Requests for Proposals

RFP-NAC-PWID-2019-1

Global Fund Grant | February 2019

PLEASE NOTE: Any changes to the RFP and documents will be posted on NACOSA’s website - please check this regularly using the following link http://www.nacosa.org.za/proposals.

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Nacosa.org.za
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# Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>CT</td>
<td>Country team</td>
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<tr>
<td>DOH</td>
<td>Department of Health</td>
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<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
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<tr>
<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HTS</td>
<td>HIV Testing Services</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HTS</td>
<td>HIV Testing Services</td>
</tr>
<tr>
<td>IDUIT</td>
<td>Injecting Drug Users Implementation Tool</td>
</tr>
<tr>
<td>KP</td>
<td>Key populations</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>NACOSA</td>
<td>Networking HIV/AIDS Community of Southern Africa</td>
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<td>NSP</td>
<td>Needle and Syringe Programme-</td>
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<tr>
<td>NDoH</td>
<td>National Department of Health</td>
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<tr>
<td>OST</td>
<td>Opioid Substitution Therapy</td>
</tr>
<tr>
<td>PCA</td>
<td>Provincial Council of AIDS</td>
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<tr>
<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
</tr>
<tr>
<td>PWID</td>
<td>People Who Inject Drugs</td>
</tr>
<tr>
<td>PWUD</td>
<td>People Who Use Drugs</td>
</tr>
<tr>
<td>PR</td>
<td>Principal Recipient</td>
</tr>
<tr>
<td>PrEP</td>
<td>Pre-Exposure Prophylaxis</td>
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<tr>
<td>SA</td>
<td>South Africa</td>
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<tr>
<td>SAAMS</td>
<td>South African Addition Medicine Society</td>
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<tr>
<td>SR</td>
<td>Sub-Recipient</td>
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<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SSR</td>
<td>Sub-sub-Recipient</td>
</tr>
<tr>
<td>TA</td>
<td>Technical assistance</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UCSF</td>
<td>University of California and San Francisco</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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</table>
1 | INTRODUCTION AND BACKGROUND

The South Africa Country Coordinating Mechanism (CCM) is responsible for oversight to the implementation of HIV and TB programmes funded by the Global Fund to Fight AIDS, TB and Malaria (GF) in the country. The CCM determines the content of the programming, the budget envelope, and the output and outcome indicators and targets.

The CCM has selected that the Networking AIDS Community of Southern Africa (NACOSA) be appointed by the GF as one of the Principal Recipients (PRs) that will implement programmes to be funded by the grant. The CCM decided that a PR should serve as a grants manager while sub-recipients (SRs) will be the main implementers of the programmes.

NACOSA therefore invites interested non-profit organisations experienced in the programme area listed under the scope of work and with presence in the districts identified, to apply to be considered as SRs. It is important to note that SRs are recommended by the PR but appointment is subject to CCM approval. Applicants are not required to submit implementation plans and budgets as part of this call for applications.

2 | THE ROLE AND REQUIREMENTS OF SUB-RECIPIENTS

SRs have a contractual relationship with, and are accountable to the PR. They are the direct implementers of programmes financed by GF but can sometimes work through sub-sub-recipients (SSRs).

The responsibilities of SRs include the following:

• Sign grant agreements with the PR and contract with SSRs, where necessary, under the guidance of PR.
• Implement grants under the oversight of the PR and GF CCM, and manage SSRs and take responsibility for their performance where applicable.
• Propose changes to the PR on work plans and budgets when necessary.
• Participate in performance review meetings to improve grant performance and impact.
• Report on programme progress and challenges to the PR through regular reports.
• Identify key issues and implementation bottlenecks and escalate to the PR for guidance.
• Provide information to the PR, GF CT, and GF CCM and its structures when requested to do so.

To serve as an SR organisations must adhere to the following minimum requirements:

• Sound leadership and governance frameworks, demonstrated by, inter alia, by a diversified board and management team, and at least one year audited financial statements.
• Appropriate staffing in key areas (programme and financial management, human resources, programme implementation and management, monitoring and evaluation and procurement management).
• Experience of managing grants and SSRs, where applicable.
• A track record of effective and efficient implementation of similar activities, preferably in the target district.
• A sound system of management and financial controls.
• A sound monitoring and evaluation system, tools and procedures amongst other requirements. These organisational requirements will be assessed during the evaluation process. Further information can be found on the Global Fund website (www.theglobalfund.org) including the GF Grants Regulations1.

Please refer Annexure A for more details on the above SR requirements.

3 | SCOPE OF WORK

This call for applications seeks to identify organisations that are efficient and effective implementers of the scope of work listed below. Applicants need to have implemented similar programmes before, and preferably in the target districts. The specific scope of work includes:

3.1 Background

In South Africa, people who inject drugs (PWID) are identified as a key population in the NSP2 on HIV, TB and STI’s 2017-2022. The World Health Organisation (WHO), the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) recognises that HIV, TB and viral hepatitis epidemics occur, often concurrently, among people who inject drugs (PWID).3 There are an estimated 75 000 PWID in South Africa, concentrated mostly in the metros4. HIV prevalence is estimated at 21% for PWID in South Africa5. Epidemiological data on PWID in South Africa suggests that the impact of injecting drug use is integral in addressing the greater South African HIV epidemic.

The programme will follow international best practice, the WHO IDUIT6 guidance, a peer-led combination prevention intervention aimed at improving health outcomes for PWID. This model includes biomedical, behavioural, social and structural interventions. As with all KP programmes, it is of the utmost importance that PWID are part and parcel to the development and strengthening of the current programme. PWID are to be consulted and integrated into the (1) planning (2) implementation (3) and ultimate analysis and interpretation of the findings.

The 2019-2022 PWID programme is grounded in a district saturation approach with the aim of reaching as many PWID in that district as possible. The PWID programme is a peer led outreach based

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1 https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf  
3 WHO, Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. 2014.  
programme, attempting to reach a cohort of 8,112 PWID across 4 prioritised districts and 3 satellite districts in 4 provinces of South Africa. PWID will be provided with information and education, safe injecting equipment, peer led support, OST (selected districts), referrals, and will be mobilised for the uptake of biomedical, psychosocial and human rights services.

3.2 Programme Outcomes

1. Prevent new infections of HIV and TB amongst people who inject and use drugs.
2. Improve the 90 90 90 health outcomes for PWID by using combination prevention approaches.
3. Reduce human rights, social and structural barriers to HIV, Hepatitis and TB prevention, care and impact among PWID.
4. Strengthen the advocacy and national commitment for PWID programming in South Africa.

3.3 Programme Interventions

As can be seen in Figure 1, the PWID programme components are split between a multi-pronged set of interventions: biomedical, behavioural and structural with some core and layered interventions as well as linkages. The programme seeks to provide individual rights-based services on the micro level that are peer-led and promote PWID empowerment alongside community and organisational level interventions which support the structural interventions. This includes sensitising stakeholders, capacitating organisations and promoting networks and linkages between PWID and stakeholders/community.

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Figure 1 | PWID graphic programme description
The foundation of the programme are bio-behavioural interventions – Needle and Syringe Programme; harm reduction information and education; HIV Testing Services (HTS) and other clinical services; the distribution of condoms and lubricants when applicable; Opioid Substitution Therapy (OST) in selected districts; recording of human rights violations; psychosocial support and referrals to services.

**Peer Education and outreach** is a core function of the programme and will be done in all districts. Outreach is conducted by peer educators who are ex or current people who used or inject drugs in spaces where PWID are found or congregate. Using the micro-planning methodology, the peers will reach PWID in the prioritised and satellite districts with a core package of services which includes providing harm reduction information and education; human rights support; risk assessments; provision of harm reduction packs and mobilisation of PWID for relevant clinical or OST services.

Considering the increased vulnerability of **women who inject drugs**, each SR is to seek out women who inject and use drugs and provide applicable support to them. Each SR will also be expected to seek out **young people who inject drugs** in the district in order to provide tailored harm reduction support to these young people. Harm reduction is to be provided by peer educators to **people who use drugs**, to stop them from transitioning to injecting. The SRs are to ensure that **linkages between SW and MSM programmes** in each district are capitalised on, to ensure that intersecting PWID and KPs needs are addressed.

**A Needle and Syringe Programme** will be implemented by all SRs in all districts (including satellite districts). This includes the distribution of harm reduction packs (needles and syringes, cookers, filters, tourniquet, sterilised water, alcohol swabs, condoms and lubricant) to PWID through outreach. The provision of the harm reduction packs ensures that PWID do not share needles in an effort to reduce HIV and Hepatitis transmission. Harm reduction packs are to be distributed alongside information and education about safe injecting practices and harm reduction. Important to note is that this is **not a needle exchange programme**, and PWID are not required to return used needles to get a new harm reduction pack.

Whilst biomedical models will differ per SR, a basic package of clinical services will need to be offered. Clinical services are to be provided by nurses and counsellors with peer linkage officers key to ensuring linkage to care for the PWID reached. The biomedical model of the PWID programme is not to create parallel clinical services but to provide certain primary health care services to PWID through nurses and counsellors, integrated in public health facilities, improving linkage.

**Wound Care support** is to be provided by all SRs when PWID injection sites have become infected and require medical intervention.

**Overdose management** will be provided by all SRs, supporting PWID that have overdosed with the administration and provision of naloxone and related support.

**HIV Testing Services** need to be provided in conjunction with the NSP and wound care services. As per the Department of Health’s guidelines, HTS includes a holistic package of health services. This package includes HIV testing and counselling, ART, PEP, a package of Sexual Reproductive Health services (SRH), screening for STIs, TB and NCDs as well as appropriate referral to local PHC clinics as per the districts health system pathways.
Opioid Substitution Therapy Programme (OST) is a medication called methadone provided to opioid users to replace the opioids in their body and gives these drug users an opportunity to reintegrate into society. OST will only be provided in the City of Cape Town, City of Johannesburg and Ethekwini for opioid users. OST often serves as an entry point for PWID/PWUD to access other clinical services.

SRH Services are to be provided to all PWID but is especially important for women who inject drugs. The package of SRH services provided alongside HTS will depend on the PWID’s needs and the venue where the clinical services are provided. When applicable, condom distribution and demonstration is to be provided.

Waste management is a large component of the biomedical services provided by each SR. This includes providing personal sharps containers to PWID or providing waste management interventions during outreach.

Psychosocial services will be provided by social auxiliary workers in each SR to support PWID/PWUD with the stigma and discrimination, and violence often resulting in trauma.

Each SR will also be tasked with attempting to tackle structural interventions, through:

Human rights defense will be done through peer educators, who will be trained to report human rights violations and support PWID with human rights violations. This work is important to support national advocacy efforts for PWID rights. This will include interventions to address stigma and discrimination and gender based violence (GBV).

Advocacy for policy reform will need to be done by each SR, establishing or supporting existing district PWUD networks. These district networks and the programme are to facilitate collective mobilisation and community empowerment.

Sensitisation of stakeholders will be done by each SR. Stakeholders to be sensitised include the Department of Health (DPOH), Department of Social Development (DSD), the South African Police Service (SAPS), shelters etc.

Note: NACOSA has Standard Operating Procedures (SOPs) for all programme activities that are to be followed by each SR in implementation

3.4 Mapping, targets and size estimates

The national programme covers 4 districts and 3 satellite districts in 4 provinces as shown below.

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>DISTRICT</th>
<th>POP SIZE EST</th>
<th>Y1 REACH TARGET</th>
<th>Y2 REACH TARGET</th>
<th>Y3 REACH TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>Nelson Mandela Bay</td>
<td>500</td>
<td>250</td>
<td>300</td>
<td>350</td>
</tr>
<tr>
<td>Gauteng</td>
<td>City of Johannesburg</td>
<td>6,827</td>
<td>3,414</td>
<td>4,096</td>
<td>4,779</td>
</tr>
<tr>
<td></td>
<td>Sedibeng (satellite)</td>
<td>500</td>
<td>250</td>
<td>300</td>
<td>350</td>
</tr>
<tr>
<td></td>
<td>Ekurhuleni (satellite)</td>
<td>500</td>
<td>250</td>
<td>300</td>
<td>350</td>
</tr>
<tr>
<td>Kwa-Zulu-Natal</td>
<td>Ethekwini</td>
<td>1,245</td>
<td>623</td>
<td>747</td>
<td>872</td>
</tr>
<tr>
<td></td>
<td>Umgungundlovu (satellite)</td>
<td>500</td>
<td>250</td>
<td>300</td>
<td>350</td>
</tr>
<tr>
<td>Western Cape</td>
<td>City of Cape Town</td>
<td>1,517</td>
<td>759</td>
<td>910</td>
<td>1,062</td>
</tr>
</tbody>
</table>
The size estimates are from the UCSF consensus which includes extrapolated data\(^7\). The reach target stipulates reaching PWID with a minimum package of services. All potential SRs should note that there are HTS targets per district and will be required to reach these targets.

OST will be implemented in Ethekwini, the City of Johannesburg and the City of Cape Town only, with OST targets for these districts.

The three satellite sites will not receive comprehensive services, but will receive outreach and a comprehensive needle and syringe programme with mobile clinic services and linkage.

NACOSA has an online M&E database that all SRs will be using to report programmatic data.

### 3.5 Implementation Arrangements

NACOSA’s implementation responsibilities as Principal Recipient (PR) of the PWID Programme grant include overall grant management, sub-recipient (SR) capacity building, system strengthening, networking and coordination. SRs are responsible for the direct service delivery to PWID and related beneficiaries on the ground.

NACOSA will provide each SR with an implementation map, indicating data flows, resource and commodity flows, reporting lines and collaborative relationships between partners. Each SR will be required to design their own implementation map to visualise their district-based implementation context and ensure that they are engaging the correct stakeholders. SRs should have existing relationships with the Department of Health and other important stakeholders in the district that the SR wishes to work.

Implementation of the programme and outreach will follow the micro-planning methodology which is a method of local outreach used for identifying and keeping contact with individual key and hard to reach population members. NACOSA will train each SR on this methodology and provide all tools to be used for the programme.

SRs will receive funding to implement the envisaged comprehensive programme at district level. They will receive funding for staff (see description below), programme and operational overhead costs, travel costs, financial audit costs, staff uniforms, a vehicle and equipment as well as furniture for safe spaces. For clinical services SRs will receive funding for clinic furniture and related clinical equipment if necessary.

### 3.6 Programme Team Arrangements

Programme teams will consist of the following staff members:

- Programme manager – leading the programme team.
- Site coordinator – tasked with leading the peer educators.

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• Peer educators – tasked with reaching a cohort 180 unique PWID per quarter (80 unique PWID per month according to the micro planning methodology).

* peer educators specialising on young people who inject drugs will be trained to support these specific needs.

The site coordinator and peer educators are supported by the following programme implementation personnel:

• NIMART nurse – tasked with providing clinical services, OST (where applicable), referral, tracking and tracing.
• Locum nurse (only OST sites) – tasked with supporting OST implementation over the weekends/public holidays.
• Locum OST doctor (only OST sites) – tasked with supporting OST implementation.
• Social Auxiliary Worker – tasked with supporting PWID with mental health, and OST support in relevant sites.
• HTS and linkage officers – tasked with providing HTS and linkage to care for PWID.

Funded programme management and administration support staff include:

• Data capturer – capturing all programme data.
• Driver – tasked to support the team on outreach.
• An allocation towards M&E, financial and other senior management support.

SRs will be required to attend training offered by NACOSA as follows:

• Peer educator scope of work training
• Site coordinator scope of work training
• Programme management scope of work training
• Human rights defenders training for peer educators
• I ACT Training of Trainers for SRs
• Sensitisation Training of Trainers for SRs
• Procurement and supply management for programme managers and nurses
• HIV Rapid Test Quality Improvement Initiative (RTCQI) for HTS counsellors and nurses
• Integrated Management of Childhood Illnesses (IMCI); Basic Life Support; Primary Adult Care NIMA RT and dispensing; Infection Control; and Adult HIV training for nurses
• South African Addiction Medication Society (SAAMS) training for nurses conducting OST

4 | PRE-QUALIFICATION CRITERIA

All applicants must have a broad-based black economic empowerment (B-BBEE) level one (1) or two (2) only. Applicants that do not meet the above requirement will be disqualified from further evaluation.

A valid B-BBEE certificate or sworn affidavit deposed by a director/board member of the applicant confirming BBBEE level is required. Organisations who don’t have a B-BBEE Verification Certificate issued by an independent verification agency must complete a sworn affidavit using the Department...
of Trade and Industry (dti) templates for specialised entities on the Department of Trade and Industry website as follows:

- B-BBEE Qualifying Small Enterprise - Specialised Entity template. This is for qualifying organisations with an annual income between R10 million and R50 million.
- B-BBEE Exempted Micro Enterprise - Specialised Entity template. This is for exempted organisations with an annual income below R10 million.

5 | EVALUATION PROCESS AND CRITERIA

The evaluation of submissions will be managed by an SR Selection Panel (SSP) which will prepare a shortlist of applicants that meet the threshold for appointment as an SR. The PR will use the shortlist drawn by the SSP to recommend applicants to be appointed as SRs by the GF CCM. The GF CCM will make the final decision taking into account the recommendations by the PR.

The evaluation process will be conducted according to the following stages:

- Stage 1: Assessment of compliance with pre-qualification criteria (refer Section 4). Applications that do not comply will not be evaluated further.
- Stage 2: Assessment of compliance with administrative requirements (refer Annexure B). Applications that do not comply will not be evaluated further.
- Stage 3: Assessment of technical competency focusing on the ability to fulfil the requirements of an SR, experience and expertise of implementing similar interventions and presence in the selected district. Applicants need to achieve a score of at least 50 points of the technical competency requirements in order to progress further.
- Stage 4: On-site visit to SRs to clarify details about the applicant. This stage is optional and at the discretion of the SSP. No points are awarded.

For applicants that satisfy the pre-qualification criteria and the administrative requirements, the weighting of the overall score is as follows:

- Technical evaluation score 80%
- BBBEE points 20%
- Total 100%

Please also refer to Annexure C for further details on the scoring method to be used.

The applications of emerging organisations will be scored more lenient in terms of technical M&E and Finance Management criteria should the rest of the application reflect a strong competence in the field work. NACOSA will provide special capacity building to selected SRs in these areas where necessary and as such take emerging organisations on as part of an incubator strategy. Selected SRs will also be encouraged to partner with and sub-contract emerging organisations where there is potential to include them in the grant implementation. Irrespective of being selected, emerging organisations will be linked with NACOSA’s CSS programme through which focussed capacity building and mentoring in organisational development and technical programme matters would be available to develop the future potential of the organisation.

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The SSP will present its evaluation outcome to the PR for consideration and recommendation to the GF CCM for a decision on the final list of SRs. Sub-recipients will be notified of the outcome of their application no later than 31 March 2019. Aggrieved applicants can lodge an appeal with NACOSA’s Programme Director within seven working days of receiving official communication of the selection decision, clearly stating the grounds for appeal and providing the necessary evidence. All efforts will be made to sign contracts with existing SRs who have been selected to continue with the grant by 1 April 2019.

Additional information linked to awards are listed below:

- Organisations who are awarded will undergo a further organisational and programmatic assessment by NACOSA which might lead to disqualification from the programme.
- NACOSA reserves the right to request the applicant to meet with us to clarify the proposal.
- NACOSA is not bound to accept the proposal.
- NACOSA may, entirely at its discretion, decide to –
  - award contracts to different organisations for different sections of the scope of work;
  - award contracts for particular sections of the scope of work, but invite new proposals for other sections of the work;
  - delay the award contracts for certain sections of the scope of work (taking into account, inter alia, timing of funding availability)
  - subject the award of contracts to specific conditions as NACOSA may determine at the stage of awarding the contracts

### 6 | APPLICATION INSTRUCTIONS

Any South African civil society organisation (CSO) with relevant experience who want to apply for the grant must complete the attached Application Form (Annex D). Foreign organisations not registered as South African legal entities may not apply. Organisations based in or having a presence in the district will have preference in the selection process.

The completed template together with any annexes must be submitted electronically or by hand with a cover letter to NACOSA by Friday, **22 February 2019 at 13:00. NO LATE APPLICATIONS WILL BE CONSIDERED.**

**FOR HAND DELIVERED APPLICATIONS**

The proposal should be addressed to:

The Programme Director  
NACOSA  
East Office Tower, Floor 3  
Canal Walk Centre  
Century City  
7441  
The application should be signed by the official Head of the organisation as the authorised signatory.
Deposit one copy of the application with all supporting documentation into the tender box located at NACOSA Reception (3rd Floor, East Office Tower, Canal Walk, Century Boulevard, CENTURY CITY, 7441) before the above-mentioned deadline.

FOR ELECTRONIC APPLICATIONS

Please follow the steps below to submit your electronic application:

**Step 1:** Upload all 16 annex documents to Dropbox. The documents should be clearly marked in the following order:

1. Cover letter (signed by Head of Organisation)
2. Completed Application Template (signed by Head of Organisation)
3. Annexes in number order as required (refer last page on template, annexes start from 3.1 to 3.16)

Use the following document naming convention:

3.1 Annex 1 – Founding document
3.2 Annex 2 – NPO Certificate
3.3 Annex 3 – PBO Letter

etc. up to 3.16

Please ensure completeness of the application (including the attachment of all necessary supporting documentation) and not exceed recommended length of sections. The documents in your dropbox will be moved to a central repository and any documents added to your dropbox at a later stage will not be seen by NACOSA.

**Step 2:** To submit the application write an e-mail to Proposals@nacosa.org.za with RFP-NAC- PWID-2019-1 in the subject line.

Provide the link to the Dropbox in your e-mail and test that it is working. Upon receipt of the application, NACOSA will check the Dropbox link and confirm that all annex documents have been received.

For all applications please ensure:

- Timely submission of all documents and reports if requested as part of the assessment of the organisation’s ability to continuously fulfil the role of an SR
- That appropriate staff are available on site if and when the on-site SR capacity assessment visit is done.

7|PROPOSAL SUPPORT

7.1 Queries about the RFP

Questions about this call for proposals may be submitted by email.

The questions will be anonymised and published with answers on NACOSA’s website: http://www.nacosa.org.za/proposals. Answers to queries will be published at the end of each business
day from the date the RFP is published. Depending on the complexity of the question and availability of staff to sufficiently address questions you may only see an answer on our website within 48-72 hours but NACOSA endeavours to answer all questions timeously. All answers will be addressed no later than 12 February 2019.

Please direct your requests for information and questions/queries in writing (only) to Mariette Williams at Mariette@nacosa.org.za. All emailed questions must contain the subject line “RFP-NAC-PWID-2019-1 Programme Query.” Please note that questions and requests for information must be submitted by 8 February 2019 at 13h00.

To ensure fairness, no personal communication with NACOSA staff about the proposal will be entertained.

7.2 Briefing Sessions

NACOSA will convene non-compulsory briefing sessions in the relevant provinces to provide clarification and additional information to potential applicants and disseminate information as widely as possible. Organisations interested in attending the workshop should inform Mariette Williams at the following address Mariette@nacosa.org.za – she will provide the venue details. Any additional material shared at briefing sessions shall also be made available to potential applicants on NACOSA’s website at the link http://www.nacosa.org.za/proposals. The table below shows the dates of the briefing sessions.

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAUTENG</td>
<td>7 February – Johannesburg, Sedibeng &amp; Ekhuruleni</td>
</tr>
<tr>
<td>WESTERN CAPE</td>
<td>14 February – City of Cape Town</td>
</tr>
<tr>
<td>EASTERN CAPE</td>
<td>12 February – Nelson Mandela Bay</td>
</tr>
<tr>
<td>KZN</td>
<td>8 February – Ethekwini</td>
</tr>
<tr>
<td></td>
<td>11 February - Umgungundlovu</td>
</tr>
<tr>
<td>MPUMALANGA</td>
<td>8 February – Gert Sibande</td>
</tr>
</tbody>
</table>

7.3 Proposal Writing Workshops

NACOSA will facilitate proposal writing workshops for emerging organisations in the week of 11 February 2019 in the relevant provinces. The workshop will assist organisations with guidance on providing relevant content – proposals will however not be reviewed or edited. Organisations attending the workshop should not expect to be selected as all proposals will be treated in the same manner. Organisations interested in attending the workshop should apply by 6 February 2019 via email to the following address Mariette@nacosa.org.za with Workshop Attendance - RFP-NAC-GF Grant-2019-1 in the subject line. Mariette will provide further details on the date and the venue for the workshops.

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9 Organisational income is less than R2 million per year or organisation is operating less than 2 years
8 | KEY DATES

The deadline for the submission of a fully completed application and attachments is 16h00 on 22 February 2019. The key dates for the application process are shown in the table below.

<table>
<thead>
<tr>
<th>STAGE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Publication of call</td>
<td>1 February 2019</td>
</tr>
<tr>
<td>2. Deadline for queries</td>
<td>8 February 2019</td>
</tr>
<tr>
<td>3. Briefing sessions</td>
<td>Refer Section 7.2</td>
</tr>
<tr>
<td>4. Proposal writing workshop in Pretoria and Cape Town</td>
<td>11 February 2019</td>
</tr>
<tr>
<td>5. Deadline for submitting applications</td>
<td>22 February 2019 at 16h00</td>
</tr>
<tr>
<td>6. Evaluation period during which additional details may be requested and an on-site visit may be done to evaluate SR capacity.</td>
<td>25 February 2019 to 8 March 2019</td>
</tr>
<tr>
<td>7. Feedback to applicants)</td>
<td>From mid-March 2019 after receiving approval from CCM</td>
</tr>
</tbody>
</table>
Annexure A

Minimum Requirements for Sub-Recipients

A potential SR must have proven ability to manage programmes in the specific programme areas in the RFP and must also be capable of performing the functions of an SR which includes the following:

**Leadership and governance structures**

- Legal status such as voluntary association, trust, non-profit company (NPC) etc. to enter into contracts.
- Have a properly constituted board that provides oversight over organisational matters.
- Effective organisational leadership using transparent decision-making processes.

**Staffing with programme knowledge and experience**

- Adequate skilled and experienced staff to manage implementation of the programme areas, including procurement, monitoring and evaluation, and finance.
- Knowledge about and ability to communicate and network with relevant district stakeholders and structures such as government departments, local and district AIDS Councils.
- Appropriate internal control systems, including policies and procedures, to prevent and detect fraud or misuse of resources.

**Financial management system**

- Accounting system that can correctly record all transactions and balances by source of funds with clear references to budgets and work plans.
- Ability to monitor actual spending in comparison to budgets and work plans.
- Ability to manage disbursement of funds to SSRs and suppliers in a timely, transparent and accountable manner.
- Ability to produce timely and accurate financial reports.

**Monitoring and evaluation system**

- Monitoring and Evaluation (M&E) system for routine monitoring of activities/interventions.
- Mechanisms and tools to collect and analyse data, and report on programme performance.
- Ability to produce timely and accurate programmatic reports.
Annexure B

Administrative Requirements for Acceptance of SR Application

The administrative requirements include the following in addition to any other requirements specified in the actual RFP:

- Use of the prescribed application form and adherence to length of submission limits (number of pages).
- Submission of the following documents (in addition to any other evidence submitted by an applicant):
  - Proof of legal entity (NPC, Trust, Voluntary Association, Close Corporation, Pty (Ltd)).
  - NPO registration status.
  - List of board members and management, their current job titles and certified copies of ID.
  - Valid SARS tax clearance certificate together with tax compliance status pin.
  - Valid B-BBEE certificate or sworn affidavit deposed by a director/board member of the applicant confirming B-BBEE level. Refer Section 4 for details.
  - Last audited Annual Financial Statements signed by Board chairperson. If the last audited annual financial statement is older than 2 years then supply the most recent management accounts pack.
  - Organogram for all management, programme and administrative positions (Human Resources, Finance, PSM, M&E, Project Management).
  - Policies and procedures documents addressing financial management, procurement, travel, and human resources.
## Evaluation Criteria

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>WEIGHT</th>
<th>SUB-CRITERIA</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TECHNICAL COMPETENCY (Not less than 60 out of 80 points is required)</strong></td>
<td>80%</td>
<td>Ability to function as an SR and meet GF and CCM requirements throughout the life of the grant</td>
<td>20</td>
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<tr>
<td></td>
<td></td>
<td>Ability to implement the Scope of Work, including experience of implementing similar programme areas</td>
<td>50</td>
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<tr>
<td></td>
<td></td>
<td>Experience of working in the district</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td></td>
<td><strong>80</strong></td>
</tr>
<tr>
<td><strong>B-BBEE LEVEL</strong></td>
<td>20%</td>
<td>Level 1</td>
<td>20</td>
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<tr>
<td></td>
<td></td>
<td>Level 2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>SUB-TOTAL</strong></td>
<td></td>
<td><strong>20</strong></td>
</tr>
<tr>
<td></td>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td><strong>100</strong></td>
</tr>
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