

Request For Proposal (RFP)

Conduct a mixed method research study to identify and assess the core components of a gender-responsive health system that advances equity in cancer care.



Contents

1. City Cancer Challenge overview	3
2. Background and context	3
3. Scope of work	4
A. City/National Desk Review	4
B. Patient-level Survey and Focus Group Discussions	4
C. Provider-level Survey and Key Informant Interviews (KIIs)	5
D. Policy-level Comparative Landscape	5
E. Co-Creation: Stakeholder Engagement & Mapping	6
4. Stakeholders	7
5. Required information	7
A. Institutional information	7
B. Technical approach	8
C. Team	8
D. References	8
6. Evaluation and selection criteria	9
7. Contact for bid inquiries	9
8. RFP calendar/timeline	9
9. Other terms and conditions	10
A. Withdrawal of RFP	10
B. RFP costs	10
C. Award basis	10

1. City Cancer Challenge overview

City Cancer Challenge Foundation (C/Can), launched in 2017 by the Union for International Cancer Control (UICC), became a standalone foundation in 2019. C/Can's mission is to support cities around the world as they work to improve access to equitable, quality cancer care.

C/Can's support at city level is delivered through a City Engagement Process undertaken by local stakeholders (e.g., local and regional authorities, health service providers, civil society organisations) who form a City Executive Committee (CEC), supported by a locally-based C/Can City Manager and global team.

Today, C/Can is operating in 15 cities in 4 continents (Cali - Colombia, Asunción - Paraguay, Yangon - Myanmar, Kumasi - Ghana, Kigali - Rwanda, Porto Alegre - Brazil, Tbilisi - Georgia, León - Mexico, Greater Petaling - Malaysia, Arequipa - Perú, Nairobi - Kenya, Rosario - Argentina, Phnom Penh - Cambodia, Abuja - Nigeria and Concepción - Chile).

2. Background and context

The City Cancer Challenge Foundation (C/Can) has launched a seven-year initiative, *Cities Taking Action for Gender Equity in Cancer Care (2024-2030)*, to address the growing disparities in cancer care access and outcomes experienced by women, particularly in low- and middle-income countries (LMICs). This initiative aligns with the findings and recommendations of *Women, Power, and Cancer: A Lancet Commission* and aims to integrate a gender-responsive health systems approach into cancer care across 15 cities in Africa, Asia, Europe, and Latin America.

C/Can's Gender Strategy pursues 3 strategic priorities (hereafter, focus areas) in the areas of evidence generation, workforce capacity development, and improved access to quality cancer care. As part of the research-based *Focus Area 1: Local Evidence-Generation in the Women & Cancer Nexus*, seeks to generate actionable evidence through health systems and policy research on the gendered dimensions of cancer care in C/Can cities. In collaboration with Global Focus Cancer (GFC), the project will examine key barriers limiting access to cancer care for women in LMICs at the patient, provider, health system, and policy levels. This research will inform future gender-responsive health system strengthening efforts across all C/Can cities, enhancing access, affordability, and quality of care for women affected by cancer.

This project aims to generate locally relevant, high-quality research evidence on gender-responsive cancer care systems to inform capacity-building and policy development interventions in Tbilisi, Nairobi, and León. Over a two-year period (2025 – 2026), this formative research will explore how the multi-level barriers and facilitators identified in *Women, Power, and Cancer: A Lancet Commission* (LCWC) translate in local health system contexts. The findings will inform the co-design of context-specific intervention packages, supporting the implementation of evidence-based, gender-responsive health system improvements in cancer care.

The GRACE consortium brings together two leading global institutions—City Cancer Challenge Foundation (C/Can) and the Global Focus on Cancer (GFC)—to work in partnership with three local academic institutions in Tbilisi, Nairobi, and León. A draft cross-city research protocol, developed in collaboration with the C/Can Global Gender Group (CGGG), will undergo further review and adaptation with the three lead academic partners in each city to ensure contextual relevance and methodological alignment.

3. Scope of work

GRACE is a multi-country initiative to be implemented in three cities: Tbilisi (Georgia), Nairobi (Kenya), and León (Mexico). Each proposal should focus on **only one of these cities**, specifically, the city in which the applying research or academic institution is based.

The GRACE Consortia is inviting proposals from research and academic institutions to design and implement a mixed-methods, multi-level design with five key components:

A. City/National Desk Review

A comprehensive desk review aiming to:

- Map existing literature and national policies related to gender and cancer care in each participating city.
- Review institutional data, technical reports, and previous needs assessments conducted by C/Can and relevant partners.
- Identify thematic domains, evidence gaps, and contextual considerations to inform the development of research instruments for patients, providers, and policymakers.

B. Patient-level Survey and Focus Group Discussions

A **structured survey** instrument aiming to assess:

- Socio-demographic characteristics, including sex, gender identity, socioeconomic status, race/ethnicity, education, and insurance status.
- Perceived barriers to accessing cancer care (e.g., affordability, distance/transportation, stigma, health literacy).
- Experiences across the care pathway (e.g., diagnostic delay, provider communication, and availability of navigation or support services).

To complement and contextualize the survey findings, a series of **focus group discussions (FGDs)** should be conducted with female patients and caregivers. The FGDs will explore:

- Lived experiences navigating cancer care systems.
- Gender-specific needs, priorities, and coping strategies.
- Cultural, financial, and systemic barriers to timely, affordable, and quality care.

C. Provider-level Survey and Key Informant Interviews (KIIs)

A **structured survey** will be administered to cancer care providers (including oncologists, nurses, navigators, and social workers) to assess:

- Awareness and application of gender-responsive practices in clinical settings.
- Confidence and capacity to deliver care that meets the distinct needs of women across the cancer continuum.
- Perceived institutional support, training gaps, and barriers to implementing gender competent approaches.

In addition, **key informant interviews (KIIs)** will be conducted with healthcare leaders, program managers, and academic experts to explore:

- Structural and organizational challenges/barriers to equity in cancer care
- Leadership dynamics and decision-making processes that influence provider behavior.
- Opportunities to embed gender equity within clinical practice, workforce development, and institutional policy.

D. Policy-level Comparative Landscape

A city/national **policy landscaping** exercise will be undertaken to:

- Review national and sub-national policies, strategies, and regulations related to cancer care and gender equity in each participating city.
- Benchmark and compare among countries current policy performance using selected indicators, as per the LCWC Monitoring & Evaluation recommendations.

E. Co-Creation: Stakeholder Engagement & Mapping

A structured co-creation process will be conducted in each participating city. Participants will include: women affected by cancer, caregivers, cancer care providers across disciplines, institutional leaders and health system planners, local and national policymakers, civil society organizations (CSOs) engaged in advocacy, patient support, and community-based cancer care.

Stakeholders will be engaged through **multi-stakeholder workshops and consultative meetings**, informed by the study's qualitative and quantitative findings.

The co-creation process aims to:

- Translate research findings into actionable strategies for health system improvement
- Ensure that interventions are **contextually appropriate and culturally relevant**
- Promote **local ownership** and integration into ongoing cancer planning and policy processes

The selected contractual partner, in collaboration with the GRACE Consortia, is expected, but not limited, to:

- Review a cross-city research protocol to meet the aims of this project, along with other lead investigators across the GRACE consortia
- Obtain IRB approval or equivalent as required.
- Engage, guide, and coordinate with participating institutions involved in the data collection.
- Conduct regular technical meetings with the team of investigators/data collectors from participating institutions.
- Develop a desk review to describe and analyze structural and policy barriers and facilitators that drive gender disparities across population groups.
- Conduct quantitative data analysis, including descriptive statistics, to summarize findings of patient and provider level surveys.

- Conduct qualitative thematic data analysis to identify common themes, challenges, and insights related to the key informant interviews' findings and focus group discussions.
- Conduct a policy analysis to assess the integration, or absence, of gender considerations within cancer control plans, clinical guidelines, and health financing mechanisms, and benchmark and compare among the current policy performance.
- Develop a co-creation process to identify and prioritize city-specific contextually relevant and scalable intervention packages.
- Write up the research report and manuscript with main findings and recommendations for the project team.

In the initial phase of the research, the contractor's technical team is expected to hold regular biweekly meetings to consult with and gather feedback from designated GRACE Consortia team representatives to discuss activities and progress.

Once the research protocol is designed and agreed upon among participating institutions, the contractor is expected to engage, guide, and coordinate data collectors across the participating institutions and conduct bi-weekly meetings with designated GRACE Consortia team representatives and to discuss activities and progress.

4. Stakeholders

The key stakeholders in the implementation research are as follows:

- The **Research Team** from the contractual partner is responsible for co-designing and implementing the research protocol across the participating institutions in each city.
- The **GRACE consortia** includes representatives from City Cancer Challenge Foundation (C/Can) and the Global Fund for Cancer (GFC), alongside the C/Can Global Gender Group (CGGG) and a Scientific Advisory Board (SAB) composed of commissioners from the Lancet Commission on Women and Cancer (LCWC).
- The **C/Can City Team (City Manager)** is the representative of C/Can in the city and is responsible for supporting the Research Team in implementing the various activities and progressing with the overall project implementation.
- The **C/Can Technical Cooperation and Capacity Development Team (TCCD)** is responsible for co-lead the project design and implementation, guide and

provide technical support to the contractual partner, in accordance with the relevant C/Can policies and procedures.

- The **Global Focus on Cancer (GFC)** team is responsible for co-lead the project design and implementation, guide and provide technical support to the contractual partner.

5. Required information

Interested teams should build a proposal addressing all sections below, in the order in which they appear.

A. Institutional information

We kindly request the submission of supporting documentation and relevant background information:

- Letter of support from the research institution
- Estimated timeline for Institutional Review Board (IRB) approval

In addition to the basic information, kindly include the following information and references to published work as much as possible:

- What is the experience of your institution and/or research group working with international organisations and nonprofit sectors?
- Include a list of organizations with who your institution and/or research group worked with.
- What is your experience in designing similar cancer control and/ or gender studies projects in similar settings and directly with healthcare providers and/ or people with lived experience in Africa / Asia / Eastern Europe / Latin America?
 - Include a list of similar or relevant published research studies conducted by your institution and/or research group to address similar or related research questions.

B. Approach

Please provide a high-level description of the proposed solution to the RFP. Include a timeline for development with associated budget and resource implications for the key stages, including, but not limited to, the following:

- Desk review
- Patient and provider level research

- Policy analysis
- Co-creation workshops
- Data analysis and reporting.

The total budget available for each city project is up to **USD 35,000**, which will be disbursed to the local academic team in two phases: **USD 15,000 in the first year** and **USD 20,000 in the second year**. Teams are expected to develop their proposed budgets within this maximum allocation.

C. Team

Please provide:

- Research team structure.
- CVs of the investigators
- Provide a role description and biography of each research team member.
- Outline your preferred way of working between the research team and the GRACE consortia.

D. Eligibility criteria

Applicants must meet *all* of the following criteria:

- Be an academic or research institution with access to an Institutional Review Board (IRB) or equivalent ethics committee.
- Be based in, or have demonstrable and sustained linkages to, at least one of the three focus cities.
- Have prior experience conducting qualitative research.
- Have working proficiency in English (spoken and written).

Preferred Qualifications

Applicants with the following additional experience will be prioritized:

- Previous work in cancer control and/or gender studies.
- Participation in international collaborative research projects.

Ineligibility

Please note that applicants currently employed by City Cancer Challenge Foundation (C/Can) are **not eligible** to apply.

E. References

List two current references from other institutions, including a contact name, contact information, and a brief description of the research collaborations between your institution and/or research group and them.

6. Evaluation and selection criteria

The GRACE Consortia committed to selecting the most competitive offer from the proposals received. The evaluation of proposals will be geared to identify those that offer the best combination of expertise and value, considering the following:

- Understanding and provision of all items requested in the RFP.
- Suitability for the project execution: location, current workload, staff size, references, and demonstrated effectiveness with similar projects.
- Demonstrated prior experience in delivering the services outlined in the RFP.
- Recognised reputation in health systems research.
- Budget approach.

The proposal that will include these elements in the most comprehensive manner will be selected. The GRACE Consortia will not, however, base its evaluation solely on price and reserves the right to make an award to a proposer who may not necessarily be the lowest bidder.

7. Contact for bid inquiries

All inquiries concerning this RFP shall be addressed to the following contacts. No telephone questions will be answered.

- capacity.development@citycancerchallenge.org

Kindly use the subject Re: GRACE RFP Application.

8. RFP calendar/timeline

Date	Element
10 June 2025	RFP posting
EXTENDED 16 July 2025	Proposals due by 23:59h CET

POSTPONED 17 July – 1 August 2025	Internal selection
POSTPONED 4 August 2025	Announcement of selection
POSTPONED 15 August 2025	Service agreement signature and start of work with the selected contractual partner
1st week September	GRACE consortia kick-off meeting
31 December 2026	Expected completion of work

9. Other terms and conditions

A. Withdrawal of RFP

Proposals may be withdrawn before the RFP submittal deadline by submitting a written request to the Contact Person. Re-submittal before the RFP submittal deadline can be made; however, they may not be re-submitted after the deadline.

B. RFP costs

All costs incurred in the preparation and presentation of proposals to the RFP shall be completely absorbed by the responding party to the RFP. All documents submitted as part of the RFP will become the GRACE consortia's property. Any material submitted that is confidential must be clearly marked as such.

C. Award basis

The GRACE consortia reserves the right to accept or reject any and all proposals, to waive any irregularities in any proposal process, and to make an award of contract in any manner in which the GRACE consortia, acting in the sole and exclusive exercise of its discretion, deems to be in the GRACE consortia's best interest.

D. Submission

Proposals should be submitted via email to capacity.development@citycancerchallenge.org, no later than **July 16, 2025 23:59h CET**.