

# TERMS OF REFERENCE

## Impact Evaluation of the My Journey Programme

REQUEST FOR PROPOSALS | DECEMBER 2021

REFERENCE: CFP-05-AGY-12-2021

SUMMARY	
Title	Impact Evaluation of the My Journey Programme
Reference	CFP-05-AGY-12-2021
Description <i>(Summary for website - 100 words max)</i>	NACOSA is seeking the services of a suitably qualified and experienced service provider to undertake an impact evaluation of the My Journey Programme. The evaluation will assess whether the programme has achieved its intended outcomes and impact by carrying out the third and final stage of the HERStory Study.
Questions to	queries@nacosa.org.za
Submission to	proposals@nacosa.org.za
Submission must include	<ol style="list-style-type: none"><li>1. Proposal</li><li>2. CVs of evaluation team members</li><li>3. Company profile</li><li>4. Examples of previous work</li><li>5. PIN for Tax clearance certificate verification</li><li>6. Valid B-BBEE Certification</li><li>7. Completed and Signed Declaration of Interest: <a href="https://www.nacosa.org.za/wp-content/uploads/2019/10/DECLARATION-OF-INTEREST.pdf">https://www.nacosa.org.za/wp-content/uploads/2019/10/DECLARATION-OF-INTEREST.pdf</a></li><li>8. Signed Code of Conduct for Suppliers of services related to Global Fund financing (sign each page): <a href="https://www.nacosa.org.za/2017/03/14/code-of-conduct-for-suppliers">https://www.nacosa.org.za/2017/03/14/code-of-conduct-for-suppliers</a></li><li>9. Confirmation of Banking Details not older than 3 months, by means of a stamped letter from the bank, bank statement or cancelled cheque. <b>Applicable for Company or CC</b></li><li>10. Company documents detailed below <b>Applicable for Sole Proprietorship</b></li><li>11. Owner documents detailed below</li></ol> <b>NOTE: THE ABSENCE OF DOCUMENTATION FOR POINTS 5, 6, AND 7 AUTOMATICALLY DISQUALIFIES THE BID</b>
Deadline for questions	17h00 on Friday 7 <sup>th</sup> January 2022
Briefing meeting	10h00 on Wednesday 12 <sup>th</sup> January 2022
Deadline for submission	17h00 on Friday 21 <sup>st</sup> January 2022

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## ACRONYMS

Acquired Immune Deficiency Syndrome	AIDS
Adolescent Boys and Young Men	ABYM
Adolescent Girls and Young Women	AGYW
AIDS Foundation South Africa	AFSA
Beyond Zero	BZ
Broad-Based Black Economic Empowerment	B-BBEE
Gender-Based Violence	GBV
Global Fund	GF
Human Immunodeficiency Virus	HIV
Human Papilloma Virus	HPV
HIV Testing Services	HTS
Networking HIV & AIDS Community of Southern Africa	NACOSA
President's Emergency Plan for AIDS Relief	PEPFAR
Pre-Exposure Prophylaxis	PrEP
Principal Recipient	PR
Protection of Personal Information Act	POPI
Research Ethics Committee	REC
Service Provider	SP
Sexual and Reproductive Health	SRH
Sexually Transmitted Infection	STI
Small Areas Layer	SAL
Sub-Recipient	SR
Sustainable Development Goal	SDG
South African National AIDS Council	SANAC
South African Medical Research Council	SAMRC
South African Social Security Agency	SASSA
Strategic Information	SI
Tuberculosis	TB
Technical Support Unit	TSU
Technical Vocational Education and Training	TVET
Joint United Nations Programme on HIV/AIDS	UNAIDS

# 1. BACKGROUND

## Introduction to the Global Fund My Journey Programme

The Global Fund (GF) is an international partnership designed to accelerate the end of AIDS, tuberculosis (TB) and malaria as epidemics. The Global Fund works in partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases. AIDS Foundation South Africa (AFSA), Beyond Zero (BZ) and the Networking HIV & AIDS Community of Southern Africa (NACOSA) are Principal Recipients (PR) of the Global Fund ZAF-C grant, entitled “Investing for Impact against Tuberculosis and HIV” which intends to strengthen South Africa’s national response to HIV and TB.

Within the ZAF-C grant, the Global Fund invests in a combination intervention for adolescent girls and young women (AGYW) in South Africa with the aim of reducing HIV incidence, teenage pregnancy, and gender-based violence and increasing retention in school and access to economic opportunities. Combination HIV prevention interventions, which merge effective biomedical, behavioural and structural interventions for combined delivery, are one of the key strategies for reaching the 90-90-90 targets and achieving the Sustainable Development Goal (SDG) of ending the HIV epidemic by 2030<sup>1</sup>. The My Journey Programme is aligned with the She Conquers Campaign<sup>2</sup>, and the South African National Strategic Plan for HIV, STI’s and TB (2017-2022), which recommends for AGYW “a comprehensive package of high-impact, context-tailored and carefully targeted combination prevention interventions ... in all districts”.

## AGYW Programme Funded by Global Fund (2016 – 2019)

In the previous grant cycle, which ran between April 2016 and March 2019, the combination intervention comprised a comprehensive package of health, education and support services to AGYW in- and out-of-school, aged 10-24. The objectives of the AGYW programme (2016-2019) were aligned to the She Conquers campaign and aimed to decrease HIV incidence and teenage pregnancy, whilst increasing retention in school and economic opportunities. It comprised multiple components, and included biomedical, socio-behavioural and structural interventions, targeted at different aged AGYW, and included interventions for boys aged 10-14 years. The interventions were delivered through various channels, including Soul Buddyz Clubs, Rise Clubs, the Keeping Girls in School Programme, Teen Parenting Programmes, Child Protection Programmes, Career and Health Jamborees, and Community Dialogues.

Its multi-pronged approach employed different models of life skills-based HIV education, each targeting different sub-groups within the age range, aiming to effect behaviour change and empowerment. In addition, the Programme offered a basic clinical screening services package including HIV Testing Services (HTS). The figure below provides an overview of the programme for the grant period 2016-2019.

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<sup>1</sup> UNAIDS. 90-90-90: An ambitious treatment target to help end the AIDS epidemic: Joint United Nations Programme on HIV/AIDS; 2014. Available from: [https://www.unaids.org/sites/default/files/media\\_asset/90-90-90\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf).

<sup>2</sup> Subedar H, Barnett S, Chaka T, Dladla S, Hagerman E, Jenkins S, et al. Tackling HIV by empowering adolescent girls and young women: a multisectoral, government led campaign in South Africa. *BMJ (Clinical research ed)*. 2018;363:k4585.

Figure 1. Combination Intervention Approach of the AGYW Programme (2016-2019)

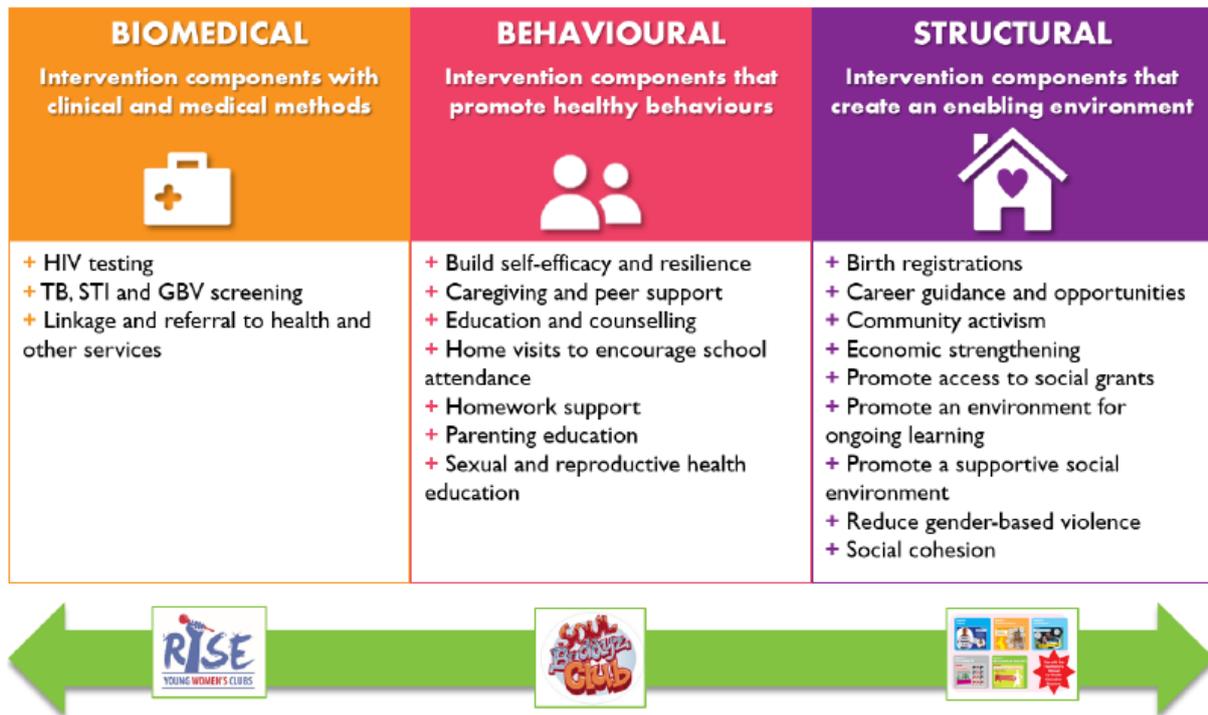
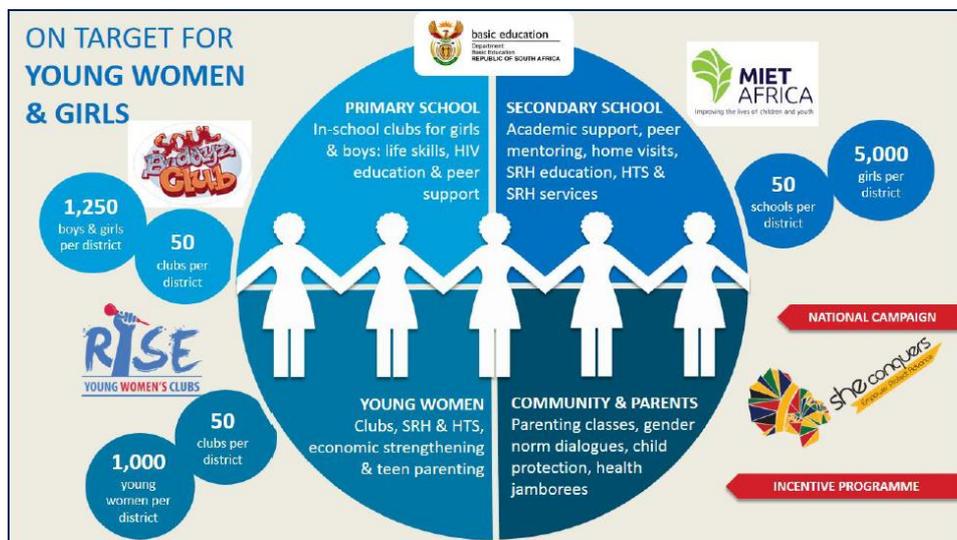


Figure 2. Overview of the AGYW Programme (2016-2019)



The programme was implemented by 5 PRs (two public sector departments and three civil society organisations) across 7 provinces and 10 districts. Districts were selected based on a determination that the AGYW living in them were among those with the highest HIV incidence in South Africa.

**Table 1. Geographic and Structural Breakdown of the AGYW Programme (2016-2019)**

PR	PROVINCE	DISTRICT
NACOSA	KwaZulu Natal	Zululand
	Limpopo	Greater Sekhukhune
	Mpumalanga	Ehlanzeni
Gert Sibande		
Soul City Institute	Gauteng	Tshwane Metropolitan
	North West	Bojanala
Kheth'impilo	Eastern Cape	OR Tambo
		Nelson Mandela Bay
KZN Treasury	KwaZulu Natal	King Cetshwayo
Western Cape Department of Health	Western Cape	City of Cape Town

### My Journey Programme Funded by Global Fund (2019 – 2022)

The My Journey Programme, implemented between 1 April 2019 until 31 March 2022, targets AGYW in and out of school and offers an age-tailored combination prevention package for AGYW aged 15-24. The programme targets AGYW but will not decline service provision to other populations who are engaged by the programme i.e. Adolescent Boys and Young Men (ABYM) in-school, members of the broader community.

### Programme Outcomes

The Programme is implemented in 12 South African sub-districts in which AGYW are at high risk of HIV incidence and aims to:

1. Increase retention in school;
2. Decrease HIV incidence
3. Decrease teenage pregnancy
4. Decrease gender-based violence (GBV); and
5. Increase economic opportunities.

### Structure, Oversight and Geographical Coverage

The implementation of the programme is the responsibility of three PRs: AFSA, BZ, and NACOSA. The PRs sub-contract sub-recipients (SRs) to implement intervention components.

**Table 2. Geographic and Structural Breakdown of the My Journey Programme**

PR	PROVINCE	DISTRICT	SUB-DISTRICT	SUB-RECIPIENT(S)
AFSA	KwaZulu Natal	Zululand	AbaQulusi	<ul style="list-style-type: none"> <li>MIET Africa</li> <li>Higher Health (TVETs)</li> </ul>
		King Cetshwayo	uMhlathuze	<ul style="list-style-type: none"> <li>Consortium for Strategic Analytics (Strategic Analytics &amp; Management)</li> <li>Higher Health (TVETs)</li> </ul>
	Mpumalanga	Ehlanzeni	Mbombela	<ul style="list-style-type: none"> <li>Institute of Health Programmes and Systems (IHPS)</li> <li>Higher Health (TVETs)</li> </ul>
		Gert Sibande	Govan Mbeki	<ul style="list-style-type: none"> <li>Phidisa</li> <li>Higher Health (TVETs)</li> </ul>

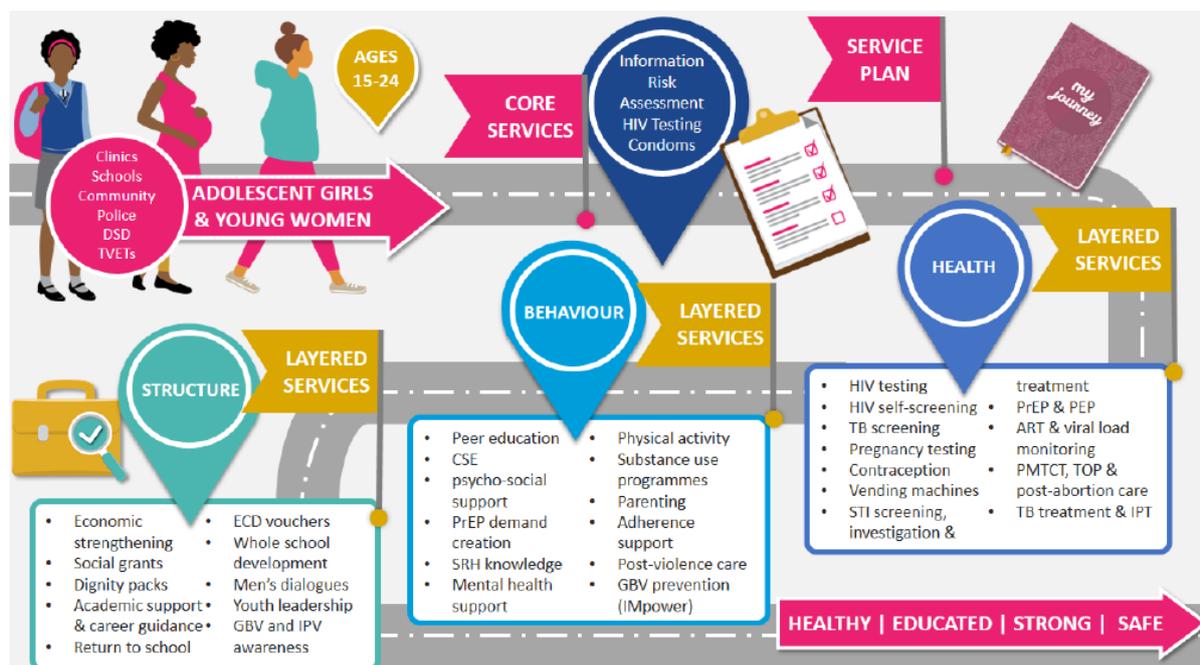
BZ	Eastern Cape	Nelson Mandela Bay	Nelson Mandela C	<ul style="list-style-type: none"> <li>MIET Africa</li> <li>Higher Health (TVETs)</li> </ul>
		OR Tambo	Nyandeni	<ul style="list-style-type: none"> <li>Social Change</li> <li>Higher Health (TVETs)</li> </ul>
	Free State	Thabo Mofutsanyana	Dihlabeng	<ul style="list-style-type: none"> <li>Institute of Health Programmes and Systems (IHPS)</li> <li>Higher Health (TVETs)</li> </ul>
			Setsoto	
Limpopo	Greater Sekhukhune	Fetakgomo-Greater Tubatse	<ul style="list-style-type: none"> <li>Institute of Health Programmes and Systems (IHPS)</li> <li>Higher Health (TVETs)</li> </ul>	
NACOSA	Gauteng	Tshwane Metropolitan	Tshwane 1	<ul style="list-style-type: none"> <li>Zakheni Training &amp; Development Centre (Biomedical + Schools)</li> <li>MIET Africa (Biomedical)</li> <li>Childline Gauteng (Community)</li> <li>Higher Health (TVETs)</li> </ul>
	North West	Bojanala	Rustenburg	<ul style="list-style-type: none"> <li>Lifeline Rustenburg (Biomedical)</li> <li>Show me your Number (Schools)</li> <li>Childline SA for Childline North West (Community)</li> <li>Higher Health (TVETs)</li> </ul>
	Western Cape	City of Cape Town	Klipfontein Mitchells Plain	<ul style="list-style-type: none"> <li>TBHIV Care (Biomedical)</li> <li>Partners in Sexual Health (Schools)</li> <li>Amandla Community Education Development (Community)</li> <li>HOPE Africa (Community)</li> <li>Higher Health (TVETs)</li> </ul>

### Core and Layered Services

AGYW are introduced to the programme through a number of entry points and are channelled to two main service components called Core Service and Layered Services. Core Services are delivered first and AGYW then follow a programmatic path receiving additional services layered over time as required. The layered services are not necessarily provided in specific order and are dependent on the needs of the AGYW.

Both core and layered services are delivered by funded SRs in three tailored and targeted settings namely schools, technical vocational education and training (TVETs) institutes and dedicated safe spaces in communities. A fourth “setting” or entry point is the mobile clinic that delivers clinical HIV and SRH related services at different points in the community within or nearby schools, TVETs and safe spaces. Layered services are categorised into biomedical, behavioural and structural services and can also be delivered by unfunded external service providers (SPs) such as, government health, education or social development providers, in their own settings via referrals from funded SRs. Figure 3 presents an overview of the Core and Layered Service components that are currently being offered across the various implementation settings described in this document.

Figure 3. An AGYW's Path through The My Journey Programme



The **Core Service** consists of three main activities namely demand creation, a risk assessment and follow-up of journey plans for each AGYW over time. The risk assessment consists of the following five actions which take place during a private and confidential conversation between an interventionist and an AGYW:

1. Facilitated HIV risk and vulnerability assessment; TB, and sexually transmitted infection (STI) screening
2. Offer of HIV testing
3. Offer of male and female condoms
4. HIV, TB, STI, and GBV information
5. Service Plan

The assessment and screenings result in a **Service Plan** which forms part of an agreed journey that each AGYW plans for her future. The service plan provides the overall guide for the integrated and layered services tailored and responsive to the needs of the girl/young woman. The core service is delivered in schools, TVET colleges and community safe spaces, and provided to an AGYW every six months. Demand creation techniques are school-based (for example, presentations at schools), community-based (for example, door-to-door, SASSA pay-points, places where youth congregate), based in TVET colleges, or health service-based (for example, at HIV testing service (HTS) events or among AGYW using the SRH services of the mobile clinics) and may include AGYW champions and ambassadors.

Based on identified risks and needs, the Programme will tailor a set of behavioural, biomedical and structural services in the form of **layered services**, to ensure each AGYW receives services that are responsive to their specific risks and needs. The **Layered Services** are categorised into three services types:

1. Comprehensive **Biomedical Services** to AGYW and ABYM delivered from mobile or fixed clinics in/near schools and in communities.
2. **Behavioural Services** delivered to AGYW and ABYM at safe spaces and other settings in communities.
3. **Structural Services** delivered to AGYW and ABYM at safe spaces and other settings in communities focused on AGYW but also on changing norms and raising awareness of GBV among men, boys, parents and caregivers. An Economic Strengthening pilot programme is also implemented in selected sub-districts. A public-private partnership programme will target male sexual partners of AGYW in all the sub-districts.

Referrals are achieved by issuing a referral letter/slip to the beneficiary following the risk assessment or testing service. The beneficiary takes the letter to the allocated service provider. If possible, the SR provides for the AGYW, or accompanies her to the referral services (referred to as the handshake approach). Linkage officers are responsible for linkage to care and tracking successful referrals by making regular telephonic contacts with the AGYW or checking routine public health service registers such as Tier.Net.

AGYW are retained in the intervention through strategies such as incentives, service/activity reminders through WhatsApp groups, constant invitations to programme events, linkage to care and follow-ups, home visits/face-to-face visits, and youth events.

## 2.SCOPE OF WORK

An independent impact evaluation of the My Journey Programme is part of the Global Fund ZAF-C Grant agreements signed with PRs. The primary objective of the evaluation is to understand whether the programme has achieved its intended outcomes and impact. Drawing on this, lessons should be formulated that can be used to improve programme implementation, inform future grants and other programmes.

### HERStory

To date, two evaluations have been conducted on the My Journey Programme over two cycles of the grant (i.e. 2016-2019 and 2019-2022). These evaluations have been coined the HERStory evaluations which, up until now, have been conducted by the South African Medical Research Council (SAMRC) and partners<sup>3</sup>.

The initial HERStory quantitative evaluation was designed to include two consecutive cross-sectional household surveys to detect changes in HIV incidence using a laboratory testing algorithm comprising the bio-assays for determining recent infections, using the Limiting Antigen Avidity Enzyme Immunosorbent Assay (LAg Avidity EIA). The first survey (HERStory 1) was conducted during 2017 and 2018 with the cohort of AGYW enrolled in the 2016-2019 funding cycle of the programme. It should be noted that it is not a true pre-intervention survey because the intervention was already underway when the survey was conducted.

To complement the quantitative design, the HERStory also comprised a qualitative mid-term process evaluation (HERStory 2) to provide an in-depth understanding of changes in risk and protective factors related to HIV acquisition among AGYW. The process evaluation also sought to identify gaps and

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<sup>3</sup> <https://www.samrc.ac.za/intramural-research-units/healthsystems-herstory>

challenges in the intervention components and their implementation as well as ways to revise and improve the intervention and its implementation. The qualitative evaluation was conducted during 2020 and 2021 with the cohort of AGYW enrolled in the 2019-2022 funding cycle of the programme.

The primary objective of this evaluation (HERStory 3) is to determine the intervention impact on HIV incidence<sup>4</sup>. Secondary objectives include assessing the intervention impact on the HIV care cascade, on behaviours that put AGYW at risk of HIV, other STIs, and on the cognitions and social environments of AGYW.

To assess the impact of the My Journey programme on HIV prevalence, NACOSA seeks to appoint a suitably qualified and experienced service provider to undertake the third and final stage of the HERStory evaluation.

### **HERStory 3 Evaluation Objectives**

Among AGYW, the evaluation should determine the intervention impact on:

1. HIV prevalence;
2. Effective condom use;
3. HIV care coverage;
4. Other STI incidence or prevalence;
5. Unintended pregnancy;
6. Coverage of sexual and reproductive health services and commodities including effective use of pre-exposure prophylaxis (PrEP) and contraception;
7. Behaviours that put AGYW at risk of STIs (including HIV) and unintended pregnancy (i.e. age disparate relationships);
8. Cognitions and social environments of AGYW;
9. AGYWs' wellbeing and health-related quality of life (including delivery of birth rate in age 10-19 facility rate).

### **Evaluation Stakeholders and Users**

It is intended that the users of the evaluation will include the Global Fund, the South African National AIDS Council (SANAC), NACOSA, AFSA, BZ and other recipients of funding for HIV prevention programming in South Africa and across the region (i.e. PEPFAR and UNAIDS). The evaluation will also be disseminated and shared with SRs and AGYW that participated in the evaluation as well as SRs and AGYW who are part of the programme.

## **3. EVALUATION DESIGN**

Prior to the development of this terms of reference, the Global Fund Evaluations Steering Committee<sup>5</sup> together with the SAMRC undertook a process to determine the most suitable design for the HERStory 3 impact evaluation considering options on the dimensions of cost, time and scientific rigour.

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<sup>4</sup> As a result of various methodological challenges (further discussed below) the evaluation's ability to detect significant changes in HIV incidence is low (<50%) and its primary objective was, therefore, revised to focus on HIV prevalence.

<sup>5</sup> Which includes the SANAC Technical Support Unit (TSU); SANAC Strategic Information (SI) Unit; PRs; the GF Country Team; and the Local Fund Agent (LFA).

The sections below outline this work; however, applicants should plan to use the first phase of the evaluation as an opportunity to undertake a more detailed scoping exercise to develop a comprehensive proposal comprising:

- Protocol including:
  - Selection of indicators to ensure alignment and relevance to South African context via consultation with SANAC, UNAIDS and other stakeholders; and
  - Detailed methodology and sampling framework
- Team
- Budget; and
- Work plan

### **Post-Intervention Survey with Matched Comparison**

After reviewing a number of design options, the Steering Committee elected to move forward with a post-intervention survey with matched comparison sites to allow a non-randomised comparison between intervention and comparison sites based on the objectives above. The post-intervention cross-sectional survey is expected to make use of proxy indicators to assess HIV incidence. Intervention sites/communities/geographical areas within each of the 12 districts in which the intervention is being implemented should be circumscribed and 24 intervention sites selected (2 per district). Each intervention site should be matched to a comparison site<sup>6</sup> (2 per district) where there has been no combination HIV prevention intervention previously implemented. A representative household survey should be conducted in each of the 48 sites.

HERStory 1's ability to detect significant reductions in incidence (directly attributable to the programme) at two points in time was heavily reliant on geographical overlap, sample size and effect size estimates. Although it would have been preferable to utilise the HERStory 1 design to assess the effect of the programme on HIV incidence before and during programme implementation, this was not possible as there has been considerable expansion in geographic coverage of the programme since the baseline was completed. As a result, it has been estimated that the probability of finding a decrease in incidence is low (<50%). Ensuring comparability with the design of the baseline would also mean ignoring new programme districts and focusing only on the original 6 districts included in HERStory 1.

Therefore, a post-intervention survey with matched comparison sites using the following proxy indicators to assess HIV incidence has been selected:

1. HIV prevalence<sup>7</sup>;
2. Incidence or prevalence of other STIs; and
3. Behavioural factors associated with HIV incidence such as:
  - Abstinence
  - SRH services
  - Effective use of PrEP and condoms.

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<sup>6</sup> The rationale for matching sites/communities (as opposed to AGYW individuals) is that the intervention is designed to be implemented at a community level. In addition to interventions and services targeted at individual AGYW, there are interventions designed to change the school and community environments in which AGYW live (for example, educational classes, safe spaces, community dialogues, interventions for men/male partners in the community).

<sup>7</sup> The increase in HIV prevalence across the age range 15 to 24 is a crude measure of HIV incidence.

### Nested Pre-Post Intervention Surveys

Applicants should determine whether it is possible to include a pre-post intervention design, comprising two consecutive cross-sectional surveys, four years apart, nested within the broader post-intervention survey design. This design would include the 6 intervention communities that comprised the study population in the first survey and would be dependent on whether there is still suitable intervention coverage within these 6 communities. The table below outlines district and sub-district level overlap in geographies included in HERStory 1. Applicants would need to liaise with the SAMRC to ascertain further detail on the small areas layers (SALs) sampled for HERStory 1 within each of the 6 communities<sup>8</sup>. Thereafter, applicants should determine whether this sub-district/district overlap provides a sufficient foundation on which to undertake the nested pre-post design. If the overlap is sufficient, a further assessment on the value of the nested design in terms of time and budget should also be undertaken before a decision is reached on whether to include this as part of the evaluation.

**Table 3. HERStory 1 and HERStory 3 SAL Overlap**

PR	PROVINCE	DISTRICT	SUB-DISTRICT	HERSTORY 1 SAL OVERLAP
AFSA	KwaZulu Natal	Zululand	AbaQulusi	Yes
		King Cetshwayo	uMhlathuze	District level Sub-district needs further investigation
	Mpumalanga	Ehlanzeni	Mbombela	Yes
		Gert Sibande	Govan Mbeki	No
BZ	Eastern Cape	Nelson Mandela Bay	Nelson Mandela C	No
		OR Thambo	Nyandeni	District level Sub-district needs further investigation
	Free State	Thabo Mofutsanyana	Dihlabeng	No
			Setsoto	No
	Limpopo	Greater Sekhukhune	Fetakgomo-Greater Tubatse	No
NACOSA	Gauteng	Tshwane Metropolitan	Tshwane 1	Yes
	North West	Bojanala	Rustenberg	No
	Western Cape	City of Cape Town	Klipfontein	District level Sub-district needs further investigation

Where possible, and if necessary, applicants should determine whether quantitative methods could be supplemented with qualitative approaches to ensure the validity and triangulation of quantitative evaluation findings.

Proposals must address both the post-intervention and nested pre-post intervention survey designs with each design clearly presented and separately labelled. A detailed budget should be included separately for each design.

<sup>8</sup> These include Cape Town, Tshwane, Ehlanzeni, O.R. Thambo, King Cetshwayo, and Zululand.

## Sample Size Calculations

The design should include 24 intervention sites or clusters, and 24 control sites or clusters. Since the number of clusters is fixed, applicants should propose a suitable yet robust sample size based on power calculations to produce realistic and feasible numbers of participants in each site.

The below are potential indicators/outcome measures applicants could utilise to inform sample sizes<sup>9</sup>:

1. HIV incidence among AGYW aged 15-24 years;
2. Knowledge of HIV status among AGYW aged 15-24 years who have ever had sex;
3. AGYW's use of modern contraception (other than condoms) at last sex among AGYW aged 15-24 years who have ever had sex; and
4. Dropout of high school before completing Grade 12 among AGYW aged 15-19 years.

Final decisions regarding sampling will be made together with the Evaluation Steering Committee.

## Data Collection Methods

Given the evaluation design outlined above, the applicant is expected to propose the most appropriate data collection methods in their proposal. Programme data will be provided to the service provider without identifying information in compliance with the POPI Act. Data regarding the AGYW who will participate in any data collection efforts will be handled by NACOSA, AFSA, and BZ.

The proposal should address the impact of COVID-19 on data collection and should describe:

1. Steps that will be taken in terms of standard protocols for reducing risk of transmission during fieldwork; and
2. Demonstrable alternative/innovative methods that could be used for data collection (should travel restrictions be imposed) together with cost and methodological implications (i.e. study limitations) of these methods.

## 4. ETHICAL CONSIDERATIONS

The applicant must have demonstrable experience in conducting field work (both in the collection of survey data and biological samples) with AGYW in South Africa. The applicant must further demonstrate a sensitised approach to working with AGYW and should address the ethical considerations that go along with this to ensure proposed methods do not present risk and harm to evaluation participants. Ethically sensitive approaches will need to be employed and described in proposals together with detail on how ethical approval of the evaluation protocol will be sought including:

1. List of preferred Research Ethics Committees (REC)
2. List of REC meeting dates
3. Requirements for REC submission
4. Estimation of time required to receive ethical approval and any effect this may have on evaluation timelines.

Cost implications of fees for ethical approval should be included in the budget.

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<sup>9</sup> Estimates from the HERStory 1 2017-18 survey could be used to further inform these calculations.

## 5. TIMEFRAMES AND DELIVERABLES

The evaluation is expected to be complete by the end of September 2022. The table below sets out the key deliverables and proposed deadlines for the evaluation. While there is some flexibility for the applicant to propose alternative deadlines, the minimum deliverables for the evaluation are set out in the table below.

**Table 4. Timeframes and Deliverables**

PHASE 1: APPOINTMENT, SCOPING AND PLANNING			
7 <sup>th</sup> – 21 <sup>st</sup> Jan	2 weeks	<ul style="list-style-type: none"> <li>Queries on ToR submitted: 7<sup>th</sup> January 2022</li> <li>Briefing session: 12<sup>th</sup> January 2022</li> <li>Queries on ToR addressed on NACOSA website: 14<sup>th</sup> January 2022</li> <li>Submission of high-level proposals: 21<sup>st</sup> January 2022</li> </ul>	<ul style="list-style-type: none"> <li>High-level proposals submitted</li> </ul>
21 <sup>st</sup> Jan - 4 <sup>th</sup> Mar-	6 weeks	<ul style="list-style-type: none"> <li>Review of high-level proposals and shortlisting of applicants: 4<sup>th</sup> February 2022</li> <li>Presentations by short-listed candidates: 7<sup>th</sup> – 11<sup>th</sup> February 2022</li> <li>Appointment of service provider and contracting: 18<sup>th</sup> February 2022</li> </ul>	<ul style="list-style-type: none"> <li>Contract awarded and signed</li> </ul>
		<ul style="list-style-type: none"> <li>Evaluation scoping workshop(s): 21<sup>st</sup> – 25<sup>th</sup> February 2022</li> <li>Development of comprehensive proposal: 4<sup>th</sup> March 2022</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 1:</b> Comprehensive proposal which includes evaluation protocol, detailed methodology, sampling framework, data analysis plan, team, budget and work plan (11<sup>th</sup> March 2022)</li> </ul>
11 <sup>th</sup> – 25 <sup>th</sup> Mar	3 weeks	<ul style="list-style-type: none"> <li>Evaluation planning workshop: 18<sup>th</sup> March 2022</li> <li>Approval of comprehensive proposal: 18<sup>th</sup> March 2022</li> <li>Literature review and refine evaluation protocol: 25<sup>th</sup> March 2022</li> <li>Approval of data collection tools: 25<sup>th</sup> March 2022</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 2:</b> Inception report which includes protocol, literature review and draft data collection tools (25<sup>th</sup> March 2022)</li> </ul>
25 <sup>th</sup> Mar – 22 <sup>nd</sup> Apr	4 weeks	<ul style="list-style-type: none"> <li>Ethics approval obtained: 22<sup>nd</sup> April 2022</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 3:</b> Ethical approval obtained (22<sup>nd</sup> April 2022)</li> </ul>
PHASE 2: DATA COLLECTION			
22 <sup>nd</sup> Apr – 15 <sup>th</sup> Jul	3 weeks	<ul style="list-style-type: none"> <li>Fieldwork planning and set up</li> <li>Fieldwork plan submitted: 13<sup>th</sup> May 2022</li> </ul>	<ul style="list-style-type: none"> <li>Fieldwork set up</li> <li><b>Key deliverable 4:</b> Fieldwork plan (13<sup>th</sup> May 2022)</li> </ul>

	3 weeks	<ul style="list-style-type: none"> <li>Pilot data collection instruments at selected sites and revise accordingly</li> </ul>	<ul style="list-style-type: none"> <li>Finalise data collection instruments and fieldwork process based on pilot</li> </ul>
	8 weeks	<ul style="list-style-type: none"> <li>Training of fieldwork team</li> </ul>	<ul style="list-style-type: none"> <li>Fieldwork team trained</li> <li><b>Key deliverable 5:</b> Pilot and training report (10<sup>th</sup> June 2022)</li> </ul>
		<ul style="list-style-type: none"> <li>Desktop review and review of monitoring data</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring data and relevant documents reviewed</li> </ul>
		<ul style="list-style-type: none"> <li>Data collection and transcription</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 6:</b> Fieldwork report (15<sup>th</sup> July)</li> </ul>
<b>PHASE 3: ANALYSIS AND REPORTING</b>			
<b>15<sup>th</sup> Jul – 12<sup>th</sup> Aug</b>	4 weeks	<ul style="list-style-type: none"> <li>Data analysis</li> <li>Key findings validation workshop</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 7:</b> Key findings validation workshop (5<sup>th</sup> August 2022)</li> <li><b>Key deliverable 8:</b> Report structure overview (12<sup>th</sup> August 2022)</li> </ul>
<b>12<sup>th</sup> Aug – 2<sup>nd</sup> Sept</b>	3 weeks	<ul style="list-style-type: none"> <li>Draft report submitted: 2<sup>nd</sup> September 2022</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 9:</b> First draft report (2<sup>nd</sup> September 2022)</li> </ul>
<b>2<sup>nd</sup> – 23<sup>rd</sup> Sept</b>	3 weeks	<ul style="list-style-type: none"> <li>Draft report reviewed by Steering Committee, comments gathered and incorporated into second draft of report: 23<sup>rd</sup> September 2022</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 10:</b> Second draft report (23<sup>rd</sup> September 2022)</li> </ul>
<b>26<sup>th</sup> Sept</b>	1 day	<ul style="list-style-type: none"> <li>A stakeholder workshop presentation on draft report</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 11:</b> Presentation and workshop on evaluation findings and recommendations (26<sup>th</sup> September 2022)</li> </ul>
<b>26<sup>th</sup> Sept – 7<sup>th</sup> Oct</b>	2 weeks	<ul style="list-style-type: none"> <li>Submit final report and appendices incorporating feedback from second draft and stakeholder workshop: 7<sup>th</sup> October 2022</li> </ul>	<ul style="list-style-type: none"> <li><b>Key deliverable 12:</b> Final evaluation report and related products including executive summary, all tools and final presentation (7<sup>th</sup> October 2022)</li> <li><b>Key deliverable 13:</b> Dataset with codebook (7<sup>th</sup> October 2022)</li> </ul>

## 6. REQUIRED COMPETENCIES OF THE EVALUATION TEAM

The appointed applicant(s)/organisation/firm is required to possess the following skills and experience, which should be clearly reflected in the proposal:

- The proposed evaluation team should have a staff complement which consists of the following:
  - A team leader employed by the organisation who holds a PhD qualification in the field of health research, evaluation, HIV prevention, or similar with a minimum of

- 10+ years' experience in conducting large scale (n>3000) research/evaluation projects;
- A group of mid to senior-level team members employed by the organisation who hold PhD/Masters qualifications in the field of health research, evaluation, HIV prevention with 5+ years' experience in conducting large scale (n>3000) research/evaluation projects;
- A group of low to mid-level team members employed by the organisation whom hold Masters/Honours/Post Graduate qualifications in the field of health research, evaluation, HIV prevention, or similar with 5 + years' experience in conducting large scale (n>3000) research/evaluation projects.
- The experience of the proposed team should relate to the following:
  - Extensive and demonstrable experience undertaking and managing large scale (n>3000) national HIV prevalence surveys in South Africa
  - Programmatic, research and evaluation experience in HIV prevention including specific experience with AGYW;
  - Experience translating research findings into evaluation recommendations which will inform programme development in new grant/funding cycles;
  - Experience in undertaking quantitative data collection with vulnerable populations. Noting the sensitivities in conducting research with AGYW, applicants should demonstrate appropriate experience and skills within the team or how they will consider/prepare to minimise harm and maximise benefits to respondents;
- Excellent project and people management skills and the ability to deliver within timeframes as reflected in the work plan; and
- Excellent writing skills in English.

Proposal should demonstrate how the competence of the team will achieve evaluation objectives and add value to the evaluation.

## 7. EVALUATION OF PROPOSALS

Only submissions that meet the technical specifications in all aspects as stipulated in this terms of reference will be considered. Evaluation will be split into 2 stages:

### **Evaluation Stage 1: Correctness and Completeness**

Bidders must provide the documentation as specified in Section 9. Please note: The absence of the following documentation automatically disqualifies the bid:

1. A valid tax clearance certificate;
2. A valid B-BBEE certificate or Affidavit; and
3. Completed and Signed Declaration of Interest.

Bidders who pass Stage 1 will be short-listed and will move on to Stage 2 of the evaluation process. Stage 2 of the evaluation process will include an interview stage where bidder will be required present the proposal submitted.

## Evaluation Stage 2: Technical Evaluation

Once the proposals have been evaluated on Correctness and Completeness, an evaluation panel will allocate points according to the criteria set out in the quality assessment guide below.

Table 5. Quality Assessment Guide

FUNCTION	RATING	TOTAL POINTS										
Comprehensive Proposal	<table border="1"> <thead> <tr> <th data-bbox="418 555 1179 595">Comprehensive Proposal</th> <th data-bbox="1179 555 1281 595">Points</th> </tr> </thead> <tbody> <tr> <td data-bbox="418 595 1179 864">           Proposal <b>does not:</b> <ul style="list-style-type: none"> <li>• Demonstrate understanding of the brief</li> <li>• Outline two stage scoping approach</li> <li>• Demonstrate an understanding of the sector</li> <li>• Use specified submission template</li> <li>• Address sections specified in Appendix 1</li> <li>• Demonstrate coherence between proposed methodology and budget</li> </ul> </td> <td data-bbox="1179 595 1281 864">5</td> </tr> <tr> <td data-bbox="418 864 1179 1099">           Proposal shows <b>minimal:</b> <ul style="list-style-type: none"> <li>• Understanding of the brief</li> <li>• Outline of two stage scoping approach</li> <li>• Understanding of the sector</li> <li>• Use of specified submission template</li> <li>• Ability to address sections specified in Appendix 1</li> <li>• Coherence between proposed methodology and budget</li> </ul> </td> <td data-bbox="1179 864 1281 1099">10</td> </tr> <tr> <td data-bbox="418 1099 1179 1335">           Proposal shows <b>good:</b> <ul style="list-style-type: none"> <li>• Understanding of the brief</li> <li>• Outline of two stage scoping approach</li> <li>• Understanding of the sector</li> <li>• Use of specified submission template</li> <li>• Ability to address sections specified in Appendix 1</li> <li>• Coherence between proposed methodology and budget</li> </ul> </td> <td data-bbox="1179 1099 1281 1335">15</td> </tr> <tr> <td data-bbox="418 1335 1179 1574">           Proposal shows <b>exceptional:</b> <ul style="list-style-type: none"> <li>• Understanding of the brief</li> <li>• Outline of two stage scoping approach</li> <li>• Understanding of the sector</li> <li>• Use of specified submission template</li> <li>• Ability to address sections specified in Appendix 1</li> <li>• Coherence between proposed methodology and budget</li> </ul> </td> <td data-bbox="1179 1335 1281 1574">20</td> </tr> </tbody> </table>	Comprehensive Proposal	Points	Proposal <b>does not:</b> <ul style="list-style-type: none"> <li>• Demonstrate understanding of the brief</li> <li>• Outline two stage scoping approach</li> <li>• Demonstrate an understanding of the sector</li> <li>• Use specified submission template</li> <li>• Address sections specified in Appendix 1</li> <li>• Demonstrate coherence between proposed methodology and budget</li> </ul>	5	Proposal shows <b>minimal:</b> <ul style="list-style-type: none"> <li>• Understanding of the brief</li> <li>• Outline of two stage scoping approach</li> <li>• Understanding of the sector</li> <li>• Use of specified submission template</li> <li>• Ability to address sections specified in Appendix 1</li> <li>• Coherence between proposed methodology and budget</li> </ul>	10	Proposal shows <b>good:</b> <ul style="list-style-type: none"> <li>• Understanding of the brief</li> <li>• Outline of two stage scoping approach</li> <li>• Understanding of the sector</li> <li>• Use of specified submission template</li> <li>• Ability to address sections specified in Appendix 1</li> <li>• Coherence between proposed methodology and budget</li> </ul>	15	Proposal shows <b>exceptional:</b> <ul style="list-style-type: none"> <li>• Understanding of the brief</li> <li>• Outline of two stage scoping approach</li> <li>• Understanding of the sector</li> <li>• Use of specified submission template</li> <li>• Ability to address sections specified in Appendix 1</li> <li>• Coherence between proposed methodology and budget</li> </ul>	20	20
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	Post-Graduate in health research, evaluation, HIV prevention	3	
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	5+ years' experience	5	
	2-4 years' experience	4	
	1-2 years' experience	3	
	<1 years' experience	2	
Proposal Presentation		<b>Points</b>	10
	No presentation	0	
	Poor presentation, incoherent in comparison to proposal submitted	2	
	Adequate presentation, with areas of deviation from the proposal submitted	6	
	Adequate presentation, with sufficient insight in certain areas highlighted in the proposal submitted	8	
	Excellent presentation, addresses all areas highlighted in proposal submitted	10	
<b>TOTAL</b>			<b>100</b>

### Evaluation Stage 3: Price and B-BEE

Bidders whose bids achieve a minimum of 75 points on the above technical evaluation will continue to be evaluated on price. Bids that do not meet the 75 points threshold will be excluded from the process. The Preference Point System (PPS) applicable to this bid is 90/10. A maximum of 90 points is allocated for price on the following basis:

CRITERIA	NUMBER OF POINTS
Price	90
B-BBEE	10
<b>Total Points</b>	<b>100</b>

### Price points calculation formula as follows:

The calculation for price points will be conducted as follows:

$$PS = P \left[ \frac{1 - (Pt - Pmin)}{Pmin} \right]$$

Where:

PS = Points scored for comparative price of tender/offer under consideration

P = Maximum points

Pt = Comparative price of tender/offer under consideration

Pmin = Comparative price of lowest acceptable tender/offer. Points scored will be rounded-off to the nearest 2 decimal places

#### Example

P = Maximum points to be obtained is 90.

Pt = Comparative price of tender/offer under consideration, for example John Smith Inc. quoted R520 000.00.

Pmin = Comparative price of lowest acceptable tender/offer, for example Jane Wesson Inc. quoted R430 000.

$$PS = 90 \left[ \frac{1 - (520\,000 - 430\,000)}{430\,000} \right]$$

PS = 71.16 scored out of 90 for John Smith Inc.

### Pricing

Prices proposed should be exclusive of Value Added Tax (VAT). It is an expressed requirement of this Call for Proposals tender that Bidders provide transparency in respect of their pricing approach. In this regard, Bidders must indicate the basis upon which they have calculated their pricing by giving a detailed quotation. There must be no hidden costs.

### B-BBEE points calculation as follows:

B-BBEE STATUS LEVEL OF CONTRIBUTOR	NUMBER OF POINTS
1	10
2	9
3	8
4	5
5	4
6	3
7	2
8	1
Non-compliant contributor	0

## 8. MANAGEMENT ARRANGEMENTS AND WORK PLAN

The evaluation will be managed by the Global Fund Evaluations Steering Committee, which will include, but not be limited to, representatives from SANAC, NACOSA, BZ, and AFSA. The Steering Committee will hold regular meetings at key points in the cycle of the evaluation. For example – they will meet at the following intervals:

1. Evaluation planning meeting;
2. Review of evaluation protocol;
3. Review of data collection tools;
4. Monitoring and review of evaluation progress;
5. Review of all drafts of the evaluation report; and
6. Feedback and recommendations workshop.

It is expected that the successful Service Provider be available to attend any required virtual or in-person meetings (in Cape Town or Pretoria) with the Steering Committee. NACOSA will be responsible for management of the Service Provider's contract, however, all contractual payments and management issues will be subject to sign-off by the evaluation Steering Committee. All three PRs

(AFSA, BZ, and NACOSA) will provide operational support to the evaluation with the provincial staff of the identified districts providing support with the implementation arrangements of this evaluation. The table below provides a description of the roles and responsibilities for the evaluation members, stakeholders and partners.

**Table 6. Roles and Responsibilities**

STAKEHOLDER	MAIN ROLE
Service Provider	Deliverables in Table 4 above and: <ul style="list-style-type: none"> <li>• Logistical and travel arrangements for field work.</li> <li>• Undertake the evaluation data collection process.</li> <li>• Develop data analysis strategy.</li> <li>• Prepare data and undertake comprehensive data analysis.</li> <li>• Formulate the key findings and recommendations.</li> <li>• Prepare reports; identify major findings, develop recommendations.</li> </ul>
NACOSA	<ul style="list-style-type: none"> <li>• Management of Service Provider’s Contract.</li> <li>• Lead and coordinate the evaluation.</li> <li>• Monitor implementation and deliverables of the evaluation.</li> </ul>
All PRs (including Programme Managers, Programme Staff, M&E Team, Sub-Recipient Staff, and Administrative staff)	<ul style="list-style-type: none"> <li>• Work with the Service Provider in facilitating access to required information and resources.</li> <li>• Support with coordinating and providing logistical support for field visits and meetings with key stakeholders during data collection.</li> <li>• Support in the process to dissemination evaluation findings and recommendations.</li> </ul>
Global Fund Evaluations Steering Committee	<ul style="list-style-type: none"> <li>• Provide expertise and guidance at various stages of the evaluation.</li> <li>• Provide input on deliverables submitted by the Service Provider.</li> <li>• Facilitate access to evaluation stakeholders (where necessary).</li> </ul>

## 9. SUBMISSION OF PROPOSALS

A non-mandatory virtual briefing meeting will be held on Wednesday 12<sup>th</sup> January 2022 from 10h00 to 11h00. Please register for the briefing meeting using the following link: <https://tinyurl.com/ynzrwshm>. Questions of clarity on the ToR can be submitted via email to [queries@nacosa.org.za](mailto:queries@nacosa.org.za) by no later than 17h00 on Friday 7<sup>th</sup> January 2022. **PLEASE NOTE:** No telephonic queries will be entertained by any NACOSA staff member. Queries must include the tender reference (CFP-05-AGY-12-2021) in the subject line. *(The system automatically allocates questions to the relevant person based on the reference number, without the reference number your question might not be answered).* All questions will be addressed comprehensively in the briefing meeting and a recording of the meeting will be placed on the NACOSA website (<https://www.nacosa.org.za/latest/>) by Friday 14<sup>th</sup> January 2022.

Proposals are due to [proposals@nacosa.org.za](mailto:proposals@nacosa.org.za) by 17h00 on Friday 21<sup>st</sup> January 2022. Please use reference number CFP-05-AGY-12-2021 in the email subject line. Only bids submitted by email to [proposals@nacosa.org.za](mailto:proposals@nacosa.org.za) will be accepted and reviewed – no late bids will be reviewed.

**IMPORTANT: No telephonic or direct email queries (apart from those addressed to [queries@nacosa.org.za](mailto:queries@nacosa.org.za)) will be entertained by any NACOSA staff member.**

The proposal should not be more than 20 pages in length (excluding appendices) and should follow the format and structure of the template provided in **Appendix 1**.

Please note short-listed candidates must be available to provide a presentation on the proposal in Cape Town on approximately the following dates: 7<sup>th</sup> – 11<sup>th</sup> February 2022.

## 10. AWARDING OF CONTRACT

The contract will be awarded by 18<sup>th</sup> February 2022.

- A NACOSA-constituted Selection Committee will select the service provider. The selection committee reserves the right to request any, or all, of the bidders to meet to clarify their proposal.
- The Committee is not bound to accept the lowest or any proposal.
- The proposal will be evaluated against the review matrix provided above.
- The Committee may, entirely at its discretion, decide to:
  - Award contracts to different bidders 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 (considering, inter alia, timing of funding availability).
  - Make award of contracts subject to such conditions as NACOSA may determine at the stage of awarding the contracts.
  - Commission the work in two phases should it become evident that this is necessary.
  - Review and modify the evaluation criteria.
  - Not award contracts.
- The appointed Service Provider is required to sign the Global Fund's Code of Conduct for Suppliers.

## 11. PAYMENT TERMS

1. The successful bidder will be required to sign a contract to deliver in terms of this terms of reference requirements.
2. Our following Terms and Conditions of Delivery and Payment shall be applicable to all commercial transactions of the contract as noted in 1.
3. Our Terms and Conditions of Delivery and Payment shall apply exclusively. We shall not accept terms and conditions of the successful bidder that conflict with or deviate from our Terms and Conditions of Delivery and Payment unless we have given our express written consent to their application.
4. Collateral agreements, amendments to these terms and conditions as well as deviations from these terms and conditions must be agreed upon in writing.
5. All payments under the contract shall be made to the winning bidders banking details as supplied and stipulated in the bidding process.
6. The contract as stipulated in 1 above shall be denominated in ZAR and all payments will also be made in ZAR.

7. Vendor payments will be based on each of the project phases as agreed between NACOSA and the vendor. Payments are to be linked to clearly specified outputs (deliverables) of each project phase.
8. For each Milestone Payment, the Vendor shall provide a request for payment to NACOSA at least 10 working days before the payment due date.
9. Notwithstanding anything else in this Agreement, the percentage (specified in contract) of the value of each invoice rendered by the Vendor and approved for payment by NACOSA (net of the VAT) shall be retained by NACOSA until the accumulated retention corresponds to the cap of the Phase Fees as specified contract. The same shall be retained by NACOSA until all of the Vendor 's responsibilities under this Agreement have been completed to the reasonable satisfaction of NACOSA and a "contract closure certificate" has been prepared by the Vendor and accepted in writing by NACOSA.

*These terms of reference are issued by:*

**NETWORKING HIV & AIDS COMMUNITY OF SOUTHERN AFRICA NPC**  
**NACOSA**

3rd Floor, East Tower | Century Boulevard | Century City | Cape Town  
**t.** 021 552 0804 | **f.** 021 552 7742 | **e.** [info@nacosa.org.za](mailto:info@nacosa.org.za)

Non Profit Organisation: NPO 190-030 | Public Benefit Organisation: PBO 930056308  
Non Profit Company: 2015/448924/08 | VAT Number: 473 0273 234 | Section 18A Tax Exempt  
Accredited by the Health & Welfare SETA | Level 1 B-BBEE Entity (135% recognition)

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