



## CALL FOR EXPRESSION OF INTEREST

For the CouldYou? Menstrual Cups Partnership Program

*Applications are accepted on a rolling basis. Applications will be reviewed and accepted/rejected within two weeks.*

### Background

The ability to manage one's menstrual health with adequate knowledge, safety, and dignity and without stigma is an essential human right. However, several thousands of girls and women in African countries are not well prepared when menstruation begins. They lack access to information, products, and infrastructure needed to comfortably manage menstruation. Girls' and women's health, well-being, and rights are compromised when they must isolate themselves from their families; avoid work, community activities, or school; and face risks to their physical safety because of their basic biology. Adolescent girls are especially vulnerable to negative outcomes related to menstruation, including effects on their overall self-esteem and confidence.

The CouldYou? menstrual cups project is sustainably addressing the Menstrual Health Management (MHM) needs of rural women and girls in Africa through improved access to information and menstrual health products (cups).

CouldYou? seeks to build and sustain partnerships with local NGOs and communities to scale up the delivery of menstrual cups to rural/vulnerable women and girls in Africa. It is CouldYou?'s objective to sustainably deliver the menstrual cups to communities through partnerships with local NGOs, churches, community influencers, and Government institutions.

### Eligibility Criteria

#### The applicant must:

- 1) Be a registered NGO eligible to operate in Ghana
- 2) Have a commitment towards women reproductive health
- 3) Have a proven past experience in health education
- 4) Have a commitment towards SDG
- 5) Be able to attend webinars and periodic conferences calls for check-ins

### Submission content

The following documents are to be submitted as part of the EOI submission:

1. Cover letter
2. Duly filled CouldYou? menstrual cup EOI application form
3. Copy of NGO registration document

### Submission of EOI

EOI should be submitted by file (only PDF) to [Christine@couldyou.org](mailto:Christine@couldyou.org)



## **Eligibility declaration**

- I understand that it is my obligation to notify CouldYou? should I become ineligible to work with CouldYou? or should I be convicted of an offense related to theft, corruption or fraud.
  
- I understand that any misrepresentations that knowingly or recklessly mislead, or attempt to mislead may lead to the automatic rejection of the EOI or cancellation of the contract, if awarded.



## CouldYou? Menstrual Cups Scalability Expression of Interest (Eoi)

Please enter the information requested in the spaces provided.

### 1. APPLICANT DETAILS

#### 1a. Name of Applicant

<b>Name of NGO</b>
<b>Address</b>

#### 1b. Contact Person for the Applicant

<b>Name</b>		
<b>Designation</b>		
<b>Address</b>		
<b>Telephone</b>	Office:	Mobile No.
<b>Fax</b>		
<b>Email</b>		

#### 1c. Registration Details

Registration No.	Date of Registration	Place of Registration

#### 1d. How many years has your NGO been providing services in the following areas?

Type of service	No. of Years
Hygiene and Health Education	
Citizen Engagement in Public Grant Utilization	
Gender and Social Inclusion	
Participatory Planning & Monitoring	
Other (Please specify)	

#### 1e. Areas of Intervention

S.N.	Areas of Intervention
1.	
2.	
3.	

Note: Gender and Social Inclusion should be considered as cross cutting issues that should be considered in all the activities you wish to pursue.



## 2. EXPERIENCE OF ORGANIZATION

### 2a. Working experiences

Please provide no more than 3 project sheets of relevant projects carried out by your organization within the last 3 years in the format given below. Each project sheet should demonstrate experience of work in the areas mentioned in 1d above and should not be more than one page.

#### 2a.1

Assignment name	
District and location:	
Address:	
Start Date:	
Completion Date:	
Total Duration:	
Outcome of the Project:	

Assignment name	
District and location:	
Address:	
Start Date:	
Completion Date:	
Total Duration:	
Outcome of the Project:	

Assignment name	
District and location:	
Address:	
Start Date:	
Completion Date:	
Total Duration:	
Outcome of the Project:	

### 3. PROPOSED PROJECT

<b>Particulars</b>	<b>Provide responses in no more than 100 words for each question</b>
Objective of the project	
Methodology to be applied	
Broader concept note of ideas that you have in terms of activities you wish to implement in respective CouldYou? menstrual cups project	