, expert review managed by the SCTG Secretariat.

SOLICITATION QUESTIONS

Questions on this solicitation will be accepted via email to the contacts listed above through *Monday, 16 March 2026*. Questions and answers to all questions will be provided on *23 March 2026* to all participants who confirmed interest. Please note that responses will not be confidential except in cases where proprietary information is involved. Inquiries after this date cannot be accommodated.