SCM /Tender Ref #:	DWYPD 01 – 2025/26

Request for proposal for:	**Phased Rollout of Evidence-based GBV Prevention Approaches in Schools, Institutions of Higher Learning and Community Settings**

1. BACKGROUND / CONTEXT

The extent of Gender-Based Violence and Femicide (GBVF) in South Africa has reached crisis proportions. The country's rate of femicide is reported to be amongst the highest globally with some reports suggesting this rate to be almost five (5) times the global average. This widespread violence mainly targeting women, children, and LGBTQIA+[1] is symptomatic of a deeply entrenched culture of patriarchy, intolerance, and systemic inequality. It manifests across all spaces in society, including homes, schools, workplaces, places of worship, community spaces and institutions, cutting across race, class, geographical location and broader socio-economic status.

A range of laws, policies, legislation, programmes and interventions are in place across all sectors to address GBVF. However, implementation has not been fully effective, and the scourge of GBVF cases remains unabated. Since 2018, high-level political commitment by the President to drive a multisectoral, society-wide and multifaceted response to the scourge has mobilised other sections of society. As declared by the President of the Republic of South Africa, GBVF continues to be a national crisis in South Africa. Certainly, the President as the political champion has bolstered the spirit of accountability, as embodied in article 2 of the Presidential Summit Declaration against GBVF, 2019, which calls for "Political, government, business and community leadership, and families be held accountable for actions and omission that are contrary to the achievement of a South Africa that is free from GBVF".

There have been pockets of progress in tackling the GBVF scourge, but it remains a chronic crisis and continues to undermine the fundamental constitutional rights of equality, human dignity, life, freedom, and security. With the 2030 horizon drawing closer, the urgency to act decisively is more pressing than ever. This includes enforcing accountability, accelerating implementation, and scaling up evidence-based, community-led interventions.

GBVF is a multi-dimensional challenge, and its prevention requires a comprehensive and systemic response that addresses the complexity and interrelated drivers of violence. Effective prevention must be grounded in an understanding of the lifecycle nature of GBVF, recognising that the roots of violence are often planted in childhood and manifest differently across various stages of life. This necessitates tailored interventions that disrupt intergenerational cycles of violence through age-appropriate, context-sensitive strategies.

[1] LGBTQIA+ - Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning, Intersex, Asexual, and Other Identities

Furthermore, a holistic prevention framework must incorporate the three levels of violence prevention. Primary prevention, which aims to stop violence before it occurs; secondary prevention, which targets those at risk of repeat victimisation or perpetration; and tertiary prevention, which focuses on reducing the long-term harm caused by violence. These levels of prevention are central to the National Strategic Plan (NSP) on GBVF and the overall national response to the GBVF scourge. Crucially, GBVF prevention efforts must be coherently implemented across the local, provincial, and national levels.

In this regard, the Department of Women, Youth and Persons with Disabilities (DWYPD), located in the Presidency, plays a central role as the custodian of gender mainstreaming and the national GBVF agenda. DWYPD is mandated to provide strategic leadership, institutional coherence, and oversight to ensure the effective implementation of the NSP on GBVF. The NSP on GBVF is South Africa's 10-year roadmap to create a society free from violence against women, children, and LGBTQIA+ persons. It is grounded in six interlinked pillars:

1. Accountability, Coordination and Leadership
2. Prevention and Rebuilding Social Cohesion
3. Justice, Safety and Protection
4. Response, Care, Support and Healing
5. Economic Power
6. Research and Information Management

Central to the NSP on GBVF is the recognition that prevention is not only cost-effective but essential to breaking the cycle of violence. This requires addressing the root causes of GBVF by transforming harmful social norms, reshaping attitudes, and fostering community accountability. Schools and community settings are key sites for this transformation where socialisation begins and where positive behavioural change can be seeded early and reinforced consistently.

It is within this context that the Terms of Reference (TOR) have been developed on the implementation of evidence-based GBVF prevention approaches in schools and communities. This initiative aims to align with Pillar 2 of the NSP on GBVF, leveraging research, lived experience, and best practice to create scalable, context-specific interventions that contribute to a safer, more equitable South Africa.

2. PROBLEM STATEMENT / PURPOSE

GBVF remains a deeply entrenched and pervasive challenge in South Africa despite ongoing policy and programmatic efforts to address this crisis. According to the 2022 Human Sciences Research Council (HSRC) Gender-Based Violence (GBV) Prevalence Survey, approximately one in three women (33.1% or 7.3 million) aged 18 years and older in South Africa have experienced physical violence during their lifetime, while 9.8% (2.1 million) have been victims of sexual violence. Nearly one in four women (23.9% or 3.4 million) have experienced physical and/or sexual violence by an intimate partner, with over one in five men (20.9% or 3.1 million) reporting perpetrating such violence. Additionally, about one in four women (24.6% or 5.4 million) have experienced physical violence by a non-partner, and 5.9% (1.2 million) have been sexually violated by a non-partner. Emotional abuse is also widespread, with one in four ever-partnered women (25.1%) reporting insults, intimidation,

humiliation, and verbal threats; approximately one-third of men admit to perpetrating emotional abuse.

The survey reveals that physical violence is the most common form of GBV by partners. Victimisation is highest among young women aged 18-24 (25%), Black African women (24.1%), employed women (24.6%), cohabiting women (29.4%), and women living in urban (22.7%), rural tribal (21.5%), and farm areas (20.5%). Women with disabilities are disproportionately affected, with 29.3% reporting lifetime physical violence compared to 21.7% of women without disabilities. Sexual violence prevalence among women with disabilities is twice that of those without (14.6% versus 7.2%). Key socio-behavioural risk factors linked to both victimisation and perpetration include multiple lifetime sexual partners, alcohol abuse, childhood abuse, bullying, and drug use.

HSRC research highlights that deeply entrenched patriarchal norms rooted in male dominance and female subordination create power imbalances that normalise and justify violence against women. These norms foster male entitlement over women's bodies and decision-making, increasing women's vulnerability to physical, sexual, and emotional violence. Both victims and perpetrators internalise these social norms: women may accept violence as "normal" or justified, which discourages reporting and perpetuates cycles of abuse, while perpetrators often view violence as an acceptable means of asserting control consistent with traditional masculine roles.

The legacy of apartheid continues to shape South Africa's social fabric and contributes significantly to the persistence of GBVF. Decades of systemic racial oppression, segregation, and state violence inflicted collective trauma on communities, disrupting social cohesion and normalising violence as a means of control and survival. This historical context has entrenched cycles of trauma and violence that persist today, with violence becoming a normalised aspect of many communities lived experiences. The intergenerational transmission of trauma and social inequalities has compounded vulnerabilities, especially for marginalised groups, reinforcing harmful norms and attitudes that sustain GBVF.

South Africa holds the highest femicide rate globally, representing the most extreme form of GBV. According to the South African Medical Research Council (SAMRC) Femicide Report (2022), 2 409 women were murdered in the latest reporting period, and this is an average of seven women per day equivalent to 10.6 female deaths per 100 000 female population. The Eastern Cape, KwaZulu-Natal, and Free State provinces are particularly affected, with femicide rates of 22.3, 14, and 12.9 per 100 000 female population, respectively. Alarmingly, 60% of these murders were perpetrated by intimate partners, with 16.3% of intimate partner femicide victims also having been raped. The justice system's response remains inadequate, with fewer than one in five intimate partner femicide cases resulting in convictions. Additionally, police investigations with unidentified perpetrators have more than doubled over the last two decades, rising from 19% to 44%. Firearms accounted for 37.3% of all femicides.

The intersection of GBVF with other critical social issues most notably teenage pregnancy further intensifies the vulnerability of young women and girls. According to Statistics South Africa, 133 650 (13.4%) of all registered births in 2022 were to adolescents aged 10-19 years. Teenage pregnancy is closely linked to statutory rape, sexual abuse, incest, and early sexual debut. It significantly contributes to school dropout rates and limits educational and

economic opportunities, reinforcing gender inequalities and perpetuating cycles of vulnerability and violence.

Compounding these challenges are interconnected issues such as substance abuse, HIV and AIDS, and mental health concerns, all of which require integrated and multisectoral responses.

Police crime statistics consistently show high rates of sexual offences, assault, murder, and kidnapping, with women and children disproportionately affected. These crimes are exacerbated by inadequate service delivery, limited access to justice, and secondary victimisation, which deter survivors from seeking help. Importantly, analysis of police crime data has been instrumental in identifying persistent GBVF hotspot areas across the country. These locations have remained consistently affected over the past five years, enabling more targeted prevention and intervention efforts. Accordingly, the purpose of this project is to appoint a service provider to implement evidence-based GBVF prevention programmes targeting schools, institutions of high learning and identified communities as per the **GBVF hotspot list below:**

Province	District Municipality	GBVF Hotspot Area
Limpopo	Vhembe	Thohoyandou
	Capricorn	Seshego
		Mankweng
KwaZulu-Natal	eThekwini Metro	Inanda
		Ntuzuma
		Umlazi
	King Cetshwayo	Empangeni
		Eshowe
	uMgungundlove	Mountain Rise
		Plessislaer
	Ilembe	Kwadukuza
Eastern Cape	OR Tambo	Lusikisiki
		Mthatha
		Ngqeleni
Western Cape	City of Cape Town Metro	Delft
		Emfuleni
		Kraaifontein
		Harare
		Nyanga
Gauteng	City of Johannesburg Metro	Roodepoort
		Diepsloot
		Alexandra
	Sedibeng	Orange Farm
Free State	City of Mangaung	Bloemspruit
		Thabong
Mpumalanga	Ehlanzeni	Masoyi
		Calcutta
Northern Cape	Francis Baard	Galeshewe
North-West	Bojanala	Boitekong
		Rustenburg

Given this complex and interrelated context, there is an urgent need for evidence-based, culturally responsive, and community-driven GBVF prevention programmes. For the purposes of this Terms of Reference, evidence-based refers to the systematic use of the

best available, relevant, and reliable data and research findings to guide the design and implementation of GBVF prevention initiatives. This approach integrates rigorous empirical research, evaluated interventions, and established theoretical frameworks to ensure programmes are effective, contextually appropriate, and ethically sound. Evidence-based programmes incorporate lessons learned from prior initiatives and best practices validated through robust Monitoring, Evaluation, and Learning (MEL) frameworks with clear indicators to track behavioural and normative change. These programmes are continuously adapted based on ongoing data collection and stakeholder feedback, considering local socio-cultural, economic, and demographic realities to ensure relevance and sustainability. This includes data inputs contributing to the GBVF Prevention Index for tracking prevention progress and outcomes.

This project aims to strengthen GBVF prevention by addressing root causes and drivers through targeted interventions that promote gender equality, challenge harmful social norms, and equip young people, women, girls, men, boys, LGBTQIA+ persons, and communities with the knowledge and skills to prevent violence. By applying an evidence-based approach, the project seeks to foster attitudinal and behavioural change, contributing meaningfully to the national response against GBVF and promoting safer, more inclusive communities.

3. OBJECTIVES AND SCOPE OF PROJECT

The following are the specific objectives of this assignment:

3.1. Deliver targeted, evidence-based GBVF prevention programmes in selected schools, institutions of higher learning including universities, technical and vocational education and training (TVET) colleges and community education and training (CET) colleges, and communities including Not in Employment, Education and Training (NEET) youth in identified GBVF hotspot areas.

3.2. Promote social and behaviour change by addressing harmful gender stereotypes, normalized violence, and cultural practices that reinforce gendered inequality through structured programmatic interventions with learners, educators, parents, caregivers and broader community members and leaders.

3.3. Build knowledge, life skills and agency among learners, youth including NEET, educators, and communities to reduce vulnerability to GBVF victimization and perpetration by providing age-appropriate, culturally relevant information and tools that also address interrelated social challenges such as teenage pregnancy, bullying, substance abuse, and HIV and AIDS.

3.4. Build institutional and community capacity by training educators, peer mentors, facilitators, and community members and leaders to recognize, prevent, and respond effectively to GBVF.

3.5. Strengthen multi-sectoral partnerships and coordination between the Department of Women, Youth and Persons with Disabilities (DWYPD), Department of Basic Education (DBE), Department of Health (DoH), Department of Higher Education and Training (DHET), Department of Social Development (DSD), South African Police Service

(SAPS), local government, civil society, youth-led groups, traditional leaders, and faith-based organisations to ensure an aligned and sustainable response to GBVF.

3.6. Design and implement accessible, age-appropriate, intersectional and inclusive interventions that are responsive to the realities and needs of diverse groups, including women, girls, boys, men, youth, persons with disabilities, LGBTQIA+ persons and those in high-risk, under-resourced communities.

3.7. Institutionalize GBVF prevention efforts by strengthening the capacity of schools, colleges, universities and community structures to sustain programming, embed accountability mechanisms and align prevention work with broader institutional mandates.

3.8. Enhance evidence generation, use and learning by embedding community-driven Monitoring, Evaluation, and Learning (MEL) systems that support disaggregated data collection, track progress, measure impact, and inform adaptive implementation.

Project Focus Areas:

The project will focus on the implementation of evidence-based GBVF prevention programmes in selected communities across South Africa, with particular emphasis on GBVF hotspot areas, prioritizing schools, universities, TVET and CET colleges, and communities affected by high levels of gendered violence and related social challenges. The project is designed to align Pillar 2 of the NSP on GBVF: *Prevention and Rebuilding Social Cohesion* and supports the national goal of transforming harmful social and cultural norms, building safer communities, and breaking the intergenerational cycle of violence. The project is grounded in the socio-ecological model, which recognizes that GBVF is influenced by multiple, interrelated factors at various levels of society (individual, relationship, community and societal/structural levels).

The appointed service provider will be responsible for the design, adaptation, and delivery of evidence-based, context-specific prevention programmes. These will be grounded in empirical research, lived experience and best practice, with particular attention to the lifecycle nature of GBVF, and the integration of primary, secondary, and tertiary prevention strategies. Programmes will be intersectional, inclusive, culturally responsive and age-appropriate, targeting the specific needs of women and girls, boys and men, persons with disabilities, LGBTQIA+ persons, and other vulnerable groups. To be effective the programme should be multi-pronged, incorporating approaches such as social behaviour change, psychosocial support and trauma care, education, mentorship and peer-led initiatives, community mobilization, and institutional and systems strengthening for sustainability. The prevention programmes will incorporate knowledge and life skills development, social behaviour change, psychosocial support, and capacity building and training targeting learners, institutions of higher learning, NEET youth, educators, parents and caregivers, and broader community members and leaders.

The project will build institutional and community capacity through targeted training for educators, school support staff, peer mentors and community stakeholders on GBVF prevention, early response mechanisms, and strategies to cultivate safe, inclusive and gender-equitable environments. The project will drive social and behaviour change by actively challenging harmful gender norms, stereotypes, and cultural practices that reinforce

GBVF. This in turn will promote positive masculinities, gender equality, and shared community accountability.

Aligned with the NSP on GBVF, a core implementation principle will be multi-sectoral collaboration with key stakeholders to ensure coordinated service delivery, leverage existing platforms and enable the integration of GBVF prevention efforts. The project will involve collaboration with stakeholders such as government departments, civil society, institutions of higher learning, youth-led groups, and community structures, including GBVF Rapid Response Teams. This coordinated approach ensures coherence, resource alignment, and sustainability.

The project will embed a robust, community-driven MEL framework with clear indicators to track programme reach and participation, measure shifts in knowledge, attitudes, and behaviours, monitor institutional capacity strengthening, and evaluate long-term change and impact. MEL systems will be community-driven and ensure continuous feedback into programme design and delivery. All MEL processes should prioritise disaggregated data (including age, sex and geography). To ensure long-term sustainability, the project will catalyse the embedding of GBVF prevention into school and institutional curricula, establish youth-led peer networks, strengthen local accountability mechanisms, and aligning efforts with broader institutional mandates and the Comprehensive National GBVF Prevention Strategy.

This comprehensive, inclusive, and community-responsive approach is expected to disrupt intergenerational cycles of violence, shift societal norms, and build resilient, safe, and accountable school and community environments. Ultimately, this intervention will foster a culture of prevention, protection, healing, and accountability, contributing to a South Africa free from GBVF.

4. PROPOSED METHODOLOGY / APPROACH

To ensure effective, inclusive and sustainable implementation of GBVF prevention programmes, the project will adopt a structured, multi-phased methodology grounded in best practice, evidence and the Comprehensive National GBVF Prevention Strategy. The approach aligns with Pillar 2 of the NSP on GBVF: Prevention and Rebuilding Social Cohesion and is informed by the socio-ecological model, which acknowledges that GBVF is shaped by interlinked factors at individual, relationship, community, and societal levels.

The proposed methodology consists of the following key phases:

Phase 1: Needs Assessment and Baseline Study

- Conduct a comprehensive situational analysis in selected schools, institutions of higher learning and communities to understand the drivers of GBVF, protective factors, existing gaps, contextual realities and community strengths.
- Undertake a desktop review of the literature on GBVF drivers and effective prevention strategies with attention to South African contextual lessons.
- Engage stakeholders (e.g. school governing bodies, educators, learners, youth, parents, and community leaders) through participatory methods (e.g. focus groups, surveys, interviews) to assess specific needs and contextual dynamics.

- Collect and analyse quantitative and qualitative baseline data to assess attitudes, knowledge, behaviours, and institutional and community capacity related to GBVF, and to guide programming and impact over the course of the project.
- Collect baseline quantitative and qualitative data to measure attitudes, behaviours, institutional readiness, and community capacity.

Phase 2: Programme Design and Development

- Develop a context-specific, evidence-based GBVF prevention programme tailored to the needs of targeted schools, institutions of higher learning and local communities.
- Incorporate gender-transformative approaches, addressing harmful social norms, promoting positive masculinities, and fostering gender equality.
- Incorporate key focus areas such as life skills development, bystander intervention, conflict resolution, and addressing interlinked social issues like substance abuse, teenage pregnancy, digital safety and HIV and AIDS.
- Design age-appropriate and culturally relevant training materials, toolkits, and communication resources in English and local languages to support programme delivery and in accessible formats (including for persons with disabilities).
- Incorporate digital platforms and hybrid training models to increase reach, especially among youth and communities.
- Develop a draft Risk and Mitigation Matrix to identify potential risks (e.g. resistance to gender norm change, limited institutional uptake, political sensitivities) and propose initial mitigation measures.

Phase 3: Stakeholder Engagement and Partnerships

- Establish and strengthen partnerships with key stakeholders, including government departments, civil society organisations, traditional and faith-based leaders, and the private sector.
- Facilitate multi-stakeholder forums, such as strengthened GBVF Rapid Response Teams and School Safety Committees, to ensure coherence and shared accountability.
- Mobilise parents, caregivers, and community influencers to create enabling environments and foster ownership of prevention efforts.
- Validate and finalise the Risk and Mitigation Matrix in consultation with key stakeholders, ensuring risks are understood, assigned, and integrated into the implementation and MEL plans.

Phase 4: Capacity Building and Training

- Provide comprehensive training to Rapid Response Teams (RRTs), educators, school staff, peer mentors and community members and leaders on GBVF prevention, early intervention strategies and support mechanisms for victims and/or survivors.
- Implement training-of-trainers (ToT) to build local capacity and ensure knowledge transfer for long-term sustainability.
- Establish peer education programmes to empower learners and students as ambassadors for change agents in schools and communities.

Phase 5: Programme Implementation

- Roll out school- and community-based interventions such as:
  - ✓ Structured workshops on GBVF prevention, gender equality, and healthy relationships.

- ✓ Mentorship programmes to support vulnerable learners, NEET youth, and peer-led initiatives.
- ✓ Provision of psychosocial support services, including trauma care and access to referral pathways for survivors.
- ✓ Community dialogues, awareness campaigns, and arts-based activities (e.g. theatre, mural painting, storytelling) to spark public conversation and challenge entrenched social norms.

- Implement targeted interventions for at-risk groups, including learners with disabilities, LGBTQIA+ youth, older persons, and survivors, ensuring access to safe spaces, counselling, and social support networks.

Phase 6: Monitoring, Evaluation, and Learning (MEL)

- Establish a robust MEL framework aligned with the National GBVF Prevention Strategy and NSP on GBVF, to track reach and participation, shifts in attitudes, behaviours, and institutional responses and quality and fidelity of implementation.
- Develop and apply a GBVF Prevention Index across programme sites to synthesise data on attitudes, behaviours, institutional readiness, and community engagement. This composite tool will track prevention progress, identify gaps, and support programme adaptation.
- Conduct periodic reviews, reflection sessions, and feedback loops with stakeholders and beneficiaries to identify emerging needs and adapt approaches.
- Use tools such as pre- and post-intervention surveys, digital dashboards, and community scorecards.
- Ensure data disaggregation (by age, gender, disability, geographic location) to surface intersectional insights.
- Use data and evidence to inform advocacy, policy influence and resource mobilisation at local, provincial, and national levels.
- Produce timely and regular reports that highlight key achievements, challenges, innovations, and lessons learned.

Phase 7: Sustainability and Exit Strategy

- Institutionalise GBVF prevention education by embedding content into school curricula, teacher training programmes, and codes of conduct.
- Strengthen and capacitate community-based structures (e.g. youth forums, community safety committees, school GBVF task teams, GBVF rapid response teams) to carry interventions forward post-project.
- Support the creation and linking of peer networks and local champions to provincial and national platforms.
- Develop a Sustainability and Exit Plan focused on knowledge transfer and documentation of best practices; integration into government systems and budgets; and advocacy for ongoing investment in evidence-based GBVF prevention at scale.

5. ROADMAP TOWARDS THE DEVELOPMENT AND IMPLEMENTATION OF THE PROJECT.

It is envisaged that the process will span over 30 months of the current and next financial years with the following milestones:

Milestones	Estimated Timeframes	Key Activities / Deliverables	Outputs	Payment Tranche
Conceptualisation and Planning	Oct 2026 – Nov 2026	• Conduct GBVF literature review and situational analysis. • Review baseline data and conduct desktop reviews. • Conduct a literature review of local and global GBVF indices and prevention measurement tools. • Define objectives and scope of the GBVF Prevention Index, including target groups and indicators. • Define the methodology, thematic focus areas (e.g., education, policy effectiveness, community engagement), and key metrics to be included in the index. • Engage government departments, civil society organisations, academic institutions, and international partners to align the index with existing GBVF prevention frameworks. • Set up a technical working group or advisory committee to guide the development process. • Produce inception report with workplan.	• Inception report with literature and data review, stakeholder mapping, stakeholder engagement, and workplan • Technical working group set-up • Draft GBVF measurement toolkit	**Tranche 20%**
Programme Design and Development	Dec 2026 – Jan 2027	• Develop monitoring, evaluation and learning framework. • Draft risk and mitigation matrix. • Conduct data collection, analyse trends, and generate insights on GBVF prevention efforts. • Define GBVF prevention index framework and methodology. • Design thematic areas, metrics, and scoring model. • Convene technical working group. • Develop implementation protocols.	• Draft GBVF prevention index framework • Draft measurement tools & metrics • Risk and mitigation matrix. • Technical working group inception notes	**Tranche 10%**
Stakeholder Validation and Finalisation	Feb 2027 – May 2027	• Conduct consultations and validation workshops. • Refine tools and frameworks based on inputs. • Secure institutional commitments (e.g. DBE, DSD, SALGA, Higher Education Institutions). • Engage community leadership and secure verbal/written	• Stakeholder consultation report finalised. • GBVF index tool • Institutional and community endorsements • Community engagement strategy	**Tranche 10%**

Milestones	Estimated Timeframes	Key Activities / Deliverables	Outputs	Payment Tranche
		permissions to operate in communities. • Integrate stakeholder feedback (incl. learners, youth, LGBTQIA+, rural, etc.) • Finalise data collection tools and ethics protocols		
Orientation and Capacity Building	Apr 2027 – Jun 2027	• Conduct stakeholder orientation workshops. • Conduct targeted training and capacity building on the GBVF index – (e.g. training of the trainer, peer mentors, educators, school support staff, rapid response structures, community leaders, parents, caregivers and implementors)	• Capacity building and training reports • Curriculum and materials • Participant rosters • Orientation feedback logs	**Tranche 10%**
Phased Implementation	Jun 2027 – Dec 2028	• Rollout GBVF prevention index across programme sites (schools, institutions of higher learning and communities). • Conduct targeted training and capacity building on the GBVF index. • Train local government officials, school administrators, and community leaders on how to use the index for monitoring and decision-making. • Provide implementation support and field monitoring. • Conduct quantitative and qualitative data collection and validation. • Analyse data and track progress trends - behaviour, attitudes, and systems change. • Generate evidence on GBVF prevention effectiveness. • Document lessons learned	• Capacity building and training reports • Participant rosters • Orientation feedback logs • Curriculum and materials • Baseline and midline datasets • Implementation progress Reports • Validated GBVF index datasets. • GBVF prevention dashboards or scorecards • Midterm report with case studies • Community engagement reports • Index scorecards by site	**Tranche 30%**
Monitoring, Evaluation and Learning (MEL)	Ongoing: Dec 2026 – Dec 2028	• Apply NSP on GBVF aligned MEL framework throughout implementation. • Conduct learning workshops and adapt tools. • Generate learning briefs and evidence-based recommendations. • Conduct mid-term evaluation	• MEL framework • Learning briefs and case notes • Adaptive recommendations for Scale-up • Midterm evaluation report	*(Costs integrated tranches 2–5)*
	Jan 2029 – Feb 2029	• Apply NSP on GBVF aligned MEL framework throughout implementation. • Conduct end-term evaluation.	• End-term evaluation report	**Tranche 10%**

Milestones	Estimated Timeframes	Key Activities / Deliverables	Outputs	Payment Tranche
		• Analyse change across GBVF measurements.		
Sustainability, policy integration and Handover	Feb 2029 – Mar 2029	• Finalise GBV Prevention Index Report. • Align index with the NSP on GBVF, District Development Model (DDM) and other policy frameworks to ensure institutionalisation. • Host national validation and dissemination event. • Handover tools, documentation and training materials. • Prepare sustainability and scale-up roadmap. • Publish an annual GBVF prevention index report to track progress, highlight best practices, and identify areas for improvement. • Establish mechanisms for continuous data collection, capacity strengthening, and integration into policymaking processes. • Explore opportunities for expanding the index to cover additional sectors such as workplaces, healthcare, and law enforcement agencies.	• Final GBVF prevention Index Report • Knowledge products (toolkit, briefs) • Handover pack (manuals, datasets, guides, policy briefs) • Sustainability and policy scale-up roadmap	**Tranche 10%**

6. PROJECT MANAGEMENT / REPORTING ARRANGEMENTS

The prospective service providers/ bidder should provide a clear project plan with timelines indicating how the project deliverables will be met and how the project will be managed, i.e. reference to all phase's activities related to the assignment. Ensure that there is a dedicated team for the duration of the project with proven experience on gender equality and women's empowerment.

The prospective service provider will report to the Chief Director: Social Empowerment of Women in the DWYPD. A project management team comprised of the DWYPD officials and the representatives from the prospective service provider will be established. Furthermore, a Project Steering Committee will be established to provide guidance.

7. COMPULSORY BRIEFING

A compulsory briefing session will be convened for all interested bidders. Attendance at this session is mandatory as it will provide critical information regarding the scope of work, technical requirements, and submission procedures. Only bidders who attend and sign the official attendance register at the briefing will be considered for further evaluation.

8. PEER REVIEW

The prospective service provider should note that the final deliverable / report will be peer reviewed.

9. QUALITY ASSUARANCE MECHANISMS

The service provider should provide a detailed quality assurance mechanisms which will be applied throughout the implementation to ensure that the processes are rolled out in line with the industry standards and principles.