

Funding Opportunity # 72067425RFA00001  
HIV Prevention Among Adolescent Girls and Young Women and Other Vulnerable Youth  
Populations - DREAMS North



**USAID** | **SOUTHERN AFRICA**  
FROM THE AMERICAN PEOPLE

**Issue Date:** December 13, 2024  
**Deadline for Questions:** January 13, 2025  
**Closing Date for Concept Papers:** February 11, 2025  
**Closing Time:** 2pm South Africa time

**Subject:** Notice of Funding Opportunity Number (NOFO): # 72067425RFA00001 / Initial Announcement”

**Program Title:** HIV Prevention Among Adolescent Girls and Young Women and Other Vulnerable Youth Populations - DREAMS North

**Federal Assistance Listing Number:** CFDA 98.001 USAID Foreign Assistance for Programs Overseas

To All Interested Parties,

The United States Agency for International Development (USAID) is seeking applications for one (1) cooperative agreement from qualified entities to implement the “HIV Prevention Among Adolescent Girls and Young Women and Other Vulnerable Youth Populations - DREAMS North” program, which is expected to have a total estimated amount range between \$52M-\$58M. Eligibility for this award is restricted to local entities (see Section B.1. of this Notice of Funding Opportunity (NOFO) for eligibility requirements of local entities).

USAID intends to make an award to the applicant who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO, subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements, and selection process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section B of this NOFO. This funding opportunity is posted on <http://www.grants.gov/> and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this NOFO and to ensure that it has been downloaded from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on [www.grants.gov](http://www.grants.gov/) or accessing the NOFO, please contact the Grants.gov Support Center at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov) for technical assistance or if you need assistive technology and are unable to access any material on this site.

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Applicants must comply with 2 CFR 25 requirements to obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM.gov), as applicable. See Section E, Submission Requirements and Deadlines, for more information. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early.

Please send any questions to the point(s) of contact identified in Section A.4. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to [www.grants.gov](http://www.grants.gov).

Issuance of this NOFO does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

/s/ Heather Wirick

Heather Wirick  
Agreement Officer

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## **SECTION A: BASIC INFORMATION**

### **1. Executive Summary**

The goal of the Activity is to: **substantially lower HIV incidence among adolescent girls and young women (AGYW) ages 10-24 in the below geographic areas of highest HIV incidence and prevalence.** It is envisioned that this goal will be achieved by improving AGYW access to a comprehensive package of evidence-based/informed, age-appropriate prevention interventions that address biological, behavioral, and socio-economic determinants of HIV risk, and by prioritizing the supply of contraception, STI treatment, and Post Exposure Prophylaxis (PEP).

The Activity will support the South African Government's multi-sector strategies and priorities for HIV prevention and its efforts to achieve 95-95-95 goals along with near-universal HIV prevention and treatment coverage ending HIV by 2030. In line with GoSA and U.S. Government Partnership Framework Implementation Plan, the Activity's priorities include long-term sustainability with health and social system strengthening to bolster an efficient, locally led response, including youth identified solutions. In addition, cornerstones of the Activity will be advancing equity for AGYW and human rights, meaningful youth engagement and participation, as well as maximizing community leadership to strengthen program responsiveness to clients' priorities and improve service quality, acceptability, and impact.

#### **Objectives and Results:**

The Activity will consist of four (4) objectives which are as follows:

1. Strengthen community and youth leadership and participation in social and behavior change services;
2. Increase access to and utilization of biomedical HIV prevention services;
3. Improve access to social protection services; and
4. Increase technical assistance support to key GoSA departments to sustain and integrate DREAMS interventions and approaches into GoSA priorities and plans.

The geographic focus is the North Region which will encompass three provinces: Mpumalanga (Gert Sibanda, Nkangala, and Ehlanzeni), Gauteng (City of Johannesburg and Sedibeng), and Limpopo (Mopani and Capricorn).

### **2. Estimate of Funds Available and Number of Awards Contemplated**

USAID intends to award one (1) Cooperative Agreement pursuant to this Notice of Funding Opportunity (NOFO).

Subject to funding availability and at the discretion of the Agency, USAID expects to have a total estimated amount range between \$52M-\$58M in USAID funding over a five-year period.

### **3. Start Date and Period of Performance for Federal Awards**

The anticipated period of performance is five years. The estimated start date will be [to be determined].

### **4. Agency Point of Contact**

Regional Office of Acquisition and Assistance  
USAID/Southern Africa  
Email: [pretoriaapplications@usaid.gov](mailto:pretoriaapplications@usaid.gov)

Name: Heather Wirick  
Title: Agreement Officer  
Email: [hwirick@usaid.gov](mailto:hwirick@usaid.gov)

Name: Alejandra Garcia  
Title: Senior Acquisition and Assistance Specialist  
Email: [agarcia@usaid.gov](mailto:agarcia@usaid.gov)

### **5. Acquisition and Assistance Ombudsman**

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: <https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman>.

The A&A Ombudsman may be contacted via: [Ombudsman@usaid.gov](mailto:Ombudsman@usaid.gov).

For concerns related to FAR Subpart 33.103(e), the closing date for receipt of applications is the closing date of Phase 1 in accordance with the cover page.

### **6. Authorized Geographic Code**

The geographic code for the procurement of commodities and services under this program is 935 any area or country including the recipient country, but excluding any country that is a prohibited source. Except as may be specifically approved in advance by the Agreement Officer, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in this NOFO, and must meet the source and nationality requirements set forth in 22 CFR 228.

**[END OF SECTION A]**

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## SECTION B: ELIGIBILITY

### 1. Eligible Applicants

Eligibility is restricted to local entities. Restricting eligibility to local South African organizations is the most responsive approach as the local organizations have the local knowledge of how to optimally tailor the technical approach that would allow for locally-developed and locally-led innovative and creative approaches to most effectively address development barriers and have the most efficient programmatic path to achieving epidemic control and development results.

Definition of local entities in accordance with [ADS 303.6](#):

“As defined in Section 7077 of Public Law 112-74, the Consolidated Appropriations Act, 2012 (P.L. 112-74), as amended by Section 7028 of the Consolidated Appropriations Act, 2014 (P.L. 113-76), and included by reference in subsequent appropriations acts, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that—

- (1) Is legally organized under the laws of;
- (2) Has as its principal place of business or operations in; and
- (3) is:
  - (A) Majority owned by individuals who are citizens or lawful permanent residents of; and
  - (B) Managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance.

For purposes of this definition, “majority-owned” and “-managed by” include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.”

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

Additionally, USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

Interested and eligible applicant entities may submit no more than one application under this NOFO.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful Applicant will be subject to a responsibility determination assessment by the Agreement Officer (AO).

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective Recipient has the

necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the Activity and comply with the terms and conditions of the award.

For-profit Applicants must note that USAID policy prohibits the payment of fee/profit for Recipients under assistance instruments. Forgone profit does not qualify as cost-share or leverage.

## **2. Cost Sharing**

USAID has established a required minimum recipient cost share of 10% of the total estimated USAID amount for the award. Such funds may be provided directly by the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. This may include contribution of staff level of effort, office space or other facilities or equipment which may be used for the program, provided by the recipient. For guidance on cost sharing in federal financial assistance see 2 CFR 200.306. Applicants may refer to Section D, Application Content and Format, regarding requirements for the submission of letters or other documentation to verify commitments to meet cost-sharing requirements.

**[END OF SECTION B]**

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## **SECTION C: PROGRAM DESCRIPTION**

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID’s supplement, 2 CFR 700, as well as the additional requirements found in Section H.

### **I. INTRODUCTION**

USAID/South Africa is committed to supporting the South African Government (SAG) to achieve and sustain HIV epidemic control as well as enhance health security. The purpose of the HIV Prevention among Adolescent Girls and Young Women (AGYW) and Other Vulnerable Youth Populations Activity is to contribute to the achievement of the 95-95-95 goals by 2030 and reach and sustain epidemic control by: dramatically reducing new HIV infections, particularly among priority populations, including vulnerable youth, adolescent girls and young women (AGYW), and combating gender-based inequalities and gender-based violence (GBV) that place AGYW at increased risk for HIV infection.

The goal of the U.S. Agency for International Development (USAID) “HIV Prevention among Adolescent Girls and Young Women and Other Vulnerable Youth Populations” Activity (hereinafter referred to as the Activity) is to substantially lower HIV incidence among adolescent girls and young women (AGYW) aged 10-24 in areas of South Africa with highest HIV incidence and prevalence through a combination of prevention interventions that address biological, behavioral and socio-economic determinants of HIV risk.

This activity will be targeted in high HIV burden geographic areas across South Africa as per descriptions in Section III below and it is not designed to cover all AGYW in all areas.

The Activity will build upon lessons learnt from implementing the Determined, Resilient, Empowered, Aids-free, Mentored and Safe (DREAMS) Initiative package of evidence-based services in South Africa since 2016. This Activity will consolidate some of the DREAMS interventions and ensure the program has a more tailored strategic and technical focus. The anticipated result will be an improved implementation arrangement, with greater efficiencies, improved layering of the interventions and reporting, strengthened linkages between activity components, and a more standardized and simplified primary package of services. It is also envisioned that the Activity will create platforms through which youth can actively participate in the delivery of services, monitoring and leadership of activities, and provide opportunities for employment of DREAMS AGYW. The awardee will be expected to identify and enroll the most vulnerable AGYW and youth into the various interventions based on the vulnerability guidance included in the [DREAMS NEXTGen Guidance](#).

Therefore, USAID anticipates that the prime partner applicants will have a demonstrated track record and strong working relationships with the South African Government (especially departments of health, social development and basic education) and a deep understanding of the community context within the targeted districts. Local partner leadership in developing and



implementing program models that can be adopted and replicated by the relevant SAG departments will advance equity and enable a sustainable response supporting vulnerable youth.

## **II. BACKGROUND**

In 2014, The Joint United Nations Programme on HIV/AIDS (UNAIDS) launched the global 95-95-95 targets, with the aim to diagnose 95% of all individuals living with HIV, provide antiretroviral therapy (ART) for 95% of those diagnosed and achieve viral suppression for 95% of those treated by 2030. Given the rate of new infection, South Africa has yet to achieve “95-95-95” targets and the goal of HIV epidemic control.

While the HIV burden in South Africa continues to grow and the country continues to grapple with the challenge of achieving HIV epidemic control, other issues including gender inequalities and alarming high rates of gender-based violence continue to affect AGYW and undermine their ability to protect themselves against HIV. Addressing gender equalities and reducing South Africa’s rate of gender based violence (GBV), remains essential for ending the HIV epidemic. According to a recent Gender Analysis, gender inequalities are systemic and deeply entrenched in institutions, cultures and traditions in South Africa. At the 2022 Presidential Summit on Gender Based Violence and Femicide (GBVF), President Ramaphosa described GBV as the first pandemic due to its alarming high rates in the country. GBV, which disproportionately affects adolescent girls and young women, remains a profound and widespread problem in South Africa.

Many AGYW across the country continue to face challenges in accessing health services, including heightened vulnerability to HIV, sexually transmitted infections (STIs), violence and abuse, unintended and unsafe pregnancies. Gender inequality and GBV restricts AGYW's mobility, access to resources, and limits their decision-making power—all of which impact their ability to act in ways that restrict access to healthy safe livelihoods. Gender inequality is one of the drivers of the HIV epidemic as well as a key challenge to the establishment of a wider culture of health-related attitudes.

The USG PEPFAR supported DREAMS program is currently implemented in 15 countries in partnership with the Bill and Melinda Gates Foundation, Girl Effect, Gilead Sciences, ViiV Healthcare, and Johnson & Johnson. DREAMS success depends on collaboration and coordination with national and local government officials at a multisectoral level, and other relevant stakeholders and community partners including AGYW themselves. DREAMS targets vulnerable AGYW (10-24 years) in communities with a high burden of HIV who are at an increased risk of acquiring HIV due to various demographic, geographic behavioral, and structural reasons. The DREAMS core package is an evidence-based/informed, age-appropriate, comprehensive package of biomedical, behavioral, and structural interventions across multiple sectors shown to mitigate the risk factors that may lead to HIV infection. Additionally, DREAMS provides contextual interventions to shift community norms and perceptions to create an enabling environment that supports HIV infection.

In South Africa the Bilateral Health Office has implemented DREAMS since 2016. Using a combination of prevention interventions that address biological, behavioral and socio-economic

determinants of HIV risk, the aim of the DREAMS Initiative investment was to substantially lower HIV incidence among adolescent girls and young women in areas of highest HIV incidence and prevalence. Some of the notable achievements of DREAMS in South Africa has included the provision of high quality technical support to the Department of Basic Education to integrate and scale HIV and Violence Prevention as part of the Comprehensive Sexuality Education in schools; building robust clinical and community platforms to facilitate and promote the introduction of HIV prevention technologies including oral PrEP; and effectively implementing models for hybrid delivery of HIV prevention programming for AGYW during the COVID-19 crisis, demonstrating pathways for programmatic adaptation and resiliency and advancing the optimization of digital technologies for health.

Despite these achievements, continued implementation focusing on youth is needed to reach the UNAIDS 95-95-95 targets as part of epidemic control. While HIV prevention interventions have been concentrated in districts and provinces with the highest burden of disease and unmet need, to achieve epidemic control, South Africa will need to scale up and intensify targeted HIV prevention interventions nationally.

The latest Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM1 VI) [HIV Prevalence Survey](#) data shows that South Africa still continues to grapple with the challenge of achieving HIV epidemic control. HIV infections continue to be disproportionately higher among adolescent girls and young women (AGYW). Annually, nearly one third of all new HIV infections in South Africa occur in youth ages 15-24 years, with adolescent girls being up to eight times more likely to be infected with HIV than their male counterparts, stigma and discrimination increases their HIV risk while keeping them away from services. While young people and especially AGYW face high HIV risks, the rates among older men and women are increasing as the epidemic matures, highlighting the need for age-specific and targeted interventions.

It is important to note that while the DREAMS package was designed to implement a specific set of high-quality, PEPFAR-approved activities and curricula, recent PEPFAR [DREAMS NEXTGen Guidance](#) allows for greater flexibility in programming and makes recommendations for a more standardized and simplified package of services. DREAMS NextGen is the next phase of DREAMS that will take a more nuanced approach that is more responsive to the current context within the country. In line with DREAMS NextGen guidance, implementation of the DREAMS core package will remain essential as South Africa still has a high HIV incidence (>1%) and high HIV burden among AGYW in many districts. However, it is anticipated that some activities and curricula will be consolidated, phased out while others are scaled up to achieve a more standardized and simplified DREAMS package to adequately respond to Government of South Africa (GoSA) and United States Government (USG) priorities.

## **A. Government of South Africa (SAG) Response**

South Africa continues to benefit from high levels of political commitment from multiple Government of South Africa departments, including, but not limited to, the Departments of Social Development (DSD), Basic Education (DBE), Health (DoH) and Women, Youth and Persons with

Disabilities. These departments have policies, guidelines and implementation strategies that prioritizes support for vulnerable youth. The South Africa's National Strategic Plan for HIV, TB, and Sexually Transmitted Infections (NSP) 2023-2028 hereafter referred to as the [NSP](#), outlines South Africa's strategic framework for a multi-sectoral partnership to accelerate progress in reducing the morbidity and mortality associated with HIV, TB, and STIs and serves as the principal "blueprint" to operationalize the HIV response at the provincial, district, municipal, and local levels to achieve epidemic control in South Africa.

The recently revised NSP emphasizes a response that is people and communities centered, that aims to reduce inequalities, and increase access to health and social services. The NSP aims to reduce the barriers to accessing health and social services, building on lessons from the previous Strategy, promoting an urgent focus to reduce inequalities for all people living with HIV (PLHIV) who are not benefitting from treatment care and services. The 2023-2028 NSP also includes an emphasis on mental health services and social support, based on the strong association between HIV, TB, STIs, sexual and gender-based violence (SGBV), other forms of violations, inequalities, and mental health.

Goal 1 of the NSP, to "Break down barriers to achieving HIV, TB and STIs solutions", Objective 1.4 focuses on addressing gender inequalities that increase AGYW vulnerability to both GBV and HIV. It calls for Enhancing gender-transformative community-led actions for HIV, TB, and Activity will support the NSP goals, with notable contributions expected for Goals 1 and Goal 2: To maximize equitable and equal access to HIV, TB and STIs services.

The objectives and planned priority actions of the NSP are closely aligned with the National Development Plan: Vision for 2030, locating the fight against HIV, TB and STIs within the broader agenda for economic and social development. These are interlinked efforts as progress in reducing the burden of disease contributes to development, while faster development reduces social barriers and enhances equitable access to HIV, TB and STI services and solutions.

## **B. U.S. Government (USG) Response**

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has made significant strides in reducing HIV infections, saving lives, and supporting many countries to achieve or approach epidemic control. The PEPFAR Strategy: Vision 2025 (closely coordinated with UNAIDS Global AIDS Strategy 2021-2026) aims to achieve sustained epidemic control of HIV by supporting equitable health services and solutions, enduring national health and social service systems and capabilities, and lasting collaborations. Key goals include reaching the global 95-95-95 treatment targets for all ages, genders, and population groups; dramatically reducing new HIV infections, particularly among priority populations, including children, AGYW, and key populations; and combating gender-based inequalities and GBV that place AGYW at increased risk for HIV infection.

In 2016 PEPFAR launched its DREAMS initiative in South Africa, specially targeting AGYW with a comprehensive portfolio of HIV prevention activities. This package of services comprises evidence-based/informed, age-appropriate, comprehensive biomedical, behavioral, and structural

interventions across multiple sectors and aims at achieving and sustaining epidemic control in the 27 priority districts. These represent the highest HIV burden districts in South Africa and comprise 82 percent of PLHIV in the country. PEPFAR has scaled up testing, treatment, and interventions to improve viral suppression among six priority age and sex bands to achieve full attainment in the 27 focus districts. In close coordination and collaboration with DSD, DOH, and DBE, PEPFAR has scaled up prevention interventions targeting AGYW to reduce new HIV and addressed the behavioral, biological, social and structural drivers of the HIV epidemic, which includes addressing gender inequalities and GBV.

This Activity will advance results set forth in the USAID/Southern Africa 2020-2025 Regional Development Cooperation Strategy's (RDSCS) and specifically links to the RDSCS's Regional Development Objective 3: "Resilience of People and Systems Strengthened" and Intermediate Result (IR) 3.2: "Equitable Provision of Quality Health and Other Services Improved". In addition the Activity will align closely with the goals and objectives of the New PEPFAR Five Year Strategy Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030 to "Close equity gaps for priority populations, including adolescent girls and young women, key populations, and children" [link](#).

The USG has announced a new USAID Global Health Security strategy that aims to prevent, detect, and respond to global health pandemics. In South Africa, the Bilateral Health Office has started implementing the new strategy working in collaboration with the host government and other partners to address identified gaps and improve capacities in key global health security areas; support and sustain international capacity on surveillance and monitoring systems, including syndromic, pathogen, and events-based systems, needed to detect and regularly report known and new infectious diseases threats in humans, plants, and animals; support partner countries to develop, implement, and scale-up evidence-informed interventions at the community level to reduce zoonotic pathogen spillover; and increase demonstrated capacity in biosafety and biosecurity. This Activity may collaborate, and support interventions implemented under this strategy as needed and determined by USAID in the future.

USAID recognizes that climate change is a global crisis, disproportionately impacting people living in poverty and who are marginalized, including in South Africa. In the event of a crisis in the geographic areas of implementation, the Activity may collaborate and support shock responses interventions from other funding sources.

### **III. GEOGRAPHIC FOCUS**

The geographic focus of the HIV Prevention among Adolescent Girls and Young Women (AGYW) and Other Vulnerable Youth Populations Activity - DREAMS North is 7 districts across 3 Provinces that have been identified as having significantly high rates of HIV incidence and prevalence.

This Activity is anticipated to encompass three provinces: Mpumalanga (Gert Sibanda, Nkangala, and Ehlanzeni), Gauteng (City of Johannesburg and Sedibeng), and Limpopo (Mopani and Capricorn).

The anticipated geographic focus may shift in line with epidemiological changes and/or Government of South Africa (GoSA) and USG priorities. These shifts may result in the number of focus districts increasing or decreasing within the identified provinces or a shift to a new province and district(s) based on epidemiological changes in the outward years.

#### **IV. ACTIVITY GOAL, OBJECTIVES, RESULTS & EXPECTED OUTCOMES**

##### **A. Goal**

The goal of the Activity is to: substantially lower HIV incidence among vulnerable youth and adolescent girls and young women (AGYW) ages 10-24 in areas of highest HIV incidence and prevalence. It is envisioned that this goal will be achieved by improving access to a comprehensive package of evidence-based/informed, age-appropriate prevention interventions that address biological, behavioral, and socio-economic determinants of HIV risk. In collaboration with relevant government departments the Activity will prioritize the provision condoms and choice of contraceptives, prevention and treatment of sexually transmitted infections (STIs), provide post exposure prophylaxis (PEP) to survivors of gender based violence, provide pre-exposure prophylaxis (PrEP) and integrate the provision of new high impact HIV prevention technologies/injectables<sup>1</sup> as they become approved by relevant authorities. The Activity will contribute to the core mandate of the Government of South Africa's (GoSA) in strengthening the implementation of the Adolescent and Youth Health policy through strengthening of the Youth Zones and Adolescent and Youth Friendly Services to serve as key sites in target communities for sexual reproductive health (SRH) services.

The Activity will support the multi-sectoral strategies and priorities of GoSA for HIV prevention and its efforts to achieve 95-95-95 goals along with near-universal HIV prevention and treatment coverage ending HIV by 2030. In line with GoSA and U.S. partnerships, the Activity's priorities include long-term sustainability with health and social system strengthening to bolster an efficient, locally led response, including youth identified solutions. In addition, the cornerstones of the Activity will be advancing equity for vulnerable youth and AGYW, ensuring meaningful youth engagement and participation, as well as maximizing community leadership to strengthen program responsiveness to clients' priorities and improve service quality, acceptability, and impact.

Technical brief of Activity:

- **Who:** The target population will be vulnerable youth and AGYW (10-24 years) in communities with a high burden of HIV who are at an increased risk of acquiring HIV due to various demographic, geographic behavioral, and structural reasons.
- **What:** The Activity will draw upon the PEPFAR-approved HIV prevention core package of services that comprise evidence-based/informed, age-appropriate, comprehensive biomedical, behavioral, and structural interventions as per the [DREAMS NEXTGen Guidance](#), that are person-centered, are implemented across multiple sectors and have shown to mitigate the

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<sup>1</sup> Injectables include cabotegravir (CAB-LA) and Lenacapavir (LEN) for PrEP

risk factors that may lead to HIV infection. The Activity will also implement HIV prevention contextual interventions that aim to shift community norms and perceptions in order to create an enabling environment that protects vulnerable youth and AGYW and supports the prevention of HIV infection. In alignment with USAID's localization policy and its goal to nurture youth leadership and advocacy skills, this Activity will support community-level monitoring efforts to help ensure services are maximally accessible and youth friendly.

- **How:** This Activity will focus on selected geographic regions, as described above, of high HIV burden. The programmatic approach will be multi-level to ensure that risks are addressed at the individual level as well as influencing context, and that access to youth friendly health services and community-based interventions are increased; and layered to ensure that vulnerable youth and AGYW benefit from the synergistic effect of multiple interventions. USAID has identified uneven policy implementation as a critical disabler to the implementation of programmes, and it is anticipated that this Activity will provide the support needed to improve policy implementation.

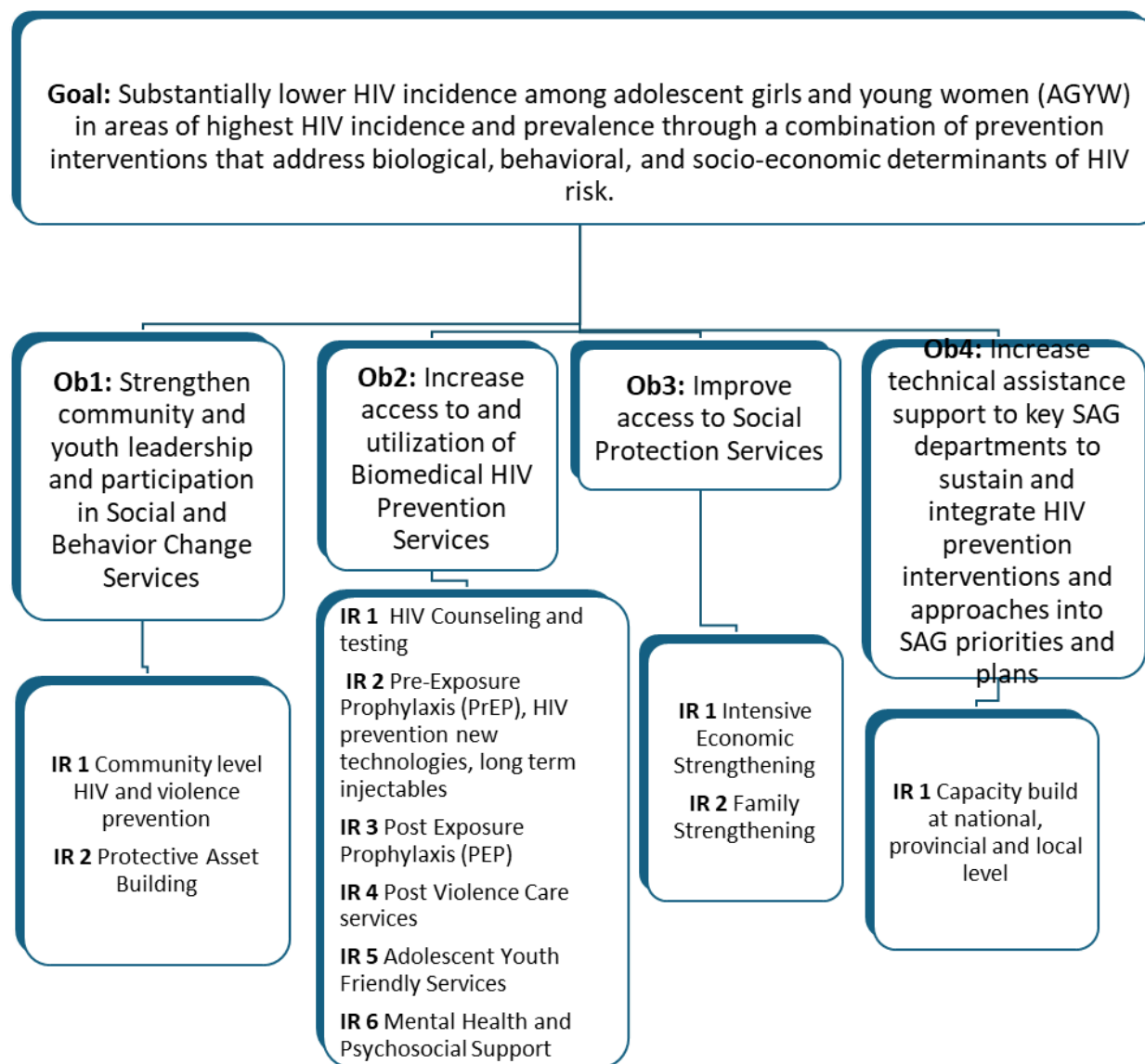
USAID aims to reach the above goal by achieving the following four strategic objectives:

## **B. Objectives and Results**

The Activity will consist of four (4) objectives which are as follows:

1. Strengthen community and youth leadership and participation in social and behavior change services;
2. Increase access to and utilization of biomedical HIV prevention services;
3. Improve access to social protection services; and
4. Increase technical assistance support to key GoSA departments to sustain and integrate DREAMS interventions and approaches into GoSA priorities and plans.

***The Conceptual Results Framework of the USAID/Southern Africa DREAMS Activities is included below:***



**Five main results are expected from this Activity over the Five-Year Period of the Award (see targets below):**

1. A reduction in new HIV infections amongst AGYW 10-24 years old.
2. Number of people in DREAMS SNUs completing an intervention pertaining to gender norms, that meets minimum criteria.
3. A reduction in new Gender Based Violence (GBV) cases amongst AGYW 10-24 years old.
4. Reach vulnerable youth and AGYW with PrEP interventions.
5. An increase in AGYW 15-24 years old in economically strengthened positions.



The following describes in detail the four objectives and related intermediate results (IRs) to be achieved over the life of this Activity including tracking and reporting on PEPFAR Monitoring, Evaluation, and Reporting (MER) indicators below and activity specific custom indicators under Section V Monitoring, Reporting, and Quality Assurance.

**OBJECTIVE 1: Strengthen Community and Youth Capacity to Lead and Participate in Social and Behavior Change Services:**

***IR1.1 Accelerate community HIV and violence prevention activities and improve capacity of AGYW, youth, and community leaders to lead and sustain activities to change norms, address structural barriers to HIV risk reduction, and advocate for uptake of HIV services.***

This Activity will strengthen community mobilization activities for HIV prevention and expand the reach of evidence-based, culturally sound, person-centered HIV prevention and risk-reduction messages. In addition, the Activity aims to address negative attitudes, community stigma and discrimination against people living with HIV as this continues to be an impediment to HIV prevention. An important goal of the Activity is to advance community-led and youth identified solutions to HIV prevention and to leverage digital health innovations for HIV prevention education, such as platforms that include youth-friendly interactive content, virtual consultations, chatbots, and easy access to resources. Activities under Objective 1 will be developed and implemented in collaboration with local Community Based Organizations (CBOs), civil society organizations, and other PEPFAR-funded care and treatment, prevention and orphans and vulnerable children (OVC) partners, who support targeted youth sites such as health facilities, schools, churches, community-based organizations, and community structures.

**Expected Outcomes**

This activity will enhance community leadership and accountability in HIV and gender-based violence (GBV) prevention, leveraging digital technologies to expand education and strengthen referral networks for HIV and GBV response. By reducing GBV cases among AGYW in the DREAMS program and addressing stigma through standardized tools, communities will gain actionable insights to foster inclusion and drive change. The activity will empower HIV prevention beneficiaries as ambassadors and champions, while strengthening youth ownership of initiatives. Enhanced social media campaigns and community outreach will reduce HIV risk behaviors and increase service uptake, creating a supportive environment for sustainable prevention efforts.

***Indicator 1.1.a.***

- *Number of community-based youth leaders trained on HIV prevention, advocacy, and social behavior change, in each focus sub-district.*



- o Target: Two (2) community-based youth leaders per sub-district.*
- o Target: 500,000 people in DREAMS SNUs completing an intervention pertaining to gender norms*

*Indicator 1.1.b.*

- *Percentage of youth-led HIV prevention initiatives implemented at the community level.*
  - o Target: One (1) youth-led HIV prevention initiative per district.*

*Indicator 1.1.c.*

- *Number of young women serving as ambassadors (HIV and violence prevention) in each of the focus districts sub-districts (minimum 1 young women per sub-district).*
  - o Target: Five (5) ambassadors per district.*

***IR1.2 Strengthen protective assets of AGYW to build enabling environments for HIV and GBV prevention.***

The most vulnerable AGYW often lack strong social networks, such as relationships with peers and adults who can offer emotional support, information, and material assistance. This Activity will create opportunities for AGYW to build social skills that improve their ability to protect themselves by reducing their social isolation and providing them with social safety nets through mentors, peer groups, civic engagement, and access to HIV and health information and services.

**Expected Outcomes**

The activity is expected to increase the number of community Safe Spaces for AGYW, as well as dedicated spaces for other vulnerable youth and AGYW to access HIV and health information and services. It will enhance support for HIV prevention activities from caregivers, parents, partners, and community structures, while contributing to reduced rates of sexual violence among AGYW and vulnerable youth. Additionally, the activity will foster AGYW-led efforts to build supportive communities and strengthen social networks among and between AGYW, creating an environment that promotes safety, empowerment, and access to critical health services.

*Indicator 1.2.a:*

- *Number of functional community Safe Spaces for vulnerable youth in each of the target sub-districts.*
  - o Target: One community safe space in each target sub-district.*

*Indicator 1.2.b:*

- *Number of AGYW completing the DREAMS primary package (HIV and Violence prevention intervention, Financial Literacy and Sexual Reproductive Health information and linkages) at safe spaces*
  - *Target: 250,000*

**OBJECTIVE 2: Increase Access to and Utilization of Biomedical HIV Prevention Services**

***IR2.1 Strengthen HIV Counseling and testing.***

This Activity will increase the number of AGYW and other vulnerable youth who know their status. HIV testing remains the gateway to treatment and effective treatment is key to epidemic control. For reasons that include a general lack of awareness of why one should test, fear of knowing one's status, and stigma, many young people including AGYW and vulnerable youth do not know their HIV status. Integrating HIV self-screening (HIVSS) as part of a broader biomedical intervention strategy is encouraged as this can increase early detection and linkage to care. Screening for HIV helps to detect the virus early and knowing one's status and being connected to care if infected, will enable AGYW and other vulnerable youth to prevent spreading the virus to others.

**Expected Outcomes**

The activity seeks to significantly increase the number of AGYW and youth in the DREAMS program accessing HIV counseling and testing services, while promoting greater uptake of self-screening and ensuring effective linkage to care. It will ensure that at least 100% of high-risk AGYW and vulnerable youth in the program are aware of their HIV status and that all those diagnosed with HIV are promptly connected to comprehensive care and treatment services, reinforcing the program's commitment to holistic HIV prevention and support.

- *Indicator 2.1.a: Number of individual HIV self-test kits distributed*
  - *Target: 35,156*
- *Indicator 2.1.b: Number of individuals who received HIV Testing Services (HTS) and received their test results*
  - *Target: 234,375*

***IR 2.2 Improve Access to Pre-Exposure Prophylaxis (PrEP), HIV Prevention New Technologies, Long-Term Injectables.***

This Activity will increase the uptake of PrEP among eligible AGYW. In 2022, only an estimated 0.8% of sexually active people were taking PrEP (up from 0.1% in 2018)<sup>2</sup>. Among sexually active

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<sup>2</sup> Thembisa 4.6 2023 (April) model outputs as described in: Low M. (2023) HIV in graphs-latest figures confirm declining rates, but areas of concern. Daily Maverick; published online 31 May, 2023. <https://www.dailymaverick.co.za>

adolescent girls and young women, the number stood at 4% in 2022 – up from 0.1% in 2018 . While these increases are a step in the right direction, uptake would have to be significantly higher for PrEP to start making a significant impact on the country's infection rates. Integrating PrEP services with sexual and reproductive services, such as family planning, condoms, PEP, and STI services, can result in better PrEP continuation outcomes.

### **Expected Outcomes**

The activity will enhance AGYW and vulnerable youth understanding and acceptance of HIV prevention technologies while increasing participation in adherence support services. It ensures all AGYW in DREAMS on PrEP have access to support services, with 100% of high-risk AGYW offered PrEP, 75% initiated, and sustained adherence after one year. Additionally, it will expand integrated services for PrEP, sexual and reproductive health, and other HIV prevention technologies.

#### *Indicator 2.2.a.*

- *Number of people newly initiated on PrEP per year*
  - o *Target:*
    - *225,000 vulnerable young women ages 15-24*
    - *>90% of AGYW and other vulnerable youth initiated on PrEP have access to adherence support services.*

#### *Indicator 2.2.b.*

- *Percentage of eligible individuals accessing injectables or other long-acting PrEP options to prevent new HIV infections.*
  - o *Target:*
    - *100% of high-risk AGYW offered other long acting PrEP options;*
    - *>60% of AGYW are initiated onto other long acting PrEP options.*

### ***IR 2.3 Post Exposure Prophylaxis (PEP)***

This Activity will improve AGYW access to HIV post-exposure services. Preventing new HIV infections is crucial to attaining epidemic control. Despite the availability of prevention measures, exposures occur that pose the risk of transmission. Fortunately, with rapid initiation of PEP, infection can be blocked. After an exposure has occurred, HIV infection can be prevented with rapid administration of ARV medications that are formulated as PEP. The first dose of PEP should be administered within 2 hours of an exposure (ideal) and no later than 72 hours after an exposure to be effective in preventing infection.

## **Expected Outcomes**

The activity aims to enhance the understanding and acceptance of Post-Exposure Prophylaxis (PEP) among AGYW and other vulnerable youth, ensuring that 100% of those initiated on PEP complete the prescribed course. It targets providing more than 90% of AGYW survivors of GBV with timely access to PEP within the recommended timelines following exposure. Furthermore, the initiative seeks to ensure that over 90% of GBV survivors receive comprehensive clinical post-violence care services and support, addressing their immediate health needs and fostering long-term well-being.

### *Indicator 2.3.a.*

- *>95% of AGYW survivors of GBV have access to PEP within the prescribed timelines of an exposure.*
  - *Target: 76,000 AGYW survivors of GBV*

### *Indicator 2.3.b*

- *>95% of survivors of GBV access comprehensive clinical post violence care services and support.*
  - *Targets: 95% of GBV survivors receive comprehensive clinical post-violence care services and 95% of those put on PEP complete the course.*

## **IR 2.4 Improved Access to Post Violence Care Services**

This Activity will advance critical services that respond to violence, especially gender-based violence. Comprehensive care for survivors of GBV, especially sexual violence, is an important part of any effective HIV response. USAID strongly supports strategies to increase the accessibility of integrated HIV and post-violence care services, including mobile services, hotlines, transportation assistance, virtual counseling, and first-line support. GBV case identification during HIV testing, initiation on ART, and routine HIV appointments are essential to identify people living with HIV who are survivors of violence and provide them with timely care, as well as support their linkage and adherence to and continuation of treatment.

## **Expected Outcomes**

The activity will ensure that 100% of AGYW and vulnerable youth are aware of the locations and referral pathways to access post-violence care services. Additionally, it aims to increase the utilization of and support for these services, ensuring that survivors receive timely and effective care.

- 100% of AGYW and vulnerable youth have knowledge of location and referral pathways to access post violence care services.
- Increase utilization of and support for post-violence care services.

*Indicator 2.4.a.*

- *100% of AGYW survivors of GBV have access to 100% of AGYW survivors of GBV access post violence care services.*
  - o *Target: 80,000*

***IR 2.5 Improved Access to Adolescent Youth Friendly Services***

This Activity will decrease the barriers faced by AGYW and other vulnerable youth in accessing high-quality HIV and sexual and reproductive health (SRH) services. Vulnerable young people and especially other vulnerable youth, confront barriers at multiple levels including individual, structural, and socio-cultural that impede their ability to access high quality services that meet their needs. There is wide recognition that health facilities and providers need to do more to attract, serve, and retain young people as clients. This Activity will improve AGYW and vulnerable youth access to services that are well equipped to secure their health, especially in preventing HIV and unintended pregnancies, and that encourage future health-seeking behaviors among AGYW and youth.

**Expected Outcomes**

This activity will warrant that 100% of AGYW and vulnerable youth have access to services that offer privacy, are easily accessible, and provide a comfortable space for youth. It guarantees that all youth are served by providers who are trained in delivering adolescent- and youth-friendly services, allowing sufficient time for meaningful interactions. The activity will also enhance access to and satisfaction with HIV and SRH services for other vulnerable youth, while increasing the utilization of adolescent-friendly HIV and SRH services. Additionally, over 90% of sexually active young women will have access to comprehensive SRH services, including condoms and other contraceptive methods, and digital platforms will be utilized to monitor the reach and usage of these youth-friendly services.

*Indicator: 2.5.a.*

- *100% of program participants (AGYW and other vulnerable youth) have access to adolescent and youth friendly health services.*
  - o *Target: 225,000 (derived from the PrEP target).*

*Indicator 2.5.b.*

- *>90% sexually active young women have access to SRH services including condoms and other contraceptive methods.*
  - o *Target: 225,000*

### ***IR 2.6 Improved Access to Mental Health and Psychosocial Support***

This Activity will improve AGYW's and other vulnerable youth's access to mental health and psychosocial support services by integrating mental health into vulnerable youth's prevention programming and standardizing the delivery and strategies to access advanced mental health services. As described in the Activity-level Gender Analysis undertaken by USAID/Southern Africa during the design phase of this Activity, there are many factors that undermine the emotional and psychological well-being of AGYW and vulnerable youth and contribute to their ongoing HIV risks and vulnerability<sup>3</sup>. Among these factors are exposure to or experiences of sexual, physical, or psychological violence that occur in homes, neighborhoods, or in and around schools, perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics. Such exposure often leads to trauma and emotional harm such as depression, fear, substance misuse, and other behaviors that contribute to HIV risks.

An illustrative programmatic activity may include identifying mental health champions among AGYW and vulnerable youth who will access training to provide peer-to-peer first line mental health support to others experiencing distress and/or depression, with capacity building for AGYW on providing trauma-informed care. Incorporating mental health services, including digital tools such as online support and partnerships with mental health apps, can address the psychological barriers to accessing HIV prevention services.

#### **Expected Outcomes**

This activity will ensure that 100% of AGYW enrolled in the DREAMS mental health program who need services will have access to mental health and psychosocial support. It will increase the number of AGYW capable of providing basic, first-line mental health support and trauma-informed care. The activity will aim to reduce stigma related to mental health, increase the number of mental health screenings conducted, and promote greater utilization of mental health services among AGYW and other vulnerable youth. Expected outcomes will include improved coping skills, enhanced self-awareness, and better emotion regulation among youth. Additionally, the activity will work to reduce negative coping behaviors, such as substance use and abuse, while improving mental health outcomes and reducing symptomatology of mental illness among AGYW and other vulnerable youth.

##### *Indicator. 2.6.a.*

- *100% of AGYW have access to mental health and psychosocial support services.*
  - o *Target: 80 000*

### **OBJECTIVE 3: Improve Access to Social Protection Services**

#### ***IR3.1 Intensive Economic Strengthening***

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<sup>3</sup> Activity-level Gender Analysis (DREAMS). USAID/Southern Africa. May 2024

This Activity will expand AGYW access to market-oriented vocational skills training, internships and mentorships, and ensure the tools and resources needed for financial independence and HIV prevention reach the young women who need it most. Youth in South Africa continue to be disadvantaged by an unemployment rate higher than the national average. Statistics South Africa also reported in the Quarterly Labour Force Survey that there were about 10,3 million young people aged 15–24 years in Q3: 2024, of which 34,2% were not in employment, education or training, this means more than four in every ten young people were not in employment, education or training.<sup>4</sup> Such high unemployment among youth means that job opportunities for AGYW are scarce. Without a steady stream of income, young women in South Africa are at risk for engaging in transactional sexual relationships and other high-risk behaviors that have been linked to gender-based violence, HIV, and unplanned pregnancies. Increased opportunities for obtaining employment or starting businesses, along with financial skills and resources are critical for AGYW to thrive.

### **Expected Outcomes**

This activity will increase the number of AGYW completing financial literacy training, ensuring that 100% of AGYW in the DREAMS IES program improve their financial competencies and understanding of financial planning. It will also expand the number of AGYW aged 15-24 in new economically strengthened positions and enhance the skills of AGYW that improve their employability. The activity will support AGYW in developing the ability to envision and achieve financial stability, while reducing their economic reliance on survival or transactional sex and abusive partners.

#### *Indicator 3.1.a.*

- *Number of beneficiaries linked to social protection services (e.g., education subsidies, social grants, economic opportunities).*
  - *Target: 50,000*

### ***IR3.2 Improve Family Strengthening activities.***

This Activity will target at-risk AGYW as part of the secondary package of DREAMS interventions. It is vital to AGYW to have a positive relationship with a parent, caregiver, or other caring adult, as this relationship has been shown to be a consistent protective factor for AGYW against a variety of negative health and social outcomes. Programs that involve caregivers and parents have demonstrated effectiveness in changing HIV related sexual behaviors among all youth. The Activity will deliver evidence-based and informed parenting interventions aimed at empowering both adolescents and their caregivers by building knowledge and skills to communicate more effectively, resolve conflicts, mitigate adolescents' risk behavior (especially sexual risk), improve parenting practices, and help AGYW make healthy decisions (e.g., use of male and female condom, delayed sexual debut, and decreased exposure to negative outcomes such as violence and abuse).

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<sup>4</sup> <https://www.statssa.gov.za/publications/P0211/P02113rdQuarter2024.pdf>

## Expected Outcomes

This activity will ensure that 100% of AGYW enrolled in the DREAMS family strengthening program, along with their caregivers, receive parenting support. It will enhance the ability of AGYW to make healthy sexual and reproductive health-related decisions, improve their problem-solving and debriefing skills, and encourage the use of positive discipline among caregivers. The activity will also aim to reduce the prevalence of violence among adolescents, foster improved communication between AGYW and their parents or caregivers, and lower the incidence of HIV infection among AGYW. Additionally, it will increase the number of parents, caregivers, and their AGYW or vulnerable children who are enrolled in and complete family strengthening interventions.

### *Indicator: 3.2.a*

- *>90% of AGYW enrolled in the DREAMS family strengthening program AGYW and their caregivers receive parenting support.*
  - *Target: 52,000*

## **OBJECTIVE 4: Increase Technical Assistance Support to Key GoSA Departments to Sustain and Integrate DREAMS Interventions and Approaches into GoSA Priorities and Plans.**

### ***IR4.1 Targeted technical assistance support is provided to GoSA at national, provincial, and local levels (as relevant) to successfully transition selected HIV prevention interventions.***

This Activity will ensure that the HIV prevention needs of AGYW continue to be a priority of the South African government. USAID envisions specific HIV prevention activities being successfully transitioned to GoSA and incorporated into government plans, priorities, and funding cycles. This will require close collaboration with and targeted technical assistance to relevant GoSA stakeholders. Key activities under this IR will include but are not limited to:

- 1) Technical assistance support to develop and execute sustainability plans;
- 2) Technical assistance support to plan and execute high-quality social and behavior change campaigns/activities that include social media and other virtual platforms that are popular among youth;
- 3) Targeted assistance to implement PrEP services and other new and future prevention technologies; and
- 4) Targeted support to transition key services of the GBV response to relevant departments.

A critical aspect of decision making for GoSA stakeholders is the costing of interventions, integration into Conditional Grants and Operational Plans. Working with relevant stakeholders to assist implementing partners to identify prevention components and approaches that are harmonized and feasible and sustainable to hand over to GoSA could be an important way of helping to ensure a smooth transition of interventions.



The Activity must use appropriate and feasible strategies to build-in technical assistance to GoSA as part of each activity and service of the HIV prevention program.

### **Expected Outcomes**

This activity will increase the number of intervention components assessed and identified as feasible and sustainable for government transition. It will ensure that standard operating procedures, implementation frameworks, reporting, and data collection tools are in place, along with systems to successfully manage the transition. Evidence-based prevention interventions and implementation approaches will be integrated into the Government of South Africa's (GoSA) priorities and operational plans. Additionally, selected evidence-based prevention interventions and approaches will be successfully transitioned to GoSA, ensuring their sustainability.

#### *Indicator: 4.1.a.*

- *Number of technical assistance (TA) engagements provided to GoSA departments focused on new HIV prevention technologies programming in seven provinces.*
  - o *Target: TA to support implementation of new prevention technologies by province.*

#### *Indicator: 4.1.b.*

- *Number of GoSA staff trained on new HIV prevention approaches through capacity-building initiatives.*
  - o *Target: Relevant GoSA staff trained on new HIV prevention approaches by district.*

#### *Indicator: 4.1.c.*

- *Operational Memorandum of Understandings (MOUs) and regular reporting to relevant GoSA departments*
  - o *Target: MOUs with 7 provincial Health Departments.*

#### *Indicator 4.1.d.*

- *Regular participation in stakeholder engagements (provincial, district, etc) AIDS Councils.*
  - o *Target: 80% participation at quarterly program review meetings (provincial, district levels).*

## **C. KEY CONSIDERATIONS**

### **C.1. Specific Focus on Vulnerable Youth**

As per the requirements of the PEPFAR Five-Year Strategy the Activity will include a specific focused engagement with youth (defined as individuals 10-24 years of age) to ensure that their perspectives and recommendations are heard and used to inform the programming of the Activity. Beyond being program beneficiaries, an important aim of this Activity is to also create meaningful roles for youth to play during programmatic roll-out and implementation. For example, building upon existing programming with “DREAMS Ambassadors”, this Activity will include young people to serve as gender-based violence and HIV prevention champions in their communities. For the future sustainability of HIV prevention programming in South Africa, especially as it relates to on-going high levels of HIV as well as GBV risks of AGYW, forming strong and meaningful partnerships with relevant youth-led organizations to assist with tasks such as designing, creating demand, monitoring or other components of programming will enhance its chances of success. This would also contribute directly to PEPFAR’s 3X5 Strategy to strengthen community leadership, partnerships, and sustainability of organizations, and reflect the USAID principles of local ownership, decision-making, and youth leadership and capacity-building.

This Activity will engage youth in meaningful ways at various stages along the program cycle. This process already began during the initial planning for the design of this Activity. Consultations and ‘Listening Sessions’ with AGYW started in 2022 and are ongoing. These Listening sessions have provided insights and informed current implementation and areas of areas of improvement need to be accessible, destigmatizing, and empowering to young people to facilitate greater HIV/AIDS impact.

### **C.2. Gender and Inclusion**

Globally, gender-based violence and gender inequality impact HIV outcomes across key and priority populations and impede efforts to achieve sustained HIV epidemic control. HIV and gender-based violence manifest as twin epidemics, sometimes called syndemics, with inequity, stigma, and discrimination that fuel their spread, especially among vulnerable people. While globally communities have made exceptional strides in curbing the HIV epidemic, new infections continue to rise among key and priority populations, including adolescent girls and young women, men who have sex with men, sex workers, transgender individuals, and people who inject drugs. Harmful gender norms and inequitable attitudes about gender put individuals at risk for HIV and serve as a barrier to uptake of HIV prevention, testing, care, and treatment services. For the first 95, violence and harmful gender norms inhibit one’s ability to access HTS and disclose their status. Many people report fear of violence and or abandonment if their partners learn of their status. For the second 95, harmful gender norms often inhibit men’s health seeking behavior. Violence is linked to reduced linkage to HIV care services and initiation on ART. For the third 95, women that experience violence are less likely to adhere to treatment and achieve viral suppression. Violence is associated with reduced ART adherence among adolescents, transgender women, and drug users.

This Activity is grounded within the United States Government strategies and policies that stress the importance of addressing gender inequality and GBV within global health and development

programs to achieve strategic goals, including the National US Strategy on Gender Equity and Equality (2021), the USAID Gender Equality and Women's Empowerment Policy (Gender Policy 2023), as well as the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (2022). The USAID Gender Equality and Women's Empowerment Policy advances equality between women and men, boys, and girls, and empowers women and girls to participate fully in and benefit from development activities, through the integration of gender in the entire Activity implementation cycle from design and implementation to monitoring and evaluation. A key objective of USAID gender policy focuses on striving to eliminate GBV and mitigate its harmful effects on individuals and communities, so all people can live free from violence. This Activity will recognize and address the diverse needs of AGYW and other vulnerable youth populations and people living with disabilities. This approach must be integrated throughout all objectives.

Interventions and technical assistance supported through this Activity will implement a program model that addresses structural barriers fueled by gender inequities that impede access to and uptake of HIV and TB service delivery in order to reduce gender disparities in the access of HIV and TB diagnosis, treatment, and prevention services. The Activity will use evidence-based interventions informed by the activity gender analysis that has been conducted as per the new [USAID Gender Equality and Women Empowerment Policy \(2023\)](#) that explore the underlying reasons for gender-based differences throughout the entire patient pathway.

The Activity will integrate gender transformative and trauma-informed approaches throughout the program that promote early care seeking behavior, and access to HIV and TB services equitably between men and women by connecting those outside of this Activity's scope with care and treatment. The Activity will integrate age-appropriate GBV case identification, first-line support, and clinical and non-clinical care into HIV service delivery platforms aligned with PEPFAR and WHO Guidance. Furthermore, interventions will also uphold the right of all individuals - men, women, and transgender people to quality HIV and TB services. It is encouraged to ensure that these gender considerations are integrated within all technical interventions and technical assistance under each Objective and respective IRs. The MEL plan for the Activity should include clearly defined indicators and targets to support measurement of performance specific to gender considerations.

### **C.3 Safeguarding**

USAID strictly prohibits sexual misconduct, including harassment, exploitation, or abuse of any kind among staff or implementing partners. USAID takes seriously, and expects its staff and partners to take seriously, the commitment to do no harm and to advance human dignity in our work. Per the 2020 [Protection From Sexual Exploitation and Abuse \(PSEA\) Policy](#)<sup>5</sup> USAID seeks to prevent sexual abuse and exploitation (SEA) and ensure people are able to access USAID-funded services and activities safely, provide robust feedback to our implementing partners to mitigate risk, and facilitate the secure reporting of SEA violations when they occur. This includes protecting children from harm. This includes all forms of abuse, exploitation,

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<sup>5</sup> <https://www.usaid.gov/policy/psea>

physical and sexual violence, neglect, and discrimination as well as child trafficking. Because the activities and services to be funded under this Activity involve direct contact with children and adolescents, the Applicant must describe how appropriate measures to prevent, mitigate, and respond to child abuse both in the Activity implementation, and by project personnel will be addressed in line with [USAID guidance on Child Safeguarding](#)<sup>6</sup>.

The Activity will embed the appropriate child safeguarding strategies to prevent harm and respond promptly and effectively to any incidents or suspicions of harm. It is also expected that the design explicitly states how the [South African Children's Act 38 of 2005](#)<sup>7</sup> will be implemented specifically section 7, 110, 129-134, 143 and 150. It is a standard practice to check every appointee against the Child Protection Register and to keep the results of the check in the personnel file of the staff member.

USAID has specific policies and procedures in place to ensure that all program interventions adhere to child safeguarding principles and standards. This involves establishing clear guidelines, codes of conduct, reporting mechanisms, and accountability measures to prevent and respond to any incidents of harm, and to ensure that children's rights and well-being are upheld throughout program implementation. Please refer to the [USAID Child Safeguarding Toolkit](#) for more information.

**Participation and empowerment:** USAID strives to empower children and adolescents by involving them in decision-making processes that affect their lives and promoting their active participation in program activities. This may involve providing age-appropriate information, enabling them to express their views, and involving them in planning, monitoring, and evaluating program interventions.

**Strengthening families and communities:** USAID recognizes the importance of family and community-based care for children and adolescents and supports interventions that strengthen families and communities to provide safe and supportive environments for children's growth and development.

#### **C.4 Sustainability**

A key objective of USAID development assistance to South Africa is to support sustainable health systems and health care services by reinforcing systems at all levels. USAID intends that its funding will consolidate and build upon existing activities to improve the health of all populations. As geographies become nearer to achieving epidemic control and sustained viral suppression, there will be a shift from an emergency response to one aligned to supporting community prevention and institutionalized chronic care service delivery models.

This next phase requires a concerted shift of existing approaches to realize efficiencies through a sustainability plan for selected parts of the Activity as agreed to with USAID. PEPFAR defines

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<sup>6</sup> <https://www.usaid.gov/PreventingSexualMisconduct/Partners/Child-Safeguarding/FAQ>

<sup>7</sup> <https://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf>

sustainability as the development of technical competence, human capacity, and management systems. USAID aims to increase the delivery of services and technical assistance through local organizations - both governments and non-governmental/private sectors - and to eventually transition selected parts of the Activity to national, provincial and district financing, planning and management processes.

USAID's Bureau for Global Health Office of HIV/AIDS developed USAID's Approach to HIV and Optimized Programing (AHOP) through an intensive consultation process with HIV and global health leaders, comprising civil society representatives, host government partners, multilateral organizations, and leadership across sectors. The AHOP is strategically aligned with the PEPFAR Five-Year Strategy: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030, UNAIDS Global AIDS Strategy, and Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World (2023-2028), and with the Sustainable Development Goals (SDGs) Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030 (and uniquely ties other SDGs with USAID's extensive development assets). The AHOP provides Five Critical Pathways for an efficacious and durable HIV response that can also be leveraged to tackle other pressing and emerging global health challenges. The Five Critical Pathways are:

- 1) Simplified Service Delivery Models for a Comprehensive Health Response
- 2) Adolescent and Youth Health and Resilience
- 3) Locally led and Managed HIV Response
- 4) Client-centered Supply Chain Solutions
- 5) Pandemic Readiness, Response, and Resilience to Future Shocks

The Activity will incorporate the AHOP's five critical pathways into the program description to support achievement of objectives and IRs.

The implementing partner must draft a sustainability plan illustrating towards the end of Year 3 through Year 5, how the implementing plans to transfer implementation of key elements of the Activity to the relevant key South African Government Departments for full and independent execution by the end of the award. USAID will review the plan during year one, provide feedback to the implementing partner so that the implementing partner is able to mobilize the resources required to initiate the plan towards the end of Year 3.

## **C.5 Localization**

This Activity will be a central part of USAID/South Africa's Mission-wide localization strategy. Local ownership and leadership will underpin all the Activity engagements with South African organizations, the Government of South Africa, civil society, the private sector, and other South African stakeholders. The Activity also embodies USAID's localization policy and local capacity strengthening policy by prioritizing the empowerment of South African communities with a focus on youth-led and youth-focused organizations. The Activity will reflect the principles of local ownership, decision-making, and capacity-building. Through tailored interventions that stem from

community insights and priorities, especially those of youth populations, the Activity contributes to fostering self-determined development, aligning with USAID's commitment to a more localized approach to development programming.

### **C.6 Private Sector Engagement**

This Activity places a key focus on private sector engagement (PSE) as a guiding principle. It aligns with USAID's Private Sector Engagement Policy, recognizing the private sector's role in achieving scale, sustainability, and effectiveness in development outcomes. By strategically partnering with the private sector, the Activity aims to leverage resources, expertise, and influence to enhance the impact of its initiatives. It acknowledges the private sector's capacity to shape and influence investments for greater developmental impact, in line with USAID's overarching objectives. Importantly, the Activity will remain attuned to youth preferences and concerns, ensuring that PSE is aligned with local needs and priorities of young people.

This approach underscores the Activity's commitment to achieving impactful and sustainable development results by harnessing the strengths of private sector collaboration while sensitively responding to the aspirations of local youth populations. USAID/South Africa encourages applicants to include private sector stakeholders across all components of this Activity, with a specific focus on the economic empowerment component. For USAID/South Africa the private sector includes not only companies and for-profit entities, but also private equity funds, family foundations, corporate foundations, chambers of commerce, cooperatives, and private academia, among others.

### **C.7 Digital Innovation**

Globally and in South Africa Innovation and technology play an important role in the lives of young people and they play an important role in strengthening civil society and local organizations. The Activity will use digital technologies to engage participants in new ways, and improved access to technology will help adolescent girls and young women and other vulnerable youth populations to connect with others to share experiences around the country and the region. This Activity will integrate lessons learned from *USAID's Digital Development Strategy*, and recommendations from *South Africa's National Digital and Future Skills Strategy* to explore innovative, digital solutions to challenges faced by AGYW and youth while taking into account USAID's goals to close, not expand, the gender digital divide, and to strengthen institutions' and communities' capacities to address cybersecurity.

## **V. MONITORING, REPORTING, AND QUALITY ASSURANCE**

The Activity will have a rigorous performance monitoring and results reporting system, including continuous quality assessment and improvement in order to maximize program outcomes and return on investment. To that end, the Recipient is expected to allocate 15-25% of program resources for Monitoring, Evaluation, and Reporting (MER). A rigorous monitoring and evaluation system for the Activity, including adequate staffing, technical support and information systems for routine data collection and analytics, is required.

The Recipient will work closely with USAID to finalize indicators and set performance targets, including gender-related targets as applicable, based on USAID and PEPFAR guidance and requirements. The Recipient will be responsible for data collection, analysis, and performance reporting required by USAID and PEPFAR per an already defined monthly, quarterly, and annual results reporting cycle. Data will be used to evaluate Recipient performance, drive decisions, develop course corrections, and determine future funding. MER results data are reported to USAID/South Africa and the Office of the Global Health Security and Diplomacy (GHSD) using the Data for Accountability Transparency and Impact (DATIM) system.

Specific to PEPFAR, the Recipient will report on all relevant PEPFAR program indicators in accordance with PEPFAR MER 2.8 Guidance (and any subsequent MER Guidance), all relevant USAID/Office of HIV/AIDS (OHA) required custom indicators, and all relevant USAID/Southern Africa program indicators. Annual targets will be determined during the annual USG PEPFAR Country Operational Plan (COP) development process. The following is the minimum list of the indicators that PEPFAR and USAID use globally to report results and track performance. A complete list of the indicators used by PEPFAR will be provided to the Recipient of the award(s). They can also be found in [PEPFAR's Monitoring Evaluation and Reporting \(MER\) Indicators Reference Guide](#) and [USAID PEPFAR Central Custom Indicator Reference Guide DREAMS Custom Indicator Reference Guide](#).

In line with [PEPFAR MER 2.8 guidance](#) (and any subsequent updates), the Recipient will report on all relevant PEPFAR program indicators, including new updates on disaggregation by age/sex, priority populations, and geographic levels as detailed in the latest guidance. Disaggregated monitoring will help ensure that services are reaching the intended populations, especially in DREAMS and AGYW\_PREV related interventions. Reporting is required through the DATIM system, and quality assessments will need to be periodically conducted to ensure data accuracy.

This Activity will be responsible for tracking the following prescribed PEPFAR indicators for DREAMS: PrEP\_NEW; PrEP\_CT; HTS; AGYW\_PREV; GEND\_GBV; OVC\_SERV. In addition, this Activity will be responsible for reporting on several USAID prescribed custom indicators. PEPFAR MER indicators are routinely reviewed and may change throughout each year of the Activity based on the evolving epidemiology of HIV and closely related health issues. Required indicators for DREAMS Primary and Secondary intervention packages and the appropriate data reporting system are listed below.

### **Reporting Requirements: MER and Custom Indicators**

MER Indicators are reported in DATIM and Custom Indicators are reported in CBIMS, as detailed below:

#### **Primary Package – HIV and Violence Prevention**

Combination of HIV and Violence Prevention Intervention including Sexual Reproductive Health Services (SRH) information integration, financial literacy, follow up mentoring and linkages to SRH services)

Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake

**Gend\_Norm:** Number of AGYW completing an intervention pertaining to gender norms within the context of HIV/AIDS, that meets minimum criteria

**Viol\_Prev:** Number of AGYW reached by a small group or community-level evidence-based and curriculum-based intervention or service that explicitly addresses the prevention of interpersonal, intimate partner, or sexual and gender-based violence

**Financial Literacy:**

**PREV\_ES:** Number of AGYW provided with social and protective asset building [e.g. resilience building, financial literacy] in safe spaces using structured, time-limited, evidence-based and curriculum-based interventions and mentorship

**SRH information integration and linkage:**

**PREV\_SAB:** Number of AGYW provided with sexual and reproductive health information as part of the DREAMS primary package

**Mentoring:**

**PREV\_SAB:** Number of AGYW provided with a minimum of one face-to-face mentoring session as part of the DREAMS primary package.

**Secondary Package – Intensive Economic Strengthening**

**(includes 5 components: LMA's, Gender-specific Training, Start-up Support, Savings Groups, Coaching & mentoring)**

**PREV\_ES\_Step 2 (Gender-specific Marketable Skills Training):** Number of AGYW provided marketable skills training for either wage employment or entrepreneurial mindset.

**PREV\_ES\_Step 3 (Start-up Support):** Number of AGYW provided support for wage employment through bridge to employment or paid internships; Number of AGYW provided with start up support for entrepreneurial opportunities

**PREV\_ES\_Step 4 (Savings Groups):** Number of AGYW earning an income that are provided savings support

**PREV\_ES\_Step 5 (Coaching & Mentoring):** Number of AGYW provided coaching and mentoring to enhance training and support



**PREV\_ES\_Intensive (Total of beneficiaries that completed all 5 components) → MER:**

**AGYW\_PREV\_CES:** The number of AGYW ages 15-24 years enrolled in DREAMS that completed a comprehensive economic strengthening intervention within the past 6 months (at Q2) or past 12 months (at Q4). To be considered a comprehensive economic strengthening intervention, the following components must be included: 1) gender-sensitive training, 2) start-up support for entrepreneurship or linkage to employment for wage employment, 3) mentoring or coaching.

**Secondary Package – Biomedical Interventions**

**Pre Exposure Prophylaxis (PrEP) - (includes linkage, offering, initiating and supporting continued use)**

**PrEP\_Link:** Number of AGYW successfully referred for and confirmed to be newly initiated on pre-exposure prophylaxis (PrEP) at a facility or community site during the reporting period

**PrEP\_TST:** Number of AGYW provided an HIV test prior to PrEP initiation and received a test result

**PrEP\_TST\_NEG:** Number of AGYW provided an HIV test prior to PrEP initiation and received a negative result

**PrEP\_TST\_POS:** Number of AGYW provided an HIV tested prior to PrEP initiation and received a positive result

**PrEP\_Offer Eligibility:** Number of AGYW who have tested negative for HIV, received supportive HIV prevention counseling, and been offered PrEP during the reporting period

**MER: PrEP\_NEW:** Number of AGYW who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period. (TIER.NET)

**PrEP\_Return (1, 4, 7, 10+ month) → PrEP\_1Month:** Number of AGYW clients who returned on-time for their follow-up visit after initiating PrEP

**MER: PrEP\_CT:** Number of individuals, excluding those newly enrolled, that return for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period. (TIER.NET)

**Secondary Package – Gender Based Violence**

**Routine enquiry for experiences of GBV (note: reference to “learners” for school-based interventions)**

**Viol\_Enq:** Number of AGYW (including learners) provided with clinical or routine enquiry for violence

**Viol\_Report:** Number of AGYW (including learners) who reported experience of violence following routine enquiry

**Viol\_Report\_Link:** Number of AGYW (including learners) who were successfully referred for post-violence services among those who disclosed experience of violence

**Post-Violence Care**

**Gend\_GBV** (disagg: violence type): Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package

**Viol\_Report\_Serv:** Number of AGYW who received post-violence services among those who disclosed experience of violence

**Post\_Viol\_Referral:** Number of AGYW (10-24) who were provided with post-violence referrals outside of the minimum package (e.g., Psychological support, Forensic services, Legal & Protective services) (GBV partner)

**GBV\_PEP\_Eligible:** Number of AGYW reporting an experience of rape within 72 hours of the experience

**GBV\_PEP\_Start:** Number of AGYW reporting an experience of rape who received PEP

**GBV\_PEP\_Complete: (MER:GEND\_GBV disaggPEP Completion)** :Number of AGYW reporting an experience of rape who received & completed PEP

**Family Strengthening**

Number of AGYW provided with family strengthening activities

**MER: OVC\_SERV\_DREAMS:** Number of adolescent girls 10-17 years who are counted in OVC\_SERV but are only enrolled in DREAMS, disaggregated by age

SRH Service Linkage Routine enquiry for experiences of GBV (note: reference to “learners” for school-based interventions)

**SRH\_Link:** Number of AGYW (including Learners) linked to SRH services.

The Activity MEL Plan must:

- Include the following key elements: Theory of change, logic model, performance monitoring, beneficiaries feedback plan, evaluation plan, CLA approach, roles and responsibilities, schedule of MEL plan tasks (including planned assessments such as any routine supervision and monitoring visits, along with any data quality assessments that are planned for the upcoming implementation year) and schedule of reporting to USAID.

- Benchmark implementation using existing program data at site, regional and, if applicable, national levels. This should assist in the development of quality improvement and quality assurance processes at site, regional and national levels.
- If applicable, include required PEPFAR MER indicators specific to the Activity. Final required MER indicators will be finalized at the time of the award.
- Include additional “custom” indicators that support measuring performance towards achieving expected outcomes under each objective and respective IRs, to include indicators to measure performance specific to addressing gender inequities and disparities and sustainability.
- Periodic targets (e.g., monthly, quarterly, semi-annually, annually, end of Activity targets, as applicable) for each indicator.
- Participate in quarterly activity reviews. This feeds into the PEPFAR Oversight Accountability Response Team (POART) and Country Operation Plan (COP) processes.
- Conduct data quality assessments for a subset of key indicators, including, but not limited to the treatment cascade (e.g., MER indicators).

## **VI. COLLABORATION, LEARNING & ADAPTING**

Collaborating, Learning and Adapting (CLA) is a central focus of the Activity. The Activity contributes to USG’s commitment to a multifaceted CLA approach to development that is rooted in the idea that public health interventions yield more effective results if they are evidence based, coordinated and collaborative. The Activity is expected to generate useful real-time data. The Activity is expected to closely collaborate with other implementing partners and key in-country stakeholders, including government, civil society, and other donors to share data from the Activity’s results, implementation research, evaluations, assessments, and lessons learned from implementation. The Activity must ensure that sufficient effort is invested to monitor activities, collect, analyze, and synthesize data, and to publish/share the data as broadly as appropriate.

Consistent with the latest USG guidance, the Activity will apply a data-driven approach to achieve results, while ensuring efficiency in the use of USG funding. Central to this approach is using data to more precisely target resources and tailor interventions and technical support in the Activity’s geographic target area based on the burden of disease and need. Continuous learning and adaptation of interventions according to changes in the epidemiology are required throughout the life of the Activity. The Applicant should propose ways to use CLA to create the conditions for fostering broader development success by:

- Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly a national-led response to the HIV epidemic, including a comprehensive program that addresses the needs of children, adolescents, and their families
- Learning: Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-SAG policy dialogue opportunities and funding allocations (e.g., creating pauses for reflection within the activity implementation scheme, engaging stakeholders for shared ‘learning moments,’

conducting analytical review of existing and/or new evidence that may support or contradict common understanding); and

- Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions, and gamechangers, into strategic and programmatic adjustments (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way.

In all the proposed target provinces and districts, the Activity is expected to develop and maintain effective and working partnerships with communities, community-based organizations (CBOs) civil society organizations (CSOs), the private sector, and government and collaborate closely to ensure that HIV prevention services are reaching adolescent girls and young women and other vulnerable youth. The Activity is also expected to use implementation approaches that focus on identifying and resolving barriers that exist at the individual and contextual levels and address factors that impede access to youth-friendly health services and community-based HIV prevention interventions.

## **VIII. SUBSTANTIAL INVOLVEMENT**

USAID/Southern Africa anticipates having substantial involvement throughout the implementation of this cooperative agreement in accordance with ADS 303.3.11. The specific areas of USAID involvement include:

- (a) Approval of the Recipient's Annual Implementation Plans: Implementation plans, including but not limited to, annual work plans, Monitoring, Evaluation and Learning Plan, and any subsequent revisions of such plans.
- (b) Approval of Key Personnel: Key personnel are those individuals considered to be essential to the successful implementation of the award. USAID will be consulted early in the process of any proposed changes in key personnel following award, and the AO will approve the selection with the AOR's technical concurrence.
- (c) USAID/Recipient collaboration or joint participation:
  - 1. Collaborative involvement in selection of advisory committee members:  
The AOR must approve the selection of advisory committee members and may choose to become a member of such a committee. Advisory committees should only concern themselves with technical and programmatic issues, and not with "contractual"/administrative/financial matters.
  - 2. Concurrence on the substantive provisions of sub-awards:  
The 2 CFR 200.308 requires the recipient to obtain the AO's prior approval for the subaward, transfer, or contracting out of any work under the resulting agreement.

3. Direction and Redirection: The AOR may direct or redirect activities hereunder because of the interrelationships with other USAID or USG projects or activities. However, all such direction or redirection must be within the program description, objectives, budget, and other terms and conditions of the award.

## **IX. COORDINATION WITH OTHER USAID/SOUTHERN AFRICA ACTIVITIES**

USAID/Southern Africa will take the lead in coordinating the Activity with the U.S. Embassy, Government of South Africa (GoSA) and other Donors/Embassies. The Recipient must plan and carry out activities with a clear understanding of the scope and impacts of other donor or lender efforts in the economic sector so as to avoid duplication or inconsistencies in efforts, leverage maximum impact, and identify opportunities for joint implementation or collaboration. The Activity must be aligned with the South African HIV Prevention initiatives in the region and the Recipient must be prepared to coordinate with the GoSA agencies and implementing partners.

Given the nature of this Activity, USAID foresees it will complement other Activities in the USAID/Southern Africa Mission portfolio, including other Technical Offices portfolios. This can include holding regular meetings with the implementation in the prioritized regions to ensure close coordination, facilitate integration and avoid duplication of efforts, while supporting the sequencing strategy through complementary efforts. The Activity will also coordinate closely with other relevant public and private stakeholders.

Donor and Public/Private Coordination: The Recipient must plan and carry out activities with a clear understanding of the scope and impacts of other donor or lender efforts supporting the health sector on similar interventions, to avoid duplication or inconsistencies in efforts, identify opportunities for joint implementation or collaboration, leverage and maximize resources to increase impact. International donors working in the health sector include the Global Fund, UNAIDS amongst others. The Recipient must seek and notify USAID of potentially relevant opportunities for public/private partnerships and alliances under this Activity to further leverage impact.

Note: The term “program” as used in 2 CFR 200 and this NOFO is typically considered by USAID to be an Activity supporting one or more Project(s) pursuant to specific Development Objectives. Please see 2 CFR 700 for the USAID specific definitions of the terms “Activity” and “Project” as used in the USAID context for purposes of planning, design, and implementation of USAID development assistance.

**[END OF SECTION C]**

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## **SECTION D: APPLICATION CONTENT AND FORMAT**

### **1. General Content and Form of Concept Paper, Oral Presentations, and Full Application**

#### Preparation of Applications:

Each applicant must furnish the information required by this NOFO. This subsection addresses general content requirements; the DREAMS North assistance selection is being conducted in accordance with 2 CFR 200, 2 CFR 700, and ADS Chapter 303 through the use of a multi-tiered review process consisting of the following phases:

**1.1 Phase 1 - Concept Paper:** Applicants will submit concept papers that respond to the objectives outlined in this NOFO. USAID will then conduct a merit review of the concept papers in accordance with Section F below. The organizations submitting the most highly-rated concept papers will be invited for the oral presentation phase. Applicants not advancing to the oral presentation phase will be notified accordingly. No budget or cost application will be accepted at this stage. Any questions/clarifications found in the concept papers of the highest-rated applicants will be included in the invitation letters and the invitees will be expected to address these during oral presentations.

Costs associated with preparation of the concept paper are the sole responsibility of the applicant.

**1.2 Phase 2 - Oral Presentation:** Applicants that successfully pass Phase 1 of the Merit Review will be invited to participate in the oral presentation phase, which will be done via Video Teleconferencing (VTC) through Google Meet and will be recorded. The proposed Chief of Party must lead the presentation and at least two of the proposed Key Personnel are encouraged to be present and to participate. The maximum number of participants from each organization that can attend is five (5).

Oral Presentations will be held not less than three (3) weeks from the receipt of the invitation and the specific date and time will be noted on the invitation. Oral presentations must be conducted in English, including any written and verbal portions of the presentation.

USAID will review each oral presentation against the merit criteria as defined in the NOFO. There will be only one presentation per applicant followed by a questions-and-answers session. The oral presentation must not exceed two (2) hours with no more than one (1) hour for questions and answers, including addressing any questions or weaknesses as specified in the invitation letter.

Applicants not selected from the oral presentation phase will be notified. Costs associated with participation in the oral presentation phase are the sole responsibility of the applicant.

**1.3 Phase 3 - Final Application Development:** Following the oral presentation phase, the apparently successful Applicant will submit a draft Activity Monitoring, Evaluation and

Learning Plan (AMELP) and Branding and Marking Plan together with a Cost Application with a detailed budget and budget narrative. Costs associated with the Final Application development are the sole responsibility of the applicant. These materials will be due not less than two (2) weeks from successful applicant notification.

The Concept Paper must be prepared according to the structural format set forth below.

## **2. Concept Paper Application Submission Procedures (PHASE 1)**

Applicants may choose to submit a cover letter in addition to the cover pages, but it will serve only as a transmittal letter to the Agreement Officer. The cover letter will not be reviewed as part of the merit review criteria. Applications must comply with the following:

- The Concept Paper is limited to six (6) pages including graphics and charts, but excluding the cover page, table of contents, and list of acronyms. USAID will not review any pages in excess of the page limits noted above. Please ensure that applications comply with the page limitations. All application files submitted must be compatible with Microsoft (MS) Office in a MS Windows environment and/or Adobe Acrobat (.pdf).
- All documents must be in English.
- The subject line of each email must read as follows: 72067425RFA00001 - DREAMS North submitted by [organization name]. The same subject line format must be used for any subsequent email submission as an Applicant advances through the phased competitive process.
- Applicants must sign the application and print or type their name in the Cover Page of the Concept Paper and subsequent Cost Application, as applicable.
- Use standard A4 size, single sided, single-spaced, 12 point Calibri font, one-inch (2.54 cms.) margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- A 10 point font can be used for graphs and charts. Tables however, must comply with the 12 point Calibri requirement.
- Applicants must compile and submit the concept paper, and all supporting documents as a single email attachment, e.g., that you consolidate the various parts of an application into a single document before sending them. No addition or modifications will be accepted after the submission date.

### **2.1 Concept Paper Application Format**

The Concept Paper must be specific, complete, and concise. The Concept Paper must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The Concept Paper should take into account the requirements of the program and merit review criteria found in this NOFO.

Note: Although no cost or budget related documentation is required of any applicant in the concept paper, any proposed concept should be mindful of budgetary limitations.

**(a) Cover Page:** limited to one (1) page and must include the following:

- (i) Concise title of activity;
- (ii) NOFO Number;
- (iii) Name and address of the Applicant organization;
- (iv) Type of organization (e.g. for-profit, non-profit, university, etc.) and if local South Africa entity (See Section B.1);
- (v) Point of Contact (lead contact name, title, telephone, e-mail);
- (vi) Unique Entity Identifier (UEI) number of the Prime Applicant (organization submitting the application); and
- (vii) Names of proposed sub-recipients or partnerships with their associated UEI numbers.

**(b) Table of Contents:** This should follow the concept paper format outlined herein; this will not be part of the evaluation.

**(c) List of Acronyms:** Any acronym used in the concept paper should be included in this list.

**(d) Content of Concept Paper Requirements:** The Applicant must articulate a technical approach to achieving the results that not only reflects technical knowledge and innovation but is also responsive to all of the Activity's technical objectives and requirements as described in Section C Program Description. The Concept Paper must reflect a thorough understanding of the current context of HIV prevention among adolescent girls, young women, and other vulnerable youth populations in South Africa. The feasibility of the technical approach and strategies proposed to achieve the Activity's results over the life of the five-year activity must be justified.

Concept papers must outline how the Applicant will achieve the following:

- (i) A realistic description of how the goal, objectives, and results as stated in Section C will be achieved. The approach must be feasible within the situational and current context and propose a long-term sustainability approach to the Activity.
- (ii) Proposal of specific activity objectives and expected outcomes to achieve the expected results. The Concept Paper should reflect technical knowledge, innovation, and demonstrates an efficient timeline to address HIV prevention among adolescent girls, young women, and other vulnerable youth populations.
- (iii) A well-thought-out and sustainable description of the use of any partner organization and/or partnerships to achieve the Activity's expected results.

### 3. Oral Presentation Format (PHASE 2)

Based on USAID's evaluation of the Concept Papers, the Applicants with the Concept Paper submission most likely to achieve the objectives, as described in Section C, will be invited to



participate in oral presentations.

A PowerPoint slide-deck used during the oral presentations and all materials submitted prior to the oral presentation will become an official part of the source selection file and may be used for reference purposes during evaluation. Slides submitted for oral presentation do not have font or margin restrictions; however, they must be legible to the evaluators when presented. Embedded links or documents must not be included in the slides, and all speaker notes must be removed from oral presentation slides, as they will not be considered part of the application submission,

Seven (7) calendar days after receipt of invitation to participate in Phase 2, Applicant(s) must submit:

- Minimum of three (3) completed History of Performance forms from within the last five (5) years (see Annex 5).

If the applicant encountered problems when implementing any of the awards listed, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

Two (2) days prior to the Oral Presentation, Applicant must submit:

- Initial slide-deck;
- Key Personnel information (resumes no longer than three [3] pages each). Resumes must clearly demonstrate how the proposed key personnel candidate meets the minimum requirements.

### **Oral Presentation Schedule**

One Applicant will be evaluated per day (exact time to be determined). The Oral Presentation will be conducted via Google Meet and is expected to take up to two (2) hours for each Applicant with one (1) additional hour of questions and answers afterwards, including addressing any questions or weaknesses as identified in the invitation letter. The anticipated presentation agenda will be as follows:

- Introductions – 10 minutes
- PowerPoint Presentation – 110 minutes
- Questions and Answers – 60 minutes

Following oral presentations, the Merit Review Committee and Agreement Officer will select the apparently successful Applicant and inform all Oral Presentation participants of the decision.

Applicant(s) invited to Phase 2 must organize their applications to follow the Merit Review Criteria specified in Section F. In addition to responding to the key issues, the presentation must address the following critical areas:

### **3.1 Technical Approach**

In addition to addressing any questions/weaknesses and clarifications communicated in the invitation letter, the presentation should be specific, complete and presented concisely; it should expand upon the concept paper.

The technical approach should convincingly articulate the Applicant's proposed activities to accomplish the stated objectives and results presented in the NOFO description, focusing on what is technically and politically feasible within the period of performance of the activity. The Applicant should not repeat what is already described in the Program Description but should describe how they propose to achieve activity goals and objectives, the results to be achieved, and the methodology they plan to employ.

### **3.2 Management Approach and Staffing Plan**

The applicant should provide a well-articulated management approach that demonstrates how its technical expertise, local capacity and partnerships are integrated into management structure to meet the objectives set forth in the technical approach. The proposed staffing plan, including Key Personnel, should demonstrate a reasonable structure, cost efficiency, and expertise to implement the activities within the Applicant's technical approach.

### **3.3 Key Personnel**

This Activity will have up to five (5) key personnel positions. The key personnel must have an appropriate configuration of skills, experience and expertise that gives confidence for results achievement. In addition to the Chief of Party position described below, the Applicant should propose the appropriate roles of the remaining key personnel and the rationale of how that supports the organization's technical approach. Include the titles, minimum job qualifications, and each position's primary responsibilities for managing and leading an effective Activity. It is the Applicant's discretion to designate positions of Key Personnel on the basis of their staffing structure. All key personnel must provide 100% LOE to the Activity to justify their role as key personnel and must be employed by the prime applicant.

At a minimum, the key personnel proposed must have the following competencies:

- Professional experience technically designing and implementing evidence-based HIV prevention programs in South Africa
- Experience in managing and/or leading local or international donor funded projects
- Experience and skills in developing and managing large budgets exceeding \$10 million per annum
- Demonstrated ability to develop and manage relationships with a wide range of stakeholders including NGO partners and Government Institutions of South Africa at all levels
- Familiarity with USG and SAG financial reporting and compliance requirements.

- Demonstrated effective written and oral communication skills including experience in communicating complex processes to diverse stakeholders at the national, provincial and/or district levels
- Experience leading interventions with one/two key South African Department (s) – health, social services, or education.

It is the Applicant's discretion to designate positions of Key Personnel on the basis of their staffing structure.

**Chief of Party - 100% Level of Effort (LOE)**

The Chief of Party (COP) will be responsible for leading a high-quality, results-oriented activity to achieve the objectives and expected results. S/he will provide overall strategic and managerial leadership of the activity in collaboration with all major stakeholders. S/he will bring a strong perspective, vision, and strategy on achieving the goal and objectives of the Activity. The COP's responsibilities shall include the overall planning, technical leadership and coordination of all activities including the work of any sub-partners. S/he will oversee staff and sub-partners to ensure quality of activities and products developed under the project. The COP must have regular communication with the Agreement Officer Representative (AOR). The COP serves as the principal liaison to USAID, SAG counterparts, and other relevant implementing partners and stakeholders.

The Chief of Party (COP) will be responsible for leading a high-quality, results-oriented activity to achieve the objectives and expected results. S/he will provide overall strategic and managerial leadership of the program in collaboration with all major stakeholders. The COP will establish and maintain a project management culture that enables gender equity, social inclusion, and continuous adaptive management and learning.

**Key Personnel Position 2** - TBD - to be proposed by the applicant (in Phase 2) including minimum qualifications

**Key Personnel Position 3** - TBD - to be proposed by the applicant (in Phase 2) including minimum qualifications

**Key Personnel Position 4** - TBD - to be proposed by the applicant (in Phase 2) including minimum qualifications

**Key Personnel Position 5** - TBD - to be proposed by the applicant (in Phase 2) including minimum qualifications

**3.4 Institutional Experience and History of Performance**

The applicant should convincingly demonstrate relevant experience that enhances the likelihood of successful activity implementation. The applicant, and any major subgrantees combined, must demonstrate experience with those activities implemented within the last five years. In providing examples of work performed, the Applicant must articulate the results

achieved and how the experience will enhance the likelihood of successful implementation of the proposed activity.

#### **4. Final Application Development (PHASE 3)**

USAID will select one (1) apparently successful applicant from the oral presentation phase. The apparently successful Applicant will be requested to submit a draft Activity Monitoring, Evaluation, and Learning Plan (AMELP), a Business Application with a detailed budget and budget narrative, and a draft Branding and Marking (B&M) Plan.

##### **4.1 Activity Monitoring, Evaluation and Learning Plan (AMELP)**

The draft AMELP should include an explanation of the development hypothesis, a results framework that builds on the one contained in this NOFO, and a listing of key proposed indicators. It should also include information on baseline data collection, illustrative targets for each major indicator, concise performance indicator reference sheets, and sustainability.

##### **4.2 Business Application Format**

While no page limit exists for the full Business application, applicants are encouraged to be as concise as possible while still providing the necessary details. The Business Application must reflect the entire period of performance, all costs associated with activities included in the Concept Paper (including those to be financed by cost share, or any other non-Federal funding source), and include the required and completed SF-424 Standard Forms. Applicants should ensure that any required supporting documentation identified in the Budget and Budget Narrative instructions below is included in an annex.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant's risk in accordance with 2 CFR 200.206. Applicants should not submit any additional information with their initial application.

The Business Application must contain the following sections:

- Cover Page (See Section D.2.1 (a) for requirements)
- SF 424 Application and Budget Form

The applicant must sign and submit the following forms from the Standard Form (SF) 424 series. Standard Forms and their accompanying instructions can be accessed electronically at <https://www.grants.gov/forms/forms-repository/sf-424-family> (use the "Grants.gov" forms). This includes the submission of the:

- Application for Federal Assistance (SF-424)
- Budget Information for Non-Construction Programs (SF-424A).

Applicants should carefully review the official Grants.gov instructions for completing each Standard Form. Failure to accurately complete these forms could result in the rejection of the application.

**a) Required Certifications and Assurances**

The applicant must complete the following documents and submit a signed copy with their Business Application:

- 1) Certifications, Assurances, Representations, and Other Statements of the Recipient, ADS 303mav document found at <https://www.usaid.gov/ads/policy/300/303mav>
- 2) Assurances for Non-Construction Programs (SF-424B) found at <https://www.grants.gov/forms/forms-repository/sf-424-family> (use the “Grants.gov” form) applicable only if applicant has not completed full SAM registration.

**b) Budget and Budget Narrative**

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by program year, including itemization of the federal and non-federal (e.g., cost share, matching, or leverage) amounts. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make an award, and may result in a rejection of the Business Application.

The Budget Narrative must be submitted as a separate Word or PDF file and must contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address all programmatic and administrative activities described in the Concept Paper and Oral Presentation and specifically address any additional requirements identified in the solicitation (e.g., Branding and Marking, PSEA compliance, etc.). The Budget Narrative must be thorough, including sources, descriptions, and rationales for costs to support USAID’s determination that the proposed costs are reasonable, allocable, and allowable in accordance with the Cost Principles in 2 CFR 200, Subpart E. Applicants should ensure the Budget and Budget Narrative are consistent with and reflect all activities included in the Concept Paper and Oral Presentation.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for the entire period of the program. The Summary Budget should reflect all proposed activities to be implemented by the applicant and any potential subrecipients and should facilitate completion of the

SF-424A (i.e., the Summary Budget and SF 424A major budget categories must match). See Annex 1 for Summary Budget Template.

- Detailed Budget, including a breakdown of each major budget category by year for the entire period of the program, sufficient to allow the Agency to determine that the costs accurately reflect the proposed program activities and represent a realistic and efficient use of funding.
- Detailed Budgets for each subrecipient, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for the entire period of the program,

The Detailed Budget must contain the following major budget categories and information, at a minimum:

- 1) Personnel – Costs of employee salaries and wages must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services and the applicant's established policies and practices for similar work. The applicant's Budget must include position title, base salary rate, level of effort, and salary escalation factors for each position. The AO may request an apparently successful applicant's established written policies on personnel compensation. Applicants must explain all assumptions in the Budget Narrative. If the applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research. Applicants should not include the personnel costs of consultants, contractors, or subrecipients under this category.
- 2) Fringe Benefits – Costs of employee fringe benefits must be proposed consistent with 2 CFR 200.431 Compensation - Fringe Benefits, as required by applicable law, and in accordance with the applicant's established policies and practices. Fringe benefits include allowances and services provided by employers to their employees in addition to regular salaries and wages (e.g., paid leave, health insurance, retirement, etc.). The applicant's Budget and Budget Narrative must include a detailed breakdown of all proposed fringe benefits along with a description of how costs are calculated (e.g., as a percentage of salary, as a per-person expense, etc.). Only fringe benefits that will be recovered as direct costs should be included in this category; applicants with a negotiated indirect cost rate agreement (NICRA) that includes a fringe benefit rate must include indirect fringe costs under the "Indirect Charges" category.
- 3) Travel – Travel and transportation costs must be proposed consistent with 2 CFR 200.475 Travel Costs and in accordance with the applicant's established policies and practices. Travel costs may include program-related transportation, lodging, or subsistence for applicant employees (e.g., flights, hotels, per diem, etc.). The applicant's Budget must breakdown individual travel costs and the Budget Narrative must provide details to explain the travel costs (e.g., purpose and number of trips, mode of transportation, the origin and destination, the number of individuals traveling, the duration of the trips, estimated unit costs, etc. The AO may request an apparently

successful applicant to provide supporting documentation (e.g., company travel policy, quotation, etc.).

- 4) Equipment - Costs must be proposed consistent with the definitions of equipment, capital assets, and personal property (tangible) in 2 CFR 200.1, with 2 CFR 200.313 Equipment and 200.439 Equipment and Other Capital Expenditures, and with the applicant's established accounting practices (e.g., capitalization level for financial statement purposes). The applicant's Budget must provide a breakdown of individual equipment costs, including type, quantity, and unit cost. The Budget Narrative must include information on models/specifications, the purpose of the equipment, and the basis for the quantity and cost estimates. The Budget Narrative must support the necessity of any equipment purchase in light of such factors as: rental costs of comparable equipment, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the equipment.
- 5) Supplies - Costs must be proposed consistent with the definitions of supplies and personal property (tangible) in 2 CFR 200.1 and the applicant's established accounting practices. Supplies are defined as all tangible personal property other than those described in the definition of equipment. The applicant's Budget must provide a breakdown of individual supplies, including type, quantity, and unit cost. The Budget Narrative must include information on specifications, the purpose of the supplies, and the basis for the quantity and cost estimates. The Budget Narrative must support the necessity and reasonableness of any supply purchases.
- 6) Contractual – Costs in this category must include all contracts (except those for individual consultants and those already included under “Equipment,” or “Supplies,”) and all subawards. This includes rental and lease agreements for equipment or real property. See 2 CFR 200.331 for assistance regarding subrecipient and contractor determinations. Contractor and subrecipient budgets should reflect the same major budget categories and include budget narratives with the same required information as detailed in this Budget and Budget Narrative section of the Business Application Format instructions. Applicants should not include the costs for individual consultants in this category; consultant costs should be included under “Other”.
- 7) Other Direct Costs – Applicants should include any other direct costs associated with the proposed program that are not already captured under another cost category (e.g., costs related to individual consultants, report publication/printing costs, training/event/activity costs, staff development, or administrative expenses not recovered via “Indirect Charges”). The applicant's Budget must provide a breakdown of all other expenses in this category, including type, quantity, and unit cost. The Budget Narrative must provide supporting information on the rationale and reasonableness for each proposed expense and the basis for the proposed quantity and unit cost estimates. For applicants electing to recover all administrative costs directly (i.e., to follow “Method 1” described below to allocate a portion of shared

*“overhead” or “indirect” costs directly to the program), these cost elements must be itemized under this category and the applicant must explain the allocation basis for each.*

- 8) Indirect Charges – Applicants must include all indirect costs under this category. Applicants may recover indirect costs via one of the Methods listed below, depending on applicant preference, eligibility, and the approval of the AO. The applicant must identify the selected Method and reflect this in the Budget and Budget Narrative, providing the applicable supporting information, as required. For more information on indirect costs and cost recovery, see [2 CFR 200 Subpart E](#) and refer to [USAID’s Indirect Cost Rate Guide for Non Profit Organizations](#) for further guidance. Options for indirect cost recovery include:

- Method 1 - Direct Charge Only (i.e., direct cost allocation)  
*Eligibility:* Any applicant that does not have or intend to propose a NICRA (see Method 2) or use a de minimis rate on U.S. Federal awards (Method 3).

*Application Requirements:* **All costs must be reflected under the “Other Direct Costs” cost category.** See the instructions above on how to reflect allocated “administrative/indirect” costs in the Budget and what supporting information must be provided as part of the Budget Narrative.

- Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)  
*Eligibility:* Any applicant with a NICRA issued by a USG Agency or any applicant intending to propose NICRA rate(s) for use under this (and all other) Federal awards.
  - Applicants with a current NICRA must apply those rate(s) or provide a formal letter explaining the use of lower rates (see Appendix V of [USAID’s Indirect Cost Rate Guide for Non Profit Organizations](#) for a sample letter).
  - Applicants intending to negotiate a NICRA must be able to demonstrate adequate financial and administrative systems, policies, and practices (see Sections 2-3 of [USAID’s Indirect Cost Rate Guide for Non Profit Organizations](#) for more information on requirements, process, and timelines).

*Application Requirements:* Applicants with a current NICRA must include a copy as an annex to the Budget Narrative. If the NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Applicants intending to negotiate a NICRA must include proposed provisional rate(s) in the Budget and must submit an initial indirect cost rate proposal to support proposed rates. Note: Applicants should carefully review [USAID’s Indirect Cost Rate Guide for Non Profit Organizations](#) to ensure they meet eligibility requirements, can provide all required supporting documentation for a NICRA, and understand the timeline and steps in the process.



- Method 3 - De minimis rate of up to 15 percent of modified total direct costs (MTDC)

*Eligibility:* Any applicant, except applicants with a NICRA

*Application Requirements:* Applicants may determine the appropriate rate up to the 15 percent limit. The de minimis rate does not require documentation to justify its use and may be used indefinitely. Organizations electing to use the de minimis rate must ensure the same rate (up to 15 percent) is used for all Federal awards until and unless the organization chooses to apply for a NICRA. The applicant must describe in the Budget Narrative which cost elements it will charge directly vs. indirectly and reflect this in the budget. Costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both. See 2 CFR 200 for further information.

- Method 4 - Indirect Costs Charged as a Fixed Amount

*Eligibility:* Non-U.S. nonprofit organizations without a NICRA electing not to use direct cost allocation (Method 1) or the de minimis rate (Method 3)

*Application Requirements:* Applicants must provide the proposed fixed amount and a supporting worksheet that includes the following:

- Total costs (i.e., direct and indirect) incurred by the organization for the previous fiscal year and estimates for the current year.
- Total indirect costs incurred (e.g., costs necessary for the day-to-day operations of the organization that were not recovered directly as cost line items under awards) for the previous fiscal year and estimates for the current year. Review [USAID's Indirect Cost Rate Guide for Non Profit Organizations](#) for more information on indirect costs.
- Proposed method for prorating total estimated indirect costs equitably and consistently across all programs and activities. This includes describing the allocation base for each indirect cost element that reasonably corresponds to the benefits of that particular cost element to each program or activity. Review [USAID's Indirect Cost Rate Guide for Non Profit Organizations](#) for more information on approaches to allocating indirect costs equitably across multiple programs/cost objectives.

If the applicant does not have a NICRA and requests to use Method 2 (NICRA) or Method 4 (Fixed Amount), the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review.

- 9) Cost Sharing – The applicant must provide the required minimum cost share of 10% of the total estimated USAID amount for the award as specified in Section B.2. The applicant must include in the Budget and Budget Narrative: 1) an estimate of the

amount of cost-sharing, the type of resources committed (e.g., funds, in-kind, etc.), 3) the sources of cost share contributions (e.g., third party contributions from non-Federal entity, applicant organization funds, direct procurement, etc.), and 4) the basis of calculation (e.g., detailed explanation of costs). To complete the SF-424A, components of cost share should be broken down into the same major cost categories described above.

10) Program Income: No program income is anticipated under this award.

**c) Prior Approvals in accordance with 2 CFR 200.407**

Cost principles specifically require Agency written prior approval for certain items of cost. For these items, simply including the item in the detailed budget does not satisfy the requirement for Agency prior approval. To request that such an item be approved in an award, the applicant must include an explicit request for its approval in the Budget Narrative. Note that any such approval is at the Agreement Officer's discretion and such approval may not be granted at the time of award. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

**d) Approval of Subaward Activities**

The applicant must submit the following information for each subaward that it wishes to have approved at the time of award in accordance with 2 CFR 200.332:

- Name of prospective subrecipient organization
- Subrecipient organization's UEI, unless exempted under 2 CFR 25.110 (see Section E – Submission Requirements and Deadline for more information)
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management ([www.SAM.gov](http://www.SAM.gov))
- Confirmation that the subrecipient does not appear on the U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) and Blocked Persons list (<https://sanctionslist.ofac.treas.gov/Home/SdnList>)
- Confirmation that the subrecipient is not listed in the United Nations Security Council Consolidated list (<https://main.un.org/securitycouncil/en/content/un-sc-consolidated-list>)
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(c); including any negative findings as a result of the risk assessment and the applicant's plan for mitigation
- Type of subaward (subcontract, sub-grant, subagreement, Fixed Amount Award), subaward requirements, regulations (Standard Provisions as applicable), terms and conditions including its period of performance, budget including indirect cost rate (if any), proposed total estimated amount, program description/milestones.
- A requirement that the subrecipient permit the pass-through entity and auditors to access the subrecipient's records and financial statements for the pass-through entity to fulfill its monitoring requirements

#### **4.3 Branding Strategy & Marking Plan**

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award

##### **1. Branding Strategy – Assistance (October 2024)**

- a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. If the Notice of Funding Opportunity indicates that the apparently successful applicant may submit a Branding Strategy after the award is made, the resultant award will include a special award condition indicating the required submission date. If the Notice of Funding Opportunity requires submission before award, failure to submit and negotiate a Branding Strategy within the specified time frame will make the applicant ineligible for the award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
  - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
  - (2) The intended name of the program, project, or activity.
    - (i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site at <http://www.usaid.gov/branding> , unless the Notice of Funding Opportunity states that the USAID Administrator (or delegate) has approved the use of an additional or substitute logo, seal, or tagline.

(ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.

(iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. The Notice of Funding Opportunity will state if an Administrator (or delegate) approved the use of an additional or substitute logo, seal, or tagline.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries that:

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcements, billboards, Web sites, and so forth, as appropriate

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicants must incorporate the USAID Identity and the message, “USAID is from the American People.”

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

e. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

f. The Branding Strategy will be included in and made part of the resulting grant or cooperative agreement.

(END OF PRE-AWARD TERM)

## **2. Marking Plan – Assistance (October 2024)**

a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and brandmark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at <http://www.usaid.gov/branding>. The Notice of Funding Opportunity will state if an Administrator (or delegate) approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. If the Notice of Funding Opportunity indicates that the apparently successful applicant may submit a Marking Plan after the award is made, the resultant award will include a special award condition indicating the required submission date. If the Notice of Funding Opportunity requires submission before award, failure to submit and negotiate a Marking Plan within the specified timeframe will make the applicant ineligible for the award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

(iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity , and

(v) The rationale for not marking program deliverables.

(3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is

presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as a host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. The Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

#### **4.4 Funding Restrictions**

(a) Profit is not allowable for recipients or subrecipients under this award.

(b) Construction is not authorized under this award.

- (c) USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

#### **4.5 Conscience Clause**

##### **CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION (FEBRUARY 2012)**

- (a) An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
  - 1) Shall not be required, as a condition of receiving such assistance—
    - (i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
    - (ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
  - 2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.
- (b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.
- (c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.



(End of Provision)

#### **4.6 Conflict of Interest Pre-Award Term (October 2024)**

**a. Personal Conflict of Interest**

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee, officer, agent, board member of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations or interest may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or applicant or recipient employee.
2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

**b. Organizational Conflict of Interest**

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

(END OF PRE-AWARD TERM)

#### **4.7 Condoms (Assistance) (September 2014)**

**CONDOMS (ASSISTANCE) (SEPTEMBER 2014)**

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled "USAID HIV/STI Prevention and Condoms". This fact sheet may be accessed at:

<http://www.usaid.gov/sites/default/files/documents/1864/condomfactsheet.pdf>

The prime recipient must flow this provision down in all subawards, procurement contracts, or subcontracts for HIV/AIDS activities.

(End of Provision)

**4.8 Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking (Assistance) (September 2014)**

**PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE)  
(SEPTEMBER 2014)**

(a) The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b)(1) Except as provided in (b)(2), by accepting this award or any subaward, a nongovernmental organization or public international organization awardee/subawardee agrees that it is opposed to the practices of prostitution and sex trafficking.

(b)(2) The following organizations are exempt from (b)(1):

(i) the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(ii) U.S. non-governmental organization recipients/subrecipients and contractors/subcontractors.

(iii) Non-U.S. contractors and subcontractors if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(b)(3) Notwithstanding section (b)(2)(iii), not exempt from (b)(1) are non-U.S. recipients, subrecipients, contractors, and subcontractors that implement HIV/AIDS programs under this assistance award, any subaward, or procurement contract or subcontract by:

(i) Providing supplies or services directly to the final populations receiving such supplies or services in host countries;

(ii) Providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or

(iii) Providing the types of services listed in FAR 37.203(b)(1)-(6) that involve giving advice about substantive policies of a recipient, giving advice regarding the activities referenced in (i) and (ii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

(c) The following definitions apply for purposes of this provision: "Commercial sex act" means any sex act on account of which anything of value is given to or received by any person. "Prostitution" means procuring or providing any commercial sex act and the "practice of prostitution" has the same meaning. "Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act (22 U.S.C. 7102(9)).

(d) The recipient must insert this provision, which is a standard provision, in all subawards, procurement contracts or subcontracts for HIV/AIDS activities. (e) This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by USAID prior to the end of its term.

(End of Provision)

#### **4.9 Applications with Proprietary Data**

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation, should mark the cover page with the following:

"This application includes data that must not be disclosed, duplicated or used – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}."

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

#### **4.10 Other Supporting/Required Documentation**

##### **Exclusive Commitments**

USAID discourages any applicant from requiring exclusive commitments by local entities or other proposed sub-partners, including international organizations, to participate as part of a consortium or sub-award. Proposed sub-partners participating in a consortium may elect to participate in another consortium under a different application.

**[END OF SECTION D]**

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## **SECTION E: SUBMISSION REQUIREMENTS AND DEADLINES**

### **1. Questions and Answers**

Applicants must submit questions regarding this NOFO, if any, to Email: [pretoriaapplications@usaid.gov](mailto:pretoriaapplications@usaid.gov) with a copy to [hwirick@usaid.gov](mailto:hwirick@usaid.gov) and [agarcia@usaid.gov](mailto:agarcia@usaid.gov) no later than the date and time indicated on the NOFO cover letter, as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

### **2. Submission Requirements**

Applications in response to this NOFO must be submitted by email in one (1) email to [pretoriaapplications@usaid.gov](mailto:pretoriaapplications@usaid.gov) with a copy to [hwirick@usaid.gov](mailto:hwirick@usaid.gov) and [agarcia@usaid.gov](mailto:agarcia@usaid.gov) no later than the closing date and time indicated on the cover letter, as amended. Email submissions must be in accordance with Section D.2. Late or incomplete applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time. Additionally, applicants should retain a copy of the application and all enclosures for their records.

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

Applicants are reminded that email is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the application in sufficient time ahead of the deadline. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server.

There may be a problem with the receipt of \*.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/*Insert Mission/Office* cannot guarantee their acceptance by the internet server. File size must not exceed *Insert max file size*.

Submission instructions for Phases 2 and 3 will be given in invitation letters sent to applicants who pass Phase 1.

### **3. Unique Entity Identifier (UEI) and SAM.gov Registration**

Each applicant, that does not have an exemption under [2 CFR 25.110](#), is required to:

- (1) Be registered in SAM.gov before submitting an application.
- (2) Maintain a current and active registration in SAM.gov at all times during which it has an active Federal award as a recipient or an application under consideration by USAID. The applicant or recipient must review and update its information in SAM.gov annually from the date of initial registration or subsequent updates to ensure it is current, accurate, and complete. If applicable, this includes identifying the applicant's or recipient's immediate and highest-level owner and subsidiaries, as well as providing information on all predecessors that have received a Federal award or contract within the last three years; and
- (3) Include its UEI in each application it submits to USAID. A UEI is a unique, alpha-numeric 12-character identifier issued and maintained by SAM.gov that verifies the existence of an entity globally. The UEI is the official government-wide identifier used for Federal awards.

The SAM registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early. If an applicant is unable to obtain a UEI and complete SAM registration before submitting an application, the applicant may request an exemption in accordance with the instructions below. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant. Applicants can find additional resources for obtaining a UEI and registering in SAM on a blog post on [WorkwithUSAID.gov](https://www.usaid.gov/workwithusaidsite/blog/2020/04/01/obtaining-uei-and-registering-sam).

Note: First-tier subrecipients (i.e., direct subrecipients) must obtain a UEI in order to receive a subaward, but are not required to complete full SAM registration.

Requests for UEI/SAM exemptions: An applicant may include in its application (or separately in writing to the Agreement Officer) a request to be exempted from the above UEI and/or SAM registration requirements, if the criteria for one of the exceptions in [2 CFR 25.110](https://www.ecfr.gov/current/title-2/chapter-I/subchapter-A/part-25/subpart-1/section-25.110) apply. The applicant may be required to submit additional justification or information in support of the request for an exemption. In certain cases where an exemption is approved, the selected applicant may still be required to obtain a UEI and/or register in SAM.gov within thirty (30) days after receiving the award.

**[END OF SECTION E]**

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## **SECTION F: APPLICATION REVIEW INFORMATION**

### **1. Responsiveness Review**

Applicants must review, understand, and comply with all aspects of this NOFO. Failure to comply with the NOFO may be considered as being non-responsive and may be evaluated accordingly.

### **2. Merit Review Criteria**

USAID will establish a Merit Review Committee (MRC), the MRC will conduct a merit review of all applications received that comply with the instructions in this NOFO, as per the Responsiveness Review. This is a multi-tiered NOFO in accordance with Automated Directives System (ADS) 303.3.6.1(c). Review and selection under this NOFO will be based on a multi-step process, as outlined below. Concept Papers/Oral Presentations will be reviewed and evaluated in accordance with the following criteria shown in descending order of importance:

1. Technical Approach
2. Management Approach and Staffing Plan, including Key Personnel
3. Institutional Experience and History of Performance

In accordance with ADS 303.3.10.2 and 2 CFR 200.306, cost sharing cannot be used as a separate factor during the merit review of applications. However, cost sharing may be considered in the merit review only if the funding announcement specifically addresses how it will be considered. In this NOFO, cost sharing will be used to break ties among applications with equivalent scores after evaluation against all other factors.

#### **2.1 Merit Review Criteria for Phase 1 – Concept Paper**

Concept papers will be evaluated based on the extent to which the Applicant's approach best addresses the objectives and requirements as described in Section C of this NOFO, including future challenges and risks that may be anticipated and practical mitigation plans to address them are identified.

Once the submitted Concept Papers have been fully reviewed and evaluated, the selected Applicant(s) will be notified by the Agreement Officer of whether they have been selected to move on to Phase 2 of the Merit Review.

#### **2.2 Merit Review Criteria for Phase 2 - Oral Presentations (by invitation only)**

The oral presentation stage will be reviewed based on the following three (3) merit review criteria listed in descending order of importance:

##### **2.2.1 Technical Approach:**

The extent to which the Oral Presentations communicate a comprehensive understanding of the Activity objectives and presents the best approach for realistically achieving all

objectives. The extent to which the technical approach demonstrates specific interventions and tasks that will achieve the stated outcomes and objectives as outlined in Section C.

#### **2.2.2 Management Approach and Staffing Plan:**

The extent to which the Applicant's well-articulated management approach demonstrates how technical expertise, local capacity, and partnerships are integrated into the management structure to meet the objectives set forth in the Technical Approach.

The extent to which the proposed staffing plan, including the Key Personnel, demonstrates a responsible structure, cost efficiency, and technical soundness for staff to implement the activities within the proposed Technical Approach. The extent to which key personnel proposed by the applicant have roles/responsibilities that align with the minimum qualifications and achievement of the objectives of the activity.

#### **2.2.3. Institutional Experience and History of Performance**

The extent to which the Applicant convincingly demonstrates relevant experience enhancing the likelihood of successful activity implementation. The Applicant, and any major subgrantees combined, must demonstrate experience for those activities implemented within the last five years. In providing examples of work performed, the Applicant must articulate the results achieved and how the described experience will enhance the likelihood of successful implementation of the proposed activity. Relevance for history of performance is based on size, scope, and geographic location.

The prime partner applicant must have a demonstrated track record and strong working relationships with the South African Government (especially departments of health, social development and basic education) and a deep understanding of the community context within the targeted districts.

### **2.3 Merit Review Criteria for Phase 3 - (Apparent Successful Applicant only)**

The apparent successful applicant from Phase 2, Oral Presentations, will be required to submit a Cost Application, detailed budget narrative, and draft Branding and Marking and AMELP Plans. The apparent successful applicant may expect to receive feedback and requested edits or changes to both draft plans, but these plans are not part of the selection criteria. The Cost Application evaluation is detailed below.

#### **2.3.1. Activity Monitoring, Evaluation, and Learning Plan (AMELP)**

The Apparently Successful Applicant is required to submit a draft Activity Monitoring, Evaluation, and Learning Plan (AMELP) to be reviewed by the Merit Review Committee as part of the Final Application package. The final plan will be due 60 days after award.

#### **2.3.2 Business Application Review**

The Agency will evaluate the Business Application of the apparent successful applicant under consideration for an award as a result of the merit review criteria. As part of the



review of the Business Application, the Agency will review the budget and budget narrative to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E and accurately reflect the proposed activities in the Technical Application.

The final applicant's budget will be analyzed for cost reasonableness, allocability, allowability, cost effectiveness and realism, adequacy of budget detail and financial feasibility and cost sharing. The percentage of funds spent on programming versus administrative costs will be taken into consideration, i.e., the cost of staff salaries, equipment, and facilities vs. costs of field activities and interventions that directly impact the target beneficiaries. Proposed salaries must not be based on salary history and should be based on market rates for the applicable geographic location. No lump sum costs will be accepted.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

Since the NOFO includes a cost share requirement, USAID will review the Business Application for compliance with the standards set forth in [2 CFR 200.306](#), [2 CFR 700.10](#), and the Standard Provision "Cost Sharing."

### **2.3.3 Branding Strategy and Marking Plan**

The Apparently Successful Applicant is required to submit a draft Branding Strategy and Marking (B&M) Plan to be reviewed by the Merit Review Committee and approved by the Agreement Officer prior to the award as part of the Final Application package.

## **3. Risk Review**

The Agreement Officer will perform a risk assessment ([2 CFR 200.206](#)) of the apparently successful applicant. The Agreement Officer may determine that a pre-award survey is required to inform the risk assessment in determining whether the applicant has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with "specific conditions" ([2 CFR 200.208](#)).

Before making an award with a total amount of USAID share greater than the simplified acquisition threshold, USAID must review and consider any information about the applicant that is in the responsibility/qualification records available in SAM.gov (see 41 U.S.C. 2313). An applicant can review and comment on any information in the responsibility/qualification records

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available in SAM.gov. USAID will consider any comments by the applicant in determining whether the applicant is qualified for an award.

**[END OF SECTION F]**

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## **SECTION G: AWARD NOTICES**

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, applicants are hereby notified of these requirements and conditions for the award. Notice of Federal award signed by the Agreement Officer is the official document that obligates funds, and will be provided to the authorized official of the selected applicant by electronic means as identified in the application. The Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds.

Unsuccessful applicants will be notified by electronic means within thirty (30) days of final award decision.

Pre-award costs are only allowed when specifically included in the award terms, or otherwise approved in writing by the Agreement Officer. Without such written authorization, any costs incurred for application development or program performance prior to an award period of performance start date are at the applicant's own risk; do not assume that the AO will approve them as pre-award costs in the award.

**[END OF SECTION G]**

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## **SECTION H: POST-AWARD REQUIREMENTS AND ADMINISTRATION**

### **1. Administrative & National Policy Requirements**

The resulting award from this NOFO will be administered in accordance with the following:

For Non-U.S. organizations: 2 CFR 200 Subpart E and [Standard Provisions for Non-U.S. Non-governmental Organizations](#).

See Annex 3, for a list of the Standard Provisions that will be applicable to awards resulting from this NOFO.

### **2. Nature of the Relationship between USAID and the Recipient**

The principal purpose of the relationship between USAID and the recipient is to transfer funds to accomplish a public purpose of support or stimulation of the program, as authorized by Federal statute. The successful recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

### **3. Reporting Requirements**

The successful Recipient must submit the following documents to the AOR electronically in English, unless otherwise specified by the AOR, with a copy to the AO and appointed A&A Specialist. Where a due date is stated within this section, the days are intended to be calendar days.

The format of all activity reports will be determined in conjunction with USAID/Southern Africa through the AOR. The Recipient needs to meet all country-specific USG reporting requirements.

Because the activities and services to be funded under this Activity involve direct contact with children and adolescents, the Applicant must describe how appropriate measures to prevent, mitigate, and respond to child abuse both in the Activity implementation, and by project personnel will be addressed in line with [USAID guidance on Child Safeguarding](#).

It is also expected that the design explicitly states how the [South African Children's Act 38 of 2005](#) will be implemented specifically section 7, 110, 129-134, 143 and 150. It is a standard practice to check every appointee against the Child Protection Register and to keep the results of the check in the personnel file of the staff member.

**(a) Financial Reporting:**

Financial reporting requirements will be in accordance with the Advance or Reimbursement Payment and Refunds Standard Provisions; this will be defined at the award stage.

The SF 1034<sup>8</sup> must be used for both request and liquidate advances or for reimbursement payments. The Advance Payment and Refunds Standard Provision provides options for financial reporting. More information will be provided in the resulting award.

The SF 425<sup>9</sup> Federal Financial report must be submitted to the payment office indicated in the “Accounting and Appropriation Data” section of this Agreement, with a copy to the Agreement Officer’s Representative (AOR) on a quarterly basis (30 days after the end of each quarter).

**(b) Annual Work Plan**

The annual work plans are intended to express the Recipient and USAID’s plan to implement the program on an annual basis. The Recipient must submit annual work plans per USAID/South Africa guidance. Annual work plans are submitted along with a work plan budget and presented orally during work plan peer reviews to USAID for discussion, review and approval.

The Year 1 implementation plan must be finalized with the AOR within 30 calendar days after the effective date of this Agreement and must cover the USG fiscal year (October to September).

The first annual work plan must include indicators and targets to utilize to measure and monitor progress toward achievement of results, as reflected in, and consistent with, the Activity Monitoring, Evaluation and Learning (MEL) Plan. The work plan must include the activities planned to be conducted, the site(s) where they will be conducted, benchmarks/milestones and annual performance targets; the outputs/outcomes which the Recipient expects to achieve; and the inputs planned to be provided by the Recipient, during the work plan period. Included must be an explanation of how those inputs are expected to achieve the outputs/outcomes and benchmarks/milestones. The annual work plan should be delineated by quarterly periods. The annual work plan must also include a corresponding budget for that work plan period. The recipient must schedule a meeting with the USAID AOR to present the final draft work plan.

USAID will review the draft first-year work plan and provide comments/suggestions within 15 days of receipt. The Recipient must then submit one electronic copy of the final first-year work plan to the USAID AOR for approval not later than 15 days from receipt of USAID’s comments/suggestions. The Recipient must also submit an electronic copy of the final approved

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<sup>8</sup> Electronic copies of the SF-1034 can be found at:

<https://www.gsa.gov/reference/forms/public-voucher-for-purchases-and-services-other-than-personal>

<sup>9</sup> Electronic copies of the SF 425 can be found at:

<https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>

first-year work plan to the AOR and Agreement Officer.

Subsequent annual work plans: The Recipient must submit one electronic copy of subsequent draft annual work plans covering the USG fiscal year (October to September) of each year of implementation.

The annual work plans will be submitted no later than July 30 for the subsequent period beginning on October 1 of each year. These subsequent annual work plans must include updates of the performance indicators and benchmarks which the Recipient proposes to utilize in the coming year. USAID will review the draft work plan and provide comments/suggestions within 15 days of receipt. The Recipient must then submit the final annual work plan to the USAID AOR for approval not later than 15 days from receipt of USAID's comments/suggestions.

Annual work plans and changes/revisions thereto must be within the scope of the Program Description of the Agreement. Work Plans and changes/ revisions thereto must describe activities to be conducted during the period at a greater level of detail than the Program Description but must not serve to change the Program Description in any way. Therefore, all work plans and changes/revisions thereto must cross-reference the applicable section(s) in the Program Description. The Program Description must take precedence over the work plans and any changes/revisions thereto, in the event of any conflicts or inconsistencies between the Program Description and the work plan and any changes/revisions thereto.

**Due Dates: Year 1: 30 calendar days from award**

**Subsequent Years: July 30th**

**(c) Performance Reporting:**

**(1) Activity Monitoring, Evaluation and Learning Plan**

Performance monitoring must focus on whether and to what extent objectives of the Recipient's program are being achieved. A rigorous monitoring and evaluation system for the Activity, including adequate staffing, technical support and information systems for routine data collection and analytics, is required. The performance monitoring system must regularly collect and analyze data which will enable the Recipient to track performance and objectively report on its progress in achieving the program results, as described in the Program Description. An Activity Monitoring, Evaluation, and Learning (MEL) Plan must provide a detailed definition of the performance indicators that will be tracked; specify the source, method of collection, and schedule of collection for all required data. The frequency of data collection, as well as the level of detail and degree of comparability of the data collected, must be proposed by the Recipient and articulated in the Activity MEL Plan.

The Recipient must submit a draft Activity MEL Plan for the life of the activity within 60 days of the award. This draft must include an appropriate Monitoring, Evaluation, and Reporting (MER) framework, with an outline of key program interventions, indicators of achievement, associated annual and life-of-activity targets, and a learning agenda. The draft Activity MEL Plan will be reviewed and approved by the AOR. The final Activity MEL Plan must be submitted within 90

days after award. After approval, the Activity MEL Plan should be updated annually to reflect results achieved and submitted as an attachment with the annual report. AOR approval should be requested when changes need to be made in the MEL plan. The indicators will be detailed in the Activity MEL Plan and updated annually.

**Due Dates: Draft 60 calendar days from award**

**Final 90 calendar days from award**

**Subsequent Years: Updated annually**

### **(2) Quarterly Reports**

The Recipient shall submit one copy of the quarterly program report to the AOR. Electronic submissions by email are required.

Quarterly reports are due no later than 30 calendar days after the end of the reporting period. Reporting periods are calendar quarters:

October 1 - December 31 (due date: January 30)

January 1 - March 31 (due date: April 30)

April 1 - June 30 (due date: July 30)

July 1 - September 30 (due date: October 30)

The report format will be provided by USAID upon award of the cooperative agreement. The report will contain at a minimum the following information:

- Total funds committed to date by USAID;
- Total funds disbursed to the Recipient to date (including a breakdown to the Budget categories provided in the awardee's cost proposal);
- Total funds vouchered but not yet disbursed;
- Total funds expended but not yet vouchered (accrual amount);
- Pipeline amount (committed funds minus expended funds);
- Anticipated expenditure rate for the upcoming quarter;
- Anticipated number of months of operation with current pipeline; and
- Budget estimate for the upcoming quarter.

### **(3) Annual Performance Report**

The Recipient must submit a draft annual report to the AOR each year within 30 days after the end of the fiscal year. The annual reports must cover the USG fiscal year (October to September) of each year of implementation.

The Annual Report will be submitted in lieu of a fourth quarter report. These annual reports must emphasize quantitative as well as qualitative data that reflect results, and must, at a minimum, include the following:

- Summary of key achievements
- A comparison of actual accomplishments against goals established for the period in the annual work plan and clear explanations for deviations of +/- 10 percent from set targets

- Description of quantifiable output of the activity including accomplishment, lessons learned and indicators
- Description of the obstacles and their effects on meeting established goals and targets, if appropriate, a description of remedies or actions taken or planned to address these obstacles
- A summary of funds expended during the fiscal year by funding source
- A cumulative list of report/studies/documents sent to USAID's DEC
- Prospects for the next year's performance
- Outline of the next steps for the next reporting period
- Confirmation that the recipient still meets the definition of "local entity"

Upon receiving AOR approval, the annual report must be submitted to the DEC in accordance with the Standard Provision entitled "Submissions to the Development Experience Clearinghouse and Data Rights," the Recipient must also submit one copy, in electronic preferred form, of the annual report as required by the Standard Provision and the AOR. The report must contain the following information: (1) descriptive title; (2) author(s) name; (3) award number; (4) sponsoring USAID office; (5) date of publication; and (6) software name and version (if electronic document is sent).

**Due Dates: October 30th annually**

**(d) Development Experience Clearinghouse (DEC) Requirements**

The Recipient must submit reports in accordance with Mandatory Standard Provision "Submissions to the Development Experience Clearinghouse and Data Rights". The recipient must review the DEC Web site for submission instructions, including document formatting and the types of documents to submit. Submission instructions can be found at: <http://dec.usaid.gov>.

**(e) PEPFAR Reporting**

The Recipient will submit annual PEPFAR reports as requested by the Department of State's Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC). These could include Human Resources for Health (HRH) reports, expenditure analysis reporting, but are subject to change based on guidance from S/GAC.

**(f) Ad Hoc Reports**

Ad Hoc Reporting may be required, as necessary during the activity implementation. Specific instructions will be shared with the Recipient upon award.

**4. Environmental Compliance, Environmental Mitigation Monitoring Plan (EMMP) and Environmental Mitigation Monitoring Report (EMMR)**

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations ([22 CFR 216](#)) and in USAID's [Automated](#)



[Directives System \(ADS\) Part 204](#), which, in part, require that the potential environmental impacts of USAID-financed activities be identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs.

No activity funded under the resulting Cooperative Agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), [Initial Environmental Examination \(IEE\)](#), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”)

An Initial Environmental Examination (IEE) has been approved for the project funding this NOFO and for activities to be undertaken herein (Annex 6 of this NOFO). The IEE contains a Categorical Exclusion, Negative Determination with Conditions for the proposed activities per 22 CFR 216.

Environmental Mitigation and Monitoring Plans (EMMPs) are required for USAID-funded activities when the 22 CFR 216 documentation governing the activity (e.g., the Initial Environmental Examination (IEE)) imposes mitigation measures related to an intervention(s) to be implemented under the Activity. EMMPs ensure that the USAID ADS 204.3 requirements for incorporating and monitoring appropriate mitigative measures into project or activity design. The Recipient will prepare an EMMP and submit it with the first annual work plan. Annually, thereafter, the Recipient will update the EMMP and submit it with each subsequent annual work plan in collaboration with the USAID Agreement Officer’s Representative and Mission Environmental Officer (MEO), as appropriate, must review all ongoing and planned activities under the resulting cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentations. A template will be provided by USAID/SA.

Environmental Mitigation and Monitoring Reports (EMMRs) are required for USAID-funded activities when the 22 CFR 216 documentation governing the activity impose conditions on at least one intervention implemented under the activity. EMMRs ensure that the ADS 204.3.3 requirements for reporting on environmental compliance are met. The Recipient will complete an EMMR annually, submitting it with the annual performance report. A template will be provided by USAID.

If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it must prepare an amendment to the documentation for USAID review and approval. No such new activities should be undertaken prior to receiving written USAID approval of environmental documentation amendments.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation may be halted until an amendment to the documentation is submitted and written approval is received from USAID.

*Applicants need to account for resources required for implementing and monitoring the environmental compliance activities in the technical application and in the budget and describe associated costs in detail to the degree possible in the budget narrative.*

## **5. Other Requirements**

### **(a) Memorandum of Understandings (MOUs)**

The MOU(s) articulates partnership principles and strategic objectives and capitalizes on the commonalities between objectives and approaches to establish a basis for ongoing dialogue and cooperation between the USAID implementing partner and the GoSA entity (i.e., Provincial Department of Health). As identified and as needed, the Recipient will establish an MOU(s) with GoSA entities, as agreed upon in collaboration with USAID/SA. The Recipient will not establish an MOU(s) without USAID's involvement and collaboration.

**[END OF SECTION H]**

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## **SECTION I: OTHER INFORMATION**

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

**[END OF SECTION I]**

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## **ANNEX LIST**

- [\*\*ANNEX 1 – BUDGET TEMPLATE\*\*](#)
- [\*\*ANNEX 2 – SF-424 STANDARD FORMS\*\*](#)
- [\*\*ANNEX 3 – STANDARD PROVISIONS AND REQUIRED AS APPLICABLE FOR NON-U.S. ORGANIZATIONS\*\*](#)
- [\*\*ANNEX 4 – LIST OF ACRONYMS\*\*](#)
- [\*\*ANNEX 5 – HISTORY OF PERFORMANCE FORM\*\*](#)
- [\*\*ANNEX 6 – INITIAL ENVIRONMENTAL EXAMINATION \(IEE\)\*\*](#)
- [\*\*ANNEX 7 – GENDER ANALYSIS\*\*](#)

**[END OF ANNEX LIST]**

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## **ANNEX 1 - SUMMARY BUDGET TEMPLATE**

An attachment is included in the NOFO in Excel format (.xlsx) for the applicant to complete.

## **ANNEX 2 - SF-424 STANDARD FORMS**

SF 424 Application For Federal Assistance  
SF 424A Budget Information - Non-Construction Programs  
SF 424B Assurances - Non-Construction Programs

Can be downloaded from:  
<https://www.grants.gov/forms/forms-repository/sf-424-mandatory-family>

### ANNEX 3 - STANDARD PROVISIONS

The selected applicant will be required to comply with USAID's standard provisions. The standard provisions included in the resultant award will be for non-U.S. Nongovernmental Organizations per Section B above.

The full text of these provisions may be found on USAID's website here:

- Standard Provisions for non-U.S. Nongovernmental Organizations:

<https://www.usaid.gov/ads/policy/300/303mab>, and

- Standard Provisions for U.S. Nongovernmental Organizations:

<https://www.usaid.gov/ads/policy/300/303maa>

These must be used when/if the selected Recipient will issue sub-agreement or sub-grants to U.S. Nongovernment Organizations

The resultant award will include the full text of current Mandatory Standard Provisions and the Required As Applicable Standard Provisions. **The required as applicable standard provisions will be required if checked below.**

#### Required as Applicable Standard Provisions for Non-U.S. Nongovernmental Organizations

Required	Not Required	REQUIRED AS APPLICABLE STANDARD PROVISIONS Non-U.S. NGOs
Determined at award		RAA1. Advance Payment and Refunds (August 2024)
Determined at award		RAA2. Reimbursement Payment and Refunds (August 2024)
Determined at award		RAA3. Indirect Costs – Negotiated Indirect Cost Rates Provisional & Final (August 2024)
Determined at award		RAA4. Indirect Costs – Charged As A Fixed Amount (Nonprofit) (August 2024)
Determined at award		RAA5. Indirect Costs – De Minimis Rate (August 2024)
		RAA6. Reserved
X		RAA7. Reporting Subawards and Executive Compensation (August 2024)
X		RAA8. Subawards (August 2024)
X		RAA9. Travel and International Air Transportation (December 2014)
	X	RAA10. Ocean Shipment of Goods (June 2012)
X		RAA11. Reporting Host Government Taxes (December 2022)
	X	RAA12. Patent Rights (December 2022)
	X	RAA13. Reserved
	X	RAA14. Investment Promotion (December 2022)
X		RAA15. Cost Sharing (August 2024)
	X	RAA16. Program Income (August 2024)
X		RAA17. Foreign Government Delegations to International Conferences (June 2012)
	X	RAA18. Standards for Accessibility for the Disabled In USAID Assistance Awards Involving Construction (September 2004)
	X	RAA19. Protection of Human Research Subjects (June 2012)

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Required	Not Required	<b>REQUIRED AS APPLICABLE STANDARD PROVISIONS Non-U.S. NGOs</b>
X		RAA20. Statement for Implementers of Anti-Trafficking Activities on Lack of Support for Prostitution (June 2012)
X		RAA21. Eligibility of Subrecipients of Anti-Trafficking Funds (June 2012)
X		RAA22. Prohibition on the Use of Anti-Trafficking Funds to Promote, Support, or Advocate for the Legalization or Practice of Prostitution (June 2012)
X		RAA23. Voluntary Population Planning Activities – Supplemental Requirements (January 2009)
X		RAA24. Conscience Clause Implementation (Assistance) (February 2012)
X		RAA25. Condoms (Assistance) (September 2014)
X		RAA26. Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking (Assistance) (September 2014)
X		RAA27. Limitation on Subawards to Non-Local Entities (July 2014)
X		RAA28. Contract Provision for DBA Insurance Under Recipient Procurements (December 2022)
		RAA29. Reserved
		RAA30. Reserved
X		RAA31. Never Contract with the Enemy (August 2024)



## ANNEX 4 - ABBREVIATIONS AND ACRONYMS

AGYW	Adolescent Girls and Young Women
AHOP	USAID's Approach to HIV and Optimized Programming
AOR	USAID Agreement Officer Representative
APP	Provincial Annual Performance Plan
ARV	Antiretroviral
ART	Antiretroviral Therapy
CDC	U.S. Centers for Disease Control and Prevention
C/ALHIV	Children and Adolescents Living with HIV
PEPFAR COP	PEPFAR Country Operational Plan
COP	Chief of Party
CBO	Community Based Organization
CSO	Civil Society Organization
DBE	Department of Basic Education
DREAMS	PEPFAR "Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe: Preventing HIV in Adolescent Girls and Young Women" Initiative
DSD	Department of Social Development
GBV	Gender Based Violence
Global VAX	USG Initiative for Global Vaccine Access
SAG	South African Government
HRH	Human Resources for Health
HTS	HIV Testing Services
IR	Intermediate Result
MEL	Monitoring, Evaluation and Learning
MER	PEPFAR Monitoring, Evaluation and Reporting indicators
NDoH	National Department of Health
NSP	South African National Strategic Plan for HIV, TB and STIs 2023-2028
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Preventing Mother-to-Child Transmission
POART	PEPFAR Oversight and Accountability Response Teams
POC	GoSA designated Point of Contact

Funding Opportunity # 72067425RFA00001

HIV Prevention Among Adolescent Girls and Young Women and Other Vulnerable Youth  
Populations - DREAMS North

PrEP	Pre-Exposure Prophylaxis
PSEA	Protection from Sexual Exploitation and Abuse
RDCS	USAID South Africa Regional Development and Cooperation Strategy
SDG	United Nations Sustainable Development Goals
TB	Tuberculosis
USG	United States Government
VAC	Violence Against Children
WHO	World Health Organization

## ANNEX 5 - HISTORY OF PERFORMANCE FORM

Applicant's Name:

Was the Applicant the Prime or Sub on the project:

Project Name:

Project Scope/Description:

Period of Performance:

Dollar Value:

Name of Person Contacted:

E-mail:

Date Contacted:

Employer:

Contact's Role or Knowledge of the Project:

RATING	DEFINITION
<b>EXCEPTIONAL (E)</b>	Performance exceeded contract/agreement requirements.
<b>SATISFACTORY (S)</b>	Performance met contract/agreement requirements.
<b>UNSATISFACTORY (U)</b>	Performance did not meet contract/agreement requirements.
<b>NOT APPLICABLE (N/A)</b>	Unable to provide a rating. Contract/agreement did not include performance for this aspect. Do not know.

1. Please provide a rating (using one of the ratings defined above) and comment on your satisfaction with the **quality of product or service**, including consistency in meeting goals and targets:

Rating:

2. Please provide a rating (using one of the ratings defined above) and comment on the **timeliness** of performance, to include schedule, the timeliness against the completion of the award, task orders, milestones, delivery schedules, and administrative requirements:

Rating:

3. Please provide a rating (using one of the ratings defined above) and comment on the quality of **business relations**, addressing the history of professional behavior and overall business-like concern for the interests of the customer, including the applicant's history of reasonable and cooperative behavior:

Rating:

4. Please provide a rating (using one of the ratings defined above) and comment on the organization's ability to **control cost**, including forecasting costs as well as accuracy in financial reporting:

Rating:

5. Please provide a rating (using one of the ratings defined above) and comment on the **management** and expertise of organization personnel, including hiring and retaining, supporting personnel with the experience and expertise necessary to accomplish the objectives of the agreement:

Rating:

6. **Other** - Use this space to provide additional information not included above:

## **ANNEX 6 - INITIAL ENVIRONMENTAL EXAMINATION (IEE)**

Can be downloaded from this link: [Initial Environmental Examination \(IEE\)](#),

## **ANNEX 7 - GENDER ANALYSIS**



USAID/Southern Africa  
**Activity-level Gender Analysis for  
HIV Prevention among Adolescent Girls and Young Women (AGYW) and Other Vulnerable  
Youth Populations (boys, young men, disabled youth)**

May 2024 (update)

## **1. Introduction**

South Africa remains the epicenter of the HIV pandemic as the largest AIDS epidemic in the world—20 percent of all people living with HIV are in South Africa, and 20 percent of new HIV infections occur there too. South Africa has the largest HIV epidemic in the world, with an estimated nearly 8 million people living with HIV (PLHIV). Adult (15-49) HIV prevalence is 18.9%; among women aged 15-49, it is 25.0%. While incidence is declining each year, the HIV burden in South Africa continues to grow. Nationally, there were approximately 198,311 new HIV infections between mid-2021 to mid-2022 with women over 15 years old accounting for 62.7% of all new HIV infections. With an estimated 233,990 children under 15 years of age living with HIV, South Africa has the largest HIV epidemic among children (defined as 0-17 years old) globally. Over the last two decades, progress has been made in the country's HIV response, however, inequities among children and adolescents living with HIV remain. The 95-95-95 program goals' stand at 94-77-92 among adults, however children and adolescents lag considerably at 81-65-68. In 2021, there were an estimated 10,000 new infections and nearly 3,000 deaths from AIDS in children aged <15 years.

The country also faces a high burden of tuberculosis (TB), including multi-drug resistant TB, which amplifies its HIV epidemic. Of particular concern are South Africa's hyper-epidemics, many in KwaZulu-Natal and Mpumalanga provinces, and the concentration in specific populations like Adolescent Girls and Young Women. Of the estimated 7.2 million South Africans living with HIV, nearly 60 percent are women over the age of 15. Nearly 4,500 South Africans are newly infected every week; one-third are adolescent girls/young women (AGYW) ages 15-24.<sup>1</sup>

In 2021, the population was estimated to be 59.6 million, of which approximately 51% (30 million) was female.<sup>2</sup> Life expectancy at birth was estimated to be 67.7 years for females (72.7 without

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<sup>1</sup> <https://www.csis.org/analysis/worlds-largest-hiv-epidemic-crisis-hiv-south-africa>

<sup>2</sup> Statistics South Africa (StatsSA). 2021. Mid-year population estimates, 2020 Statistical Release P0302. Statistics South Africa: Pretoria. Accessed Jan 20, 2021 at <http://www.statssa.gov.za/publications/P0302/P03022020.pdf>



HIV/AIDS) and 61.5 years for males (65.6 without HIV/AIDS).<sup>3</sup> The infant mortality rate was estimated to be 22.1 per 1,000 live births.<sup>4</sup>

According to Murewanhema et al (2022)<sup>5</sup> adolescent girls and young women (AGYW) from sub-Saharan Africa (SSA), aged 15-24, remain at substantial risk of acquiring HIV. As per the research findings, AGYW accounted for 63% of all new HIV infections in 2021. Reducing incident infections in AGYW and among the other key populations is key to eliminating HIV infections.

In sub-Saharan Africa, adolescent girls and young women (AGYW) are 5 to 14 times more likely to be infected with HIV than their male peers. According to UNAIDS (2022), every week an estimated 4900 incident infections occur among women in this age group globally.<sup>6</sup> Hence despite a 54% reduction in HIV incidence since its peak in 1996, the population of AGYW in Africa in the Sub Saharan region still remains a key population for HIV epidemic control. Reducing incident infections in AGYW and among other key populations remain key to eliminating HIV infections (Musuka et al, 2022).<sup>7</sup>

The central question is how to interrupt HIV transmission in young adults, and where and whom to target. One answer is to target AGYW who are at higher risk for HIV acquisition in South Africa, as they are elsewhere in sub-Saharan Africa. This has been the focus of the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) project that has been implemented from 2015 from various countries including South Africa. DREAMS was announced on World AIDS Day 2014, and in 2015, USAID began activities in ten countries in sub-Saharan Africa including: eSwatini, Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. The DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is an ambitious public-private partnership aimed at reducing rates of HIV among adolescent girls and young women (AGYW) in the highest HIV burden countries. USAID is the lead implementer of DREAMS in both funding and geographic reach. DREAMS builds upon USAID's decades of experience empowering adolescent girls and young women and advancing gender equality across many sectors including global health, education, and economic growth. USAID partners with community, faith-based, and non-governmental organizations to mobilize significant numbers of community leaders and members, helping to address the structural inequalities that impact vulnerability to HIV. To date USAID South Africa has reached numerous AGYW from project inception. Some of the notable achievements include supporting the Department of Basic Education to integrate and scale HIV and Violence Prevention as part of the Comprehensive Sexuality Education in schools; building robust clinical and community platforms to facilitate and promote new HIV prevention technologies including oral PrEP and others; as well as effectively introducing models for hybrid delivery of HIV prevention programming during the COVID-19

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Murewanhema G, Musuka G, Moyo P, Moyo E, Dzinamarira T. HIV and adolescent girls and young women in sub-Saharan Africa: A call for expedited action to reduce new infections. *IJID Reg.* 2022 Aug 28;5:30-32. doi: 10.1016/j.ijregi.2022.08.009. PMID: 36147901; PMCID: PMC9485902.

<sup>6</sup> UNAIDS . 2022. Danger: UNAIDS Global AIDS Update <https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update>

<sup>7</sup> Musuka G., Dzinamarira T., Madziva R., Herrera H., El Sadr W. Protecting HIV service delivery for key populations in southern Africa in the context of the COVID-19 pandemic. *IJID Regions.* 2022;3:114–116.

crisis, demonstrating pathways for programmatic adaptation and resiliency and advancing the optimization of digital technologies for health. Despite some of the notable achievements under the DREAMS project, continued implementation focusing on AGYW is needed as part of reaching the UNAIDS 95-95-95 targets as part of epidemic control.

## **2. Target Location (Province(s)/Municipality(ies), etc.) for Proposed Activity(ies)**

The proposed activity will take place in the following provinces/districts:

- Eastern Cape: Alfred Nzo and Buffalo City
- Free State: Lejweleputswa and Thabo Mofutsanyane
- Gauteng: City of Johannesburg and Sedibeng
- KwaZulu Natal: King Cetshwayo, Ugu and Harry Gwala
- Limpopo: Mopani and Capricorn
- Mpumalanga: Gert Sibande, Nkangala and Ehlanzeni
- Western Cape: City of Cape Town

## **3. Activity Description**

The proposed activity is part of the DREAMS Initiative. In order to prioritize adolescent girls and young women's (AGYW) health and wellbeing, and reach HIV epidemic control, PEPFAR announced an ambitious public-private partnership, the Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) partnership, on World AIDS Day (1st December) in 2014. DREAMS is currently implemented in 15 countries in partnership with the Bill and Melinda Gates Foundation, Girl Effect, Gilead Sciences, ViiV Healthcare, and Johnson & Johnson. DREAMS success depends on collaboration and coordination with national and local government officials at a multisectoral level, and other relevant stakeholders and community partners including AGYW themselves. DREAMS targets vulnerable AGYW (10-24 years) in communities with a high burden of HIV who are at an increased risk of acquiring HIV due to various demographic, geographic behavioral, and structural reasons. The DREAMS core package is an evidence-based/informed, age-appropriate, comprehensive package of biomedical, behavioral, and structural interventions across multiple sectors shown to mitigate the risk factors that may lead to HIV infection.

Additionally, DREAMS provides contextual interventions to shift community norms and perceptions in order to create an enabling environment that supports HIV infection. The aim of the DREAMS Initiative is to substantially reduce new HIV infections in adolescent girls and young women aged 10 to 24 in fifteen countries including South Africa. The DREAMS initiative is expected to substantially lower HIV incidence among AGYW in areas of highest HIV incidence and prevalence through a combination of prevention interventions that address biological, behavioral, and socio-economic determinants of HIV risk.

The activity will consist of the following interventions:

### **A) DREAMS Primary Package: Social and Behavior Change Services**

- Community Based and HIV prevention and violence prevention activities.

- Protective Assets Building

**B) DREAMS Secondary Package: Biomedical HIV Prevention Services**

- HIV Counseling and Testing Services
- Pre-Exposure Prophylaxis (PrEP), HIV prevention new technologies, long term injectables
- Post Exposure Prophylaxis (PEP)
- Post Violence Care services
- Adolescent Youth Friendly Services
- Mental Health and Psychosocial Support
- DREAMS Secondary Package: Social Protection Services
- Intensive Economic Strengthening
- Family Strengthening

**C) Technical Assistance Support:**

This mechanism will also be responsible for providing targeted technical assistance support to the South African Government- key departments including health, social development, education and others (at national, provincial and district levels) as necessary to ensure that the DREAMS interventions and implementation approaches are sustainable and integrated into SAG priorities and operational plans.

#### **4. Scope of the Development Problem**

Gender equality does not necessarily mean that men and women or boys and girls are accounted for equally in all activities, nor does it necessarily mean treating men and women or boys and girls the same. It signifies an aspiration to work towards a society in which neither men or women suffer from poverty in its many forms and in which men and women are able to live equally fulfilling lives. Gender equality means recognizing that men and women often have different needs and priorities, face different constraints, have different aspirations and contribute to development differently.<sup>8</sup> Gender is a social system that affects all people across their lifespans, and gender inequality and restrictive gender norms are determinants of health and well-being. Around the world, gender inequalities and rigid gender norms harm the health and human rights of girls and women and promote the marginalization of anyone who challenges restrictive gender norms, including boys, men, and transgender people.

Adolescent girls and young women face significant risks and vulnerabilities as a result of HIV/AIDS and its socio-economic effects. In South Africa, adolescent girls and young women (AGYW) aged 15–24 years represent one of the populations at highest risk for HIV-infection with an estimated HIV incidence of 1.5%<sup>9</sup>. Recent estimates show that 5.8% of adolescent girls aged 15–19 years

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<sup>8</sup> Derbyshire 2002

<sup>9</sup> Simbayi L, Zuma K, Zungu N, Moyo S, Marinda E, Jooste S, et al. The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017. Cape Town: HSRC Press; 2019.

were HIV-positive, compared with 4.7% of adolescent boys in that age group in 2017. In the 20–24 year age group, 10.9% of young women were HIV-positive compared with 4.8% of young men, while in the 25–29 and 30–34 year age groups, 27.5% and 34.7% of women were HIV-positive compared to 12.4% and 18.4% of men, respectively. These figures highlight the specific vulnerability of AGYW, but they also show that adolescent boys and young men (ABYM) have a substantial risk of HIV.<sup>10</sup>

Despite South Africa's remarkable progress with antiretroviral therapy (ART) scale-up, ART coverage remains suboptimal, particularly among HIV-positive AGYW and ABYM aged 15–24 years of whom only 55% of ABYM and 52% of AGYW were receiving ART in 2022.<sup>11</sup> Among people living with HIV aged 25–49 years, an estimated 63.1% were receiving ART, showing that there is a gap in linkage to, and retention in, HIV treatment services. Less than 70% of HIV-positive adolescents and young people aged 15–24 years were virally suppressed in 2022. Several factors account for the increased vulnerability of AGYW to HIV infection including intergenerational sexual relationships, gender power imbalances, gender-based violence, poverty and the low status of women, exclusion from economic opportunities and limited access to secondary schooling. Relationships with older men lead to power imbalances increasing the likelihood of intimate partner violence and the non-use of condoms during sex. Socially excluded, marginalized adolescents and young people are particularly vulnerable to HIV infection and have poor access to HIV treatment and care, including people with disabilities, people who use drugs (PWUD), lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, sex workers and undocumented migrants.

Gender-Based Violence (GBV) remains a profound crisis and human rights violation in South Africa. According to the South African Police Service Crime Stats (2023), 12,211 rape cases were reported in the country from October - December 2023.<sup>12</sup> Furthermore, 1,830 attempted murders of women were reported, 1135 women were killed and over 18 000 women were assaulted in South Africa.<sup>13</sup> AGYWs continue to face alarming risk of violence in schools, work, home and communities across the country.<sup>14</sup> According to UNICEF, more than 1 in 3 students between the ages of 13 and 15 experience bullying and/or are involved in physical fights at schools.<sup>15</sup> These AGYWs are also affected by the legacy of violence and extreme inequality from South Africa's past which is compounded by high poverty and unemployment in the present. This

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<sup>10</sup> Ibid

<sup>11</sup> Country Operational Plan PEPFAR South Africa 2022 Strategic Direction Summary April 19, 2022 [https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22\\_SDS.pdf](https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22_SDS.pdf)

<sup>12</sup> South African Police Service. 2023. [Third Quarter 2023/2024 Crime Stats Presentation SELECTED CONTACT CRIMES AGAINST WOMEN AND CHILDREN \(Page 18\) https://www.saps.gov.za/services/downloads/2023-2024\\_-\\_3rd\\_Quarter\\_WEB.pdf](https://www.saps.gov.za/services/downloads/2023-2024_-_3rd_Quarter_WEB.pdf)

<sup>13</sup> South African Police Service. 2023. [Third Quarter 2023/2024 Crime Stats Presentation SELECTED CONTACT CRIMES AGAINST WOMEN AND CHILDREN \(Page 18\) https://www.saps.gov.za/services/downloads/2023-2024\\_-\\_3rd\\_Quarter\\_WEB.pdf](https://www.saps.gov.za/services/downloads/2023-2024_-_3rd_Quarter_WEB.pdf)

<sup>14</sup> UNICEF 2021 Protecting children from violence in schools <https://www.unicef.org/protection/violence-against-children-in-school>

<sup>15</sup> UNICEF 2021 Protecting children from violence in schools <https://www.unicef.org/protection/violence-against-children-in-school>

combination places many AGYW at risk of domestic violence, substance abuse, sexual abuse and neglect.

In 2019, 18% of 15 to 49 years old partnered women and girls had experienced physical or sexual violence in the past 12 months. But other forms like femicide (more than 2400 in 2017) or bride abduction (ukuthwala) are also widespread. Oftentimes GBV survivors do not see the criminal justice system as a credible solution. Before even thinking about reporting to the police, most victims have to overcome prevalent gender norms. Informal networks keep seeing domestic violence as a private matter and not as a crime, which discourages people to intervene and contributes to the normalization and persistence of women's abuses and neglect.<sup>16</sup> In a recent study conducted in three South African townships with AGYWs, the fear of sexual violence and the inevitability of violence was a central theme of the participants' conversations. Girls faced widespread violence as a systematic and overlapping feature of their neighborhoods and households, pointing to a culture of sexual violence that is used by men to dominate and control girls' freedom and behavior across township spaces.<sup>17</sup>

Given this contextual background, this activity seeks to close this gap by aiming to improve the health, well-being, and protection of adolescent girls and young women living with, affected by, and vulnerable to HIV. The activity will leverage existing GBV Prevention and Response approaches to mitigate harm, including GBV and violence against children (VAC). GBV and VAC preventative measures will be put into place through child safety and protection protocols. Implementing Partners will be trained on first-line support using the World Health Organization (WHO) LIVES approach (Listen, Inquire, Validate, Enhance Safety and Support) and will provide immediate, trauma-informed, client-centered support to meet the emotional, physical, safety, and support needs of survivors. They will also be required to take [USAID's Gender 101 online training](#) which is now available for Implementing Partners.

### **3. Gender Analysis Methodology: Desk Review**

This gender analysis was conducted through a desk review assessing relevant available literature, reports, research publications and available national statistics. Key research and existing literature were used to assess the gender analysis framework's five domains as per [ADS 205 Guidelines](#). Key documents reviewed included the PEPFAR Gender Analysis (2016) that provided a review of key gender issues and gender-related constraints in South Africa, assessing the institutional context supporting gender integration into the PEPFAR country program. The USAID Southern Mission Regional Gender Analysis (2020-2025) was also used to draw upon relevant local context.

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<sup>16</sup> University of Reading *Gender-Based Violence in South Africa*. Published online November 11, 2022.

<sup>17</sup> Ngidi, N. D. *I feel scared of being a girl*: Adolescent girls' conversations about heteropatriarchal sexual violence in South African townships. *GeoForum*. 2022; 134: 40-47. <https://doi.org/10.1016/j.geoforum.2022.06.003>

The gender analysis domains include: **Law, Policies and Institutional Practices, Access to and Control over Resources, Cultural Norms and Values, Gender Roles and Leadership and Decision Making**. The aim was to identify relevant data that provide a picture of the gender equality situation in the South African context. The team drew on the existing quantitative and qualitative research findings contained in this analysis as the basis for evidence-based decision making during activity implementation. Critical statistics disaggregated by sex and age were collected to shed light on factors of intersectionality. Noted limitations of the gender analysis were the lack of in-person field interviews with key stakeholders due to funding and time constraints, however, key resources from these stakeholders were included in the analysis.

#### **4. Technical and Geographical Background / Context**

Gender issues impact every aspect of society and culture, from economic growth to the health and well-being of the overall population. Gender impacts almost every aspect of life, and gender roles vary at different stages of the life of women and men, as well as within cultures. Gender is an integral component of every aspect of the economic, social, daily and private lives of individuals and societies, and of the different roles ascribed by society to men and women. These call for the need to put gender into consideration in everything we do. As shown in the PEPFAR Gender Analysis (2016), Gender inequalities, alongside poverty, racial fault lines, economic disparities and other differentiating social fractures define the landscape in which HIV programming takes place.

Gender inequalities and patriarchy are still deeply entrenched in most of the South African communities. Patriarchy is a set of social relations between men, which have a material base, and which create interdependence and solidarity among men that enable them to dominate women. Patriarchal systems of power still shape the lives of most women and children, as well as many important aspects of societies relevant to health and well-being.

According to the World Health Organization (WHO), gender inequality and discrimination faced by women and girls puts their health and well-being at risk; and they often face greater barriers than men and boys in accessing health information and services. These barriers include: restrictions on mobility; lack of access to decision-making power; lower literacy rates; discriminatory attitudes of communities and healthcare providers; and lack of training and awareness amongst healthcare providers and health systems of the specific health needs and challenges of women and girls.<sup>18</sup>

Despite the importance of gender equity, discrimination against women is pervasive around the world and particularly in South Africa. Globally, gender inequality is one of the drivers of the HIV epidemic. HIV also fuels gender inequality because women and girls in countries with large HIV epidemics are more affected by HIV than (heterosexual) men and boys. Gender non-conforming individuals face harsh laws, stigma and discrimination that increases their HIV risk while keeping

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<sup>18</sup> World Health Organization 2023 Gender and Health [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1)

them away from services. Achieving gender equality is essential for ending the epidemic. Gender inequality also affects individuals who do not conform to society's ideas about how men and women should behave, such as lesbian, gay, bisexual, transgender and intersex (LGBTI) people, women who sell sex, and women who use drugs.

In South Africa, these realities exist in communities where USAID works as part of the PEPFAR HIV Programme. Gender inequalities and men's perceived sexual and economic superiority over women can have significant health implications. The South African National AIDS Council (SANAC) reported the HIV prevalence among young women in South Africa to be nearly four times greater than that of men of the same age.<sup>19</sup> In 2016, young women between the ages of 15 and 24 made up 37% of new infections in South Africa.<sup>20</sup> To try and reduce this high rate of infection, adolescent girls and young women who are considered at high risk of HIV infection are now being offered pre-exposure prophylaxis.

As the country grapples with the HIV epidemic, gender inequalities also continue to affect adolescent girls and young women in South Africa at alarming rates and perpetuates gender-based violence and femicide (GBVF). It is systemic, and deeply entrenched in institutions, cultures and traditions in South Africa. At the 2022 Presidential Summit on GBVF, President Ramaphosa described GBV as the first pandemic due to its alarming high rates in the country. GBV, which disproportionately affects adolescent girls and young women, remains a profound and widespread problem in South Africa. Many of these AGYW across the country, continue to face challenges in fulfilling their sexual and reproductive health and rights (SRHR), including vulnerability to HIV, sexually transmitted infections (STIs) and unintended and unsafe pregnancy.<sup>21</sup> Gender inequality and GBV therefore restricts AGYWs mobility, access to resources, and limits their decision-making power—all of which impact their ability to act on their sexual and reproductive health and rights.<sup>22</sup>

There has been an increased recognition of widespread incidence of school-related gender-based violence (SRGBV) in South Africa,<sup>23</sup> which has resulted in many AGYWs being faced with various obstacles that impede their path to learning.<sup>24</sup> SRGBV can be defined as acts or threats of sexual, physical, or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics. Adolescent girls and young women's exposure to violence may lead to trauma and emotional harm such as depression, fear as well as behavioral problems.<sup>25</sup>

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<sup>19</sup> South African National AIDS Council (SANAC)

<sup>20</sup> [http://sanac.org.za/wp-content/uploads/2017/05/nsp\\_fulldocument\\_final.pdf](http://sanac.org.za/wp-content/uploads/2017/05/nsp_fulldocument_final.pdf)

<sup>21</sup> UNICEF 2021 Assessing the Vulnerability and Risks of Adolescent Girls and Young Women in Eastern and Southern Africa: A Review of the Tools in Use <https://www.unicef.org/esa/media/9146/file/UNICEF-ESARO-AGYW-RV-Assessment-2021.pdf> Page 2

<sup>22</sup> <https://www.pathfinder.org/focus-areas/gender-based-violence/> 2023 Pathfinder 'Combatting Gender-Based Violence'

<sup>23</sup> UNESCO 2020 School-related gender-based violence (SRGBV): a human rights violation and a threat to inclusive and equitable quality education for all <https://unesdoc.unesco.org/ark:/48223/pf0000374509>

<sup>24</sup> Gender Based Violence in South African schools [https://genderlinks.org.za/wp-content/uploads/imported/articles/attachments/13648\\_gender\\_based\\_violence\\_in\\_south\\_african.pdf](https://genderlinks.org.za/wp-content/uploads/imported/articles/attachments/13648_gender_based_violence_in_south_african.pdf)

<sup>25</sup> SCHOOL-GENDER-BASED VIOLENCE IN AFRICA: PREVALENCE AND CONSEQUENCES 2014 Page 8

During the 2022 Presidential Summit on GBV and Femicide, the latest crime statistics against women and children in South Africa (between June - September 2022) were shared. The following cases were recorded in June - September 2022 of children between the ages of 0 - 17 years old: 315 murder cases; 294 attempted murder cases and 1895 cases of assault GBH.<sup>26</sup> Furthermore, the SAPS crime stats for October - December 2022 were released, which captured 319 murder cases; 488 attempted murder cases as well as 2,039 cases of assault GBH for children between the ages of 0 - 17 years.<sup>27</sup>

Despite these challenges, there is no doubt that South Africa has made significant progress towards achieving gender equality since August 9, 1956, when 20,000 women marched to the Union Buildings in protest against the extension of Pass Laws to women. Activists rebelled against a patriarchal system designed to control women and reduce them to submissive beings at the mercy of men. Numerous laws and policies have been put in place to safeguard the rights of women and children. Today, South Africa's progressive laws have seen more women serving in high-ranking positions in government than ever before. Access to education by young girls and women has improved substantially over time. Recent statistics from 2019 depict a balance in gender parity ratios (GPR) amongst those who are functionally literate from 0,95 in 2002, to 0,99 (zero – no gender equality to one – full gender equality), indicating that more women are now literate.<sup>28</sup> In terms of work and employment, according to the 2019 Labour Market Dynamics in South Africa report, women accounted for 44.3% of total employment in South Africa.<sup>29</sup> However, women's employment tends to be concentrated in certain sectors, such as the services and retail sectors, and they are underrepresented in higher-paying sectors such as mining and manufacturing.<sup>30</sup> In terms of contribution to GDP, the World Bank reported that women's contribution to the economy in South Africa was estimated at 40% in 2018.<sup>31</sup> However, this figure may vary depending on the specific region or province. Overall, women's participation in the labor force and contribution to the economy are crucial for sustainable economic growth and development.

## **5. Findings / Key Challenges : 5 Gender Analysis Domains**

Adolescent girls and young women (AGYW) in sub-Saharan Africa are at heightened risk of acquiring HIV. Gender inequalities undermine free choice and autonomy in relation to sexuality and influence vulnerabilities related to HIV and other aspects of health and well-being. A number of risk factors have been found to fuel the HIV epidemic amongst AGYW, including early sexual debut , engagement in sexual relationships with older men, transactional sex, coerced sex,

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<sup>26</sup> South African Police Service (SAPS) 'Police Recorded Crime Statistics' July - September 2022 (Page 14)

<https://www.saps.gov.za/services/downloads/July-to-September-2022-Presentation.pdf>

<sup>27</sup> South African Police Service (SAPS) 'Police Recorded Crime Statistics' October - December 2022 (Page 13)

<https://www.saps.gov.za/services/downloads/October-2022-to-December-2022.pdf>

<sup>28</sup> <https://www.statssa.gov.za/?p=14559>

<sup>29</sup> Labour Market Dynamics in South Africa 2019

<sup>30</sup> Stats SA 2019

<sup>31</sup> World Bank 2018



concurrent and overlapping sexual partners, and intimate partner violence. School closures as a result of the COVID-19 pandemic have only amplified many of these risk factors<sup>32</sup>. Combined, these factors suggest that AGYW's risk of contracting HIV is linked to their social position and limited control regarding decisions on when to have sex and use of contraceptives or HIV prevention methods<sup>33</sup>. The section below shows 5 domains of the gender analysis framework and shows the different gaps that still exist for AGYW under these domains. Understanding and unpacking these domains is critical in finding key innovative solutions under the DREAMS work to address some of these recurring and emerging new issues.

### **5.1 Laws, Policies, Regulations, and Institutional Practices**

In South Africa progress has been made in terms of gender related policies , guidelines and policies that also fosters a conducive protective environment for AGYW. Despite an enabling legal and policy framework, South Africans continue to grapple with gender inequalities in their personal lives, intimate relationships, family relationships and engagements with the wider community and society.

Recent work has been around the GBV and the legal system. Strict legislation against sexual offenders is critical for preventing sexual abuse of AGYW, but this requires strong political will and commitment. The age of sexual consent and marriage might need to be increased to reduce sexual exploitation of AGYW while sentences for sexual offenders and perpetrators of sexual violence should be so harsh that they are prohibitive. Lowering the age of consent laws for accessing HIV and SRHR services may increase access to condoms, HIV testing services, and other preventative measures that will reduce HIV transmission among AGYW.

Furthermore, legalizing sex work in the continent may help reduce the sexual exploitation of AGYW who engage in sex work, which puts them at an increased risk of HIV transmission (Govender et al., 2018).

### **5.2 Cultural Norms and Beliefs:**

Patriarchal culture in some African communities exacerbates women's inferiority in sexual matters. Patriarchal culture constraints AGYW's ability to negotiate their relationships. Women in general, and AGYW in particular, are usually not allowed to express their sexuality and their male partners may turn violent if women suggest condom use or refuse sexual advances. This

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<sup>32</sup> UNAIDS. Confronting inequalities: lessons for pandemic responses from 40 years of AIDS. Geneva: UNAIDS; 2021.

<sup>33</sup> Shannon K, Leiter K, Phaladze N, Hlanze Z, Tsai AC, Heisler M, Iacopino V, Weiser SD. Gender inequity norms are associated with increased male-perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland. PLOS ONE. 2012;7(1):e28739.

concept is best described Connell's notion of emphasized femininity<sup>34</sup>. The concept acknowledges the unequal power distribution between men and women, and the subordination of women to men in a patriarchal gender order. Connell defines emphasized femininity as "compliance to this subordination and is oriented to accommodating the interests and desires of men" (2012: 183). Women may thus be subjected to an unequal distribution of power and expected to comply with this asymmetry. Connell goes on to argue that this form of socially constructed femininity generally controls thoughts, behaviors, and beliefs. For the AGYW, this may be exhibited through gender specific expectations of what it means to be a 'good girl', keeping them in roles demanding a down-prioritization of their own desires and needs [29], such as wanting to protect themselves from HIV and engaging with PrEP. Femininity becomes an expression defined by a complex combination of compliance, resistance and cooperation leaving a number of AGYW vulnerable.

Closely linked to the patriarchal system are gender norms that play a significant role in the uptake of and adherence to services. Cultural and social norms can influence attitudes towards gender and GBV. It is crucial to understand the prevailing cultural and social norms and how they affect gender relations, gender equity and GBVF, VAC and intimate partner relationships. Harmful gender norms and disparities are the result of biological, structural, socio-economic, and cultural conditions, as well as stigma and discrimination, that affect women and men, girls and boys, and people with other gender identities differently and impede access to HIV prevention, care, and treatment programs and services. According to the United States Agency for International Development (USAID), poverty, the low status of women and GBV have all been cited as reasons for the disparity in HIV prevalence between genders. GBV has indeed contributed to an estimated 20% to 25% of new HIV infections in young women in South Africa. The communities targeted by the Activities in the three above-mentioned provinces still grapple with the realities of patriarchy and its influence on accessing health care programs. Program implementation must ensure that such barriers are identified to enable the reaching of the targeted populations. Programs for children, adolescents and families must factor in these existing gender norms to ensure that the targeted beneficiaries access the comprehensive package of services.

Religious beliefs for some groups have been identified as problematic in relation to AGYW. Some religious sects also give away young girls to older men, resulting in polygamous marriages that increase HIV exposure risk (Sovran, 2013).

Teenage pregnancy is still a pressing issue in 2023 as also reported in 2016 in the PEPFAR Gender Analysis. This is due to continued significant knowledge gaps among teens and youth in relation to contraception and pregnancy. According to The Conversation Weekly Podcast, more than

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<sup>34</sup> Connell R. Gender and power: society, the person and sexual politics. Hoboken: Wiley; 2013.

100,000 adolescent girls give birth in South Africa each year. Adolescent births represented between 12 and 14% of births in facilities between 2019 and 2022. Specifically, the number of births delivered by adolescents aged between 10 and 19 in South Africa's public health facilities rose from 129,223 in 2019 to 139,361 in 2022. This increase in the number of births is a setback when viewed against the modest progress made in lowering teenage pregnancy rates between 1998 and 2016.<sup>35</sup> In South Africa, the lack of adequate reproductive health services and appropriate sexuality education are part of the composite etiology that contributes to increasing teen pregnancies.

Data also suggests the association of child marriages with first pregnancy among adolescent girls in Sub Saharan Africa. Pregnancies in these marriages may occur because of pressure from partners or family members to start families earlier or to prove reproductive potential. In most sub-Saharan African countries, adolescent girls may face social pressure to marry and, once married, to have children. In parts of South Africa, cultural practices like "ukuthwala" also lead to adolescent pregnancies. This practice involves the arranged marriage of girls below the age 18 mostly to older men, without the bride's consent. This type of marriage is in violation of the country's national law, as well as regional and international instruments to which this country is a party.

### **5.3 Gender Roles, Responsibilities, and Time Use**

Gender roles affect women's access to services and economic opportunities as highlighted in previous sections. AGYW are more vulnerable due to existing gender inequalities and poverty.

### **5.4 Access to and Control over Assets and Resources:**

Many AGYW in Sub Saharan Africa are economically marginalized and therefore are unable to negotiate condom use and monogamy. Continued marginalization among AGYW in Sub Saharan Africa forces some young women to be involved in transactional, age disparate, and multiple concurrent sexual relationships for survival (Murewanhema et al, 2022). In South Africa, the prevalence of transactional sex varies with gender and age. A study conducted in South Africa by Wamoyi et al (2016),<sup>36</sup> reported a prevalence of between 2.1% and 14% among women below the age of 26 years. The same study reported that women who reported transactional sex were about 3 times more likely to be infected by HIV than their counterparts who did not have transactional sex.

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<sup>35</sup> <https://theconversation.com/pregnant-learners-in-south-africa-need-creches-and-compassion-to-keep-them-in-school-195022#:~:text=Adolescent%20births%20represented%20between%2012,2019%20to%20139%2C361%20in%202022.>

<sup>36</sup> Wamoyi J, Stobeanu N, Bobrova N, Abramsky T, Watts C. Transactional sex and risk for HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *J Int AIDS Soc.* 2016;19(1):20992.

The incidence of HIV increases swiftly from young to middle age, and consequently, young females in age-disparate relationships are at an increased risk of HIV infection compared with being in a sexual relationship with an individual of their own age (Harling et al., 2014).<sup>37</sup>

AGYW from low resources settings and specifically poor households are at an increased likelihood of being involved in age-disparate relationships (Schaefer et al., 2017).<sup>38</sup> AGYW orphaned by HIV deaths are usually left vulnerable to predatory sexual behavior of older men who may be respected figures in some communities. Some of the orphaned AGYW may be forced into sexual relationships or even polygamous marriages, which put them at a higher risk of acquiring HIV. The limited access to secondary and tertiary education among AGYW in SSA results in them being financially reliant on men, mostly older men, who expose them to a higher risk of HIV. Reports indicate that the COVID-19 pandemic might have added to the risk through prolonged school closures, increased school dropouts, and loss of families' sources of income, forcing AGYW to engage in risky trades including vending and cross-border trading, and being married off to older men (Goga et al., 2020).<sup>39</sup>

## 5.5 Patterns of Power and Decision-making

AGYW accounts for most of the new HIV infections in South Africa, and reducing incident infections among them is key to the HIV epidemic control. As highlighted above, several biological, socio-economic, religious, and cultural factors continue to put the AGYW at a disproportionately high risk of acquiring HIV. Many AGYW in South Africa are economically marginalized and therefore are unable to negotiate condom use and monogamy. Within socio-economic contexts where there are high levels of unemployment, AGYW have limited access to income generating activities, sexual attractiveness and desirability become valuable resources.<sup>40</sup> Maintaining multiple concurrent relationships with men popularly known as 'blessers' is one way that enables AGYW to fulfill their different needs and desires, providing romantic/emotional

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<sup>37</sup> Harling G, Newell M, Tanser F, Kawachi I, Subramanian SV, Barnighausen T. Do age-disparate relationships drive HIV incidence in young women? Evidence from a population cohort in rural KwaZulu-Natal, South Africa. *J Acquir Immune Defic Syndr*. 2014;66(4):443–451.

<sup>38</sup> Schaefer R, Gregson S, Eaton JW, Mugurungi O, Rhead R, Takaruzza A, Maswera R, Nyamukapa C. Age-disparate relationships and HIV incidence in adolescent girls and young women: evidence from Zimbabwe. *AIDS*. 2017;31(10):1461–1470.

<sup>39</sup> Goga A, Bekker LG, Van de Perre P, El-Sadr W, Ahmed K, Malahleha M, et al. Centring adolescent girls and young women in the HIV and COVID-19 responses. *The Lancet*. 2020;396:1864–1866.

<sup>40</sup> Magni S, Hatcher A, Wamoyi J, Christofides N. Predictors and patterns of transactional sex with casual partners among adult men living in an informal urban area South Africa. *AIDS Behavior*. 2020;24(9):2616–23. <https://doi.org/10.1007/s10461-020-02818-0> (PMID: 32124109).

connection, and at the same time receiving material support.<sup>41</sup> Peer pressure is also an important motivating factor in AGYW engagement in transactional sex. Research over the past decade has described how transactional sex is used as a means of acquiring the material possessions needed to belong and attain peer respect and approval among young people.<sup>42</sup> In South Africa's social and economic context where AGYW's feelings of self-worth and self-esteem are often closely associated with their appearance and material possessions, having a means of attaining these items is a pathway for developing their own identity within their peer network.<sup>43</sup>

Patriarchal culture predominant in Sub Saharan Africa also exacerbates AGYW's inferiority in sexual matters. There is therefore an urgent need to meet the HIV prevention needs of AGYW. Behavioral, biomedical, and structural interventions should be used in combination to reduce HIV transmission among AGYW.

## **6. Gender Policies and Framework**

As highlighted above, the country is indeed working towards addressing entrenched gender inequalities. The Activity is grounded within the United States government strategies and policies that stress the importance of addressing gender inequality and GBV within global health and development programs to achieve strategic goals, including the National Strategy on Gender Equity and Equality (2021), the USAID Gender Equality and Women's Empowerment Policy (Gender Policy 2023), as well as the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (2022).

The National Strategy on Gender Equity and Equality (2021) aims to advance gender equity and equality through various strategic priorities including: eliminating gender-based violence; as well as protecting, improving, and expanding access to health care, including sexual and reproductive health care.<sup>44</sup> The new DREAMS activity will align with the USAID Gender Equality and Women's Empowerment Policy as per the activity-level Gender Analysis in the design process. The Gender Policy (2023) objectives consists of:<sup>45</sup> reducing gender disparities; striving to eliminate GBV and mitigate its harmful effects; increasing women and girls' agency; as well as advancing structural changes and equitable gender norms. The US Strategy for preventing and responding to GBV

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<sup>41</sup> Magni S, Hatcher A, Wamoyi J, Christofides N. Predictors and patterns of transactional sex with casual partners among adult men living in an informal urban area South Africa. *AIDS Behavior*. 2020;24(9):2616–23. <https://doi.org/10.1007/s10461-020-02818-0> (PMID: 32124109).

<sup>42</sup> Ranganathan M, Heise L, MacPhail C, Stöckl H, Silverwood RJ, Kahn K, et al. "It's because I like things... it's a status and he buys me airtime: exploring the role of transactional sex in young women's consumption patterns in rural South Africa (secondary findings from HPTN 068). *Reprod Health*. 2018;15(102):1–21. <https://doi.org/10.1186/s12978-018-0539-y>.

<sup>43</sup> Duby Z, Jonas K, McClinton Appolis T, Maruping K, Vanfeeuw L, Kuo C, Mathews C. From Survival to Glamour: Motivations for Engaging in Transactional Sex and Relationships Among Adolescent Girls and Young Women in South Africa. *AIDS and Behavior*. 2021; 25:3238–3254. <https://doi.org/10.1007/s10461-021-03291-z>

<sup>44</sup> National Strategy on Gender Equity and Equality (2021)

<sup>45</sup> USAID Gender Equality and Women's Empowerment policy (2023)

(2022) aims to advance equity and inclusivity and address the factors that increase the risks of GBV and undermine access to services and safety, particularly for the most marginalized groups.<sup>46</sup>

As per the PEPFAR Five-year Strategy, the DREAMS partnership is PEPFAR's most recognized gender-equitable program, and it specifically addresses links between gender inequality, gender-based violence. This activity will specifically include activities aimed at preventing gender inequality, gender-based violence through targeted behavioral and structural interventions focusing at individual AGYW, their communities and responding to gender-based violence through targeted, clinical, legal and psychosocial support services.

For South Africa, building upon existing programming with "DREAMS Ambassadors", this new DREAMS activity will include young people to serve as GBV Ambassadors or Champions as a key cadre to sensitize and educate peers and communities on preventing gender-based violence, identification of GBV victims and use referral pathways to link GBV survivors.

In South Africa, a number of policies exist that provide guidance in addressing gender and GBV within the HIV context and in other sectors as well. The National Strategic Plan (NSP) on Gender-Based Violence and Femicide (2020 - 2030) aims to provide a multi-sectoral, coherent strategic policy and programming framework to strengthen a coordinated national response to the crisis of GBV and femicide by the government of South Africa and the country as a whole.<sup>47</sup> The NSP focuses on comprehensively and strategically responding to gender-based violence and femicide, with a specific focus on violence against ALL women (across age, physical location, disability, sexual orientation, sexual and gender identity, gender expression, nationality and other diversities) and violence against children and how these serve to reinforce each other.

According to the NSP on GBVF, "the co-occurrence of the VAC and GBV shares risk factors including family conflict, poverty, substance abuse, social norms and patriarchy".<sup>48</sup> The NSP further emphasizes that the intersection of Violence Against Women (VAW) and VAC occurs at various stages of life, but most pronounced with intimate partner violence (IPV) during adolescence, with child marriage, female genital mutilation (FGM) and exposure to IPV in dating relationships. The NSP states that exposure to violence and the ideas that tolerate violence begins in childhood through how children are socialized across all settings (i.e. home, school, communities) which are reinforced by the media. The bond between the primary caregiver (e.g., mother) and child is integral to how children form later relationships with peers, partners and their own children. Furthermore, childhood adversities including, but not limited to physical, emotional and sexual abuse as well as neglect has been shown as a consistent driver of experiences of violence during adulthood in South Africa and other global settings.<sup>49</sup>

The National Strategic Plan for HIV, TB and STIs 2023-2028 is the framework for a multi-sectoral approach for South Africa to overcome HIV, TB and STIs as public health concerns. The proportion

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<sup>46</sup> U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (2022)

<sup>47</sup> The National Strategic Plan (NSP) on Gender-Based Violence and Femicide (2020 - 2030)

<sup>48</sup> The National Strategic Plan (NSP) on Gender-Based Violence and Femicide (2020 - 2030) Page 28

<sup>49</sup> The National Strategic Plan (NSP) on Gender-Based Violence and Femicide (2020 - 2030)

of PLHIV in South Africa was 13.5% in 2022, which equates to approximately 8 million PLHIV. Of these, 5.1 million were adult females, 2.7 million were adult males and 0.2 million were children.<sup>50</sup> According to Goal 1 “Break down barriers to achieving HIV, TB and STIs solutions”, Objective 1.4 focuses on addressing gender inequalities that increase vulnerabilities through these gender-transformative approaches: Enhancing gender-transformative community-led actions for HIV, TB, and STIs to change harmful social, cultural and gender norms; Strengthening capacity of leaders at all levels of decision-making to advance gender equality and promote diversity; Enhancing capacity in communities to prevent and respond to sexual and gender-based violence.<sup>51</sup>

Other key national policies/strategies that focus on adolescent girls and young women in South Africa include the following:

- Constitution of the Republic of South Africa (1996)
- The Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment Act 13 of 2021
- Children’s Act 38 of 2005
- National Youth Policy (2020 - 2030)
- National Youth HIV Prevention Strategy for South Africa (2022 - 2025)
- South African National Health Sector HIV Prevention Strategy
- National Policy Act: Policy on the Prevention and Management of Learner Pregnancy in Schools
- Protocol for the management and reporting of sexual abuse and harassment in schools
- National School Safety Framework

All of these laws and policies provide a framework for ensuring an enabling environment in addressing and responding to the identified key gender based challenges and constraints. USAID programming aligns to the set national policies and guidelines.

Regional policies include the African Charter on Human and Peoples’ Rights, the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) as well as the African Charter on the Rights and Welfare of the Child. The African Charter on Human and Peoples’ Rights promotes and protects human rights and basic freedoms in the African continent.<sup>52</sup> The Maputo Protocol guarantees extensive rights to African women and girls and includes progressive provisions on: harmful traditional practices, e.g child marriage and female genital mutilation (FGM), as well as reproductive health and rights.<sup>53</sup> The African Charter on the Rights and Welfare of the Child addresses the issues of particular interest and importance to children in Africa.<sup>54</sup>

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<sup>50</sup> The National Strategic Plan for HIV, TB and STIs 2023-2028

<sup>51</sup> The National Strategic Plan for HIV, TB and STIs 2023-2028

<sup>52</sup> African Charter on Human and Peoples’ Rights

<sup>53</sup> The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa

<sup>54</sup> The African Charter on the Rights and Welfare of the Child

On the global space, there is a strong continental legal and policy framework that addresses violence against women and girls (VAWG). The work falls under the framework of different global and regional policy commitments to gender equality and women empowerment (GEWE) including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the Beijing Platform of Action; the Millennium Development Goals (MDGs)/Sustainable Development Goals (SDGs); the Solemn Declaration on Gender Equality in Africa (SDGEA); the Maputo Declaration on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Diseases is also designed in support of the UNAIDS driven Fast-Track strategy of ending the AIDS epidemic by 2030 Targets, a visionary goal which is premised on the need to use approaches grounded in principles of human rights, mutual respect and inclusion.

Other regional and global policies/strategies that focus on adolescent girls and young women include the following:

- Convention on the Rights of the Child
- International Covenant on Economic, Social and Cultural Rights
- International Covenant on Civil and Political Rights
- African Charter on Human and Peoples' Rights
- African Charter on the Rights and Welfare of the Child (ACRWC)
- SADC Protocol on Gender and Development

**7. Key Questions: Are there any potential harmful and / or unintended consequences of this activity on participants / customers / beneficiaries?**

There is no potential harm for the beneficiaries. Implementation will be guided by DREAM guidelines to ensure no harm is done. DREAMS interventions will be provided to vulnerable AGYW in familiar and safe spaces. Services such as the provision of PrEP will not be a source of harm. The project will ensure safe and protected spaces for young people in the schools, communities and clinical spaces.

**8. Describe any benefits of the activity including opportunities for underserved populations (e.g. women / girls empowerment and leadership).**

The DREAMS project will result in a number of benefits for AGYW such as

- Improved HIV prevention and treatment
- Enhanced life skills and HIV prevention education
- Enhanced reproductive health
- Increased economic empowerment through education and financial literacy
- GBV Prevention and access to post violence care services
- Improved self esteem and confidence
- Entrepreneurial Support

DREAMS MER and custom indicators such as PP\_PREV, AGYW\_PREV and GEND\_GBV will be used to track implementation.



The entire PEPFAR program Monitoring, Evaluation, and Reporting indicator Reference Guide can be accessed [here](#). Additional IES indicators can be accessed [here](#)

## 9. Recommendations

Reducing HIV infections in AGYW requires a multi-pronged approach from public health and political players, women's activist groups, sexual and reproductive health and rights (SRHR) policy and program makers, the civic society, and legislators. It is important to understand that control of HIV spread among AGYW is not just a public health but a societal and economic challenge that requires a strong will and commitment from many different levels. The following recommendations are suggested in addressing the identified gaps:

1. Accelerating activities that have proven to be effective in reducing adolescent/ teen pregnancy in other countries that include the implementation of sexual and reproductive health policies, educational and vocational programs, empowerment initiatives, training activities, school retention programs and behavior change campaigns
2. There is limited access to confidential SRHR education for AGYW in Sub Saharan Africa. Increasing early SRHR education is therefore critical for empowering AGYW, as it will enable them to resist sexual predators, negotiate condom use, and resist being given away for bride price at a young age (McGranahan et al., 2021)<sup>55</sup>
3. Economic empowerment of AGYW: Social protection measures including educational scholarships, continuing feeding programs at schools, career skills training, livelihood training, early childhood development interventions, micro-credit, and self-help projects are critical in empowering AGYW.
4. Controlling HIV transmission among AGYW is premised upon effectively dealing with African patriarchal tendencies and child molestation. Community engagement and education may help increase HIV knowledge among community members, which will reduce harmful practices that put the AGYW at an increased risk of HIV, and improve attitudes of communities towards people living with HIV, resulting in reduced stigma and discrimination. These actions may contribute toward the empowerment of AGYW, which will lead to change in sexual norms and generation of demand for SRHR services (Hanson et al., 2015)<sup>56</sup>.

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<sup>55</sup> Realizing sexual and reproductive health and rights of adolescent girls and young women living in slums in Uganda: a qualitative study, *Reprod Health*, 18 (125) (2021), 10.1186/s12978-021-01174-z

<sup>56</sup> Vital need to engage the community in HIV control in South Africa  
*Glob Health Action*, 8 (1) (2015), p. 27450

5. AGYW often experience challenges in accessing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). Increasing access to PrEP and PEP among AGYW will help reduce HIV transmission.
6. Increasing accessibility and utilization of SRHR services, including family planning, screening and treatment for HIV, and other STIs and bacterial vaginosis, are critical for the control of HIV. Utilization can be increased by availing SRHR education through the different digital and social media platforms that AGYW use (Askew & Berer, 2003).

Behavioral, biomedical, and structural interventions should be used in combination to reduce HIV transmission among AGYW.