



**Request for Proposal (RFP):
Women's Health Equity Campaign Partner**

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Closing date: 20 November 2022

Closing time: 11:59pm Eastern Standard Time

Eligible countries to begin: Burkina Faso, Ghana, Kenya, Mexico, Senegal, Tanzania

About White Ribbon Alliance

White Ribbon Alliance (WRA) is a locally led, globally connected grassroots movement for the health, rights, and gender equality of women, girls, and gender minorities. In addition to our vast individual membership, our network consists of more than 250 autonomous, local organizations in 83 countries—in every region of the world—that serve as WRA country, city, and community focal points. WRA partners with coalitions, organizations, small groups, and individual mobilizers to carry out advocacy campaigns and initiatives. Our campaigns are underpinned by a simple yet effective approach: **ASK** women, girls, and gender diverse people what they want; **LISTEN** to their concerns and ideas for change; and **ACT** on what they say and galvanize others to do the same. WRA is fiercely committed to uphold and amplify the voices of women and girls and ensure their perspectives shape the policies, programs, funding, and decisions that shape the world.

White Ribbon Alliance is a not-for-profit corporation organized under Section 501c3 of the Internal Revenue Code and incorporated in Washington, DC, USA. For more information about WRA, including our governance structure and globally diverse and dispersed team, please visit our website: www.whiteribbonalliance.org

Background

What Women Want: Demands for quality healthcare from women and girls

Launched in 2018, [What Women Want](#) (WWW) is White Ribbon Alliance's flagship local-to-global advocacy campaign to improve women's and girls' healthcare and challenge the power structures that help silence women's voices and ambitions.

What Women Want was premised on a single, open-ended question: what is your one request for quality reproductive and maternal healthcare services? With 360+ partners and legions of community mobilizers, WRA amassed 1.3+ million responses from women and girls in 115+ countries—the vast majority coming from eight focus countries in sub-Saharan Africa, Latin America, and South Asia. Common themes emerged from the context- and country-specific demands, including respectful, dignified, and non-discriminatory care; increased, closer, functioning health facilities with water, sanitation, and hygiene (WASH); increased, competent, and better supported health workers, including nurses and midwives; and medicines and supplies. Women's healthcare demands are publicly available on the [What Women Want Interactive Dashboard](#) where anyone can explore what women asked for by drilling down by geography, category, age, and more—all while protecting women's individual privacy.

To meaningfully deliver on women's demands, it is imperative to advocate for and act on what women say locally. WRA and partners, therefore, developed [WWW Advocacy Agendas](#) in the eight countries where most campaign responses were mobilized. Agendas integrated community demands with the latest evidence and good practice and contained advocacy objectives that illuminate the concrete policy actions governments and other decision-makers must take to realize women's demands. Equipped with the advocacy agendas and the weight of women's demands, WRA, partner organizations, and women in each of the eight countries advocated for their health and rights. As a result, the campaign and WRA's wider Ask, Listen, Act approach collectively catalyzed 330 million USD in multi-government health and social programs, 40,000+ major health facility improvements, 40+ health and gender policy changes, and

7,000+ health workers hired—showing that listening to women and acting on what they say is not just the right thing to do, but also has huge impact!

Women’s Health Equity

In the first What Women Want campaign, the majority responses came from the general population. However, true justice flips the paradigm and first prioritizes the voices and concerns of those traditionally excluded from power, appreciating a system that works for them is more likely to work for everyone. As such, in the lead up to the Generation Equality Forum (GEF), WRA committed to [‘another listen’](#) and to revisit our efforts with new members and partners, that have different perspective and scope, to ask more women, in more in places, from more walks of life, what it is they want for their healthcare.

This time around, the campaign will center women and girls too often left out of the conversation or excluded from power. It will prioritize those who face the biggest barriers to accessing healthcare, and who are most at risk for their rights to be undermined or disrespected. This includes but is not limited to pregnant adolescents and adolescent mothers; women and girls with intellectual, physical, and/or sensory disabilities; LGBTQIA+ individuals; women and girls living with HIV and AIDS; Indigenous women; racial/ethnic or religious minorities; unhoused populations; migratory populations; and disaster/conflict affected populations.

Drawing on lessons from What Women Want and ASK, LISTEN, and then ACT principles, the Women’s Health Equity campaign will focus on promoting the efforts of underserved populations to exercise power to make government and other key stakeholders more responsive to their healthcare needs.

Overview of program

In January 2023, WRA will launch its next phase of What Women Want, focused on women’s health equity, in up to six focus countries: Burkina Faso, Ghana, Kenya, Mexico, Senegal, and Tanzania, which includes for the first-time countries in Francophone West Africa (FWA). More countries may be added over time. WRA will award grants of up to 100,000 USD over a 15-month period (January 2023-March 2024) to a local campaign partner or up to 250,000 USD to a consortium of partners to lead an end-to-end women’s health equity advocacy campaign effort in their country that draws on/adapts the What Women Want methodology. This will include determining campaign parameters, mobilizing responses, analyzing results and creating associated policy advocacy agendas in alignment with the latest evidence and good practice, and implementing advocacy strategies and activities to achieve tangible policy, program, resource, or accountability changes—in accordance with target population demands.

WRA aims to make at least one grant in each country, but the final number of grants will depend on applications.

Determine campaign parameters

Some aspects of the Women’s Health Equity will be ‘fixed’ across countries, and others will be country specific and unique to each focus country.

Campaign questions

The campaign will adapt the open-ended question from the original What Women Want Campaign: **what is your one request for quality sexual, reproductive and/or maternal healthcare services?** Dependent on the country and target population, the question may be slightly modified. Please make suggestions for the question(s) in your proposal. Campaign partner(s) will also collect standard demographic information, as well as contact information (with participants' permission).

Target population

The campaign is specifically prioritizing the voices and concerns of marginalized women, girls, and those who self-identify as such any of the time. It seeks to advance the Sustainable Development Goal clarion call of 'leave no one behind' by ensuring that the those with the most barriers are reached first. The campaign partner(s) in each country will be responsible for identifying at least one target population to engage in the campaign. The populations that are marginalized vary by country and may not be the same per country.

Two main considerations should guide selection of target populations: 1) selected populations consist of women, girls, and gender minorities who are regularly excluded from power and decision-making, are stigmatized and discriminated against, and/or are underserved by the health system; and 2) the campaign partner(s) has the capacity, ability, reach, and trust to mobilize demands from the population. During the What Women Want campaign, approximately 75,000 to 100,000 demands represented a tipping point for change—policymakers acted based on this number. It may be difficult to reach these numbers by only targeting one population. Therefore, diverse consortiums that identify—and are well-placed to mobilize—more than one target population and forge an integrated, women's health equity advocacy agenda will be prioritized. WRA encourages multiple organizations representing different target populations to work together.

Illustrative examples of target populations include pregnant adolescents and adolescent mothers; women and girls with intellectual, physical, and/or sensory disabilities; LGBTQIA+ individuals; women and girls living with HIV and AIDS; Indigenous women; racial/ethnic or religious minorities; unhoused populations; migratory populations; and disaster/conflict affected populations. Applicants are encouraged to consider these populations as well as propose other populations not captured here that are relevant to the country context.

Geography

Sub-geographic parameters for mobilizing responses will be set by the campaign partner(s), which will in part be driven by which target populations are selected and the budget required to reach these populations. Campaign efforts can focus on any level: nationwide, subnational (target states/provinces/districts), or target communities – so long as the required volume of responses is attainable.

Mobilize responses

Campaign partner(s) must develop and execute a plan to collect 75,000 to 100,000 demands from the selected target populations. Based on What Women Want campaign experience, mobilization of responses is expected to take about two (no more than three) months.

To aid in the rapid collection and analysis of demands, the campaign partner(s) and mobilizers will receive training on and will use the [What Women Want Chatbot](#), a next generation mobile platform. Other platforms will also be available. Developed by WRA in partnership with MSD for Mothers and Praekelt.org, the Chatbot captures demands, analyzes results, and connects to dashboards in real time, using WhatsApp and Artificial Intelligence. The Chatbot is currently set up to be used in English, French, or Spanish. While the Chatbot can be used by individuals with smartphones, it is most effective when trained mobilizers (from the target community) to use the tool during direct, face-to-face outreach with individuals. WRA requires applicants to build training and deployment of community mobilizers into its campaign plan and budget.

Analyze results and create advocacy agendas

The What Woman Want Chatbot will automatically group campaign participants' responses into high-level categories, giving a quick and easy overview of the biggest requests in a country. However, the true power of the campaign lies in the details of individual demands. For example, if WASH emerges as a top demand, what is the target population asking for exactly—installation of running water, functional toilets, cleanliness at health facilities, or something else and where? The local partner(s) will dig into the details of top demands using an Interactive Dashboard that WRA will create and maintain, similar to the existing [What Women Want Interactive Dashboard](#).

After a deep analysis of campaign sub-demands for its country, campaign partners across the six focus countries will develop SMART policy advocacy objectives and an associated advocacy strategy and work plan – all of which will be grounded in securing changes in policies, programs, resources, or accountability mechanisms to deliver what the target populations asked for in alignment with the latest evidence and good practice. WRA will convene a workshop (likely virtual) to connect local partners and support development of their policy advocacy objectives and larger advocacy strategy as part of a global solidarity network. Campaign partners are also encouraged to organize their own workshops in countries to co-create agendas with mobilized communities and wider stakeholders.

Analysis of results and development of country-specific advocacy agendas should take roughly two months, targeting a completion date of end of June 2023.

Implement advocacy strategy and activities

The campaign partner(s) will spend most of the project—about eight or nine months (approximately July 2023 - February/March 2023)—implementing the targeted advocacy and communications activities needed to achieve the policy advocacy objectives contained in their advocacy agendas. Illustrative activities include but are not limited to: an event to launch country demands; advocacy visits with key decision-makers; production of advocacy materials such as policy or issue briefs, infographics, case studies, personal stories/testimonials; media engagement; community dialogues and town halls. WRA encourages applicants to think both strategically and creatively about advocacy activities needed to advance policy change for women's health equity. Advocacy activities that engage the mobilized communities directly in advocating for change are encouraged.

The campaign partner(s) must also devise and implement a plan for ongoing communication and engagement of the individuals who participated in the campaign. This includes sharing campaign results with participants, providing updates on advocacy efforts, and identifying opportunities/moments for

local action. The What Women Want Chatbot will facilitate direct and ongoing digital communication with campaign participants.

Grant deliverables

The key deliverables of the grant include:

- Mobilization of 75,000 to 100,000 demands from the target population(s).
- Five personal stories from campaign participants and at least 25 high-resolution photos of participants holding or being near a sign with their demand.
- Country-specific Women's Health Equity Advocacy Agenda with 3 to 5 tangible policy, program, funding, or accountability objectives drawing from demands and in alignment with evidence and good practice.
- Achievement of one to three key objectives from the agenda.

Monitoring and reporting requirements for grantees

Technical reporting and monitoring

White Ribbon Alliance will be the lead point of contact for all grantees participating in this program. Grantees will be expected to participate in routine meetings with WRA to discuss program planning, performance, and progress. White Ribbon Alliance will also provide technical oversight and monitoring of grantees for the course of the project and grantees will be expected to provide written reports on progress at least quarterly in templates provided, including Progress Reports and WRA indicators.

Financial reporting

White Ribbon Alliance will serve as the point of contact for grantees regarding financial and administrative matters. Organizations are accountable for the appropriate utilization of all project funds. Grantees will be required to submit financial information sufficient to monitor risk and ensure funds are used in a reasonable, appropriate, and allowable manner to fulfill programmatic purpose.

Guidelines for application

To be considered for this funding, applicants must be a registered entity in good standing in Burkina Faso, Ghana, Kenya, Mexico, Senegal, or Tanzania. Successful applicants will provide examples of an effective track record engaging women, girls, and gender diverse people to achieve policy and financing changes that reflects their perspectives nationally and/or sub-nationally through multifaceted advocacy strategies.

In the application form, applicants are strongly encouraged to demonstrate:

- Deep connection with underserved community members and target populations and ability to mobilize them on a large scale. Preference will be given to organizations that are led by affected populations.
- An understanding of the policy and financing environment in their country.

- An understanding of key issues related to girls’ and women’s health, rights, and gender equality in their country, including major gaps in policy development, policy implementation, and resource mobilization.
- Connections with decision-makers, such as ministerial officials (in the health, finance, gender, and education sectors), members of parliament, communities, leading civil society organizations, and other critical stakeholders (e.g., foundations and funding agencies, health and gender equality agencies, global and national labor associations, private sector, journalists, media, young people).
- Substantial advocacy experience, including realizing desired policy changes and resource mobilization to strengthen the health and rights of women, girls, and gender minorities.
- Strong experience managing partnerships with other organizations, including across diverse sectors (health, poverty reduction, education, gender, agriculture, nutrition, WASH, etc.). Membership/leadership in advocacy networks and alliances is strongly desired.

Consortiums

Coalitions and consortiums are highly encouraged to submit applications. These can be existing coalitions/consortiums or those newly formed for this specific opportunity. A highly recommended approach is for several different organizations in a country that each focus on different target population(s) (e.g., LGBTQIA+, persons with intellectual, physical, and/or sensory disabilities and unhoused populations) to join forces, split the mobilization effort, and develop and implement an integrated women’s health equity agenda that brings together demands of import across the populations. If your organization focuses on one population and is not already connected with other organizations working with additional target populations, you are still encouraged to apply. White Ribbon Alliance may add your organization to a consortium.

The consortium must identify one lead agency who will apply on behalf of consortium or coalition partners. The lead agency will be responsible for overall management of activities and will assume financial accountability to White Ribbon Alliance. The lead agency will also be responsible for all reporting requirements under the award. Please submit only one application per consortium or coalition.

Lead agencies or organizations are allowed to sub-grant to other coalition or consortium partners. Anticipated sub-grant recipient organizations are required to submit a signed letter of commitment in the final RFP submission.

Selection process and criteria

Applications will be evaluated by a panel of internal and external experts familiar with the program outlined. Every effort will be made to provide written notification of the review panel’s decision to applicants within approximately three weeks of the final application submission due date.

The review panel will review applications and select applicants based on the final criteria:

- Technical Approach (40%)
- Project Management Plan (25%)

- Organizational & Staff Capacity (15%)
- Cost Proposal (20%)

Submission of materials

All application materials must be submitted via email to accounting@whiteribbonalliance.org by 20 November 2022, at 11:59pm EST. Applications that are submitted after the due date and time will not be reviewed. Incomplete applications will not be reviewed. Applicants will receive confirmation of their submission within 48 hours.

Applications may be submitted in English, French, or Spanish. However, all grantee organizations must have the ability to conduct business in English, for both oral and written communication.

If applicants have questions about this RFP, please email them to accounting@whiteribbonalliance.org by 4 November 2022, at 11:59pm EDT. WRA will collate all questions and send our response to everyone who submitted a question the week of 7 November 2022.

Application requirements

1. **Project title.** Provide the title of your project. Choose a name that easily identifies your campaign focus.
2. **Executive summary (max. 500 words).** Provide a high-level summary of how your proposed strategy, approach, execution, and expected results differentiate you from other applicants.
3. **Detailed campaign approach (max. 5 pages).** Campaign approach should clearly articulate how you will execute the project. This includes your proposed question(s), populations, and geographic areas to target; your preliminary plan for mobilizing 75,000-100,000 responses; the critical activities you will undertake to fulfill deliverables, including illustrative/placeholder advocacy activities to attain policy objectives; key partnerships and global, national, and subnational platforms; and collaborators and stakeholders you envision as part of your strategy for success. It should be clear how each element will contribute to overall campaign objectives and outcomes. The campaign approach will include two key additional documents (not included in the 5-page max.):
 - a. Detailed Project Work Plan & Timeline
 - b. Project Risk Matrix & Mitigation Plan
4. **Organization and Staffing Capacity.**
 - a. **Organization (max. 2 pages).** Describe the experiences and attributes of the applicant organization, coalition/consortium members, and/or all partners (if applicable) that make it appropriately suited to undertake the proposed activities. This should be a description of the organization's areas of expertise/capabilities as well as a focused statement of the organization's suitability for the activities under this project.

Applicant organizations are encouraged to highlight: an understanding of the policy environment and country-level plans and processes related to the SDGs and other

frameworks and strategies; issues affecting women and girls, including community concerns; existing relationships and connections with key decision-makers, government influencers, and global or multilateral leaders; partnerships (including leadership of, membership in, and participation in established working groups, coalitions, or networks) with civil society organizations and private-sector influencers as well as existing community networks; and specific examples of past or current advocacy work related to women's and girls' health and rights and gender equality, in particular specific experience influencing agendas and accountability at multiple levels, highlighting successful outcomes.

- b. **Staffing.** Please include the name, title, role, brief biographical statement, and CV for all key staff proposed. This should include leadership positions responsible for the technical and financial strategy, quality, and oversight.
5. **Cost Proposal.** The cost proposal includes a detailed project budget and budget narrative. Together, they must clearly link the funding requested to the major activities described. The budget narrative and project budget should only include the funds requested from White Ribbon Alliance; however, a brief cost-sharing summary should be included in the narrative, if applicable. If the applicant is working with women and girls with disabilities, please ensure the budget includes line items that relate to disability accessibility like real-time captions/CART, sign language interpretation (or staff who speak sign language), braille, and easy read materials, for example.