



Request for Applications

Swaziland Ready, Resourceful, Risk Aware (Triple R) (locally named *Insika ya Kusasa*)

RFA No.: P3833201872067418CA00007

Date of issuance: 23 April 2018

Due date for Email questions: 27 April 2018

Grant solicitation workshop (Pre-Bidders' Workshop): 3 May 2018

Release date for responses to all questions: 7 May 2018

Closing date: 22 May 2018 at 17:00 hours

Applications (including technical proposal and budget) are **due by 17:00 on Tuesday 22 May 2018**. Applicants must submit 7 copies of the full application package and one electronic copy on a flash drive to the Pact office located at:

Nkhotfotjeni Building (across the street from Mbabane Theater Club)
Corner of Dzeliwe & Msakato Streets
2nd Floor
Mbabane

Estimated award date: 1 August 2018

Location of RFA Documents: The RFA and related application documents can be found at:
<http://www.pactworld.org/country/swaziland/procurement>.



1. Background on Pact

Pact is a non-profit international development organization which has been working in Swaziland on HIV programs with resources from the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID since 2006. Pact's global mission is to help build strong communities globally that provide people with an opportunity to earn a dignified living and raise healthy families. Pact has been supporting the HIV response of PEPFAR and the Government of the Kingdom of Swaziland through building the capacity of non-government organizations and networks.

2. Purpose Statement

USAID has awarded Pact a new 5-year cooperative agreement called *Insika ya Kusasa* (Pillars of Tomorrow). Project funding comes from the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID (USAID award no.72067418CA00007).

Through this Request for Applications (RFA) Pact aims to identify organizations as sub-grantees to implement the key community components of the project.

The goal of the project is to prevent new HIV infections and reduce vulnerability among orphaned and vulnerable children (OVC), adolescent girls and young women (AGYW) in Swaziland, including those living with HIV.

This RFA is issued as a public notice to ensure that all interested, qualified, and eligible organizations have a fair opportunity to submit applications for funding. For the purposes of this RFA, "organizations" are defined as non-governmental organizations (NGOs), civil society organizations (CSOs), community-based organizations (CBOs), or faith-based organizations (FBOs).

3. Program Description

3.1. Program background

Despite recent reductions in new HIV infections in Swaziland, the number of orphans and vulnerable children (OVC) in the country remains high. Data shows an increase in the percentage of children who are classified as orphans and vulnerable children (OVC), from 45% in 2010 to 71% in 2014.¹ The impact of HIV has disrupted and destabilized families and communal support systems, exacerbated by and contributing to widespread poverty.² Only a third of children live with both biological parents,³ and economic insecurity has increased further in recent years due to climate-related shocks, including severe drought, leaving households ill equipped to care for OVC.

¹ Central Statistical Office and UNICEF. 2016. *Swaziland Multiple Indicator Cluster Survey 2014. Final Report*. Mbabane, Swaziland, Central Statistical Office and UNICEF.

² 63% of the population live under the poverty line.

³ Central Statistical Office and UNICEF. 2016.



About 125,000 children under 15 are living with HIV, and only half of those in need of treatment currently receive it.⁴ Youth lag behind on every aspect of the 95-95-95 targets. Only 66.1% of HIV-infected people aged 15-24 years know their HIV status, compared to 84.7% in the adult population; of those on treatment only 55.5% of HIV-positive females and 32.9% of HIV-positive males have achieved viral suppression⁵. Adolescent girls (AG) and young women (YW) in Swaziland account for a larger proportion (71%) of new HIV infections among their age group compared to their male peers⁶ and HIV prevalence among females aged 20-24 years is more than five times higher than that of their male counterparts.⁷ Three-quarters of AG aged 15-19 years are sexually active but only 40% know their HIV status.⁸ While gender-based violence (GBV) and violence against children (VAC) affect both genders, AGYW are particularly vulnerable, with one in three experiencing some form of sexual violence by 18 years of age.⁹ Economic and social pressures fuel transactional and intergenerational sex, leaving AGYW even more at risk of HIV infection.

With this backdrop, Pact, in partnership with Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and John Hopkins Center for Communication Programs (CCP), is implementing the Swaziland Ready, Resourceful and Risk Aware Project (Triple R) (locally named the *Insika ya Kusasa* project). The goal of the project is to prevent new HIV infections and reduce vulnerability among OVC, AG, and YW in Swaziland. The project helps HIV-negative OVC, AG, and YW stay HIV-free and support those who are HIV-positive to lead healthy lives. The project is a 5-year project. Successful applicants to this RFA will received 2-year sub-awards with the possibility of extension based on performance.

Pact and her consortium partners will provide an integrated, comprehensive set of interventions to achieve the project’s objective and intermediate results (IRs). The consortium members and their responsibilities are described below. The sub-awards awarded through the RFA will be under Pact.

Pact (prime)	Provide overall technical and strategic leadership; Lead monitoring, evaluation, and learning; Award and manage all sub-awards; Lead and implement OVC support and AGYW HIV prevention and livelihoods; Implement Early Childhood Care and Development (ECD) at household and community level; Ensure referrals to health and social services are complete; Lead GBV prevention and post-violence care.
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	Lead facility-based, mobile, and outreach HTS; adolescent friendly SRH services; and clinical HIV prevention, treatment, and care services; Ensure strong linkages between prevention of mother-to-child transmission of HIV (PMTCT) and ECD services for young mothers at facility level; Support linkages to community services and clinical post-GBV care.
Johns Hopkins Center for Communication Programs (CCP)	Provide technical leadership for the project’s social and behavioral change communication (SBCC) efforts, including leadership of demand creation for HIV, SRH, and FP services among OVC and AGYW.

⁴ Based on Spectrum HIV estimates and projections for Swaziland, 2016

⁵ PHIA 2017.

⁶ PEPFAR 2016 Annual Report to Congress.

⁷ PHIA 2017.

⁸ Central Statistical Office and UNICEF. 2016.

⁹ UNICEF, 2007. A National Study on Violence Against Children and Young Women in Swaziland.



3.2. Geographic area

The geographic target areas for this RFA are Tinkhundla (districts), which were selected using vulnerability data from the past implementation project (Umliba Loya Embili), complemented by available demographic and socio-economic data in the country and donor-identified priority areas. The Tinkhundla geographic areas are aligned with PEPFAR's 19 selected focus Tinkhundla for AGYW programming work in the country. Tinkhundla span Swaziland's four regions and include both rural and urban Tinkhundla, The Tinkhundla coverage is summarized in the following table:

Tinkhundla Coverage		
Region	Tinkhundla	Full or Partial Coverage
Lubombo	Siphofaneni	Full
	Dvokodvweni	Full
	Lomahasha	Full/Phasing out by Sept 2019
	Sithobela	Full
	Mpolonjeni	Full
Manzini	Mkhiweni	Full
	Ludzeludze	Full
	Lobamba Lomdzala	Full
	Kwaluseni	Full
	Manzini North	Partial
	Manzini South	Partial
Hhohho	Ngwempisi	Full
	Lobamba	Full
	Motjane	Full
	Piggs Peak	Full
	Ntfontjeni	Full
	Mhlangatane	Full/Phasing out by Sept 2019
	Mbabane East	Partial
	Mbabane West	Partial
Shiselweni	Mtsambama	Full/Phasing out by Sept 2019
	Maseyisini	Full
	Hosea	Full/Phasing out by Sept 2019
	Mbangweni	Full
	Somntongo	Partial
Total Tinkhundla for 2018/2019		24
Total Tinkhundla beyond 2019		20



3.3. Intended impact

The intended impact of the project is prevention of new HIV infections and reduction in vulnerability in OVC and AGYW. The project will achieve this impact through two intermediate results (IRs): increased socio-economic resilience in OVC and AGYW and increased uptake of high impact HIV, sexual reproductive health (SRH), family planning (FP), and gender-based violence (GBV) services. The sub-IRs are shown below:

Overall Purpose: Prevent new HIV infections and reduce vulnerability in OVC and AGYW	
Intermediate Result 1: Increased socio-economic resilience to the impact of HIV in OVC and AGYW	Intermediate Result 2: Increased uptake of high impact HIV, sexual reproductive health (SRH), family planning (FP), and GBV services among OVC and AGYW
1.1 Families strengthened to provide a healthy, nurturing and protective environment for OVC and AG	2.1 Increased demand for integrated HIV, SRH, and family planning services among OVC and AGYW
1.2 Improved HIV risk awareness, social assets, education and employment skills among adolescent OVC and AGYW	2.2 Increased provision of HTS, adolescent friendly SRH, HIV prevention, care, and treatment services for OVC and AGYW
1.3 Positive early childhood development practices for pregnant and young mothers, mothers exiting PMTCT and HIV exposed infants.	2.3 GBV prevention and post violence services strengthened

3.4. Intended target audience

The project interventions will focus on the following target populations and sub-groups:

Target Populations	Sub-Groups
Male and female OVC aged 0-17 years	<ul style="list-style-type: none"> • Children and adolescents (C/A) who have lost one or both parents • C/A living with HIV • C/A who have dropped out of school • C/A whose caregivers are PLHIV • C/A of Female Sex Workers (FSWs) • C/A who have been neglected or abused • C/A in child headed households (CHH) • HIV-exposed infants • Pregnant or breastfeeding adolescents • C/A living in a household with OVC who are members of a sub-group
Adolescent girls (AG) aged 15-19 years (some of these will overlap with OVC category above)	<ul style="list-style-type: none"> • AG not in school • Sexually active AG • Pregnant AG and young mothers • AG at risk of engaging in transactional and/or intergenerational sex



Young women (YW) aged 20-29 years)	<ul style="list-style-type: none"> • Unemployed YW • YW in low income employment • YW who do not live in family support structures • YW who do not know their HIV status or are HIV positive • YW who are not in stable relationships • Pregnant YW and new mothers
Female Caregivers of OVC	<ul style="list-style-type: none"> • Biological and non-biological caregivers of OVC

Sub-awardees under the project will deliver a set of layered interventions for AGYW, OVC, and their caregivers. The activities will ensure that these target populations access multiple mutually reinforcing services to support greater outcomes. The project is expected to reach approximately 55,000 OVC per year and 39,000 AGYW per year. The estimated targets per Inkhundla in the project are shown below. These can be used for budgeting purposes in the applicant’s proposal:

Estimated Targets Per Technical Area and Tinkhundla	Estimated Target
Estimated OVC Target per Inkhundla	2,300
Estimated HIV Prevention Target per Inkhundla	1,700
Estimated GBV/Post Abuse Response Target per Inkhundla	500

3.5. Activities

An applicant has 3 options for which they can apply. The following table demonstrates the options for applicants. Please note that an applicant cannot apply for OVC only or HIV prevention only; however, an applicant can apply for GBV/post abuse care services only.

Options	Potential Combinations for Applications
Option 1	OVC + HIV Prevention
Option 2	OVC + HIV Prevention + GBV/Post abuse care
Option 3	GBV/Post abuse care only

The technical design of the project is standardized and all successful applicants will be required to implement the standardized approach to the activities described in this section. Therefore, applicants will be scored on their technical experience and past performance rather than their ability to design a technical program. The table below outlines the key activities that sub-awardees will be expected to implement. Applicants must be willing and capable to implement the activities described below and must demonstrate this in their proposal submission. For the GBV/Post Abuse Care services listed below, only applicants applying for GBV must demonstrate their ability to implement GBV in their proposal.



Activities	Outcomes
<ol style="list-style-type: none"> 1. Identify, assess, enroll, and graduate OVC (0-17 years); Identify and enroll AG (15-19 years), and YW (20-29 years) 2. Recruit, train and provide supportive supervision to 4 groups of community cadres (Home Visitors, Life Mentors, Business Mentors, and Economic Strengthening Facilitators) 3. Implement integrated family care plans for OVC households 4. Provide psychosocial, adherence, and disclosure support to C/ALHIV and their caregivers 5. Support caregivers of OVC to enhance communication and improve parenting of children aged 0-17 6. Provide household ES support targeting caregivers 	<p>Families strengthened to provide a healthy, nurturing, and protective environment for OVC and AG</p>
<ol style="list-style-type: none"> 7. Link OVC and AGYW who test HIV-positive to clinical and community-based services 8. Partner with health facilities to identify HIV positive caregivers and children and HIV exposed infants for enrollment 9. Establish and strengthen referrals and follow-up of pregnant AGYW, young mothers, and HIV-exposed infants between health facilities and community support 10. Provide linkages and referrals for HIV Testing Services (HTS), SRH, and FP services and track completion of referrals 	<p>Increased provision of HTS, adolescent-friendly SRH, HIV prevention, and care services for OVC and AGYW and increased knowledge of HIV status</p>
<ol style="list-style-type: none"> 11. Ensure access to education and retention of OVC and AG in schools through birth registration, education support, study groups, and school attendance and progression tracking 12. Provide individual and group-based mentoring and develop mentorship plans for AGYW 13. Support HIV prevention and life skills for adolescent OVC, AG, and YW 14. Support livelihoods and employability among older out-of-school AG and YW 15. Provide tailored economic empowerment support for YW and out-of-school AG, implement business challenges, and implement mentorship plans. 	<p>Improved HIV risk awareness, social assets, education, and employment skills among adolescent OVC and AGYW</p>
<ol style="list-style-type: none"> 16. Strengthen ECD practices in the home and community for HIV-exposed infants, vulnerable non-exposed infants, and young children, especially for YW caregivers. 	<p>Strengthened positive ECD practices for pregnant and young mothers, mothers exiting PMTCT, and HIV-exposed infants</p>
<ol style="list-style-type: none"> 17. Use interpersonal communication approaches & job aids to disseminate HIV prevention, sexual reproductive health (SRH), family planning (FP), pre- and post-exposure prophylaxis (PrEP/PEP) messages to individuals & small groups 	<p>Increased demand for integrated HIV, SRH, and FP services among OVC and AGYW</p>
<p>GBV/Post Abuse Care Services</p>	
<ol style="list-style-type: none"> 18. Raise awareness on GBV/Violence against children (VAC) and post abuse services and increase reporting 	<p>Strengthened GBV prevention and post-abuse care services</p>
<ol style="list-style-type: none"> 19. Strengthen post-violence care services and GBV/VAC case management & coordinate services with DSW 	
<ol style="list-style-type: none"> 20. Provide case identification, assessment, and case management services to abuse survivors 	



The project’s main implementers will be Field Officers and 4 groups of community cadre who will implement at community and household level. The community cadre groups will be supervised by OVC and Prevention Field Officers. The four (4) community cadre are Home Visitors, Life Mentors, Business Mentors, and Economic Strengthening Facilitators. Home Visitors will be responsible for OVC service delivery at household level for OVC aged 0-17. Life Mentors will be responsible for developing and implementing mentorship plans and HIV prevention activities for AG aged 15-19 and YW aged 20-29, as well as ECD and parenting skills for AGYW with babies and young children. Business Mentors will be responsible for implementing mentorship plans focused on entrepreneurship and employability. Economic Strengthening Facilitators will be responsible for enrolling OVC caregivers in savings groups, supporting the development and successful implementation of small business, and promoting parenting skills of OVC caregivers. For GBV/Post Abuse Response technical area, the main implementers will be social workers, case managers, or case workers.

To support the successful implementation of standardized activities, Pact will provide successful sub-grantees with a variety of implementation tools and resources to be used during implementation. Specifically, Pact will provide the following during implementation:

- Pact will provide handbooks, curricula, job aids, IEC material, and M&E tools to be used during implementation.
- Pact will train sub-grantees (Field Officers, project staff, etc.) on program approaches and interventions.
- Pact will train sub-grantees on financial management, grants management of USAID funded projects, and M&E systems.
- Pact will provide mentorship and technical assistance in the key approaches used in the project throughout implementation.
- Pact will conduct capacity assessments and work with sub-grantees to identify strengths and weaknesses in technical, financial systems and M&E systems and provide mentorship and technical assistance in areas of weaknesses.

3.6. Program indicators and data reporting for partners

Insika ya Kusasa has identified several program monitoring indicators to inform achievement of the program results. Applicants should demonstrate how they have the capacity to implement the activities and achieve the indicators.

Below is the list of illustrative program indicators to which sub-awardees under this RFA will contribute. Please note that some of the indicators may change as the project M&E plan is finalized.

Indicator type	Indicator	Unit	Disaggregation
Goal: Prevent new HIV infections and reduce vulnerability among orphans and vulnerable children (OVC), adolescent girls (AG) and young women (YW)			
Intermediate Result 1: Increased socio-economic resilience to the impact of HIV in OVC and AGYW			
OVC_SERV	# of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV	OVC	Sex, age, location (Tinkhundla), program status (active, graduated, transferred, exited without graduation), service type



OVC_HIVSTAT	% of OVC (<18 years old) with HIV status reported to implementing partner (including status not reported)	OVC (<18 years)	Sex, age, reporting status, ART status
OVC_MONEY	% of households able to access money to pay for unexpected household expenses	OVC households	Location (urban/ rural)
Families strengthened to provide a healthy, nurturing and protective environment for OVC and AG			
OVC_SICK	% of children too sick to participate in daily activities	OVC	Sex, age, location (urban, rural)
OVC_BCERT	% of children who have a birth certificate	OVC	Sex, age, location (urban, rural)
OVC_CP	% of caregivers of active beneficiaries who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school	OVC Caregivers	Location (urban, rural)
OVC_HIVST	% of children whose primary caregiver knows the child's HIV status	OVC	Sex, age
CUSTOM	% of caregivers who complete the parenting training and have an improved ability to communicate about HIV risk behavior (with their teen or caregiver)	Adolescents & Caregivers	Sex, age, caregiver/adolescent
Improved HIV risk awareness, social assets, education and employment skills among adolescent OVC and AGYW			
OVC_SCHATT	% of children regularly attending school (previous term)	OVC	Sex, age
OVC_PRGS	% of children who progressed in school during the last year	OVC AG	Sex, age
CUSTOM	% of AGYW reporting having sex with men who are 10 years or more older than themselves in the past 12 months	OVC AGYW	Age
CUSTOM	% of respondents (ages 15-24) who report using a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months	OVC AGYW	Age
CUSTOM	% of AGYW who report having key protective assets (self- esteem, problem solving abilities, confidence, social networks)	AGYW	Age
Positive Early Childhood Development practices for pregnant and young mothers, mothers exiting PMTCT and HIV-exposed infants.			
OVC_STIM	% of children <5 years of age who recently engaged in stimulating activities with a household member over 15 years of age	OVC (<5 years + HIV-exposed infants)	Sex, age
OVC_NUT	% of children <5 years of age who are undernourished	OVC (<5 years)	Sex, age



CUSTOM	% of HIV-exposed infants that have HIV tests at 18 and 24 months	HIV-exposed infants	Age, location (urban, rural)
Intermediate Result 2: Increased uptake of high-impact HIV, SRH, FP and GBV services among SRH, FP and GBV services among OVC and AGYW			
PP_PREV	# of the priority populations (PP) reached with a standardized, evidence-based intervention(s) designed to promote the adoption of HIV prevention behaviors and service uptake	AGYW	Sex, age, HIV testing status (known positive, newly tested and/or referred for testing, declined testing and/or referral)
CUSTOM	% of completed referrals from program-sponsored community outreach activities to specific HIV, health and social services in targeted communities (HTS, ART, PMTCT, RH/FP, GBV, social protection, ES)	Referrals	Sex, age, location (tinkhundla), type of service
TX_NEW	% of adults and children initiated on ART	C/ALHIV and AGYW living with HIV	Sex, age, location (tinkhundla), pregnancy/breastfeeding status
TX_RET	% of adults and children known to be on treatment 12 months after initiation of ART	C/ALHIV HIV+ Pregnant YW	Sex, age, location (tinkhundla), pregnancy/breastfeeding status
Increased demand for integrated HIV, SRH and family planning services among OVC and AGYW			
CUSTOM	% of AGYW who register to receive messages via other communication platform	AGYW	Type of platform (SMS, WhatsApp, Facebook, etc.)
CUSTOM	# of OVC/AGYW receiving integrated HIV, SRH and FP services through mobile clinics	OVC AGYW	Sex, age, location (tinkhundla)
GBV prevention and post-violence care services strengthened			
GEND_GBV	# of people receiving post-GBV clinical care based on the minimum package	OVC AGYW	Sex, age, location (tinkhundla), abuse type (sexual, physical, emotional)
CUSTOM	% of OVC and AG who have reported abuse and have received protection services	OVC AG	Sex, age, location (tinkhundla), abuse type (sexual, physical, emotional), provider of services (community or facility)

4. Application Submission

4.1. Grantee eligibility

This request for applications is open to any locally registered non-governmental organization that is either a non-profit, not-for-profit, or for-profit entity. Only local organizations will be considered for award. To be minimally eligible for funding, applicants must provide full, accurate, and complete information and comply with the following conditions. Organizations must:

- Be a local organization. To be considered a “local” organization, an entity must:
 - ✓ Be organized under the laws of the recipient country;
 - ✓ Have its principal place of business in the recipient country;



- ✓ Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and
- ✓ Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country
- Be legally registered or otherwise authorized to conduct business in their country or countries of operation.
- Have a DUNS number (a nine-digit identification number required for all US Government procurement-related activities). A DUNS number is not required for application, but will be required for receipt of award.
- Be able to complete implementation within the stated timeframe of 1 August 2018 to 31 July 2020.
- Demonstrate previous experience of not less than 3 years working on OVC and/or HIV prevention programs (for organizations applying for the OVC/HIV prevention component).
- Demonstrate previous experience of not less than 2 years' working on GBV programming (for organizations applying for the GBV/Post Abuse Care component).

4.2. Period of Performance

Pact anticipates these awards for an initial period of two years from the award date, with the option to extend at Pact's discretion, subject to funding availability, grantee meeting target outcomes, adherence to technical, M&E, and financial requirements and grantee's overall performance.

4.3. Grant Type

Pact anticipates these awards will be cost-reimbursable, fixed obligation, or in-kind grants. The grant type will be based on the program description and the results of the grantee's pre-award risk assessment, which Pact will conduct prior to issuance of the award.

4.4. Funding

Subject to the availability of funds, Pact intends to award initial two-year grants between \$912,000 (SZL 10,488,000) and \$1,172,571 (SZL 13,484,571) in total funding for the OVC/HIV Prevention technical area and between \$198,000 (SZL 2,277,000) and \$264,000 (SZL 3,036,000) for GBV/Post Abuse Care technical area for the two-year award period. Pact anticipates awarding 7 - 9 grant awards for OVC and HIV Prevention with each organization covering 2-3 Tinkhundla and 3 - 4 grant awards for GBV/Post Abuse Response with each covering approximately 5-7 Tinkhundla. As stated previously, one applicant can apply for OVC/HIV Prevention and GBV/Post Abuse Care. Pact may extend awarded grants after the initial two-year award period at its sole discretion. Negotiations will be conducted with successful applicants only. Pact reserves the right to award any or none of the applications submitted.

4.5. Application submission deadline

Applications must be submitted by **22 May 2018 by 17:00 hours** to the Pact office.



4.6. Late submissions, modifications, and withdrawals of application

At Pact’s discretion, any application received after the exact date and time specified for receipt may be considered ineligible for consideration. Applications may be withdrawn by written notice via email or in person by an organization or the authorized representative.

4.7. Conflict of interest clause

Applicants must provide disclosure of any past, present, or future relationships with any parties associated with the issuance, review or management of this solicitation and anticipated award. Failure to provide full and open disclosure may result in Pact having to re-evaluate selection of a potential applicant.

4.8. Submission method for questions

Submit questions electronically to Thoko Dlamini at rfaswaziland@pactworld.org. The deadline for questions is 27 April 2018 at 17:00.

The email subject line should read “Questions – *Insika ya Kusasa* – *name of organization submitting application.*”

All questions and answers will be shared with all interested applicants.

4.9. Submission method for final application

Organizations must submit 7 copies of the full application package and 1 electronic copy on a flash drive to the Pact office located at:

Nkhotfotjeni Building (across the street from Mbabane Theater Club)
Corner of Dzeliwe & Msakato Streets
2nd Floor
Mbabane

The RFA and related application documents can be found at:
<http://www.pactworld.org/country/swaziland/procurement>.

For the electronic copy of the application, documents and attachments must be submitted in Microsoft Word or Adobe PDF. Budgets must be submitted in Microsoft Excel.

4.10. Grant solicitation workshop (Pre-Bidders’ Conference)

Date(s): A grant solicitation workshop (Pre-Bidder’s Conference) will be held on 3 May 2018 at 09:00am. A grant solicitation workshop is where all interested applicants are invited to a session where Pact will review the RFA requirements, including questions and answers received to date. The participants will be able to ask additional questions during the workshop that will assist them in understanding the RFA requirements. All applicants are encouraged to attend, but no more than two people from one organization. All questions and answers will be posted on the RFA web site for those who cannot attend. No questions on the RFA or discussions about the RFA with Pact can take place after the grant solicitation workshop.



Location: The location will be shared with applicants when they confirm attendance.

Confirmation: An email confirming attendance must be sent to rfaswaziland@pactworld.org. The email subject line should read “Confirmation of attendance – Grant Solicitation Workshop – name of organization attending.”

Language: The workshop will be held in English.

5. Application Format

5.1. Overall requirements

Applicants will develop their applications based on their understanding of technical requirements, their prior institutional experience, and their ability to implement the activities described under section 3.5. In all cases, applicants shall clearly explain the experience and capacity they have for the technical areas for which they are applying. To facilitate the competitive review of the applications, Pact only will consider applications conforming to the following:

- The application narrative should be clear, concise, and properly organized. The document should be in 12 point Times New Roman font, single spaced, with 1 inch/2.5 cm margins.
- Full applications should not exceed **13** pages; page maximums for specific parts are provided in sections 5.2 and 5.3.
- Applications should be written in English.
- Please note that technical experience and cost applications should be separate files with the technical experience application in Word or PDF and the cost application (budget) in Excel.

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Applications should take into account the evaluation criteria.

5.2. Technical experience application

Limit of sixteen (13) pages, including:

- I. **Sub-Awardee Risk and Responsibility Assessment Cover Page (one page)**
The Sub-Awardee Risk and Responsibility Assessment cover page is a one page document that collects and summarizes information about the organization’s history and management. The document can be located on the RFA website at <http://www.pactworld.org/country/swaziland/procurement>.
- II. **Technical Experience and Past Performance (6 pages)**
The technical design of the project is standardized and all successful applicants will be required to implement the standardized approach to the activities described in section 3.5. Therefore, applicants will be scored on their technical experience and past performance rather than a new project design posed by the applicants. Applicants should describe the following:
 - A clear statement in the first paragraph stating if the applicant is applying for OVC/HIV Prevention or GBV/Post Abuse Care or both.



- A clear statement in the first paragraph stating which Tinkhundla listed in Section 3.2 the applicant is qualified to implement in for OVC/HIV prevention activities and/or Post Abuse care activities. Successful applicants will implement in 2-3 Tinkhundla for OVC/HIV Prevention and 5-7 Tinkhundla for GBV/Post Abuse Care, but the applicant may demonstrate their qualifications for implementing in more Tinkhundla in case adjustments are made across selected partners during negotiations.
- Describe the organization's previous experience implementing OVC/HIV Prevention and/or GBV/Post Abuse Care programs, including experience with specific age groups served (0-9, 10-19, and 20-29 years).
- Describe the highest number of beneficiaries the organization has reached with OVC, HIV Prevention and/or Post Abuse Care interventions during a 1-year implementation period in the last 5 years.
- Explain the highest amount of funding the organization has received in a one-year period within the past 5 years under a current or past award. Applicants should include the number of donors in that period.
- Explain the organization's experience managing community cadre (community volunteers).
- Describe the organization's current or previous experience implementing in the geographic implementation areas (Tinkhundla) where they are proposing to work.
- Describe the organization's past experience and approach to expanding into a new technical programming area, new population group, and new geographic areas.

III. Management and Staffing Plan (two pages)

- The management and staffing plan should show the roles and responsibilities of all staff who will participate in the program, including community cadres
- The organization should describe how the organization will identify and select community cadre and provide supportive supervision.
- Applicants should provide the CVs of the proposed Program Manager, M&E Officer, and Finance Officer (Key Personnel). CVs should demonstrate how the applicants meet the requirements below.
- CVs of proposed Key Personnel should be submitted as attachments and do not count towards the page limit of this section or of the application.
- Pact reserves the right to approve or disapprove proposed Key Personnel.

Key Personnel Minimum Requirements:

Program Manager:

- Bachelor Degree in Social Sciences or related field
- Management Training or degree preferred
- 5 years minimum work experience implementing OVC or HIV Prevention programs with at least 2 of the years at program management level (strongly preferred)
- Experience managing donor funded projects (USG funded projects preferred)
- Experience in collaboration and networking with GKOS and non-governmental stakeholders
- Experience in management and supervision of staff



M&E Officer:

- Bachelor Degree in Social Sciences, preferably Statistics, Demographics, Economics, or Computer Science
- 3 years minimum work experience developing and implementing M&E systems and activities
- Experience in data quality management
- Experience implementing quantitative evaluations
- Competency in data analysis software such as Excel, SPSS, STATA, GIS, and/or PowerBI

Finance Officer:

- Bachelor Degree in Accounting or equivalent qualification
- 3 years' experience with donor funded projects (USG funded projects preferred)
- Strong knowledge and experience with an accounting software package, payroll software, and Microsoft Excel
- Strong analytical skills to perform financial reviews
- Experience facilitating statutory audits

IV. Monitoring and Evaluation Plan (one page)

- Describe the organization's current M&E system, including roles and responsibilities of staff, tools used, data collection systems, and use of technology.
- Describe how the project will ensure data quality of the relevant indicators from Section 3.6 of this RFA.

V. Work Plan (three pages)

- Provide a detailed Year 1 work plan for activities clearly identified in the RFA description, including start up activities, and the applicable time frames.

5.3. Cost application (no page limit)

Applicants must submit 3 documents as part of their cost application listed below. The templates for the Budget and Budget Notes can be located at www.rfaswaziland@pactworld.org.

1. Completed Budget Template – Applicants must use the budget template found at the link provided in the advert to develop a detailed and summary budget (Excel) in local currency.
2. Budget Notes - Applicants should also complete a Budget Notes document (Word) explaining all costs in the budget.
3. Audit Report - Applicants must submit the organization's most recent audited financial statement (must be within the last 3 years).

The activities implemented in the project will be standardized across implementers, as will some of the budget costs. Applicants for OVC/HIV Prevention should budget for a maximum of 3 Tinkhundla and GBV/Post Abuse Care applicants should budget for a maximum of 7 Tinkhundla using the per Inkhundla estimated targets stated in section 3.5. It should clearly be stated in the budget notes how many Tinkhundla have been budgeted for. **Even if the applicant is**



indicating their experience in more than 3 Tinkhundla in their technical application (section 5.2), they should budget for up to 3 Tinkhundla for OVC/HIV prevention and/or they should budget for up to 7 Tinkhundla for GBV/Post Abuse Care for the purposes of the budget and comparison across applicants. Additionally, applicants should budget for all community cadre at E2000/month per person.

Pact's budget will cover the costs of curricula/job aid development, printing of IEC materials and job aids, costs for project database and project evaluations, training of partner staff, and training of Business Mentors so applicants do not need to include these costs in their budgets. However, the training costs for Life Mentors (15 days), Home Visitors (15 days), and Economic Strengthening Facilitators (15 days) should be included in applicants' budget.

The budget should include all local currency costs anticipated within the following line items:

- **Salaries/benefits:** all costs associated with employees working under the proposed project, including the level of effort (amounts/% of time that each salaried employee will work on the project) expected from each salaried employee and the costs of benefits.
- **Travel and per diem:** travel, lodging, and per diem for staff need to implement the project.
- **Equipment:** equipment needed to enable program implementation above the cost of the local currency equivalent to \$5000.
- **Supplies:** All supply items and assets (computers, office furniture, etc) with unit costs of less than the cost of the local currency equivalent of \$5000.
- **Other Direct Costs:** rent, communications, electricity, telephone, audit, vehicle running costs. *Insika ya Kusasa* will not fund office establishment costs or proposal development costs.
- **Activities/Workshops/training/events:** Direct costs associated with implementing activities under the project, community cadre stipend costs, trainings, etc.
- **Cost Share:** All applicants should include a minimum cost-share component of eight percent (7.5%) including in-kind support and community participation that is provided as part of the program. The applicant's cost share may consist of applicant and community contributions. All cost share must come from non-U.S. government funded contributions. The cost share must **be discussed in detail within the Budget Notes**. Cost share elements must be clearly established and directly supportive of specific program objectives.

5.4. Relevant documents (no page limit)

Applicants are required to provide registration and other relevant documents, such as letters of support and recognition from local governments/authorities. These documents do not count toward the technical and cost application page limits.

6. Evaluation of Applications

6.1. Review process

Insika ya Kusasa will establish a technical review committee that includes representatives from various Pact Swaziland departments and external stakeholders. All technical reviewers will be subjected to a screening process to eliminate any conflict of interest. Evaluation will be based on the criteria set forth in sections 6.2, 6.3, and 6.4. The process will be completed within



approximately 5 business days. The review panel, using the criteria detailed below, will rate applications and make funding recommendations to the program’s grants management unit.

Pact reserves the right to make any number of awards or none at all. Pact is not responsible for any costs associated with the development of applications.

To facilitate the review of applications, applicants must organize the narrative sections of their applications with the same headings and in the same order as the selection criteria.

6.2. Evaluation criteria for the application

In evaluating the applications, Pact will examine overall experience and ability to implement the project, as well as the specific criteria relevant to each component, as elaborated in the table below. Applicants should note that these criteria both serve as the standard against which all applicants will be evaluated and serve to identify the significant matters that applicants should address in their applications. Pact will instruct the technical review committee to evaluate all applications according to the criteria as established and weighted in the following table.

Evaluation Criteria	Points
<p>I. Technical Experience and Past Performance</p> <p>Reviewers will evaluate whether the organization has sufficient experience in the technical areas to implement the project activities and will score the applicant according to the following criteria:</p> <ol style="list-style-type: none"> 1. Describe the organization’s previous experience implementing OVC/HIV Prevention and/or GBV/Post Abuse Care programs, including experience with specific age groups served (0-9, 10-19, and 20-29 years). (13 points) 2. Describe the highest number of beneficiaries the organization has reached with OVC, HIV Prevention and/or Post Abuse Care interventions during a 1-year implementation period in the last 5 years. (5 points) 3. Explain the highest amount of funding the organization has received in a one-year period within the past 5 years under a current or past award. Applicants should include the number of donors in the same period. (5 points) 4. Explain the organization’s experience managing community cadre (community volunteers). (7 points) 5. Describe the organization’s current or previous experience implementing in the geographic implementation areas (Tinkhundla) where they are proposing to work. (5 points) 6. Describe the organization’s past experience and approach to expanding into a new technical programming area, new population group, and new geographic areas. (5 point) 7. Content of the past performance donor references from current or previous donors in the last 3 years. (10 points) 	50
<p>II. Management and Staffing Plan</p> <p>The review team will evaluate the extent to which the management and staffing plans demonstrate the applicant’s ability to effectively implement proposed activities responsive to this RFA. Reviewers will assess whether the organization has proposed sufficient level of effort to achieve stated results according to the following criteria:</p> <ol style="list-style-type: none"> 1. The management and staffing plan should show the roles and responsibilities of all staff who will participate in the program, including community cadres (2 points) 2. The organization should describe how the organization will identify and select community cadre and provide supportive supervision. (3 points) 	15



Evaluation Criteria	Points
3. Quality of the proposed Program Manager, M&E Officer, and Finance Officer (Key Personnel). CVs should demonstrate how the applicants meet the requirements below. (10 points)	
IV. Monitoring and Evaluation Plan	10
<ol style="list-style-type: none"> 1. Reviewers will assess the applicant’s M&E system, including staffing, tools used, data collection systems and use of technology in M&E (7 points) 2. How the applicant has collected data in past project and how the applicant will ensure data quality, and measure progress using the relevant indicators in section 3.6. (3 points) 	
V. Work Plan	5
Reviewers will assess the detailed Year 1 work plan, including the proposed timeline for implementing proposed start up and implementation activities for feasibility. (5 points)	
VI. Cost Evaluation	20
<p>The cost application will be evaluated for reasonableness, allocability, allowability, cost effectiveness, realism, and financial feasibility.</p> <ol style="list-style-type: none"> 1. Reasonableness of the proposed budget costs. (7 points) 2. “Activities” in the budget should represent the largest share of the budget (at least 60% for Activities). (5 points) 3. Clarity of budget notes to explain budget line items. (3 points) 4. Realistic cost share plans within the guidelines provided in the RFA. (5 points) 	
Pact reserves the right to determine the resulting level of funding for the grants being selected for this RFA, regardless of what the applicant specifies in the cost application.	
Total	100

6.3. Supporting documentation for Pre-Award Assessment/site visits

After the application evaluation process, any selected firm will be required to complete a Financial Pre-Award Assessment in order for Pact to determine if the organization has the capacity to perform successfully under the terms and conditions of the proposed grant. As part of the Pre-Award Assessment process, Applicants may be asked to submit additional documentation to demonstrate that the organization has the capability to implement the grant. Site visits may be conducted by Pact staff to evaluate the organization in these areas.

7. Terms and Conditions

7.1. Standard provisions

The Standard Provisions for Non-U.S. Non-Governmental Organizations as applicable will apply to these grants. Applicants can find the provisions at:

<https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>

Printed versions of these provisions are available upon request.

7.2. Permission for use and disclosure

By submitting an application under this RFA, the applicant consents to the disclosure of the documents submitted by the applicant to the reviewers involved in the selection process. Please note that all reviewers are bound by non-disclosure agreements.



7.3. Disclaimers

- Pact may cancel the solicitation and not award any funds.
- Pact may reject any or all applications received.
- Issuance of solicitation does not constitute award commitment by Pact.
- Pact reserves the right to disqualify any application based on applicant's failure to follow solicitation instructions.
- Pact will not compensate applicants for their response to the solicitation.
- Pact reserves the right to issue an award based on initial evaluation of applications without further discussion.
- Pact may choose to award only part of the activities in the solicitation or to issue multiple awards based on the solicitation activities.
- Pact reserves the right to waive minor application deficiencies that can be corrected prior to award determination to promote competition.
- Pact may contact applicants to confirm contact person, address, and that the application was submitted for this solicitation.
- Pact may contact listed past performance references without notice to the applicant. Pact also reserves the right to contact other past performance information sources that the applicant did not list in the application.
- By submitting an application, the applicants confirm they understand the terms and conditions.

8. Attachments

The following documents are considered part of this RFA:

- A. Sub-awardee Risk and Responsibility Assessment cover page
- B. Budget template
- C. Budget Notes Template