



Request for Proposal (RFP)

RFP Title: Implementation of the Let's Talk Family Strengthening under USAID DREAMS initiative

RFP No: 674-C-13-0004/2020/0001

Date of Issuance: September 1, 2020

Questions: September 7, 2020

Answers: September 9, 2020

Closing Date/Time: September 14, 2020 17:00 pm SA time, submit full application to contractsrfp@pactworld.org

Award Type: Fixed Price Contract (multiple awards)

Award Ceiling: ZAR 15,769.991

**Geographic Scope: Area A: Gauteng, City of Johannesburg and/or
Area B: Limpopo, Capricorn**

Estimated Award Date: September 28, 2020

SECTION 1 - OVERVIEW

1.1 Purpose and Objectives

Pact is implementing Government Capacity Building and Support Programme (GCBS), a contract funded from the President's Emergency Plan for AIDS Relief (PEPFAR) through the USAID Southern Africa mission. The GCBS programme will include family strengthening interventions for adolescent girls and their caregivers as part of the USAID DREAMS initiative in three provinces i.e. Gauteng, Limpopo, and Free State. The intent of this Request for Proposals (RFP) is to invite proposals from locally registered Community Based Organisations (CBOs), Faith Based Organisations (FBOs) or Non – Governmental Organisations (NGOs) to implement a family strengthening intervention for Adolescent Girls and Young Women aged 10 to 19 years as part of the USAID DREAMS programme. The USAID DREAMS initiative will be implemented within these specified provinces and districts:

Area A: Gauteng, City of Johannesburg (Region A, B, F) and

Area B: Limpopo, Capricorn (Polokwane, Blouberg, Lepelle-Nkumpi, Molemole).

The overall objective of this project is to facilitate the Let's Talk programme with adolescent girls and young women (AGYW) and their caregivers. The project will ensure that beneficiaries access interventions focused on reducing incidence of HIV and AIDS, GBV and teenage pregnancy.

The intervention will target adolescent girls aged 10 to 18 years.

The project aims to build HIV knowledge and behavioral skills in tandem with support for caregiver and adolescent mental health, stronger relationships, and improved parenting practices. This is to be achieved by providing the **Let's Talk programme** to high risk adolescent and their caregivers and linking beneficiaries to additional interventions focusing of reducing HIV and AIDs, GBV and teenage pregnancy.

Beneficiaries are to access layered interventions within the community through DREAMS partners, including access to other formal programs including Stepping Stones, Impower, Economic strengthening as well as health interventions like HIV testing, treatment and adherence support, as well as PREP. Beneficiaries should further access DSD core package of service (psychosocial care and support, access to health services, access to education, access to economic strengthening, child protection interventions) as provided through the GCBS programme. Documentation for successful referral to these supporting interventions will be required.

1.2 Background and Context of the Project

Pact is the promise of a better tomorrow for communities challenged by poverty and marginalization. We serve these communities because we envision a world where everyone owns their future. To do this, we build systemic solutions in partnership with local organisations, businesses, and governments that create sustainable and resilient communities where those we serve are heard, capable, and vibrant. On the ground in nearly 40 countries, Pact's integrated adaptive approach is shaping the future of international development.

Pact is implementing the Government Capacity Building and Support programme in partnership with the Department of Social Development (DSD), with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States of America International Development (USAID). This contract seeks to enhance the capacity of the South African Government (SAG), specifically the DSD, in supporting orphans, vulnerable children, adolescents and youth (OAVCY) and focuses on strengthening DSD's response in addressing social and structural barriers that increase the vulnerability of OAVCY to the human immunodeficiency virus (HIV), sexually transmitted infections (STI) and gender based violence. It also aims to address specific constraints hampering the health and social development system to achieve better outcomes for OVCY and other vulnerable children (e.g. those affected by poverty, child abuse, neglect, and exploitation). In FY21, the GCBS programme intervention will include the roll out of family strengthening interventions for adolescent girls and their caregivers as part of the DREAMS initiative.

Problem Statement

It is widely reported that adolescent girls and young women (15–24 years) account for 31% of all sexually-acquired HIV in South Africa. New HIV infections among young women aged 15–24 years were more than double those among young men: 69 000 new infections among young women, compared to 25 000 among young men. These statistics paint a bleak picture for young women and worsen when we review statistics on teenage pregnancy. Statistics South Africa indicates that 1% of female learners attending school fell pregnant in 2009/10, equating to approximately 89,390 girls. Pregnancy, as a proxy for unprotected sex,

is an antecedent for HIV risk; incidence of HIV among pregnant women in South Africa is noted to be high. Further studies indicate that approximately 30% of teenagers in South Africa reported 'ever having been pregnant', with 27% of girls have been pregnant at least once before age of 20. School drop-out (e.g. due to poor academic performance) preceded pregnancy, with only a third of girls staying in school during their pregnancy and return following childbirth. Key drivers of HIV infection and teenage pregnancy include early sexual debut; Gender Based Violence (GBV); inter-generational and transactional relationships (blesser phenomenon); multiple concurrent relationships; low use of contraceptives and access to Termination of Pregnancy (TOP); lack of access to non-judgmental reproductive health services; household factors such as poverty, and orphan hood; and risky sexual behaviour (drug and alcohol abuse). The DREAMS initiative under PEPFAR seeks to address these challenges through a layered intervention package provided to highest risk adolescents girls in high HIV prevalence areas. These interventions target:

- Adolescents: to empower girls and to reduce their risk for HIV and violence.
- Their families – interventions for this population aim to strengthen the family economically, as well as in their ability to parent positively
- Their sexual partners – this activity aims to characterize “typical” sexual partners of AGYW in order to target highly effective HIV interventions – specifically voluntary medical male circumcision (VMMC) and antiretroviral treatment (ART) to men in the community who likely to pose a transmission risk to AGYW;
- Their larger communities – these interventions aim to educate AGYW and young men, as well as mobilize communities for change regarding keeping girls HIV free and safe from violence.

Within this project solicitation, Pact seeks applicants to reach families of adolescents for improved parenting.

SECTION 2 – PROJECT SCOPE

2.1 Scope of Work

Geographic Coverage

The project will be implemented in two districts in South Africa, across 7 sub-districts as indicated below:

AREA A: City of Johannesburg, Gauteng

- Region A
- Region B
- Region F

AREA B: Capricorn, Limpopo

- Polokwane
- Blouberg
- Lepelle-Nkumpi
- Molemole

Organizations should be able to cover geographic scope in either area A, B, or both. Applicants need to cover at least one or more subdistricts within the selected area. Organisations may submit applications for selected sub-districts within a province and do not have to cover the full district in their application.

Targets

The project seeks to reach 24 766 adolescent girls and their caregivers, 15 340 (COJ) and 9 426 (Capricorn) as reflected in the table below:

City of Johannesburg			
Sub-District	Indicator	Female 10 - 14	Female 15 – 19
Region A	OVC_SERV	4,437	2,466
Region B	OVC_SERV	2,268	1,260
Region F	OVC_SERV	3,155	1,754
TOTAL	OVC_SERV	9,860	5,480
Capricorn			
Sub-District	Indicator	Female 10 - 14	Female 15 – 19
Polokwane	OVC_SERV	2,783	1,366
Blouberg	OVC_SERV	1,296	636
Lepelle-Nkumpi	OVC_SERV	1,248	613
Molemole	OVC_SERV	995	489
TOTAL	OVC_SERV	6,322	3,104
			15,340
			9426

2.2 Proposed Illustrative Activities

2.2.1 Project Implementation and Human Resource Planning

Drawing on present expertise, knowledge and experience, the applicant should demonstrate a clear plan on how the project deliverables will be implemented and managed. The plan should detail all activities to be undertaken in support of expected outcomes. This should include strategies overseeing personnel to ensure quality of interventions and a clear monitoring and reporting plan.

Deliverables:

- i. Implementation Plan
- ii. Monitoring & Reporting Plan
- iii. HR Plan

2.2.2 Appointment and Training of Project Team

The applicant is expected to appoint and train a programme team to oversee and implement this project. This should include personnel to support in the management, oversight, implementation, monitoring and reporting. The applicant must appoint direct implementation personnel (facilitators) to identify beneficiaries including conducting risk assessments, develop and implement care plans in response to the risk assessment and to roll out the Let's Talk programme. All facilitators will need to be trained on the above processes and programme. Applicants will receive training from GCBS staff on the Let's Talk programme, case management, monitoring and reporting. The applicant is expected to cascade this training to the Let's Talk implementation team, ensuring that the integrity and quality of the Let's Talk programme is maintained and that services provided to beneficiaries are aligned with project goals and recorded as such.

Required positions for this award include the following:

Position Title	Technical/ Administrative LOE
Project Manager	Technical
Project Facilitators	Administrative
Data Support Officer	Administrative

These need to be budgeted for within the cost proposal and included in the overall cost per child, not exceeding **R637** per child.

Deliverables:

- iv. Training attendance registers
- v. Training evaluation forms

2.2.3 Facilitator Selection

Selection of facilitators is viewed as key to project success. Applicant need to have a clear strategy for the appointment of facilitators consider the following selection criteria:

- Should have minimum qualification of either Social Auxiliary Work, Child and Youth Care work or Youth Development Practitioner
- Should have experience and skills in facilitation of social behaviour change group work interventions
- Should demonstrate competence and knowledge of HIV&AIDS
- Have the skills to adopt participatory approaches / techniques.
- Committed to working with target population (adolescent girls and caregivers)
- Non-Judgemental, value and respect varying attitudes, beliefs, and behaviours.
- Ability to respect and honour confidential information.
- Have a positive attitude about sex and HIV/AIDS education.
- Possess good communication and interpersonal relationship skills.
- Should be attached to the contracted NPO and be an SSP linked to DSD.
- Must have a clearance certificate in line with Part B of the National Child Protection Register as per the Children’s Act
- Must have the ability to manage documentation and fulfil reporting requirements with accuracy & consistency

Deliverables:

- vi. Collated facilitators profile document
- vii. Facilitator CV and interview notes/report – held on site

2.2.4 Partnership to support layering of services – bi-directional referrals

Applicants will be required to work closely with other partners in the district and sub-district implementing the DREAMS package to ensure that all beneficiaries reached through Let’s Talk access additional services within the layered package (reflected in the table below).

DREAMS Layered Package	Partner	Intervention
School-based intervention	ECD	Life skills training
Community-based intervention	Centre for Communication Impact	Stepping Stones

	NACOSA	Impower
Social Asset Building	FHI360	Safe Spaces
Economic Strengthening	FHI360	Bridge
HTS/PrEP/SRH	Anova	Facility
	Wits RHI	Community
HTS/Post Violence Care	NACOSA	Post Violence care
Family Strengthening	PACT, GCBS	Let's Talk

Pact, GCBS will sign memoranda of understanding (MOUs) with all DREAMS partners, outlining roles and responsibilities of all partners in the layered package as well as bi-directional referral processes.

Applicants will be responsible for:

- Overseeing that MOUs are adhered to in relation to family strengthening interventions
- Facilitating active referral and linkage of Let's Talk beneficiaries (adolescent girls) to interventions within the DREAMS package
- Facilitating active referrals and linkages of AGYWs to child protection services when needed
- Documenting all referrals in individual beneficiary case files
- Fulfilling all monitoring and reporting requirements

In addition to the above, applicant will oversee linkage of Let's Talk beneficiaries to the comprehensive care package provided by GCBS in the district. The following service referrals should be prioritized:

- HIV risk assessment and facilitated access to HIV testing
- Access to ART
- Access to disclosure and adherence support
- Access to Department of Social Development for foster care investigation and placement if needed as a response to orphanhood and child abuse, neglect and/or exploitation
- Access to social grants
- Access to family and individual psychosocial care and support services
- Access to PrEP. and other sexual reproductive health prevention services
- Educational tracking and support

Deliverables:

- viii. Stakeholder mapping document
- ix. Quarterly partner engagements documented and held on site

2.2.5 Implementation of Interventions

a) Recruitment and Risk Assessment

The majority of intake for the Pact/GCBS interventions (90%) will be through linkages from other DREAMS IPs. Pact will enroll the remaining 10% through Department of Social Development service points and Department of Social Development funded NPOs. Utilizing the present GCBS database, high risk adolescents will be identified. The GCBS girl risk index tool will be used to identify adolescent girls at highest risk for enrollment into Let's Talk. Social Service Practitioners will administer the risk assessment with potential beneficiaries for inclusion in the programme. Building on positive working relationships with Department of Social Development Service Points, adolescent girls presently supported through their social worker program will be prioritized.

Deliverables:

- x. Participant Enrolment Forms stored on site
- xi. Participant Consent Forms (The consent should be signed by the parent/guardian/care giver) stored on site
- xii. Girl risk index completed for all beneficiaries and stored in individual case files on site

b) Facilitation of Let’s Talk programme

Under this project, the applicant will be expected to facilitate the Let’s Talk programme with adolescent girls and their caregivers within a given timeframe., The applicant will have to recruit the adolescent girls and their care givers as participants, and complete pre assessment with all participants and post assessment at the end of the 14 sessions.

The project will be implemented through:

- A 14 weeks curriculum duration, 10 group sessions for caregivers, 9 group sessions for adolescents, and 4 joint caregiver/adolescent groups (modification to the implementation schedule may be required as agreed with USAID).
- These sessions are structured, with a consistent pattern of activities delivered in each two-hour session, including an opening ritual, discussion of the home practice from the previous session, and three to five core interactive exercises. Sessions close with a reflective discussion on lessons learnt, a home practice assignment, a closing ritual
- Sessions will be hosted by trained facilitators (social workers, social auxiliary workers, child and youth care workers, youth development practitioners)
- Facilitators will be supervised by social workers ensuring that the integrity of the program is maintained, and outcomes reached

The applicant will be responsible for ensuring that participants attend at least 80% of the allocated sessions. They will track attendance and conduct follow-up visits with participants that miss sessions to prevent drop-out. As the programme is run with caregivers the applicant should establish innovative ways to maintain participation including running of sessions outside of weekly workday, WhatsApp groups etc. Let’s Talk sessions will be implemented in the below timeframe by trained facilitators (preferably two facilitators per group).

IMPLEMENTATION: NOVEMBER 2020 - SEPTEMBER 2021		
Group	Implementation dates	Post -Evaluation date
Let’s Talk Programme	02 November 2020 – 10 September 2021	25 September 2021

Applicant will be required to meet targets as allocated by sub-district. Reach is measured by the number of adolescent girls attending the sessions and not the number of caregivers, however for an adolescent girl to be counted as reached their caregivers must have attended the sessions. Detailed expected target reach and related timeframes are indicated in the tables below. Clear administrative processes and tools have been developed and must be implemented by the applicant to track reach. First groups should be initiated in Q1, October 2020 – December 2020 with finalization of 14 sessions by Q2.

City of Johannesburg	Sub-District	Q2 (January - March) 35% of target	Q3 (April - June) 40% of target	Q4 (July - September) 25% of target	TOTAL
	Region A	2416	2761	1726	6903
	Region B	1235	1411	882	3528
	Region F	1718	1964	1227	4909
	TOTAL	5369	6136	3835	15340
Capricorn	Sub-District	Q2 (January - March) 35% of target	Q3 (April - June) 40% of target	Q4 (July - September) 25% of target	TOTAL
	Polokwane	1452	1660	1037	4149
	Blouberg	676	773	483	1932
	Lepelle-Nkumpi	651	744	465	1861
	Molemole	519	594	371	1484
	TOTAL	3299	3770	2357	9426

Deliverables:

- xiii. Completed and Signed Participants Attendance Register
- xiv. Facilitators Session Report following each session
- xv. Final Facilitator Report – per group completed
- xvi. Completed Pre-Evaluation Forms (Phase 1&2)
- xvii. Completed Post-Evaluation Forms (Phase 1&2)

c) Comprehensive service delivery through referral and linkage

The applicant will be required to implement Let's Talk sessions *as well as* link beneficiaries to the comprehensive care package implemented through Pact/GCBS. Linkage is also required to other interventions offered within the DREAMS layered package. This will require that based on the girl risk index, the applicant will develop a care plan indicating additional support needs of beneficiaries. Individual case file should be opened for all beneficiaries where the risk assessment, care plans, process notes, and referral information are accurately captured.

It is essential that the HIV status of all beneficiaries is known. This will require completion of an HIV risk assessment and based on the outcome support services for girls to access testing as needed, as well as the completion of an HTS tracker. The assessment and tracker are specific documents outlined in the Department of Social Development Guideline for Social Service Practitioners: Enabling Access to HIV Services for children and adolescents.

Deliverables:

- xviii. Individual beneficiary files, that follow a structured, for each participant arranged in alphabetical order and stored at site in a locked cabinet:
 - o Enrolment Form
 - o Consent Form
 - o HIV Risk Assessment
 - o Girl Risk Index

- Care Plan
- HTS Tracker clearly indicating HIV status
- Process notes to support referrals or additional interventions provided per child
- xix. Referral tracker that keeps accurate record of all referrals made, indicating dates of follow-up and date that service was received (GCBS template will be provided)

2.2.6 Monitoring, Evaluation, Reporting and Learning

Pact/ GCBS will provide all the M&E data collection tools to be completed by the facilitators and participants. The applicant will be expected to utilise only the approved GCBS branded data collection tools in line with the Programme implementation Standard Operating Procedures (SOP). The following guidelines should be adhered to:

- Applicant must complete the M&E plan that will be provided by Pact, GCBS
- Applicant must capture data on the web based OVC database called the Community Based Intervention Monitoring System (CBIMS)
- Applicant must participate in training, which will include information on how to conduct data collection properly and how to upload data on CBIMS
- Only trained facilitators will be approved to implement the programme
- Applicant should always keep a register of trained facilitators for auditing purposes
- Applicant must gather data from all participants in accordance with the relevant SOP and using approved data collection reporting tools.
- Only original data collection forms will be accepted; copies are not acceptable and may result in non-payment
- All data fields must be fully completed. Missing data may result in non-payment
- Applicant must understand that all data will be checked and verified by the M&E team, and that the applicant is expected to respond to any gaps or errors identified during verification process and work with us to meet the data quality expected.
- Applicants may be selected to participate in future evaluations to identify success stories.
- Applicant should develop a detailed Quality Management and Quality Improvement Plan with defined staff roles and responsibilities.
- Applicant should document success stories, lessons learnt and achievements of the intervention.

Deliverables:

- xx. Monthly data submission as per requirements
- xxi. Completed Fidelity checklist and assessment forms
- xxii. Routine Data Quality Assessments (RDQA)

2.3 Project Deliverables

2.3.1 Expected Deliverables and Timeframes

The applicant will submit the deliverables listed in the schedule below to the Pact/GCBS Project Manager, with required approvals, at allocated timeframes.

Group	Deliverables – Submitted	Timeframe
Project Implementation and Human Resource Planning	Submitted to Pact <ul style="list-style-type: none"> i. Implementation Plan ii. HR Plan iii. Monitoring & Reporting plan 	TBD
Appointment and Training of Project Team	Submitted to Pact <ul style="list-style-type: none"> iv. Training attendance registers v. Training evaluation forms 	TBD
Facilitator Selection	Submitted to Pact <ul style="list-style-type: none"> vi. Collated facilitators profile document Maintained by applicant for on-site verification <ul style="list-style-type: none"> vii. Facilitator CV and interview notes/report – held on site 	TBD
Partnership to support layering of services – bi-directional referrals	Submitted to Pact <ul style="list-style-type: none"> viii. Stakeholder mapping document Maintained by applicant for on-site verification <ul style="list-style-type: none"> ix. Quarterly partner engagements documented and held on site. This should be in a form of meeting agenda, minutes, and attendance registers 	TBD
Implementation of Interventions	<i>Recruitment and Risk Assessment</i> Maintained by applicant for on-site verification <ul style="list-style-type: none"> x. Participant Enrolment Forms stored on site xi. Participant Consent Forms (The consent should be signed by the parent/guardian/care giver) stored on site xii. Girl risk index completed for all beneficiaries and stored in individual case files on site <i>Let's Talk Programme</i> Submitted to Pact <ul style="list-style-type: none"> xiii. Completed and Signed Participants Attendance Register xiv. Facilitators Session Report following each session xv. Final Facilitator Report – per group completed xvi. Completed Pre-Evaluation Forms 	Tracked quarterly as of November 2021 to September 2021 (first sessions initiated for completion in Q2) January 2021 to September 2021 Quarter 2: January 2021 to 30 March 2021 Quarter 3: 1 April 2021 to 30 June 2021 Quarter 4: 1 July 2021 to 30 September 2021

	<p>(Phase 1 & 2)</p> <p>xvii. Completed Post-Evaluation Forms (Phase 1 & 2)</p> <p>Comprehensive Service Delivery Maintained by applicant for on site verification</p> <p>xviii. Individual beneficiary files, that follow a structured, for each participant arranged in alphabetical order and stored at site in a locked cabinet:</p> <ul style="list-style-type: none"> ○ Enrolment Form ○ Consent Form ○ HIV Risk Assessment ○ Girl Risk Index ○ Care Plan ○ HTS Tracker clearly indicating HIV status ○ Process notes to support referrals or additional interventions provided per child <p>xix. Referral tracker that keeps accurate record of all referrals made, indicating dates of follow-up and date that service was received (GCBS template will be provided)</p>	
Monitoring, Evaluation, Reporting and Learning	<p>Submitted to Pact</p> <p>xx. Monthly data submission</p> <p>Completed by GCBS, Pact at site inspection</p> <p>xxi. Completed fidelity checklist and assessment forms</p> <p>xxii. Routine Data Quality Assessments (RDQA)</p>	<p>Monthly</p> <p>Quarterly As required</p>

2.3.2 Detailed Descriptions of Deliverables

Del. 1 Implementation Plan: The plan documents all activities to be undertaken to reach programme objectives and deliverables, including clear timeframes and targets to be reach. The plan is used to track timely roll out of all interventions.

Del. 2 M&E Plan: The plan assists the applicant to plan and manage all M&E activities through the project life cycle. It indicates data collection methods and sources, frequency of reporting, all personnel allocated to the M&R elements of project, roles, and responsibilities as well as reporting lines clearly indicating how personnel will support deliverables

Del. 3 HR Plan: The plan indicates all personnel allocated to the project, roles, and responsibilities as well as reporting lines clearly indicating how personnel will support deliverables

Del. 4 Training Attendance Register: The register details the names, contact details and signature of all participants who have been trained on Case Management, Let's Talk and M&E processes.

Del.5 Training Evaluation Forms: Form developed by the applicant to document outcome of the training provided for team members

Del. 6 Facilitator Profile: The profile is an excel spreadsheet that documents each facilitator, their experience in the sector and confirmed confirmation of being cleared through Part B, of the Child Protection register

Del. 7 Facilitator CV and Interview record: The applicant must maintain clear HR files for all facilitators that include their CV as well as interview records

Del. 8 Stakeholder mapping document: The applicant must produce a stakeholder mapping document per sub district that clearly documents all partners to which beneficiaries will be referred for additional interventions. The stakeholder mapping document must include the name of the organisation, contact person, contact details, services provided and referral process

Del. 9 Partner engagement records: The applicant must maintain clear records of all partner engagements including MOUs and meeting minutes.

Del. 10 Participant Enrolment Form: This form helps the facilitator to understand the background and family setting of each participant so that he/she can deal with participants being fully aware of their family background. It captures all identifying and contact details for follow-up support during interventions. At the beginning of the programme, each participant is required to formally enroll by signing on the Enrolment Form.

Del. 11 Consent Forms for Child Participants: All participants will be required to produce parental/guardian consent to participate in the Let's Talk. This consent form confirms that both adolescent and caregiver are committed to participate in the programme.

Del. 12 Girl risk index: All beneficiaries need to risk assessed to identify firstly those who are most vulnerable. The DREAMS progress is aimed at those adolescents most vulnerable to HIV and AIDs, teenage pregnancy and GBV. The index also provides additional information on challenges and needs of each individual adolescent that is then worked into a care plan for comprehensive care interventions and linkage to additional DREAMS layered interventions.

Del. 13 Let's Talk Attendance Register: The Let's Talk attendance register is completed on the first day and thereafter signed by participants after each unit until the last unit. Facilitator should ensure that **ALL** participants capture their details correctly and that they sign after completing each unit.

Del. 14 Facilitators Session Report: The facilitator session report is completed by facilitators collectively at the end of each unit. The report gives a summary of the unit in terms of, the number of participants who attended a unit by gender; the unit average time; as well as highlights of the unit – what worked

well and what needs to be improved. This report should be used by facilitator supervisors to mentor and guide facilitators.

Del. 15 Facilitator's Final Report: The final facilitator report is completed by the facilitator at the end of all the 14 units. In addition to giving a summary of all the units, the report also gives a breakdown of the individual participants in terms of: whether they completed all units; whether they were referred for HTS, VMMC, ART, PEP, GBV, STI management, TB screening and management, or any other services. The final report also gives the facilitator a chance to give his/her impressions about the programme and what needs to be improved. This report will also detail lesson learnt, recommendations and follow up plan for children who participated and completed the SBCC programme.

Del. 16 Pre-Evaluation form: The Pre-Evaluation helps both the facilitator and the programme team to understand how much the participants already know about the different aspects covered in the programme, as well as what they believe. The pre-evaluation should be completed by all participant before starting the first session.

Del. 17 Post-Evaluation form: The Post-Evaluation Form is completed by each participant after completing all the 14 sessions. This form provides an opportunity for the participants to indicate how much the programme has helped them – in terms of both knowledge and attitude – and what they intend to do with the knowledge that they have received from the sessions that they attended. By comparing the pre- and post-evaluation, it will be possible to establish how much the programme has benefited the individual participants. The pre- and post-evaluation will provide critical inputs to the continuous development of the programme.

Del. 18 Individual beneficiary files: Individual files should be opened per beneficiary reach in which all the above forms and assessments can be kept, including individual care plans with process notes on ongoing interventions and support for both the adolescent girl and their caregiver. It is essential that the applicant has a lockable cabinet in which the files can be stored.

Del. 19 Referral tracker: The facilitator uses the GCBS referral tracker to document any referrals made to additional services and other DREAMS programmes. The tracker includes sections to update actions taken by the facilitator to ensure that beneficiaries access the service to which they have been referred. Supervisors are required to monitor the referral tracker to ensure necessary services are accessed.

Del.20 Data Submission: Applicants will be required to submit data on adolescent girls reach monthly. The format and database to be used with by advised

Del. 21 Fidelity check list and assessment form: The fidelity checklist and assessment forms are completed by facilitators at the end of each session. The report gives a summary of the session in terms of, the number of participants who attended the session by gender; the average time; as well as highlights of the session – what worked well and what needs to be improved. This report should be used by facilitator supervisors to mentor and guide facilitators.

Del. 22 Routine Data Quality Assessment: The data quality assessment is a tool to help the facilitator check the completeness of data and whether the data being submitted is of the correct quality. It lists the key procedures that must be followed, as well as key indicators of data quality, which must be checked at various stages of the implementation. Both a facilitator and a co-

facilitator/coordinator/manager must write their initials against all elements of the checklist, to demonstrate the appropriate checks have been made. This is a critical checklist to improve data quality and must be submitted alongside the other tools.

2.4 Past Performance & Capability Statement

Within the context this project, this solicitation seeks organisation that are registered with relevant government authorities and should be able to cover geographic scope in either area A, B, or both. Applicants need to cover at least one or more subdistricts within the selected area. Organisations may submit applications for selected sub-districts within a province and do not have to cover the full district in their application. Organisations should demonstrate capacity to reach adolescent girls (10 – 19 years) and their caregivers through social behaviour change group work interventions and link beneficiaries to HIV Prevention and Care and Treatment services, Adolescent Sexual Reproductive Health (ASRH) Services and Gender Based Violence (GBV) Services. Budgets need to align with the proposed target to be reached.

2.5 Management of Project & Staffing

To achieve the above scope of work, the service provider must ensure that the proposed personnel have a mix of the following requirements, and that between them all requirements are met. The preferred service provider should possess and demonstrate the following skills, knowledge, and competences: -

- should have extensive knowledge and experience in facilitating group work programmes
- should have an extensive knowledge and experience in community-based interventions for children and adolescents
- should have the necessary personnel who are able to effectively engage children and facilitate sessions from their frame of reference
- should have the necessary personnel who are able to effectively engage caregivers, providing both group and individual counsel
- demonstrate a clear understanding of HIV and AIDS testing, treatment, and adherence support services
- demonstrate extensive knowledge and experience in case management practices results in structure individual and group interventions with adolescents and their caregivers
- demonstrate community-based partnerships with both health and social welfare sector to support ongoing access to relevant interventions for children and adolescents
- staff must be cleared against Part B, of Child Protection Register as required in the Children's Act
- demonstrate capacity in planning, implementing, and tracking community-based interventions
- demonstrate capacity to monitoring and effectively report on outcomes, both qualitative and quantitative

Overall, the service provider must assume full responsibility of managing the performance and deliverables of the relevant project team, as named in the scope of work and will appoint sufficient personnel and ensure that adequate skills are retained within their organisation for the duration of the project by making sure that the appointed personnel are retrained, at own cost so as to ensure timely and quality outputs.

2.6 Monitoring and Reporting

The service provider must clearly outline their approach to oversight monitoring and tracking of deliverables. This should include their strategy for collection and collation of relevant data, staffing assigned for this task as well as present data collection tools and processes. This should include

resourcing of activities to effectively monitor the programme including maintaining real time data through CBIMS system. Strategy for maintaining clear files and records is essential.

SECTION 3 – COST PROPOSAL/BUDGET

3.1 Budgeting Guidance

Applicants must provide a detailed budget which complies with the following instructions:

- Budget must use Activity-Based Costing (ABC) methodologies, which allows Pact to clearly see costs, expenses and level of effort being incurred per each proposed activity
- Tasks and activities must be broken down in the budget and must align to the activities section in the technical proposal.
- Submitted in excel format with functioning formulas.
- Print ready (page breaks and margins formatted for easy printing).
- Budgets should be submitted in South African Rands and VAT should be charged if the contractor is VAT-registered.
- Proposed salary (i.e., the employee or consultant base annual salary) should be indicated for each individual proposed and cannot exceed the person's current salary or wage, or the highest rate of annual salary or wage received during any full year of the immediately preceding three (3) years as evidenced on the biodata form. Daily rates should be calculated by dividing annual salary by 260 (the number of workdays in a year). The budget should also provide a column explaining the number of days budgeted for each individual.
- The number of days budgeted (also referred to as the level of effort) should clearly aligned to all activities proposed in the Scope of Work. It is expected that a column labelled "Budget Notes" will accompany each line item with a breakdown and explanation of this.
- In line with USAID directives, maximum daily proposed salary should not exceed ZAR (R) 10,880 per day.
- Other Direct Costs (i.e. flights, accommodation, mileage reimbursements, printing, etc.) should be broken down in terms of both unit cost and quantity to be incurred of each. A notes column must justify both in detail, explaining how they have been established as reasonable and allocable to the project.
- of all other costs to be charged to the contract. Breakdown must include the unit cost and quantity for each item and the
- If the Applicant/s wishes to cover indirect costs as a percentage of Program costs, then they may submit a complete copy of its most current Negotiated Indirect Cost Rate Agreement (NICRA) or other documentation from its cognizant Government audit agency, if any, stating the subcontractor's most recent final indirect cost rates and/or the current provisional or predetermined rates accepted by the cognizant audit agency. You should provide the name and address of your Government audit agency, and the name and telephone number of the auditor.
- If your firm does not have a NICRA and/or does not have a cognizant Government audit agency, you should submit your audited balance sheets and profit and loss statements for the last two complete years and the current year to date (or such lesser period of time if your firm is a newly-formed organization). The profit and loss statements should include the total costs of goods and services sold, including a listing of the various indirect administrative costs, and be supplemented by information on your firm's customary indirect cost allocation method, together with supporting computations of the basis for the indirect cost rate(s) proposed.

- Admin percentages and contingency line items will not be accepted.
- A fixed fee will be allowed. However, this must be listed as a separate line item to costs which will be incurred (i.e. staff daily rates must be reflected as basic costs excluding mark-up costs.) and a detailed explanation on how the rate or amount was arrived must be provided. The fixed fee can be expressed as a percentage of total costs. The fixed fee will be evaluated in terms of cost competitiveness by the selection committee and may be negotiated further with the contractor prior to issuing a contract.
- The prospective contractor must submit an all-inclusive price. No project costs will be paid for outside of the negotiated budget. It should be noted that this will be a fixed price contract and the contractor will be required to carry out the work detailed in the proposal for the budget provided. Costs cannot be renegotiated during implementation. Pact will issue the contract based on the proposal and budget submitted.

Pact has provided a template budget (ABC Template) with instructions available at <https://www.pactworld.org/country/south-africa/procurement>. This template will assist in ensuring the above requirements are met. Nevertheless, this template is not a requirement and applicants are welcome to submit budgets in any format they deem appropriate, so long as it meets the above stated requirements.

Specific Instructions on Level of Effort (LOE):

LOE refers to staff days worked. Budgets should have an overall statement on the total level of effort budgeted. Level of effort should be split into the total amount of administrative days versus the total amount of technical consulting days. These categorisations should be based on individual personnel rather than on individual tasks. i.e. if a senior technical advisor is tasked with taking minutes at a meeting, his/her time spent on this task would still be considered under the technical LOE category rather than on the administrative category, due to the individual's position. Nevertheless, all attempts should be made to assign lower-level administrative tasks to administrative personnel with lower rates.

The distinction between technical and administrative level of effort is provided below:

- **Technical** – Personnel who carry out specialized technical work and are instrumental for carrying out the work content within the contract.
- **Administrative** – Personnel who will carry out more clerical support work, such as taking minutes at meetings, arranging meetings, arranging logistics for travel, preparing invoices, etc. Workshop facilitation and overall organizational and Program management tasks, which support the work content of the

Budget Ceiling: Applicant/s submissions cannot exceed R15,769,991, R637 per beneficiary participating in the Let's Talk programme. The budget is allocated with R9,769,997 for Gauteng and R5,999,994 for Limpopo. Payment is made for deliverables achieved. Pact anticipates issuing of, but not limited two (2) contracts one for Gauteng and the other for Limpopo.

3,2 Prospective Contractor Details Form Guidance

Please refer to the Prospective Contractors details form which can be found at <https://www.pactworld.org/country/south-africa/procurement>. Please fill out this form with the details of the principal individual/company applicant on the bid. Please note that this document must be submitted in MS Word format

3.3 Certifications

Applicants responding to this RFP must include the following disclosures and certifications as part of the proposal submission in an annex to the cost application.

1. Disclose any close, familial, or financial relationships with Pact or project staff. For example, if an offeror's cousin is employed by the project, the offeror must state this.
2. Disclose any family or financial relationship with other applicant submitting applications. For example, if the offeror's father owns a company that is submitting another application, the offeror must state this.
3. Certify that the prices in the offer have been arrived at independently, without any consultation, communication, or agreement with any other offeror or competitor for the purpose of restricting competition.
4. Certify that all information in the proposal and all supporting documentation are authentic and accurate

Please have an authorized signatory from your organization sign off on each of these forms.

3.4 Bio-data Form Guidance

Please refer to the USAID bio-data form which can be found at <https://www.pactworld.org/country/south-africa/procurement>. Bio-data forms must be filled in for **all** personnel on the project in order to justify the daily rates being proposed in the budget. Forms must be completed regardless of whether the staff is programmatic or administrative in nature. Please scan all completed bio-data forms as one document and submit them as one file. Individual files for each bio-data form will not be accepted. Please ensure to read the directions on the bio-data form very carefully so that information is submitted correctly. Take note of common errors made on the form:

3.5 Relevant Sample of Work

All applicants must submit a sample of a previous evaluation reports and results dissemination products developed by the company/individual which relates to this RFP. Applicants may retract any information that is protected by the client from the submission. It is suggested that applicants submit project reports of any similar large-scale project they have developed in the past

3.6 Tax Clearance Certificate. Applicants must submit the latest tax clearance
The Principal applicant must provide a valid SARS Tax Clearance Certificate (TCC). For instructions on how to obtain a TCC, please refer to

<http://www.sars.gov.za/ClientSegments/Individuals/Need-Help/Tax-Questions-Answered/Pages/Tax-Clearance-Certificate.aspx>. TCCs are not required for subcontractors under the principal applicant

SECTION 4 – EVALUATION OF PROPOSALS

4.1 Compliance Criteria

The proposals received will undergo a compliance review before being forwarded for technical evaluation by a selection committee. Pact will run its own check on compliance; however, applicants are requested to include the table below in their proposal as verification that these items have been checked. Failure to adhere to the following compliance criteria may result in disqualification:

Compliance Criteria	Yes / No
Application must be submitted by stated deadline	
Detailed descriptions provided for all deliverables included in the deliverable schedule	
Budget submitted in print-ready excel format as per template provided in Section 3	
Budget has been prepared in accordance with Activity-Based Costing (ABC) methodologies and allows reviewers to see associated level of effort and costs per activity	
No personnel consultancy rates in the budget exceed ZAR (R) 10,880 per day	
Contractor Details Form submitted Please refer to the Prospective Contractors details form which can be found at https://www.pactworld.org/country/south-africa/procurement .	
Please refer to the USAID bio-data form which can be found at https://www.pactworld.org/country/south-africa/procurement .	
Certifications signed.	
Tax Clearance Certificate The Principal applicant must provide a valid SARS Tax Clearance Certificate (TCC).	
Registration documents attached	
Latest Audited Financial Statement (if applicable)	
The Child Safeguarding Policy exists in the organization	
The PLGHAP (Protecting Life in Global Health Assistance Policy) is completed and signed found at https://www.pactworld.org/country/south-africa/procurement .	

Following the compliance review, compliant applications will be forwarded to the technical review selection committee. The selection committee reserves the right not to accept the

lowest bid. To ensure meaningful participation and effective comparison prospective contractors are requested to furnish detailed information in substantiation of compliance to the technical evaluation criteria.

4,2 Proposal Technical Evaluation Criteria

Pact intends to evaluate Applicant in accordance with the evaluation factors below and make contract award to the responsible Offeror(s) whose proposal(s) under this RFP represents the overall best value (both cost/price and technical factors considered) to Pact. Please note that all evaluation factors other than cost/price when combined are significantly more important than cost/price factors. The review of proposals submitted by potential evaluators will be based on the following allocation of points:

Capacity Statement (Present capacity and evidence of past project implementation)	10%
Organisation Staffing (organisation has sufficient staff with necessary experience to meet project objectives)	10%
Project Application (organisation has a clear understanding of the SOW, has established partnerships and experience in implementation as well as monitoring and reporting)	50%
Clear project timeline and activities outlined	10%
Budget (Activity based budget as attached)	20%

4.3 Period of Performance

It is expected that the project will run over a period of (12) month from **1 October 2020 to 30 September 2021**.

4.4 Submission Date/Deadline

All proposals must be submitted in specified format no later than 5pm SAST September 14, 2020 to **contractsrfp@pactworld.org**. See the guidelines for proposal preparation:

4.5 Proposal Submission Guidelines:

Applicants must note that all application documents must be submitted in not more than 8 electronic files. Failure to submit any of the documents below will disqualify the applicant:

1. **Technical proposal** (with any appendices forming part of the electronic document)
2. **Excel Budget**
3. **Prospective Contractor Details Form**
4. **Signed Certifications**
5. **Bio-data forms**
6. **Relevant Sample of Work**

7. **Latest Annual Financial Statement** (if applicable)
8. **Tax Clearance Certificate**

Applicants shall bear all costs associated with the preparation and submission of the proposal. Pact/GVBS will not be responsible or liable for these costs regardless of the outcome of the submissions.

Specific guidance on each item is provided below:

4.6 Technical Proposal

Technical proposal should be submitted as an MS Word file and not exceed 30 pages. The following proposal lay-out is **mandatory**:

- **Introduction** which provides an overview of the project and the applicant's understanding of the brief.

The introduction must also state the principal applicant's **Data Universal Number System (DUNS) number** (not applicable to independent consultants). If you do not have a DUNS number, please refer to the DUNS application process guidance document which can be found in the RFP Pack.

- **Company's Statement of Capacity** (not applicable to independent consultants) which should demonstrate that the organisation has the necessary management plans, systems, and capabilities (including staffing, subcontracting, software, equipment, and experience) to efficiently and effectively implement and manage the project. The organisation should also offer 3 past performance references for itself and each major subcontractor.
- **Personnel's Statement of Capacity** (not applicable to independent consultants) which summarizes all individuals who will charge time to the project, explains each person's key roles and responsibilities, and justifies their suitability to undertake these tasks by providing evidence of relevant knowledge and experience;
- **Approach & Methodology** should cover high-level approaches and methodologies that will be used throughout the project, including general project management principles, risk management strategies, and quality assurance practices.
- **Proposed Activities**: Applicant's should take the activities described in section 2 of this RFP and expand on how they exactly they see these activities rolling out. It will be deemed insufficient to simply relist the activities included in this RFP's scope of work section.
- **Completed Deliverable Schedule**: The deliverable schedule included above in section 5 will need to be completed according to the applicant's proposed activities.

IMPORTANT NOTE: below the deliverable schedule, applicants must relist each deliverable as its own heading and provide extensive descriptions on all deliverables, their envisioned lay-out and contents. It must be noted that the technical proposal document must be submitted as one electronic MS word file. Multiple electronic files will not be accepted.

4.7 Questions and answers

In accordance with US Government regulations on free and fair competition, all prospective sub-consultants must have access to the same information. Requests for the RFP pack (including the template of deliverable schedule, USAID bio-data sheet, the GCBS project prospective sub-consultant data form and combined certifications) can be requested from the following email contractsrfp@pactworld.org and quote the RFP number and Title. Enquiries should be sent by September 7, 2020. Consolidated responses to enquiries will be sent by September 9, 2020 Please note that Pact cannot commit to providing answers to all questions but will do its best to source answers to all questions posed.

Section 5 RFP Terme and Conditions

Pact intends to award a contract/s resulting from this solicitation to the responsible Offeror whose proposal represents the best value after evaluation in accordance with the factors in the solicitation.

Applicant should note the following:

1. The Geographic Code for this project is 935.
2. Pact is not responsible for late submissions or non-submission due to technical or IT problems. Prospective contractors are responsible for ensuring that their proposals are received by the Pact email address by the stated due date and time. Applicants are encouraged to keep a delivery and read receipt as evidence that their submissions have been made on time. Applicants are also encouraged to submit with sufficient time to deal with any unforeseen problems they may encounter.
3. Pact may reject any or all proposals if such action is in the Pact's interest.
4. Pact is not obligated to make an award or to pay for any costs incurred by the Offeror in preparation of a proposal in response hereto.
5. Pact reserves the right to evaluate proposals and award a contract without discussions with Applicant. Therefore, the Offeror's initial proposal should contain the Offeror's best terms from a cost or price and technical standpoint. Pact reserves the right to conduct discussions if Pact later determines them to be necessary. If Pact determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, Pact may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals.

6. Pact reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the Offeror specifies otherwise in the proposal.
7. Pact reserves the right to make multiple awards if, after considering the additional administrative costs, it is in Pact's best interest to do so.
8. Exchanges with Applicant after receipt of a proposal do not constitute a rejection or counteroffer by Pact.
9. Pact may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if Pact determines that the lack of balance poses an unacceptable risk.
10. If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.
11. Unsuccessful applicants will be notified as soon as possible following an award.
12. Applicant shall submit proposals in response to this solicitation in English and in South African Rand. Applicant may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.
13. Pact agrees that all submissions shall be held as confidential, shall not be disclosed outside of Pact and shall not be duplicated, used, or disclosed-in whole or in part-for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this Offeror as a result of-or in connection with-the submission of this data, Pact shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit Pact's right to use information contained in a proposal if it is obtained from another source without restriction.