



Partnerships for a healthy Africa

**TERMS OF REFERENCE FOR THE ENGAGEMENT OF COMMUNITY
GROUPS/ASSOCIATIONS/ORGANISATIONS TO SUPPORT DEMAND CREATION FOR
THE GLOBAL FUND SUPPORTED PREVENTION SERVICES**

TENDER REF: ACHAP 1/12/2I (03)

1.0 PURPOSE

Botswana is one of the countries with a high burden of HIV and tuberculosis (TB). The Global Fund to Fight AIDS, TB and Malaria (GFATM), an international financing mechanism, channels financial resources to help countries reduce the impact of AIDS, tuberculosis and malaria by facilitating the implementation of strong and sustainable programs through in-country partners. The GFATM relies heavily on Country Coordinating Mechanisms (CCMs), Principal Recipient (PRs), Local Fund Agents and local partners (UN, WHO, PEPFAR etc.) to ensure resources are efficiently used to help those most in need.

The Botswana CCM selected the Ministry of Health (MOH) as a Principal Recipient (PR) for this grant. MOH in turn appointed ACHAP as a Sub-Recipient (SR) for the Adolescent Girls and Young Women (AGYW) module of the grant for the period November 2023 - December 2024. As an SR, ACHAP will be responsible for the overall implementation of the assigned activities as well as programmatic management, financial management, monitoring and reporting. The districts of focus for this module are Francistown, Selibe Phikwe, Tutume, Maun and Palapye. To this extent ACHAP will select, induct, manage and community groups and/or service providers for the implementation of the grant.

ACHAP therefore invites eligible local entities to submit applications for the implementation of the grant in their areas of skill and capacity within the above districts.

The overall purpose of this engagement is to promote the uptake of HIV prevention services, through partnerships with local community groups/associations/organisations to mobilise and link clients to services. The community group/association/organisation will work closely with the ACHAP teams and DHMTs to develop and implement demand creation strategies, access training and IEC materials and technical support to successfully deliver on their mandate.

2.0 BACKGROUND

ACHAP is a Botswana indigenous not for profit organisation founded in 2000 as a public health and socio-economic Impact organization. The organization leverages Implementation Science to enhance governments response to health challenges by building capacity bottom up from community systems to district health and social delivery facilities for access to services and programmes. The organisation works both at national and community level. At community level ACHAP works with a myriad of stakeholders that include District Health Management Teams, community leaders, community groups and volunteers. Interventions are implemented with the active participation of key stakeholders in the community including beneficiaries.

3.0 THE PROPOSED PROJECT

ACHAP is implementing the AGYW module with interventions on Comprehensive Sexuality Education (CSE), Pre-Exposure Prophylaxis (PrEP), stigma and discrimination, gender-based violence (GBV), HIV testing and Voluntary Male Medical Circumcision (VMMC). Through this partnership, ACHAP seeks to increase demand for prevention services including PrEP and VMMC services as well as address issues of stigma and discrimination and GBV especially among AGYWs in Francistown, Selibe Phikwe, Tutume, Maun and Palapye districts.

3.1 Specific Objectives

- a) To strengthen demand creation for AGYW HIV prevention services through engagement of community structures
- b) To mobilise adolescents and young people for the uptake of HIV prevention services.
- c) Mobilise adolescents and young women aged 18-29 years for the uptake of PrEP services.
- d) Mobilise young people aged 15 years and above for the uptake of VMMC services.

4.0 SCOPE OF PROJECT

The project aims to increase the uptake of PrEP and other prevention services among AGYWs especially At-Risk-AGYW and support in-school and out of school demand creation and awareness raising efforts. Community groups applying for this opportunity must demonstrate programmatic areas of expertise as stipulated below as well as their preferred localities of operation.

4.1 Mobilisation of At-Risk-AGYW Population

4.1.1 Mobilise and refer AGYW KPs to access prevention services

4.1.2 Working in collaboration with the AGYW District Officer, organise and conduct community mobilisation initiatives, promoting the uptake of prevention services among the target group.

4.1.3 Document and refer all clients interested and referred for prevention services by category i.e. PrEP, VMMC, GBV etc.

4.1.4 Submit a list of all clients mobilised and referred to ACHAP's local office.

4.1.5 Participate, in ACHAP activities organised within the locality.

4.1.6 Mobilise young people aged 15 years and above for the uptake of VMMC services.

4.2 Support CSE demand creation activities Mobilisation of AGYW

4.2.1 Working in collaboration with the AGYW District Officer, and Peer Mentors, organise and conduct education and awareness activities targeting in and out of school AGYWs.

4.2.2 Using creative and innovative approaches in line with the MoH and Ministry of Basic Education (MoBE) approved curriculum

4.2.3 Document all activities conducted and Participate, in ACHAP activities organised within the locality.

5.0 DELIVERABLES

- a) A list of clients mobilised, registered, referred and linked to services submitted to ACHAP on a weekly and/or monthly basis.
- b) Number of mobilisation events conducted, number attended and referred for services

Targets by Intervention

Intervention	Monthly target	Quarterly targets	Annual Targets
VMMC	504	1513	6,050
PrEP	183	548	2,190
Stigma and Discrimination	765	9177	36,709
GBV			

6.0 REPORTING

The successful applicants will work closely with the AGYW District Officers at district level as well as the Monitoring and Evaluation (M&E) Officer, Social Behaviour Change Communication (SBCC) Officers and other colleagues implementing activities under this grant.

At the end of the suggested coverage the successful applicants is expected to put together an end of project of their overall experience, learnings with recommendations.

7.0 DURATION AND QUALIFICATION

The duration of the project will be for a period of 11 months and is expected to commence on the 1st February 2024 - 31st December, 2024.

8.0 SPECIFICATIONS AND QUANTITY

Bidders should outline strategies for the specific areas of focus. The Roles and responsibilities are outlined as follows;

8.1.1 ACHAP's Role

- a) Provide General Administrative oversight
- b) Contract the community partner agency
- c) Invite partner for review meetings.
- d) Provide the relevant project documents to guide messaging
- e) Provide technical and logistical support to the successful bidders as required.
- f) Provide training on demand creation strategies as well as in-service to enhance knowledge on specific prevention services
- g) Avail IEC materials, and Condoms, and referral books

8.1.2 Community Partner

- a) Mobilise and refer clients for the various prevention services
- b) Invite ACHAP for progress review meetings

- c) Document the referrals for ease of client tracking
- d) Participate on ACHAP activities where applicable.
- e) Deliver the assignment in accordance with the deliverables as specified in the TOR
- f) The implementing partner shall not in any way act against the intended mission of this assignment.
- g) Routine reporting to ACHAP against the agreed indicators

9.0 END OF ASSIGNMENT - FINAL REPORT

- Submit end of project report
- The engaged partner shall participate in an interview facilitated by ACHAP to solicit feedback on the assignment, realisations, learning and recommendations for future program improvement.

10.0 ELIGIBILITY

Any organization that wishes to apply should be able to prove the following;

- I. Name of Applicant Organization
- II. Registration with national authority (Registrar of Societies/Companies) with a constitution or legal status or Omang for individuals
- III. Traceable contact and physical address.
- IV. Ability to verify and report
- V. Strong preference for organizations/Individuals with experience working with communities and/or implementing HIV/ AIDS/ TB or community-based youth interventions

- VI. Reference from local authority as proof of working within the community of proposed implementation
- VII. Preference will be given to organizations operating within the district
- VIII. Contact Information:
 - Name of Contact person
 - Title
 - Mailing address
 - Physical address
 - Telephone
 - Mobile
 - Email

The evaluation criterion has 3 components;

Phase 1: The applicants will be reviewed for compliance and are encouraged to submit all required documents on the checklist.

- Signed Cover Letter (Applicant Information & Project Information)
- Proposal - Detailed project narrative; Detailed Company profile; list and description of similar work done in the past 5 years. Registration certificate/ Certification of Incorporation
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- List of Directors and Company secretary (Form 1/2)
- Tax Clearance Certificate
- Organizational Chart
- CVs for key project staff (max. of 2 pages per staff member)
- Bank statement for last 3 months
- Organizational Policies (Financial, Procurement, Human Resource, Grants Management & Governance)
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- Three (3) Reference letters from similar projects and one should be from the local DHMT

Phase 2: The review will focus on the programmatic/technical component only. The applicants will be reviewed and rated based on demonstration of experience in similar or technical and organizational capacity to implement the project. Relationships and previous experience with communities will be an added advantage. Applicants will be shortlisted based on this phase.

Evaluation Matrix

Evaluation Criteria	Score
1. Company profile and relevant experience of providing community- based service	15
2. Methodology (proposed approach, activities and timelines, budget and work plan, monitoring and evaluation)	40

3. Organizational Capacity (Organizational structure, proposed team, governance structures, policies and guidelines or existing structures that would assist with implementation)	30
4. Self-Assessment (SWOT Analysis)	10
5. Description of coordination with existing structures at both district and national level	5
TOTAL	100

Phase 3:

- **Financial Proposal:** This is a performance-based contract and applicants will be paid a standard fee per client mobilised and successfully linked to services. In addition, applicants will receive a monthly retainer to cover operational costs as per the contract terms and conditions.
- Verification will be done with shortlisted organizations to ensure that the capacity indicated within the proposal is accurate and final ratings will be done by the capacity adjudication team.

11.0 COPYRIGHT AND INTELLECTUAL PROPERTY RIGHTS

11.1 In consideration of the fees paid, the group/association/organisation expressly assigns to ACHAP any copyright arising from the works the group/association/organisation produces while executing this contract.

11.2 The group/association/organisation may not use, reproduce or otherwise disseminate or authorize others to use, reproduce or disseminate such works without prior consent from ACHAP.

11.3 All materials directly related to the production of this document must be handed over to ACHAP at the end of the contract in digital form. This excludes materials obtained independently by the group/association/organisation.

11.4 All legal arrangements related to the acquisition and use of additional materials and photos will be the sole responsibility of the group/association/organisation

12.0 14.0 COST OF PREPARING

The bid shall be prepared and submitted entirely at the expense of the applicant

13.0 15.0 VALIDITY OF PROPOSAL

15.1 The quotation shall remain valid for a period of 90 days from the submission date stipulated in this document

Any incomplete proposal may be disqualified.

14.0 AWARD

The successful applicant will receive written notification and will then be asked to sign a contract agreement with ACHAP after negotiations.

ACHAP shall notify the approved applicant (if any) of such acceptance by letter of submission during which the application process will remain valid as per the provision of the tender conditions.

15.0 DEADLINE FOR SUBMISSION OF PROPOSAL

15.1 The closing date for the proposal submission is 02/02/2024 at 15:00hrs latest.

15.2 Proposal Offers shall be submitted as hard copy proposals (1 original and 2 copies), in plain sealed envelopes bearing

inscription: “THE ENGAGEMENT OF COMMUNITY GROUPS/ASSOCIATIONS/ORGANISATIONS TO SUPPORT DEMAND CREATION FOR THE GLOBAL FUND SUPPORTED PREVENTION SERVICES”

15.3 The proposal should not be more than 10 pages

15.4 Compliance documentation should be treated as Annexure

15.5 Request for Proposal TOR’s should be collected and Proposals submitted to the following Offices;

District	Office	Physical Address
Selebi-Phikwe	DHMT Offices	Selebi- Phikwe Primary Hostpital, Records Department
Palapye	DHMT Offices	Palapye DHMT next to DPP, Serorome Ward
Francistown	DHMT Offices	Francistown DHMT- Community Health Ntshe House, 2nd Floor, Records Department
Tutume	DHMT	Tutume DHMT Offices opposite CTO along the road to Senete village
Maun	DHMT	Letsholathebe II Memorial Hospital, Records Department, Disaneng ward

16.0 CLARIFICATION OR REQUEST FOR ADDITIONAL INFORMATION

- Request for additional information/enquiries or clarification of items within this document, should be done within the first 5 days and must be made in writing to the following email address (to include the Request for Proposal reference in the subject heading) grantsmanagement@achap.org;
- Responses to Frequently Asked Questions (FAQ) shall be circulated to all parties that have expressed an interest in the Request for Proposal through the ACHAP website.

- The organisation has no obligation to accept any proposal submitted after deadline and reserves the right to take any decision it deems fit.