

TERMS OF REFERENCE FOR A CONSULTANT OR ORGANISATION TO CONDUCT A PROCESS EVALUATION OF SOUL BUDDYZ CLUB AND HANDS ON PARENTING AS IMPLEMENTED IN THE GLOBAL FUND GRANT 2016-2019 PROGRAMME.

1.BACKGROUND

The Global Fund (TGF) is the largest financier of HIV and AIDS, Tuberculosis (TB) and Malaria in the world. The Global Fund approved the country concept note submitted by South Africa Country Coordinating Mechanism (CCM) for HIV/TB under the New Funding Model in 2015. The Young Women and Girls Programme is a part of the entire grant with 5 Principal Recipients (PRs) implementing the same programme in 10 districts through sub-recipients

Why a Young Women and Girls Programme

At an aggregate level, global HIV incidence has shown a decline over the last decade. Whilst this achievement is important, granular analysis of epidemics across the world show increased risk and burden amongst some population groups, which have general come to be known as key populations. These key populations are at highest risk of HIV acquisition and transmission and represent a major share of the global HIV epidemic and influence the epidemic dynamics and playing a role in determining the nature and effectiveness of the response.

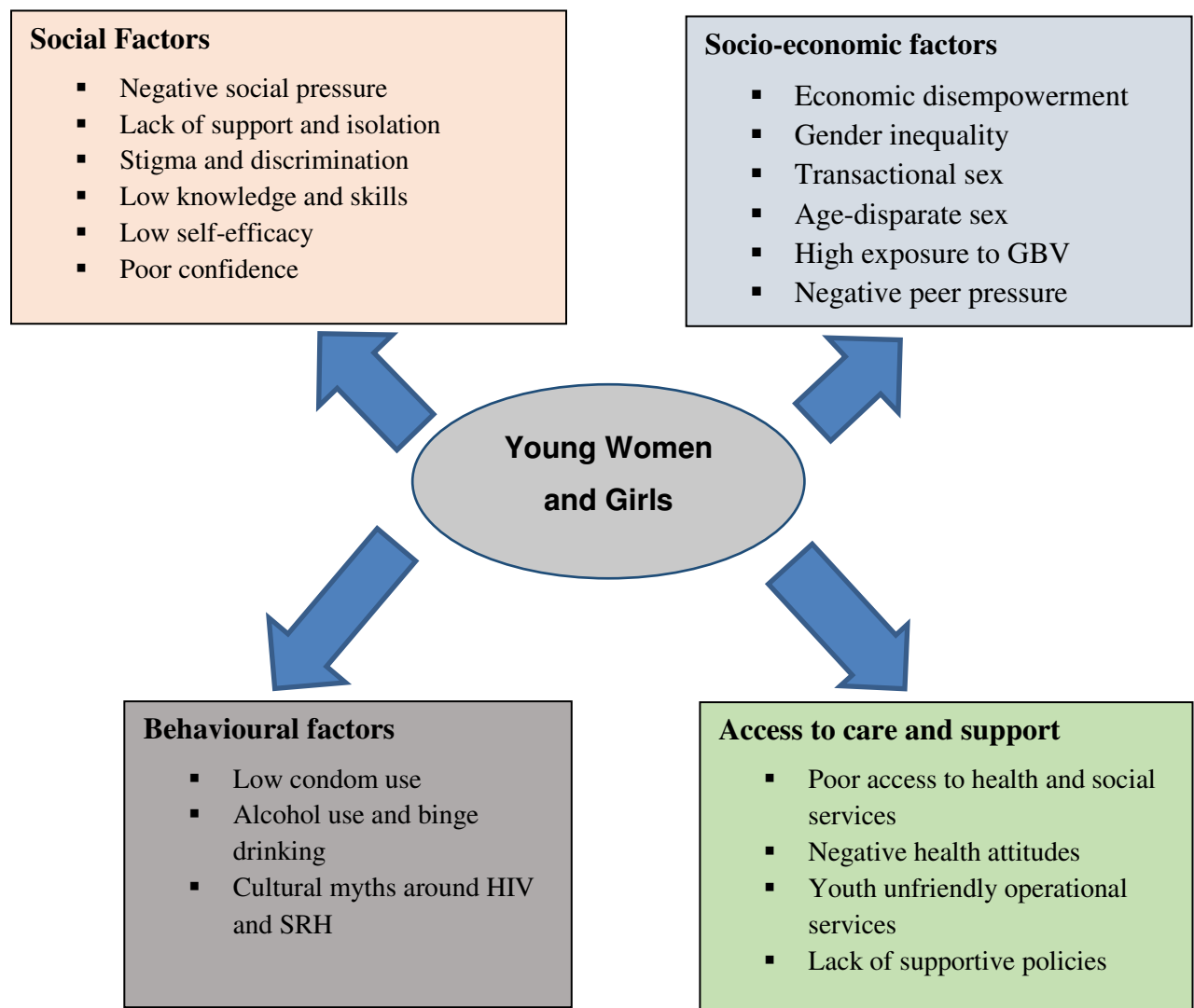
The WHO defines key populations as groups who due to specific high risk behaviours are at increased risk of HIV infection, irrespective of the epidemic type or local context. This disproportionate burden is a result of specific behaviours common to them and structural barriers that prevent their link to HIV prevention and care services. Inadequate coverage and poor quality of service for key populations further undermine the response to HIV, making HIV programming a key public health and equity consideration in these groups.

Although South Africa has a generalised epidemic, key populations continue to be affected disproportionately. The HSRC survey in 2012 reported that young girls between the ages of 15-24 years accounted for almost a quarter of all new infections and were 4 times more likely to be infected by HIV than their male peers. Adolescent girls have an HIV prevalence of 5.6%, which is eight times higher than their male counterparts at 0.7%. Further, South Africa is home to 15% of all adolescents living with HIV, globally, with 320,000 10-19-year-olds living with the virus. Among young women age 20-24, HIV prevalence is 17.4%, three and a half times greater than young men in that same age bracket (5.1%). Until their 50s, women in all age brackets are disproportionately affected by HIV, though the gap is especially pronounced for those 15-24, and particularly for adolescents. Moreover, while HIV incidence is falling among the general population in South Africa, HSRC estimates that incidence has

only marginally decreased among females aged 15–49 and 15–24. The HSRC estimates on HIV incidence show that almost a quarter of all new infections occur amongst young women age 15–24 and about 81% of all incident cases in their age cohort.

Similarly young women and girls are also at risk through high risk behaviours such as transactional and age disparate sex, and as victims of gender based violence and poor social support structures. Complex psychosocial and socio-economic factors and poor access to and uptake of services increase their vulnerability and risk. Policy barriers and negative attitudes of health workers further limit their access to HIV and SRH services. They often face stigma and discrimination and as a result many adolescents are reluctant to attend diagnostic and treatment services. Consequently, they remain hidden from many essential health interventions, further perpetuating their exclusion.

Figure 1: Factors contributing to vulnerability of young women and girls



This YW&G programme grant seeks to address the HIV needs of young women and girls in 10 districts in South Africa through the provision of a comprehensive package of evidence

based HIV services tailored towards adolescent girls and young women aged 10-24 years, as recommended by the WHO. Sub-districts were selected based on priority need. Districts were selected based on the population numbers, HIV prevalence, level of teen pregnancy and the level of gender based violence and poverty. To avoid duplication, districts were excluded if already covered by participation in the PEPFAR DREAMS programme.

The grant focuses on saturating each sub district with the relevant HIV prevention interventions. Young women and girls are targeted in and out of school with an appropriate mix of behavioural, social and clinical services. This combination prevention approach will help provide a supportive system for young girls, promoting agency, resilience and building their social capital.

The SCI is one of 5 Principal Recipients (PRs) responsible for the “Young Women and Girls” Module. The 5 are: SCI; NACOSA; Kheth’Impilo; Western Cape DOH and KZN Premiers Department. Collectively the PRs cover 10 districts as follows:

Province	District	Sub-districts, wards or areas for intervention#	Principal Recipient of Global Funding	Sub Recipients
KwaZulu-Natal	Uthungulu	Abaqulusi Nongoma	KwaZulu-Natal Treasury	Mpilonhle NGO
	Zululand	Abaqulusi Nongoma	NACOSA	Humana
Mpumalanga	Ehlanzeni	Bushbuckridge Mbombela Nkomazi		Childline Mpumalanga GRIP
	Gert Sibande	Albert Luthuli		Childline Mpumalanga Humana
Limpopo	Greater Sekhukhune	Greater Tubatse		Humana
North West	Bojanala	Moses Kotane, Moretele, Rustenburg Madibeng	Soul City Institute	Positive Womens Network Show Me Your Number
Gauteng	Tshwane	Winterveld, Hammanskraal Garankuwa Olievenhoutbos Mamelodi East Bronkhorspruit		Childline Blueberry Institute Zakheni
Eastern Cape	O.R. Tambo	King Sabata	Kheth’impilo	Small Projects Foundation (SPF)
	Nelson Mandela Bay	Region A		Kheth’impilo
Western Cape	City of Cape Town	Klipfontein/Mitchells Plain	Western Cape Provincial Government	Desmond Tutu Foundation

Each PR was responsible for appointing Sub Recipients (SR) in their respective districts to implement the full package. The package consists of:

1. In Primary Schools: Soul Buddyz Clubs

Creating a supportive environment around primary schools: Hands on Parenting Training

2. In High Schools: Keeping Girls in School, Rise Clubs in school or peer educators in school. The KGIS also has homework support, career jamborees and home visits.

3. Out of school: Rise out of school clubs

Creating a supportive environment: community dialogues and health jamborees

All participants in the programme are encouraged to be screened and test for HIV and TB. Sexual and reproductive health services are provided too.

This process evaluation will focus on the Soul Buddyz Club and Hands on Parenting aspect of the intervention. The target is children 10-14 years old (girls and boys) and their parents.

Soul Buddyz Club

The Soul Buddyz Club programme is a movement of young children supported by volunteer teachers (facilitators). As a programme it has been in operation since 2004. The clubs are primary school based and have 25 members per club with about 60% girls. The Clubs work together to create a platform that gives voice to and promotes real community action for and by children towards their health and wellbeing with a large focus on HIV and AIDS and the promotion of positive gender norms. Clubs meet around once a week and undertake activities and projects catalysed by materials provided by the SCI (Unit Guides, Zones and posters). They impart knowledge and skills amongst youth to enable them to make healthy and safe choices. In addition, they create an environment of ongoing learning with peer support and help mobilise children and build agency to tackle issues affecting them in their school and communities. A number of studies have shown that the SBC build resilience in children and have in the long term been protective of girls acquiring HIV later in life.

Hands on Parenting

Hands On Parenting” programme (HOP) is a training programme developed through a partnership between Eduwrite, the Parent Centre and the SCI. The course seeks to equip parents to learn new parenting skills and also unlearn unhelpful or harmful ones. In relation to HIV, unplanned pregnancies as well as Sexual and Reproductive Health in general, HOP aims to enhance protective parenting practices that are associated with reduced sexual risk and promotes parent-child communication about sexuality and sexual risk reduction, and provides a nurturing environment for girls and young women.

The 10 session course is held once or twice a week with a group of not more than 25 participants. Each session is between 90 and 120 minutes to allow for discussion and engagement. The ten sessions cover understanding children’s behaviour; relationship building/listening and communication skills building (including on sexual topics and sexual risk reduction), building self-esteem, self-discipline, positive discipline, family building, substance abuse and violence prevention and access to social security.

Each course is co-facilitated by 2 Social Auxiliary Workers (SAWs) who have attended a 5-day training by the Parent Centre. The SAWs use the Hands on Parenting materials in their training.

2. PURPOSE OF THE EVALUATION:

The purpose of the evaluation is to:

- Verify that the objectives of the programmes are being met
- Understand the quality of the implementation
- Document different implementation methods and the impact thereof.
- Assess whether there are any unintended outcomes
- Asses the cost of the programme

3. KEY RESEARCH QUESTIONS:

This evaluation seeks to answer the following questions:

1. Is the programme being implemented as intended?
2. Are there gaps between program design and delivery?
3. Are there innovative methods being used that can improve delivery for other sites?
4. What are the barriers to optimum delivery of the programme?
5. What are the outcomes of the programme?
6. What is the cost per child reached with the programme?
7. Is the using of the App improving data collection?
8. Does using the App add value to the programme?
9. Is the point incentive programme working to assist with attendance?
10. Are there linkages between the 2 programmes?

The main target groups of the evaluation will be:

1. The PRs and their SRs
2. The Departments of education (National, Provincial and district)
3. The School: principal and facilitators
4. The children
5. The parents
6. District AIDS councils

The evaluation will look at the following components:

1. Establishment and registration of the club
2. Training of PR's SR's (by SCI and PR's)
3. Membership of the club are the clubs reaching the most vulnerable (at risk)
4. Recruitment strategies
5. Implementation processes
6. Materials for clubs
7. Retention strategies and their impact
8. Program activities
9. Interaction with local stakeholders / CBO's / local government / districts etc
10. Data: Collection, flow, tools, successes and challenges
11. Allocation and use of resources

The report must include lessons learnt and recommendations.

4. Methodology

The methodology should include desktop reviews, an analysis of existing data in the Goldmine database, qualitative interviews (both focus group, individual interviews and observational methods), field visits to clubs/ schools / parents in all 10 districts. An analysis of the expenditure for the programmes.

5. Sampling Strategy

The sampling strategy will depend on the type (qualitative or quantitative) of data being gathered.

6. Key Data Analysis Procedure

Analysis will be undertaken using various tools (electronic and or manual) available for qualitative and quantitative data as deemed appropriate. Evaluators must present a coherent data analysis strategy which will enable the effective use of both quantitative and qualitative data in drawing conclusions

7. Ethical considerations

Ethical approval must be sought from a registered body and all ethical standards adhered to in order to protect the children and their parents.

Stakeholders	How the Stakeholder might use or be affected by the evaluation results	Stakeholders role in the evaluation
Government Stakeholders; District and Provincial Departments of Education. Other departments in government	The programme is being run in the government schools and the department is critical in running the programme, in giving permission to run the programme and in supporting the educators who are the facilitators	Respondents in key informant interview
Children and parents	As the beneficiaries their opinions are very important in understand the process of implementing. Parents are both recipients in that	Key respondents in focus groups and individual interviews. An analysis of

	their children participate and they participate in the HOP programme. Findings will assist in making the programme as beneficial as possible	training reports and projects and reports submitted by SBC.
Teachers and Principles	The teachers are the facilitators of the Soul Buddyz Club and the principles enable this to happen.	Individual interviews.
PRs/SRs Programme Staff	These are the managers and implementers of the programmes. The findings will assist in improving implementation.	Key informant interviews, reports and surveys.
Global Fund CAT, CCM	The evaluation findings will point areas that are doing well as well as those that need improvement. And may point to future funding priorities	CCM is commissioning the Evaluation

8. Scope of Work (SOW)

The successful candidates will be expected to produce a **protocol** which includes the following headings:

- a) Background
- b) Aim of the evaluation
- c) Objectives of the evaluation
- d) Detailed Methodology
 - i) Study design
 - ii) Methods to be used and reasons for the use of the methods (which questions will they answer)
 - iii) Study Population
 - iv) Sampling method
 - v) Tools to be used
 - vi) An analysis plan
 - vii) A time frame
- e) Detailed budget

Expectations of research team:

They will be expected to

- Get the protocol passed by the relevant ethics body.
- Pre-test instruments
- Train data collectors
- Undertake the evaluation data collection process
- Prepare and clean data
- Undertake comprehensive data analysis
- Formulate the findings
- Report on findings

9. Experience

The applicants must have both qualitative and quantitative research experience. Knowledge of social and behaviour change programmes particularly HIV prevention programmes and proven expertise in process evaluation.

10. Budget

The financial proposal will be considered once the technical proposal is assessed.

11. The time frame

The study needs to begin at the end of March 2018 and continue until December 2018.

Reports will be expected at 31 July 2018 and the 31st January 2019.