



Request for Proposal (RFP)
Young women & Girls Programme
RFP: SCI YW&G\2016\1 March 2016

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Abbreviations

CBO	Gender Based Violence
HOP	Hands On Parenting
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
KGIS	Keeping Girls in School
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant TB
MSM	Men who have Sex with Men
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
PCA	Provincial Council on AIDS
PGT	Peer Group Trainer
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
PWID	People Who Inject Drugs
RDT	Rapid Diagnostic Tests
RFP	Request for Proposals
SANAC	South African National AIDS Council
SAW	Social Auxiliary Worker
SBCC	Social and Behaviour Change Communication
SCI	Soul City Institute
SR	Sub-Recipient
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
YM&B	Young Men and Boys
YW&G	Young Women and Girls

This is a call for sub recipients reporting to Soul City Institute as Principal Recipient to carry out important HIV prevention work among young women and girls. The programme is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. This call is for Civil Society Organisations including emerging organisations to apply to fulfil some or all of the programme requirements outlined below in one or both of the 2 districts mentioned in this document.

1. BACKGROUND

South Africa has recently acknowledged that there is a need to take a geographic approach to resource allocation and intervention focus in the HIV and TB response. South Africa's strategy for maximising Global Fund investment is based on a targeted saturation of a small number of priority districts. These districts are 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 Soul City Institute for Health and Development Communication is one of the eight primary recipients that will manage the Global Fund grant for the implementation of programmes addressing the HIV and AIDS and TB epidemic in select districts in South Africa for the period **1 April 2016 –31 March 2019**. The Soul City Institute (SCI) will with other 5 Principal Recipients (PRs) be responsible for the "Young Women and Girls" Module within the grant.

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%). 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.

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 generally 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.

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.

2. GIRLS AND YOUNG WOMEN PROGRAMME MODULE OF THE GLOBAL FUND GRANT

An important key population for the HIV epidemic in South Africa is young women and girls. As indicated HIV prevalence among young women and girls is much higher than among 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%).

Alignment of the Programme to the NSP

The Girls and Young Women Programme aligns itself to all 4 strategic objectives of the NSP:

- **SO 1: Addressing social and structural drivers of HIV and TB prevention, care and impact**
- **SO 2: Preventing new HIV, STI and TB infections**
- **SO 3: Sustaining health and wellness**
- **SO 4: Ensuring protection of human rights and improving access to justice.**

The NSP recognises that targeted, evidence-based combination prevention interventions are needed to achieve the long-term goal of zero new HIV and TB infections. According to the NSP: “Focusing prevention efforts in high-transmission areas and on key populations is likely to have the greatest impact, while simultaneously sustaining and expanding efforts in the general population”. Aligned to this approach, this module focuses on young women and girls (YWG) between the ages of 15 and 24 years – identified by the NSP as a “key population”. The 5 PRs addressing YWG also collectively target specific districts identified as “high transmission areas” for saturation with a combination prevention intervention.

Combination prevention recognises that no single prevention intervention can adequately address the HIV and TB epidemics. Rather, a combination of structural, biomedical and behavioural approaches, together are likely to have the greatest impact on reducing the likelihood of transmission and mitigating individuals’ susceptibility and vulnerability to acquiring new infection. The package to be implemented in this proposal is based on those suggested in the NSP and include inter alia: male and female condoms; medical male circumcision; HIV counselling and testing (HCT); TB screening and preventive therapy; social and behaviour change communication promoting health-seeking behaviour, changing socialisation practices and interventions to eliminate gender-based violence and increasing access to sexual and reproductive health services.

The overall goals of the grant are to:

1. Reduce new HIV infections by at least 50% using combination prevention approaches
2. Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation
3. Reduce the number of new TB infections as well as deaths from TB by 50%
4. Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP
5. Reduce self-reported stigma related to HIV and TB by at least 50%

Stigma Reduction

The NSP 2012 – 2016 recognises role of stigma as an important barrier to addressing all aspects of the HIV epidemic across prevention, treatment and impact. The NSP aims to ensure that rights are not violated when interventions are implemented, and that discrimination on the basis of HIV and TB is not only reduced, but ultimately eliminated. Sub-Objective 1.6 specifically, deals with Reducing HIV and TB-related stigma and discrimination with a call for a clear programme of action that covers both innovative and established methods of stigma elimination. The greater involvement of people living with HIV and TB is seen as key in such programmes to empower and educate communities and individuals. The NSP also recognises that interventions must be targeted and that implemented must happen in different spheres or levels. The programme included in this intervention focuses on community level “action media” programming reinforced through talk shows and public service announcements on community media with a footprint across the selected districts.

2.1 GIRLS AND YOUNG WOMEN PROGRAMME DESCRIPTION

This proposal is going to build on and strengthen the current Rise Club programme that SCI is implementing and aligning the basket of services to those recommended by the WHO and adopted by the Country Coordinating Mechanism (CCM). The revised package will include peer support, health promotion, HCT and SRH services, community systems strengthening and social behaviour change communication (SBCC) through mass media, advocacy and social mobilization. These will be delivered through a range of evidence based programmes.

Whilst the current grant focuses on young women aged 15-24 years, the new grant will include girls aged 10-14 years through SCI’s Soul Buddyz Club programme and some community systems strengthening activities such as parenting training and community dialogues.

A total of 1000 Rise clubs will be supported and an additional 500 Soul Buddyz Clubs introduced. All the SBC and 1000 of the Rise clubs will be in 10 priority districts where implementation will be intensified to ensure high impact. Some of these Rise clubs will be newly established (to cover parts of the district where they currently don’t exist).

The new grant will also strengthen SRH and HCT approaches through direct service provision and strengthening referral and linkages with local clinics and community HCT centres. Career development will also be strengthened, with homework support, career jamborees and an employment accelerators package being introduced. Soul City will continue to produce high quality mass media materials, including a TV edutainment programme and booklets to support club engagement.

This proposal builds on the systems developed in the previous grant, incorporating the key lessons learnt. In particular, the Rise M&E App developed in the current grant will be upgraded and more

intensive training done with Rise members. Also, the number of women per club will be decreased from 20 to 15, based on our current experience with group dynamics, attrition and logistics of club meeting places. Club support will also be intensified using fieldworkers to provide one-on-one support and coordination activities.

2.2 GEOGRAPHIC COVERAGE

This 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. The Soul City grant will focus on saturating the Tshwane and Bojanala districts with the relevant HIV prevention interventions.

Soul City Institute	Priority sub districts
City of Tshwane	Atteridgeville, Soshanguve, Winterveld, Hammanskraal, Olievenhoutbos, Garankuwa
Bojanala	Moretele, Rustenburg, Madibeng

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.

Soul City is looking for organisation that can assist in implementing the following package of services, or part there of, in either one, or both, of the districts.

2.3 PACKAGE OF SERVICE /IMPLEMENTATION ARRANGEMENTS FOR YOUNG WOMEN AND GIRLS IN THE 2 DISTRICTS (Please refer to annex 3 for breakdown of activities and expected deliverables)

The prevention package provides a comprehensive set of interventions that are integrated through the Rise and Soul Buddyz Clubs network of clubs as illustrated below:

Figure 1: Reaching Young Women and Girls – the SCI Approach

Girls and boys aged 10 -14 years (in-school)	<ul style="list-style-type: none"> •Young girls and boys will receive vital HIV prevention information and lifeskills through Soul Buddyz Club (SBC). SBC is a peer support model aimed at building knowledge and skills of of young people to make responsible choices about their health.
Young women and girls aged 15 - 19 years (in-school)	<ul style="list-style-type: none"> •Young women and girls will form and belong to Rise clubs. Rise is a club based model that builds social cohesion and resilience amongst young women and girls to support each other in making responsible decisions about their lives.
Young women and girls aged 15 - 24 years (out-of-school)	<ul style="list-style-type: none"> •Young women and girls will form and belong to Rise clubs. Rise is a club based model that builds social cohesion and resilience amongst young women and girls to support each other in making responsible decisions about their lives.

The packages offered in the programme are divided as follows;

1. **School Based Interventions**
2. **Community Strengthening interventions**
3. **Sexual Reproductive Health Services**
4. **Support Services for YW&G**

Applicants may apply to implement packages of services as follows:

Package 1, 2, 3 and 4 in a district

Package 1 only, 2 only 3 only or 4 only

Components of each package in either or both districts

Package 3 will only be granted to those with experience in the provision of services.

2.3.1 SCHOOL BASED INTERVENTIONS

The school based programme will be offered in primary and secondary schools within the selected districts.

2.3.1.1 Primary School Interventions (10 -14 Year Olds)

Soul Buddyz Clubs

The Soul Buddyz Club programme is a movement of young children supported by volunteer teachers. They are primary school based and have 25 members mostly 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 once a week and undertake activities and projects catalysed by materials provided by the SCI. 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.

2.3.1.2 Secondary School Intervention (14-18 Year Old Females)

Rise Clubs and Keeping girls in school (50 schools per district X 20 girls per club x 5 clubs per school)

The Keeping Girls in School (KGIS) package of services will be offered to 50 quintile 1 - 3 secondary schools per district through organized Rise Clubs. The programme will target 100 vulnerable young women and girls in Grade 8 - 10 per school. Girls entering the programme could be selected based on the following criteria:

- Girls struggling academically or have repeated a grade
- Girls not consistently attending school
- Girls who have caregiving responsibilities/are heads of households or are mothers
- Girls who are living with HIV or affected by HIV including orphans
- Girls who show signs of neglect
- Girls who are in age disparate relationships.

Girls will have access to:

- A peer education programme
- Academic support which includes both homework support and career jamborees targeting only Grade 9 girls
- Health education sessions
- Referral to and provision of SRH services including HIV Testing Services (HTS), pregnancy testing, access to condoms, contraception, and TB screening Social support services should they be found to not attend school regularly.

2.3.1.3 Rise Young Women's Clubs

The Rise programme recognises the feminisation of the HIV epidemic and seeks to understand local level gender specific risk factors and empower young women to address them. The clubs are constituted by 15-20 young women from a locale, who meet regularly to discuss issues that affect them and share experience and learnings. Some of the clubs will be based in high schools where they will become part of a bigger initiative to keep girls in school. The clubs aim to build the resilience of young women and link them to biomedical services such as HCT, PMTCT, ART, modern contraception and other sexual reproductive health services. Through following an evidence based curriculum, clubs members are also equipped with skills to deal with socio-economic factors that increase young women's vulnerability - such as intergenerational and transactional sex. The clubs also link young women to educational and economic opportunities through TVET colleges (former FETs) and local microenterprise development organisations. In addition, young women support each other to navigate socio-cultural drivers of risky sexual behaviour.

Within the bigger initiative, school-wide health promotion activities will be implemented including the Schools as Nodes of Care programme and a Parenting programme, and older girls will be supported by career jamborees and job accelerator programming. In addition, vulnerable girl learners will be offered homework support and regular counselling for menstrual care and overall well-being.

2.3.1.4 Homework support

The homework support programme is held for adolescent girls in secondary schools who opt to join the homework support programme. The programme targets girls who need academic support to help them progress to the next grade. The programme is supervised and supported by the peer group trainers. The homework support is offered during lunch breaks, 'free' classes, and straight after school. Homework support is offered once per week as the PGTs have to attend to 5 schools from Monday – Friday.

2.3.1.5 Jamborees

The career jamborees target Grade 9 learners. The activity will be hosted in 2 different ways as appropriate:

Model 1: Schools in the district are clustered, and approximately 800 Grade 9 learners from the clustered schools are transported to a central venue where the career jamboree event will take place. It is normally a half day event. The venue is normally a town hall or a district education or teacher centre. At the jamboree, different exhibitors set up stands with information pamphlets and posters. Groups of girls are taken to each exhibitor by an educator and the exhibitor does a 10 minute presentation. Girls then move on to the next exhibitor.

Model 2: A service provider is contracted by the SR, in partnership with the provincial Department of Education, to visit individual schools in a district. The career jamboree school event takes place in a classroom, and targets no more than 15-20 girls at a time. The format of the jamboree is a presentation by various industry experts. A career guidance workshop that includes administering a personality test, career planning and subject selection as well as a science presentation. The career jamboree takes about 2 hours.

2.3.2 COMMUNITY STRENGTHENING PROGRAMMES

2.3.2.1 Parenting Training

The YWG programme package of care includes two parenting programmes:

- "Hands On Parenting" programme for parents of young girls and boys (aged 10 -14 years) in the Soul Buddyz Clubs
- Teen parenting programme for young women and men who are already parents or who have parenting/ caregiving responsibilities.

The "Hands On Parenting" (HOP) programme:

HOP is a training programme developed through a partnership between Eduwrite, the Parent Centre and the SCI. The 10-week course is held once a week with a group of not more than 25 participants. Sessions will mostly be offered on a weekday, during the evening, to allow for maximum participation. Each session is between 90 and 120 minutes to allow for discussion and

engagement. The course seeks to equip parents to learn new parenting skills and also unlearn unhelpful or harmful ones. The ten sessions cover understanding children's behaviour; listening and communication skills building (including on sexuality), building self-esteem, self-discipline, family building, substance abuse and violence prevention and access to social security.

Each course will be co-facilitated by 2 Social Auxiliary Workers (SAWs) who have attended a 5-day training offered by the Parent Centre. During training the SAWs will be given materials to support the sessions. These materials are SCI parenting materials that cover a number of topics such as sexuality, alcohol and violence.

The Teen Parenting Programme

The Parent Centre will implement the Teen Parenting Programme. The programme aims to reach adolescents who bear the responsibility of parenting. The programme is both a skills development and support intervention which equips teenagers with parenting skills, and supports them to be more effective, responsible, nurturing mothers and fathers. The programme primarily targets adolescent parents who have already had their baby and secondarily, adolescent caregivers of younger siblings. In this grant the programme will be offered in 2 ways:

- For in school female and male learners (14-21 years): the sessions are offered directly after school on school premises for 2 hours. 90 minutes is content and 30 minutes is for refreshments and informal contact time with the facilitator.
- "Out of school" adolescents: the sessions are offered in community venues for adolescents who have had their baby. These adolescents are not attending school because of their parenting responsibilities.

The Parent Centre will provide master training to the 5 PRs who will then provide cascade training to the SAWs. The SAWs in turn will be responsible for co-facilitating the programme in the selected schools in the district as well as for adolescents from the surrounding community. The facilitator training is a five-day training followed up with two-day refresher training. The SAWs delivering this programme will be closely supervised and mentored by social workers responsible for the management of the programme. The training offers 31 Continuing Professional Development (CPD) points to social workers and social auxiliary workers.

2.3.2.2 Schools as Nodes of Care training (SNOC)

The project aims to enhance the ability of schools to identify and support vulnerable children through mobilising resources in the school and the community as a whole, including government services. Schools are promoted as "one-stop shops" for service delivery, including access to social grants which will be enhanced through this process. School Governing Bodies (SGB) will be trained in the SNOC methodology and participate in the district community support forum. The project will work closely with the National and Provincial Action Committees for Children Affected by HIV and AIDS and include the following:

- a manual to inspire and assist SGBs in ensuring their schools are nodes of care
- a training course for SGBs, developed around the above manual
- a database of all government and community services available to support vulnerable children

2.3.2.3 Community dialogues

Community dialogues are a well-accepted way of mobilising communities to engage with important issues including developing positive social norms and social cohesion. Each dialogue is

run by a skilled facilitator to enable critical thinking and engagement amongst community members. The dialogues bring together about 80 community members to dialogue around the issues that affect them and develop community action plans that set out how they will collectively address these issues.

The Community Care Forums are a coordinated network comprising both professional and non-professional community members working with children and adolescents in the district and will comprise the Departments of Social Development, Health and Education, as well as the South African Social Services Agency (SSA), the South African Police Service (SAPS), NGOs and CBOs and faith based organisations plus selected members of the community. The forum's goal is to address barriers to services, child protection and to link young women and children to relevant services. Each forum adopts a strategy agreed by all parties and develops a formal memorandum of agreement between members of the forum outlining roles and responsibilities. They meet quarterly to discuss case management and ensure appropriate referrals. Individual members carry the collective responsibility of ensuring that the strategy is implemented and lessons and best practices are shared.

2.3.2.5 Child Protection Services

Therapeutic programme for children who have experienced sexual abuse

This is a 6-day residential workshop that provides therapeutic support to children aged 10 – 17 years old, to enable them to process abuse experienced. The programme also offers sessions to educate and support their caregivers to ensure that they understand abuse, are able to provide a positive parenting environment and provide support to children in their care. Following the workshops, a care plan, that includes a therapeutic and risk assessment is completed to ensure that children are living in a safe home and community environment. Referrals, linkages and legal processes are planned and coordinated.

Programme for sexual offending boys

This is a programme targeting boys aged 10 – 17 years old who are presenting with inappropriate sexual behaviours. The treatment outcomes for this programme aim to:

- Stop sexually abusive/aggressive/inappropriate behaviour.
- Help the child acknowledge and take responsibility for inappropriate behaviour.
- Increase the boy child's awareness of feelings/thoughts/behaviours that triggers inappropriate sexual behaviours.
- Learn and practice skills to control/manage inappropriate sexual behaviours.
- Learn to identify, express and manage feelings in a healthy way
- Understand the impact of his behaviour on other children and develop empathy.
- Heal the child from his own victimization issues/trauma.
- Teach the boy child how to handle situations of stress and helplessness.
- Develop the boy child's support system.
- Teach/educate boy child about healthy sexual behaviour/thoughts and relationships.
- Ensure that the boy child gains knowledge that is developmentally appropriate and to teach them boundaries/rules.

2.3.3 SEXUAL REPRODUCTIVE HEALTH SERVICES

2.3.3.1 HIV testing

The programme will offer HIV Counselling and Testing (HCT) and Sexual and Reproductive Health (SRH) services specifically to young women and girls. A mobile testing unit will include a roving team of a professional nurse, enrolled nurse, counsellors and social auxiliary worker. This team will work closely with the health promotion advocates and the school based auxiliary social worker to identify and appropriately refer young women and girls to services. The services that they offer will include HIV testing, modern contraception, condom distribution, STI and TB screening.

2.3.4 SUPPORT SERVICES FOR YW&G

2.3.4.1 Job preparedness incubator programme, technical and vocational training opportunities and linking with microenterprise opportunities

In response to the unemployment challenges faced by young women, this programme will capacitate 600 young women per year per district in job preparedness. This will be done through a training programme that tackles the interrelated challenges of socioeconomic disadvantage and HIV risk in young women by teaching skills needed to secure employment and reduce risk-taking behaviour. The training programme will not only address employment challenges but will heighten sensitivity to sexual and reproductive health and rights issues and enhanced self-esteem. The programme will use participatory methods to teach life skills; improve sensitivity to gender-related issues; improve knowledge, attitudes and practices regarding sexual and reproductive health and rights; and develop necessary job-seeking skills such as CV writing and interviewing skills. On completion of the training young women will be linked to employment through a youth employment accelerator programme. A clearinghouse will screen, assess and offer job-seeking services to the young women. In addition, the programme will link young women with enterprise opportunities.

2.3.4.2 Mass and Social Media

Supporting these interventions will be a mass media television and social media intervention to encourage a supportive environment for young women and girls.

2.3.4.3 Mobile Intervention

A new digital mobi platform to offer incentives and real-world rewards for positive, health-seeking behaviour. In addition to the growing power of mobile technology, an analysis of the growing body of research that points to the efficacy of conditional cash transfers and lottery logic in driving behaviour change. Many developing countries have employed conditional rewards successfully to achieve increased health-seeking behaviour, increased uptake and adherence of medical treatment and increased access to education and other health services. Important in all of these processes, is creating the ability to change the decision calculus of the individual regarding his or her sexual behaviour.

The mobi-site will be tailored to interact directly with the programme for YW&G aged 12-24 years old in the 10 target districts. (As a digital programme, best practice requires that young people

below the age of 12 seek parental consent when engaging in online platforms). Users will earn points for educating themselves about sexual and reproductive health, interacting with content online, taking action in the real world and then proving it. Ultimately promoting a positive lifestyle among their peers in the social network. Their point's level then enables them to enter competitions for a range of prizes, with greater rewards for greater interaction. By offering a home to young people that provides them with information and helps them to understand themselves better and then rewards them directly becomes competition to the forces that drag young people into risk, and ultimate HIV infection.

- The first prong of the intervention will focus on providing online content (in the form of quizzes, self-assessments and trending items) in line with the broader programmes themes such as: school retention, sexual and reproductive health information and access to opportunities. The Site will support these programmes through content focused campaigns that augment the curriculums offered in these clubs. For each piece of content module completed a user earns points. The aim is for each content module to influence an individual's decision making and tip the scales in favour of accessing services or attending events. In the example of HIV Counselling and Testing, normal decision making gives more weight to the costs of overcoming fear and taking the time to get tested than the future health benefits of a test result. The basic idea of the module would be to tip the scales in the favour of the HIV test by offering YG&W information on the benefits of getting tested and combine this information with an incentive large enough to make the immediate benefits greater. Content will be directly linked to the modules or curriculums offered through these programmes and will focus on high priority topics to the National Department of Health including: SRH, education, self-confidence, career support, mental health, HCT, teen pregnancy, TB, nutrition and exercise.
- The second prong of the intervention will focus on rewarding young women for accessing SRH services and completing activities that form part of the basket of services. Following engagement participants can then enter competitions to win rewards such as airtime, data, clothing vouchers, meal vouchers etc. These rewards have specifically been chosen as the things that young people enjoy.

The site will incorporate a lottery logic, whereby a user earns points for completing activities and their point's level enables them to enter competitions of greater value. The platform allows for YG&W to be rewarded for accessing SRH services, HCT, family planning, attending homework support sessions and Rise Club meetings. The system also connects young people with clinical health services and facilities that offer youth- friendly services, thus increasing utilisation of both preventative care as well as treatment.

These two arms combined will provide a mechanism to amplify the work done through the Rise Clubs, Keeping Girls in School Programme, Career Jamborees and other affiliated interventions. The mobi site uses demographic data (gathered on registration) to serve users content carefully tailored to their age, gender and location. The SR will conduct:

- Digital development: develop and enhance the mobisite and promoter portal to serve the needs of this programme including ongoing maintenance and front end development.

- Programme design and management: ongoing programme design to ensure the site supports the thematic areas. This includes refining the rewards and incentives logic as necessary, content development, module creation and ongoing maintenance of the site.
- Incentives and rewards: secure all the rewards that are required to ensure young people remain engaged
- Telecommunication contracts: negotiate contracts with telecommunication suppliers to gain preferential rates to reduce or zero-rate the cost to users
- Training: all Principal Recipient implementers will be trained as mobi site promoters in order to register new users and reward users for accessing services or attending events
- Marketing: SR will be responsible for marketing the platform to young people through an on-the ground communication activities that makes use of implementers as the main promoters

2.4 ENVISAGED PROGRAMME OUTCOMES

The Global Fund YW&G programme is also aligned to the goals of the Girls and Young Women Strategy of the South African National AIDS Council (SANAC) that seeks to;

1. Decrease new HIV infections in girls and young women
2. Decrease teen pregnancies
3. Retain girls in schools until matric

The primary outcome of the Global Fund YW&G programme is to prevent new HIV infections among YW&G.

2.5 MONITORING, REPORTING AND EVALUATION

SCI has a well-developed M&E unit with a dedicated executive, a manager, two M&E coordinators, a database coordinator and 4 data capturers. At district level, there will be an M&E coordinator based each in Tshwane and Bojanala. This team will oversee the routine data collection and reporting. In addition, management will be involved in the conceptualization of the evaluations, case studies and reviews.

2.5.1 Data collection processes

SCI will coordinate the data collection for the Soul Buddyz Club and Rise Clubs in all 10 districts. For the Rise Clubs, SCI has developed an electronic reporting system that has taken some time to implement but has now got traction and will be built on in this grant. Each Rise club member will be enrolled on the central database and the mentors linked to the clubs. The attendance data and reports will be collected from the Rise club members using unique identifying QR coded cards. These will be scanned at each meeting and at the attendance of the other interventions such as the SRH services, the career jamborees etc. Where there is no cellular coverage or cellphones with the ability to scan, a standard attendance register will be filled in and data captured into the data base in the district. SR's will be responsible for ensuring the correct information from the club members and for getting them to submit attendance registers either electronically or the SR must collect the hard copy and submit this.

Data will be collected from each child member of each Soul Buddyz Club with school and facilitator identifiers. The project reports, monthly reports and point allocation for participation can be uploaded on the specially developed application. The data is uploaded directly into the database. Data reports will be sent monthly to the SR's in each district to enable them to improve

implementation by providing targeted and specific support to individual clubs (for example to support clubs that are not active).

The data management team will share performance data, in the form of a dashboard, on a monthly basis and will include an analysis of number of clubs supported and club members' demographic profiles.

In the districts (Bojanala and Tshwane)

- Every training session (including the parenting training, the Schools as Nodes of Care) will be recorded with an attendance register which is the responsibility of the SR, this will be captured at SCI head office.
- SR's will send structured monthly reports to their PR.
- Number of girls attending the Career Jamborees will be recorded by the SR on registers and those belonging to clubs will have their cards scanned.
- HIV counselling and testing will be kept on a register by the registered nurse (SR). (Verification of their attendance of the services will be through the scanning of their QR code). The HIV tests and all STI screening will be collected using the same system that the local DOH uses. This data will be fed into the district information system. The nurse will collect data on the testing and attendance at the mobile unit.
- Each community intervention will have registers and reports written by the CSO's (SR's) implementing them. These will be sent to SCI a month after the intervention.

2.5.2 Data Flow

Routine and non-routine data such as participation in the programme will be collected by SR's and submitted through the existing data management systems managed by SCI on a monthly basis. Non-routine data like number of people trained will be collected through the same system but reported less frequently. SRs will collect this and other relevant data from beneficiaries and electronically submit it to the SCI central database. Data will be collated and shared monthly with each SR. Data on other aspects like health-seeking behaviour shall be collected at both community and health facility levels (mobile unit). Raw data will be kept by SCI and provided to the LFA at request for audit and verification purposes; data will be shared with the AIDS councils (DAC, LAC, and PAC) for programming, advocacy and performance review. Data on HIV testing will be shared with the District DOH.

2.5.3 Quality Assurance

Data will be evaluated by the SR and by SCI for quality using reliability, accuracy, completeness, timeliness and integrity as key measures. The Soul City M&E unit will conduct on-site data verification visits.

Data quality assessments will be conducted internally and performed by the M&E unit at the SR's office quarterly and at the club annually. Soul City M&E unit will provide check lists to enable SR's to also perform their own data quality checks regularly. Any gaps identified will be addressed immediately on-site and any capacity strengthening done as identified. All tools will be designed, standardized and managed by the central office and reviewed periodically with the SR's to ensure that they capture all information required to effectively manage the program and are user friendly. In order to support the data quality assurance, capacity building workshops will be held provincial managers on tools, data integrity checks and reporting. All provincial managers will have sound M&E skills, and will work closely with SCI M&E unit to ensure high data quality standard reliable data.

Data verification and quality control will be performed at all levels by the SR and SCI (database assessments as well as SR level audits) to ensure high quality data.

At national level, an electronic system will be used to store and manage club establishment data as well as SRH service uptake. Different user access will ensure security and integrity of data. The data will be verified each year through a national call out to confirm details.

3. GRANT MANAGEMENT ARRANGEMENTS

3.1 Appointment and management of SRs

SCI has a procurement policy in place that is followed when SRs, agents and suppliers are appointed. The SRs for this grant will be selected based on our tender processes set out in the procurement policy and the SR selection process as outlined by the SANAC Country Coordinating Mechanism (CCM). Contracts will be drawn up and signed by both parties ensuring understanding of business, deliverables and payment terms. Those selected will be responsible for implementation and stakeholder liaison. Where Service Providers are contracted by SCI, this will be done in line with SCI's Procurement Policy and with due regard for value for money. Written contracts will be entered into with SRs and service providers, which will set out clear deliverables and link payment schedules to such deliverables. All SR's will undergo a due-diligence assessment prior to contracting.

3.2 Responsibilities of Soul City and the SRs

As PR, Soul City Institute's responsibility is to manage the Global Fund (GF) grant and ensure that the grant objectives are achieved. This includes the disbursement to implementation partners who are part of the service delivery team as well as monitoring and evaluation of the achievement of grant objectives supported by the Country Coordinating Mechanism (CCM) which provides oversight of the implementation of the grant. Money will flow from the Global to Soul City and through Soul City Institute (SCI) to sub-recipients (SRs). SRs will be the direct implementers of the Girls and Young Women Programme. SCI is looking for up to 10 provincially/district based Civil society organisations and will have a larger contractual relationships with loveLife on the iloveLife mobile platform and with SANAC on the anti-stigma campaign.

SRs will be required to report to SCI on a monthly basis via the RightMax Grant Management System. Reporting will include a breakdown of expenditure, cash position at month-end and cash forecast for the following two months. Supporting documentation for expenditure will also be uploaded by the SRs and will be verified by SCI before the next payment is released. Funds will be advanced to SRs with due regard to available cash, forecasts and spending rates (burn rate).

3.3 Scope of Work (to be finalised with the respective SRs)

A. School Based Intervention SR's X2

District 1: Bojanala (R6 356 973) District 2 Tshwane (R6 356 973)

1. Run 50 Soul Buddyz Clubs and 100 Rise Club programmes in each of the 2 allocated districts
2. Work with 50 schools per district
3. Recruit clubs
4. Train Soul Buddyz Club facilitators
5. Train the Rise club girls

6. Motivate the girls in clubs
7. Distribute materials to clubs in district
8. Run Keeping girls in school programme in high schools with clubs (homework support, Sexual health education)
9. Collect data regularly from clubs and schools and ensure its submission to the PR
10. Report to the PR
11. Liaise with the local and district AIDS council
12. Liaise with other SR's and Civil society organisations
13. Run career jamborees

B. Community Strengthening SR's X 2

District 1: Bojanala (R4 808 585) District 2 Tshwane (R4 808 585)

1. Coordinate all activities in the community to support YW&G
2. Hold community dialogues with men, adults about gender equity and the challenges that YW&G face
3. Hold health Jamborees linking with schools to bring services to underserved communities
4. Run parenting and teen parenting programmes
5. Liaise with community structures and other SR's
6. Run Schools as Nodes of Care training workshops in the relevant schools
7. Coordinate and support the Community Care Committees

C. SRH Clinical Services SR X 2

District 1: Bojanala (R8 467 727) District 2 Tshwane (R8 467 727)

1. Using a specifically procured mobile testing unit provide HIV testing and SHRH services to YW&G (10-24 years old)
2. Procure the HIV test kits from SCI in first year.
3. Procure HIV test kits and SHRH materials from year 2 from the local DOH
4. Ensure good referrals
5. Follow up HIV positive people to ensure link to services
6. Test 9000 people per annum per district
7. Report data to PR and district/ local DOH
8. Liaise with the other SR's in the district

D. Job preparedness SR's x2

District 1: Bojanala (R8 874 012) District 2 Tshwane (R8 874 012)

1. Train and prepare out of schools YW&G in Rise clubs to prepare for jobs.
2. On completion of the training young women will be linked to employment through a youth employment accelerator programme.
3. Screen, assess and offer job-seeking services to the young women.
4. Link young women with enterprise opportunities.
5. Liaise with other SR's in the district
6. Liaise with businesses and government structures in the districts
7. Report to the PR

3.4 EXPERIENCE REQUIRED

3.4.1 Capacity

SRs applying must have past experience in implementing activities in the selected or all intervention areas highlighted above; experience in providing the same or similar services (please submit completed projects with brief information on date, duration, location, fund amount and donor); Have adequate number and qualification of staff to prove the strength of the organization in terms of availability of human resource specially their availability for the program in each district (please include organizational structure); Being able to present documentation to demonstrate financial stability and financial controls (including major source of fund, last five years cost flow figure, audit reports for the past three years).¹

3.4.2 Experience

This call is open to South African local and emerging NGO/CBOs having the requisite experience. The selected applicants should have demonstrated expertise in working with Girls and Young Women strong HIV prevention and counselling skills, ability to provide supportive mentoring to community-based partners to increase testing at the community level. The applying organizations must be working in the districts/sub districts where the grant will be implemented.

3.4.3 Emerging NGO's

SCI is committed to transformation so emerging NGOs will be considered and supported.

An emerging NGO will be considered if for example it has any of the following: a level 1 BEE status, was formed to promote human rights or the rights of marginalised young women; or was started to especially reach out to marginalised people in rural or informal living spaces especially if the current . In the case of an emerging NGO the selection criteria will be adjusted.

¹ These criteria may be waived for emerging organisations

4. DELIVERY DETAILS FOR PROPOSALS

Interested applicants must provide all materials outlined in Annex 1 to Soul City with the contact information provided at the end of this document by 16:00 GMT 19th March 2016. Applications can be hand delivered or posted at the following address; or by e-mail to: procurement@soulcity.org.za or louise@soulcity.org.za

Hand Delivery Address:

First Floor - Dunkeld West Centre
281 Jan Smuts Avenue
(Cnr. Bompas Road)
Dunkeld West
Johannesburg
South Africa

Postal Address

Soul City Institute for Health &
Development Communication
P.O Box 1290
Houghton
2041
South Africa

5. ADJUDICATION PROCEDURE

Soul City Institute and the CCM operate a two stage selection process:

5.1 Phase 1 - Expression of Interest (IoE)

Advertisements are placed in the newspapers, websites (SANAC, Soul City, and NGO Pulse) for interested NGOs/CBOs to send in their expression of interest to apply to be a sub recipient. All interested applicants are provided with detailed Terms of Reference (ToR) to put in applications to be appointed as SRs.

5.2 Phase 2 – TOR's

All applicants who have expressed interest and have been sent the Terms of reference are given 10 working days (2 weeks) to put in their application for selection. Supporting information they consider relevant to their applications are included in their submission. The information supplied will be used to assess the capacity of each applicant; short-lists of qualifying applicants will be drawn and interview dates set with the short listed organizations. Applicants selected for an interview will be notified by 19th March 2016, and a final decision will be made by 01st April 2016.

The short-listed candidates will be asked to supply fully costed proposals. Following submission of detailed proposals, SCI will set up SCI will put together an evaluation panel of 5 people to screen applications (programmes staff, CFO, HR and M&E) and additional members of the Panel will be from the CCM and districts (DAC, HAST) where we will be implementing.

The evaluation panel will:

1. Evaluate applications in accordance with the score card (Annex 2)

Summary of Score Card

Evaluation Criteria	Points
<p>Eligibility Please refer to the Application Template. There are 7 administrative compliance criteria which are highlighted in blue text in the questions section and in the list of required annexes.</p> <ul style="list-style-type: none"> - All of these will be used as an important indication of merit, however the following criteria are a pre-requisite to continue to the formal scored evaluation process of the proposal - Evidence of being registered as a legal entity - Evidence of being a registered NPO with the Department of Social Development - Unqualified audited financial statements and no issues regarding going concern status ² 	<p>Eligible/Not eligible</p>
<p>Technical Merit</p>	<p>80</p>
<p>Financial Merit</p>	<p>20</p>
<p>Total Points</p>	<p>100</p>

The evaluation committee members will each use the approved scoring card to assess and they will provide an independent score on selected items within the evaluation categories. The scoring and the application format are aligned for ease of scoring. Individual scores will be tallied and averaged to determine the final list of selected SRs. Applicants are encouraged to spend sufficient time completing their proposals and ensure compliance with the submission requisitions and instruction.

Emerging organisations are encouraged to apply and their scoring will be lenient, in terms of technical M&E and Finance experience and management, if the rest of the application reflects a strong competence in the field work and meets the criterion mentioned above for an emerging NGO. SCI will provide capacity building to selected SRs in the identified areas where they require capacity and will also assist SRs to source further support as necessary.

5.3 Other relevant information linked to the application;

- The decision of the evaluation/selection committee is final
- Organisations who are awarded will undergo further organizational and programmatic assessment by SCI and the Global Fund which could lead to disqualification if the information supplied is not a true reflection
- SCI reserves the right to request the applicant to meet with us to clarify the proposal
- SCI is not bound to accept the proposal

² In the case of emerging NGO's the financial requirements are an annual financial statement for the most recent year of business.

- SCI may entirely at its discretion, but not in a way that detracts from the CCM SR selection manual, decide to:
 - Award contracts to different organisations for different sections of the scope of work
 - Award contracts for particular sections of the scope of work but invite new proposals for other sections of the work
 - Delay the award contracts for certain sections of the scope of work (taking into account timing and availability of funding).

Annex: 1 Scorecard

Annex: 2 Application Form

Annex 3: Implementation plan