REQUEST FOR PROPOSALS

GLOBAL FUND FOR AIDS, TB AND MALARIA (GFATM) SUB-RECIPIENT (SR)
APPLICANT GUIDANCE NOTES

RFA NUMBER: RTCSR0224/GL16

PLEASE NOTE: Any changes to the RFP and documents will be posted on the Right to Care website – please check this regularly on www.righttocare.org/Resources
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<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Anti-Retroviral Treatment</td>
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<td>BBBEE</td>
<td>Broad-Based Black Economic Empowerment</td>
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<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<td>CD4</td>
<td>Cluster of Differentiation 4</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CEO</td>
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<td>GFATM</td>
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<td>HCT</td>
<td>HIV Counselling and Testing</td>
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<td>ICDM</td>
<td>Integrated Chronic Disease Management</td>
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<td>IEC</td>
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<td>KP</td>
<td>Key Performance</td>
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<td>M&amp;E</td>
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<td>MD</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<td>NCD</td>
<td>Non Communicable Disease</td>
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<td>NDOH</td>
<td>National Department of Health</td>
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<td>RTC</td>
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<td>SR</td>
<td>Sub-Recipient</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TB</td>
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<td>TCS</td>
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Foreword
These guidance notes have been prepared to assist potential sub-recipients to improve the quality of applications. Reporting of grant implementation will require the use of templates which include word and excel formats, access to internet and the use of e-mail. Given that this will be a requirement of the grant administration, applicants are therefore expected to be familiar with their use and only applications that meet these electronic submission requirements will be accepted.

These notes are a guide only as it is recognised that applicants might come from a diverse range of backgrounds and levels of grant application experience. Applicants must use their own discretion about what should be included in the application to increase the chances of success.

Introduction
Right to Care (RTC), as one of the Principal Recipients (PR) for Global Fund for AIDS, TB and Malaria (GFATM) (2016-2019) is seeking to appoint suitably qualified and experienced civil society organisations (NGOs/NPOs) as well as other service providers to act as sub-recipients (SRs) to implement activities addressing the Acquired Immune Deficiency Syndrome (AIDS) epidemic in South Africa, and more specifically in relation to key population program interventions. RTC is seeking applications for the following programme:

1. Combination prevention programme for People who Inject Drugs (PWID) and their partners in 5 selected districts.

Global Fund for AIDS, TB and Malaria Grant Award Status
Right to Care was selected as a Principal Recipient (PR) of the Global Fund for AIDS, TB and Malaria (GFATM) by the Country Coordinating Mechanism (CCM) of the South African National AIDS Council (SANAC). The selection of RTC was endorsed by the GFATM and implementation of phase III of the programme commencing 1 April 2016 and ending 31 March 2019. The full country application (including RTC component) is available on the SANAC website at http://www.sanac.org.za/resources/cat_view/4-global-fund?orderby=dmdate_published

RTC is commencing the process for the identification of sub-recipient organisations for elements of RTC grant implementation. The current core of expected applicants must meet the objective of the Black Economic Empowerment Act (2003), whose aim is to promote economic transformation in order to enable meaningful participation of black people in the economy, increase access of workers and collective enterprises to skills training, infrastructure and finance and to realise a substantial change in the racial composition of ownership and management structures of existing and new enterprises.

Emerging organisations with community level experience are encouraged to apply and capacity building training will be provided to selected SRs prior to and during implementation.
Further information on the GFATM is available at http://www.theglobalfund.org

**Purpose of the Request for Proposals**

As a Principal Recipient RTC’s role is to manage and coordinate the implementation of the grant, disburse funding and support to implementers and to report to the Global Fund and in-country authorities such as the country co-ordinating mechanism (CCM) and provincial AIDS Councils. The implementation of the programme will be done through selected civil society SRs or Service Providers with the required structures and skills.

The role of the SRs are to:

- Implement programme activities and deliverables as contracted
- Use funds in accordance to the agreement with the PR and maintain accounting books and records in accordance to standards agreed in writing with the PR
- Submit reports outlining service delivery progress and financial activities tied to each service on a monthly and quarterly basis
- Monitor and evaluate the impact of the activities of the programme

The purpose of this document is to explain the objectives and stated deliverables of the Key Population Programmes in order to enable prospective sub recipients to apply for the grant in districts where they are active. The document also provides information on SR selection procedures.

**Program Description**

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), and are of significant public health concern.\(^1\)

The epidemiological impact of injecting drug use is important in the context of South Africa’s combined HIV and TB epidemic. Modelling data estimates that there are 67 000 PWID in South Africa.\(^2\) PWID communities exist in most major metropolitan areas, however most exist “underground”. The PWID community and their burden of disease is increasingly being understood as focused research is conducted.

In 2013, UNODC implemented a study that recruited 450 PWID (150 in Cape Town, Western Cape Province; 150 in Durban, KwaZulu-Natal Province, and 150 in Pretoria, Centurion and Johannesburg, Gauteng Province) in three months to assess HIV prevalence and risk practices among PWID. The UNODC study found that 1 in 6 (14%) PWID where HIV infected. HIV prevalence among women who inject drugs was found to be higher than their male counterparts. When comparing PWID to people in the general population from similar socio-economic contexts (using race as a proxy), the HIV burden among PWID is between two and ten times higher (see figures 1 and 2, below).\(^3\)

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No TB prevalence data among PWID exists, but background TB prevalence in South Africa is among the highest in the world. Globally, PWID are up to 10 times more likely to die from TB than other people, including those living with HIV. PWID often live in unhealthy environments, are at increased risk of exposure to TB and the drugs they use may affect their immune system and mask TB symptoms. A 2015 Cape Town TB hospital review revealed that about 70% of patients admitted for treatment of drug resistant TB and TB treatment failure had substance use disorders. A quarter of people who did not complete their treatment used heroin. Patients with untreated TB who return to the community are at increased risk of death, increased likelihood of developing drug resistant and multi-drug resistant TB and for infecting others.

Viral hepatitis is more efficiently transmitted through sexual and injecting routes than HIV. PWID recruited in the UNODC study perceived viral hepatitis to be their major health concern. A medical site in Pretoria that screened 271 PWID in 2013/14 identified hepatitis C virus (HCV) prevalence of 24%. Due to the shared transmission routes, HIV and viral hepatitis co-infection is common among PWID; increasing the progression to AIDS, decreasing liver function and increasing mortality rates. A cross-sectional survey among 170 HIV infected men who have sex with men and 143 HIV infected people from the general population in Cape Town found HCV co-infection among 5% and 3% of participants, respectively. HCV was significantly associated with injecting drug use.

High-risk injecting practices have been identified among PWID in South Africa. Many PWID reuse needles and syringes until they break, which could be after 20 times. Only half (51%, 230/450) of PWID participating in the UNODC study used a sterile needle and syringe the last time they injected. Thirteen percent of male PWID and 25% of female PWID always shared their injecting equipment. Only six percent of people who reused their injecting equipment reported cleaning it with bleach.

High-risk sexual practices, including unprotected sex, multiple sex partners, transactional sex and sex work have been identified among male and female PWID in South Africa. The UNODC survey confirmed the risk of sexual transmission of HIV and STIs among PWID and their sexual partners, particularly among women who inject drugs. In multivariate analysis, HIV infection was significantly associated with having ever worked as a sex worker, recent STI symptoms and race. The authors hypothesised that race represents some of the socio-economic differences that exist in South Africa that are linked to HIV (and also to negative outcomes among people who use drugs), and is reflected in varying HIV prevalence across racial groups in the general population (see figures 1 and 2, above).

The associated epidemiological risk of the co-occurrence of HIV, TB and viral hepatitis is presently within containable parameters. However, drug use in the region is increasing, as injectable drugs are increasingly trafficked through, and some drugs

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5 Sediba Hope Medical Centre. Viral hepatitis screening data. 2013. Sediba Hope Medical Centre: Pretoria.
produced, in South Africa.\textsuperscript{8,9} While injecting drug use is significantly urban at this point, the common supply chains for illicit substances suggests that injecting drug use is reaching border towns, port cities and settlements along transport routes. The risk of an injecting epidemic among PWID and their sexual partners in South Africa, as is occurring in Tanzania and Kenya, exists.\textsuperscript{10}

Drug use in South Africa is a major health and social issue. However, the significance of injecting drug use and HIV and TB is a relatively minor concern. The prevalence of alcohol, cannabis, methamphetamine, and more recently heroin, usage is among the highest on the continent. It is important to note that a proportion of people who use drugs will transition to injecting drugs. Specific interventions to prevent and treat HIV among PWID have not occurred to date, apart from the recently commenced demonstration project. While its risk and importance is recognised, it remains a high-level issue without a national response. The assumed numbers of PWID are small (MRC 2012 suggests less than 70,000 users) in relation to the huge population of HIV infections, and PWID have not been prioritised.

There is an absence of an effective response and treatment framework for PWID. South Africa is performing well to reach the ten targets that it adopted at the 2011 United Nations Special Session on HIV and AIDS. However, in 2014, the South African National AIDS Council highlighted that no progress had been made towards halving HIV infections among PWID by 2015 (Target 2).\textsuperscript{11}

It is against this background that the GFATM programme seeks to reduce HIV infections among people who inject drugs through the provision of the UNODC, WHO, UNAIDS and PEPFAR recommended comprehensive package of services for People Who Inject Drugs (PWID), including addition elements included in the WHO’s Consolidated Guidelines for the Prevention and Treatment of HIV among Key populations. The comprehensive package includes

1. Needle and syringe programmes
2. Opioid substitution therapy (OST) and other evidence-based drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners
8. Overdose prevention and management
9. Prevention, diagnosis and treatment of tuberculosis (TB)
10. Peer/Community-based outreach
11. Prevention, vaccination, diagnosis and treatment for viral hepatitis, (WHO, 2014)*

*NB. It is important to note that at this juncture of implementation, prevention, vaccination, diagnosis and treatment for viral hepatitis will not be supported by, envisaged for future implementation.

\textsuperscript{8} UNODC. Afghan Opiate trafficking through the Southern Route. Vienna: UNODC; 2015.
\textsuperscript{9} UNODC. Global Synthetic Drugs Assessment. Amphetamine-type stimulants and new psychoactive substances. Vienna: UNODC; 2014.
RTC has been implementing services as prioritised by the National Strategic Plan (NSP) 2012 - 2016 for HIV, STIs and TB. In this regard the combination prevention approach has been implemented with the focus area population. The goal of the combination prevention approach is to reduce the transmission of HIV, STIs and TB by implementing a combination of behavioural, bio-medical and structural interventions that are carefully selected to meet the needs of PWID. Combination approaches help to ensure that people have access to the types of interventions that best suit their needs at different times. The depiction if the program is outlined in the program implementation plan below.

**Fig 1: Programme Implementation Map**

**People Who Inject Drugs (PWID) Implementation Arrangement Map**

**Geographic Location**

The priority of the grant will be to provide combination prevention services to PWID and their partners in the identified 5 priority districts located in 4 provinces of South Africa as indicated in Table 1 below. The grant will be implemented in these districts for a 3 year period, commencing on 1 April 2016 and ending on 31 March 2019.

**Table 1: Implementation Geographical Location**

<table>
<thead>
<tr>
<th>Eastern Cape</th>
<th>Gauteng</th>
<th>KwaZulu Natal</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nelson Mandela Metro</td>
<td>• City of Johannesburg Ekurhuleni</td>
<td>• eThekwini District</td>
<td>• City of Cape Town Metro</td>
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</tbody>
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Indicators
The following output indicators are the main outputs that must be reported to the Global Fund:
- KP-1d: Percentage of PWID reached with HIV prevention programmes - defined package of services;
- KP-2d: Percentage of PWID reached with HIV prevention programs - individual and/or smaller group level interventions
- KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results
- KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes
- KP-5 Percentage of individuals receiving OST for at least 6 months

Program Budget
The expected award value for this program area is an estimated grant value of R40 424 653 over 3 years (1 April 2016 – 31 March 2019).

General Applicant Information
1. Applicants are strongly advised to read the guidance notes and scoring criteria.
2. **DO NOT ALTER THE APPLICATION FORM TEMPLATE IN ANY WAY.** The template has been designed to allow for ease of comparison between applicants and to ensure fairness when reviewing applications received.
3. All un-shaded sections of the application **MUST** be completed.
4. The closing date and time for this application is 17h00 (SA time) on 24 June 2016. Applications **received** after the deadline and incomplete applications will not be considered. Applicants are strongly advised to submit their applications well in advance of the closing time to avoid the risk that electronic submissions may be delayed during the transmission process.
5. Applications consist of Technical/Narrative and Budget Application. A **high level budget must be provided to indicate the cost categories summary budget for program implementation.**
6. Applications must be submitted by e-mail to gfsrapps@righttocare.org with the following subject heading **“EOI for SR services RFA number: RTCSR0224/GL16”**.
7. All costs incurred in completing applications will be for the applicant's expense. Specifically, Right to Care, the Global Fund for AIDS, TB and Malaria nor the South African National AIDS Council will cover or reimburse any costs incurred in the application process.
8. Lobbying of Right to Care staff, SANAC staff/or CCM members or others who may be involved in the selection and award process will result in applicants being disqualified.
9. Any form of incentive (financial or otherwise) which seeks to influence the outcome of the evaluation or award process will result in immediate disqualification of the applicant and may lead to prosecution.
10. The evaluation and selection process will be led by Right to Care with support from external stakeholders. Applicant organisations will be subject to approval and confirmation by the Global Fund for AIDS, TB and Malaria. Right to Care cannot give any assurance that selected applicants will be approved.

11. Right to Care reserves the right to change/amend or terminate the application process either in full or in any part at any time. Any changes will be notified on the Right to Care website www.righttocare.org. Potential applicants are advised to consult the website regularly. No costs incurred by potential or actual applicants will be reimbursed (as above) including whether resulting from changes/amendment or cancelation.

12. All information received will be treated as confidential.

13. The anticipated contract duration (subject to satisfactory performance) is from 1 April 2016 to 31 March 2019, and program indicators are to be fulfilled within the allocated timeframe subject to the GFATM Performance Based Funding Model. All program indicators and targets will be discussed with shortlisted applicants.

Application Timeframes

The following timeframes are indicative only and subject to change. GFATM and CCM approval may be required at different stages of the process.

1. Acknowledgment of receipt of application: within 2 working days of submission

2. Administrative compliance assessment: within 1 week of the application deadline. Applicants who are (a) administratively non-compliant with the application process will be advised and/or (b) who have audit qualification issues may be contacted for clarification.

3. Technical and budget evaluation: within 4 weeks of the application deadline. Applications will be awarded 2 assessment ratings (a) pass score and rank placement or (b) unsuccessful. Applicants will be informed of the outcome of the evaluation as soon a practically possible. The rank placement will determine selected and reserve applicants.

4. Pre-Award Assessments and grant negotiations with selected applicants will be undertaken within 4 weeks of the evaluation outcome. Selected applicants may be eliminated during this process and other ranked organisations may be substituted.

5. Contract signing: For completed grant negotiation/pre-award assessed organisations within 1 month of completion of the pre-award assessment. Unsuccessful, but ranked, organisations will then be notified of the outcome. It is anticipated that contracts will be agreed during July 2016.
Application Questions and Briefing Session

1. In order to ensure consistency and equal access to information, application questions may be submitted in writing to gfsrapps@righttocare.org. The deadline line for receipt of written questions is 10h00 (SA time) on 5 June 2016. A non-compulsory briefing session will be held at the Right to Care Centurion office (1006 Lenchen Ave North) in the 5th floor Training Room 7th of June 2016.

2. Responses to written questions and questions raised at the briefing sessions will be posted on the RTC website (expected date of posting is 2 June 2016).

SR Selection Process

- Applicants have 15 working days to respond to the RFP from the date of publication of the advertisement. The closing date for submission of all applications is 24 June 2016.
- The selection of sub-recipients will take place within 10 days of the closing date for proposals and is carried out by a selection committee consisting of RTC staff, CCM representatives and other relevant experts.
- Sub recipients will be notified of the outcome of their application no later than 4th of July 2016. On site assessment of selected organisations will take place within 2 weeks of notification of selection.
- All efforts will be made to sign contracts with SRs who have been selected to implement the grant by 29 July 2016. However processes that promote fairness and accountability will be followed at all stages before this can be done. Contracts with new SRs will be signed within a week of successful assessment.

Selection Criteria

The following criteria will be used to assess and select sub-recipients for the programme:

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<th>Evaluation Criteria</th>
<th>Points</th>
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<tr>
<td>Eligibility</td>
<td>80</td>
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<tr>
<td>Eligible/ Not eligible</td>
<td>20</td>
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<tr>
<td>TOTAL</td>
<td>100</td>
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- Evidence on being registered as a legal entity
- Evidence of being a registered NPO with the Department of Social Development (DSD)
- Unqualified audited financial statements and no issues regarding any going concern status

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<tr>
<th>Evaluation Criteria</th>
<th>Points</th>
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<tr>
<td>Eligible/ Not eligible</td>
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<td>Technical merit of proposal</td>
<td>80</td>
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<tr>
<td>Financial merit</td>
<td>20</td>
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<td>TOTAL</td>
<td>100</td>
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Sources of information
Applicants are encouraged to draw information from as many sources as possible. However, in addition to the RTC website other useful links are:

- Central Drug Authority [www.cda.gov.za](http://www.cda.gov.za)
- SANAC: [www.sanac.org.za](http://www.sanac.org.za)
- GFATM: [www.theglobalfund.org](http://www.theglobalfund.org)
- UNAIDS: [www.unaids.org](http://www.unaids.org)
- UNODC: [www.unodc.org](http://www.unodc.org)
- World Health Organisation: [www.who.int](http://www.who.int)
- Centers for Diseases Control: [www.cdc.gov](http://www.cdc.gov)

RTC Application Forms and how to complete them
The application form consists of two sections both of which must be completed:

- **Section A:** Organisation Details, Experience in each Focus Area, and SR Ability
- **Section B:** More Detailed Self-Assessment Questionnaire related to Ability To Fulfil Requirements of a SR
- Consortium applications are welcome but these must be led by a single organisation. The lead organisation, if contracted, will be 100% responsible for the programme performance, grant implementation and, importantly, fund management and accountability.

Applications will only be accepted from legally registered organisations (with a company registration number). Applications from individuals will not be accepted.

The module for which applications are being requested:

- Combination prevention programme for People Who Inject Drugs (PWID) and their partners in 4 selected provinces and 5 districts. **No other geographical areas will be considered other than the ones stipulated in the Expression of Interest (EoI).**

The provinces and districts covered under the module are included in the Programme Area section of the Section A Application. You should indicate the provinces in which you would like to propose to work. Separate applications are not required for each province. Only the provinces indicated are available for this call for proposal – **no other geographic focus areas will be considered.**
Attachments and supporting documentation:
Only applications in the required format with the specified attachments should be submitted. **No other attachments are required at this stage.** Any organisation who fails to provide the required documentation within 1 week of a request to do so will be disqualified. It is the sole responsibility of the applicant to ensure that it meets the requirements and has the required documentation available.

Specifically, and to avoid overburdening DoH and others with requests from multiple applicants, letters of support are not required. Where appropriate, agreements will be developed with Departments at an appropriate point following the application assessment.

Final Comments
Preparing grant applications is often very stressful. It is a competitive process and it is not normally possible to award grants to all organisations who apply. Below are some final comments and advice:

- Start early, it takes more time than you imagine. It takes time to think, re-orientate ideas from time-to-time and focus as thoughts emerge.
- Check the Right to Care website regularly [www.righttocare.org/Resources](http://www.righttocare.org/Resources) – updates will be posted if/as they arise.
- If you are working in a team, agree roles, responsibilities and timeframes for delivery.
- If you are working with partner organisations, agree roles, responsibilities and indicative budget allocations early. Disagreements late in the application process will harm your application.
- Complete the forms as required, changing form formats and missing out sections reduces the possibility for success and may result in disqualification.
- Respond to what the call for proposals is asking. Be specific.
- Ensure that the narrative and budget are aligned.
- Use the spell check function
- Ensure that you submit on time – never leave it to the last minute.
- Good luck!