



**Global Fund Grant  
February 2019  
Request for Proposals**

**Module 2: Comprehensive Prevention Programs for Men who  
have sex with other Men – (MSM)**

**Global Fund Grant Period: April 1<sup>st</sup> 2019 – March 31<sup>st</sup> 2022**

**Reference Number: RFA-BZ-GF\_MSM0002/2019**

***Key Point to Note: Any changes made to this RFA and any other documents relevant to this call will be made available on the BZ website: [www.beyondzero.org.za](http://www.beyondzero.org.za)***

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## ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
BBBEE	Broad-Based Black Economic Empowerment
BZ	Beyond Zero
CCM	Country Coordinating Mechanism
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
DoH	Department of Health
DSD	Department of Social Development
Eoi	Expression of Interest
GFATM	Global Fund for AIDS, TB and Malaria
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICDM	Integrated Chronic Disease Management
IEC	Information, Education and Communication
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
M&E	Monitoring & Evaluation Officer
MD	Managing Director
MSM	Men having Sex with Men
NDOH	National Department of Health
NPO	Non-Profit Organisation
NSP	National Strategic Plan
PA	Programme Areas
PR	Principal Recipient
RFP	Request for Proposal
SA	South Africa
SARS	South African Revenue Services
SANAC	South African National AIDS Council
SR	Sub-Recipient
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TCS	Treatment, Care and Support
TG	Transgender
ToR	Terms of Reference

## 1. INTRODUCTION AND BACKGROUND

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

The GF CCM has selected Beyond Zero (BZ) Not-for-Profit to be appointed by the GF as one of the Principal Recipients (PRs) that will implement programmes to be funded by the grant. The GF CCM decided that a PR should serve as a grants manager while sub-recipients (SRs) will be the main implementers of the programmes.

BZ therefore invites interested non-profit organisations and government departments, experienced in the programme areas listed under the scope of work and with presence in the provinces and 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 GF CCM approval. **Applicants are not required to submit implementation plans and budgets as part of this call for applications.**

## 2. THE ROLE 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 or in collaboration with 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 Country Team, and GF CCM and its structures when requested to do so.

The successfully serve as an SR, all interested organisations must meet the following minimum requirements:

- Sound 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.
- Suitably qualified personnel to deliver the programme interventions.

These organisational requirements will be assessed during the evaluation process. Further information can be found on the Global Fund website: [www.theglobalfund.org](http://www.theglobalfund.org) including the GF Grants Regulations.

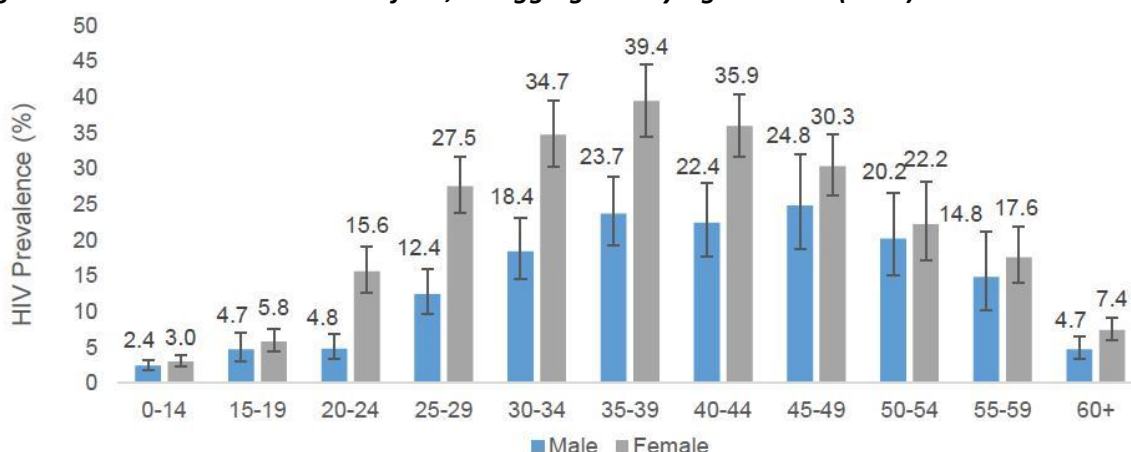
### 3. SCOPE OF WORK

This call for applications seeks to identify organisations that are efficient and effective implementers of the scope of work listed below to deliver a comprehensive, integrated, peer-led HIV/TB/SRHR package for men who have sex with men (MSM) in line with the NSP package, and the National LGBTI HIV Plan. Applicants need to have implemented similar programmes before, and preferably in the target province, districts and sub-districts. Applicants are also encouraged to form consortiums or joint ventures

#### 3.1 Background

The national HIV prevalence among men who have sex with men (MSM) is estimated at 25.7%, with higher burden in major cities such as Johannesburg (43%), eThekweni (30%) and Cape Town (27%)<sup>1</sup>. It is believed that there is significant overrepresentation of young and openly gay MSM in survey methods, skewing prevalence estimates. One model which aims to correct for such age bias estimated a median HIV prevalence in South African MSM to be 35% (compared to 26% if age-unadjusted)<sup>2</sup>. The HIV cascade for MSM reveals that knowledge of one’s status is the main gap, signalling the need for innovative HTS strategies. About 65-70% of South African MSM are undiagnosed.

**Figure 1 HIV Prevalence in South Africa, Disaggregated by Age and Sex (2017)<sup>3</sup>**



There is a general lack of competent sexual health services and prevention programmes targeting MSM in South Africa. This is particularly true among populations of MSM in “township” areas. In terms of HIV prevention, there is a need for approaches that address MSM specific HIV risk. This is important because

<sup>1</sup> UCSF (2018) Extrapolated Key Population Cascade Analysis (with inputs and assumptions from MSM 2015-2016 Surveillance Survey)

<sup>2</sup> Johnson, L. F., Mulongeni, P., Marr, A., & Lane, T. (2018). Age bias in survey sampling and implications for estimating HIV prevalence in men who have sex with men: insights from mathematical modelling. *Epidemiology & Infection*, 1-7. Online at <https://www.cambridge.org/core/journals/epidemiology-and-infection/article/age-bias-in-survey-sampling-and-implications-for-estimating-hiv-prevalence-in-men-who-have-sex-with-men-insights-from-mathematical-modelling/A301257CE75A110D4BD61594764A8E98>

<sup>3</sup> Simbayi LC, Zuma K, Zungu N, Moyo S, Marinda E, Jooste S, Mabaso M, Ramlagan S, North A, van Zyl J, Mohlabane N and the SABSSMV Team (2018) *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2017*. Cape Town: HSRC Press. Page 52. Key Reference Document

research has demonstrated a lack of knowledge about the basics of HIV risk reduction among MSM in South Africa. Research by the Anova Health Institute has found a lack of knowledge about the use of water-based lubricant among MSM in Cape Town and, where knowledge exists, access to appropriate lubricant is often limited. At the same time, MSM in South Africa report low levels of condom use for anal sex. Further, there is a widespread lack of MSM-related knowledge, and sensitivity in the public health sector which contributes to the inability of MSM to access relevant prevention messaging and materials.

While there is a clear need to focus on HIV prevention for MSM in South Africa in general, it is also important to understand the relative HIV transmission risks within the broader category of ‘MSM’. Some MSM may be at particularly high risk of HIV infection due to their specific risk behaviours and the risk situations in which MSM engage in these behaviours. For example, MSM who use drugs, injecting drugs in particular, may have a much higher risk of contracting HIV than other MSM. A study with drug-using MSM in three South African cities found that drug use was associated with a range of HIV risk behaviours including: having unprotected sex, having multiple partners, and sharing and reusing injecting equipment. A third of the sample of MSM reported injecting drug use.

### 3.2 Objectives

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 MSM. Combination approaches help ensure that people have access to the types of interventions that best suit their needs at different times.

### 3.3 Programme Description

The components and services that will be offered as part of the peer outreach component that should be demonstrated in the application form, for supporting implementation of programmes to increase coverage and uptake of an integrated STI/TB and HIV Testing services (HTS) are described in the table below. The package will be delivered through a peer education outreach approach, tailored to reaching cohorts of openly gay and non-gay-identified MSM (“after-nines”, colloquially), gender-conforming and gender-nonconforming MSM. Studies show non-gay-identified MSM are an integral part of the sexual networks of gay men in South Africa. Gender-nonconforming MSM have heightened HIV risk. Specialized peer navigators will do intensified outreach and linkage for cohorts of HIV-positive MSM.

**Table 1 Combination Prevention Package for Global Fund MSM Program**

Biomedical	Behavioural	Structural
<p><b>CORE</b></p> <ul style="list-style-type: none"> <li>▶ Male condoms and lubricants, HTS, risk assessments, TB screening and STI screening</li> </ul> <p><b>LAYERS</b></p> <ul style="list-style-type: none"> <li>▶ HIV self-screening</li> </ul> <p><b>LINKAGE</b></p> <ul style="list-style-type: none"> <li>▶ PrEP, ART, VL monitoring, TB preventive therapy, TB treatment, rectal care and treatment, PEP, hepatitis B screening and immunization,</li> </ul>	<p><b>CORE</b></p> <ul style="list-style-type: none"> <li>▶ Risk reduction counselling</li> <li>▶ SRH information (including information on sexual pleasure, anal care and anal sex)</li> <li>▶ Peer education (HIV-negative MSM) &amp; peer navigation (HIV-positive MSM)</li> <li>▶ PrEP demand creation</li> </ul> <p><b>LAYERS</b></p>	<p><b>CORE</b></p> <ul style="list-style-type: none"> <li>▶ GBV screening and awareness</li> </ul> <p><b>LAYERS</b></p> <ul style="list-style-type: none"> <li>▶ Mechanism to report and record human right violations</li> <li>▶ Family reintegration and support, especially for young MSM</li> <li>▶ Dialogues with communities and law enforcement agents</li> </ul>

post-violence care, mental health services	<ul style="list-style-type: none"> <li>▶ Emotional &amp; psychosocial support</li> <li>▶ Support for effective PrEP use</li> <li>▶ Adherence support for MSMLHIV/TB</li> </ul> <p><b>LINKAGE</b></p> <ul style="list-style-type: none"> <li>▶ Substance use and rehab programs</li> <li>▶ Harm reduction for MSM who inject drugs</li> </ul>	<ul style="list-style-type: none"> <li>▶ Improve SRH service delivery by sensitizing health care workers and strengthening the HTA program</li> </ul> <p><b>LINKAGE</b></p> <ul style="list-style-type: none"> <li>▶ Youth programs for young MSM</li> </ul>
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CORE = Offered to all MSM reached, directly provided by sub-recipients (SRs) in the Global Fund program  
 LAYERS = Offered to some MSM (needs basis), directly provided by SRs in the Global Fund program  
 LINKAGE = Offered to some MSM (needs basis), provided by government/other partner. Referral, linkage & follow-up by Global Fund SRs

### 3.4 Approach

The package will be delivered through a **peer education outreach approach**, tailored to reaching cohorts of openly gay and non-gay-identified MSM (“after-nines”, colloquially), gender-conforming and gender-non-conforming MSM. Studies show non-gay-identified MSM are an integral part of the sexual networks of gay men in South Africa. Gender-nonconforming MSM have heightened HIV risk. Specialized peer navigators will do intensified outreach and linkage for cohorts of HIV-positive MSM.

Peer educators will distribute **condoms and lubricants** and do health education (including concepts of pleasure) and demand creation for services delivered through fixed and mobile sites. Lessons from PEPFAR show that discreet mobile services near “after-nine” bars help to reach this under-served MSM sub-population. Behavioural aspects will include **targeted internet-based social media marketing** campaigns. Skills-based interactive and participatory approaches for adolescent MSM will be prioritized, including online and mobile health approaches, as per the National LGBTI HIV Plan.

**HIV self-screening** is a new strategy to increase HTS coverage (the main 90-90-90 gap). A recent South African study found over 80% of MSM prefer HIV self-screening to clinic-based testing, with dramatic increases in testing frequency. There was also high (70%) linkage to care within three months of diagnosis.

**Community empowerment interventions** will include specific support groups and safe spaces. Funding will also support MSM-led organizations and networks to implement community-based monitoring, with a focus on access to, and quality of, services. Small advocacy grants for community-driven policy change and monitoring of human rights will be provided by the new specialized key populations’ advocacy PR.

**Psychosocial support programs** to identify mental health needs and referral to services if needed, and also to support coping skills, disclosure support and adherence to treatment/PrEP is a priority.

To address the high prevalence of violence and police discrimination against MSM funding is requested to conduct **dialogues within communities and with law enforcement agents** to promote inclusivity, and to reduce stigma and discrimination. This work will be overseen by the National Stigma and Discrimination Reduction Working Group to be established under this grant and implemented through the national stigma-reduction communications campaign.

The **focus on adolescent and young MSM** will include integration within youth health services, including in schools. The new DBE HIV/TB/STIs policy is clear that its application will be sensitive and responsive to the different needs and vulnerabilities of sexually diverse learners. An emphasis will be placed on issue of bullying, and sensitization programs for parents, family members and caregivers to promote family reintegration. This is further described in the human rights module, building on the radio and digital awareness project “unheard voices” in the KP REACH regional Global Fund grant.

BZ will also seek to support implementation of programmes to build staff capacity in selected Department of Health (DoH) facilities across selected 8 priority districts to provide MSM competent and LGBTI effective HIV-related services that will include to reach the following outcomes:

- Establishment on MSM and LGBTI centres’ of excellence and strengthening the capacity of Primary Health Care facilities to provide comprehensive HIV prevention and treatment services for MSM
- Training and mentoring Department of Health staff to be able to deliver MSM component PHC services
- Development and distribution of MSM specific information, communication (IEC) material
- Establishing social networking technologies optimised for improved health outcomes and service utilisation.



## 4. BZ SUPPORTED MSM TARGET SUB-DISTRICTS

The following are the Districts within which MSM interventions will be implemented by the selected SRs. MSM for BZ on the GF grant will be implemented in 8 Districts. Below is a summary of the sub-Districts:

Province	District
Limpopo Province	Capricorn Mopani
Eastern Cape Province	O R Tambo
Free State Province	Mangaung
North West Province	Bojanala
Mpumalanga	Gert Sibande
Kwa-Zulu Natal	eThekwini King Cetshwayo

### **MSM Indicators and Targets**

To measure progress, effectiveness and impact, the GF grant has a set of output/coverage indicators that will be routinely tracked through the lifespan of the grant. SRs are expected to have functional M&E systems in place for monitoring and reporting. Below are the indicators and targets for the MSM Module.

#### **Indicators**

**KP-1a (M):** Percentage of men who have sex with men reached with HIV prevention programs - defined package of services

**KP-3a (M):** Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results

**KP-6a:** Percentage of men who have sex with men using PrEP in priority men who have sex with men PrEP populations

**Other:** MSM linked to HIV services

#### **MSM Targets**

All the targets for MSM reach at the District level are based on the UCSF consensus estimates 2018 and are set with the aim to reach 70% saturation by YR3 of the grant. MSM HTS is based on testing 70% of the MSM reached with a 10% HTS yield of which 90% of the HIV positive are enrolled into HIV care

#### **Capricorn District**

Indicator	Capricorn District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	2635	3162	3689
Tested for HIV	1844	2213	2582
MSM using PrEP	88	346	591
Linkages to HIV services	166	199	232

### **Mopani District**

Indicator	Mopani District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	2209	2651	3092
Tested for HIV	1546	1855	2165
MSM using PrEP	73	290	495
Linkages to HIV services	139	167	195

### **eThekwini District**

Indicator	eThekwini District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	3424	4109	4794
Tested for HIV	2397	2876	3356
MSM using PrEP	163	642	1097
Linkages to HIV services	216	259	302

### **King Cetswayo District**

Indicator	King Cetswayo District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	1878	2254	2629
Tested for HIV	1315	1578	1841
MSM using PrEP	62	246	421
Linkages to HIV services	118	142	166

### **O R Tambo District**

Indicator	O R Tambo District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	2519	3023	3527
Tested for HIV	1763	2116	2469
MSM using PrEP	84	330	565
Linkages to HIV services	159	190	222

### **Mangaung District**

Indicator	Mangaung District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	1827	2193	2558
Tested for HIV	1279	1535	1791
MSM using PrEP	61	240	410
Linkages to HIV services	115	138	161

### **Bojanala District**

Indicator	Bojanala District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	4149	4979	5809
Tested for HIV	2905	3485	4066
MSM using PrEP	138	544	930
Linkages to HIV services	261	314	366

### **Gert Sibande District**

Indicator	Gert Sibande District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	2442	2930	3418
Tested for HIV	1709	2051	2393
MSM using PrEP	81	320	548
Linkages to HIV services	154	185	215

*Disclaimer: Note that the targets are non-cumulative annually and may be subject to revision and change.*

## 5. RESOURCE ALLOCATION – TEAM STRUCTURE

The following are the programme team arrangements which will be structured with the selected SR in line with their program context, needs and expectations:

- Programme manager – leading the programme team and responsible for reporting and engaging with all stakeholders.
- Site coordinator – tasked with leading a team of peer educators – batched per each sub-District.
- Peer educators – tasked with reaching a cohort of unique MSM per month according to the micro planning methodology – peer navigation and case finding.
- Peer educators specialising on human rights defense, adherence and young MSM workers will be trained to support these specific needs.

The programme teams will be supported by the following personnel per district:

- Professional nurse – tasked with providing clinical services including HTS, STI screening, referrals, tracking and tracing and linkages to care and support.
- Trainer Doctor/Nurse – tasked with supporting the provision of MSM service including capacity building, mentoring and coaching.
- Social auxiliary worker – tasked with providing psycho-social support to MSM including mental health screening and linkage to other services.
- HTS and linkage officers – tasked with providing HTS and linkage to care for MSM including routine follow ups to ensure adherence.
- Advocacy officer – coordinating all advocacy and sensitisation for the district, fostering community dialogues and sensitisation on MSM.

Funded programme management and administration support staff include:

- M&E officer – coordinating all M&E for the programme including implementation of the biometric systems.
- Data capturer – capturing all programme data and real time data collection at point of service deliver.
- Driver – assist with transport of peers at night and mobile services where needed
- An allocation towards Financial and other senior management support including Human Resources and Finance.

## 6. PRE-QUALIFICATION CRITERIA

All applicants must have a valid **Broad-Based Black Economic Empowerment (B-BBEE)** certificate with a **Level one (1) or two (2)** contributor score or a sworn affidavit (for eligible entities) deposited by a Director/Board member and the affidavit should not be older than three months from closing date. No beneficiary recognition certificates will be accepted. Applicants that do not meet the above requirement will be disqualified from further evaluation.

## 7. 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:

- The first stage of the evaluation process assesses for compliance with pre-qualification criteria. Applications that do not comply will not be evaluated further.
- The second stage of the evaluation process assesses compliance with administrative requirements. Applications that do not comply will not be evaluated further.
- The third stage of the evaluation process assesses 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.
- The fourth stage, which is optional and at the discretion of the SSP, may involve an on-site visit to clarify details about the applicant. 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	<b>100%</b>

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. Aggrieved applicants may lodge an appeal with the Beyond Zero CEO within seven working days of receiving official communication of the SR selection decision, clearly stating the grounds for appeal and providing the necessary evidence.

## 8. APPLICATION INSTRUCTIONS

All applicants are required to:

- Clearly mark their applications with “**BZ Global Fund Sub-Recipient Application 2019 – MSM Module & Name of Organisation**”. Applications submitted electronically should use the same in the email subject line.
- Ensure completeness of the application (including the attachment of all necessary supporting documentation) and not exceed recommended length of sections.
- Attach board resolution authorising submission of application.
- Confirm in writing that the information and statements made in the proposal submission are true and accept that any misrepresentation contained in it may lead to disqualification;
- 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; and
- Submit application to [gapplications@beyondzero.org.za](mailto:gapplications@beyondzero.org.za) or deposit 5 copies of the application with all supporting documentation into the tender box located at the 110 Moore Street, Quigney, East London before the deadline of 22 February 2019 at 17H00 CAT.
- Ensure that appropriate staff is available on site if and when the on-site SR capacity assessment visit is done.

## 9. KEY DATES

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

Key Activity	Dates
1. Publication of call	6 <sup>th</sup> February 2019
2. Briefing Meeting Dates	Details below
3. Deadline for submitting applications	22 <sup>nd</sup> February 2019
4. Application Evaluation Period	25 <sup>th</sup> – 28 <sup>th</sup> February 2019
5. Final SR selection and decision (communicating the outcomes of applications to applicants)	Week ending March 15 <sup>th</sup> 2019

## 10. BRIEFING SESSIONS

BZ 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 **Donald Ramodibana** at the following address [donaldr@beyondzero.org.za](mailto:donaldr@beyondzero.org.za) – he will provide the venue details. Any additional material shared at briefing sessions shall also be made available to potential applicants on Beyond Zero’s website at [www.beyondzero.org.za](http://www.beyondzero.org.za). The table below shows the dates of the briefing sessions.

Province	District	Date
Mpumalanga	Gert Sibande	13 <sup>th</sup> February 2019
North West	Bojanala	14 <sup>th</sup> February 2019
KZN	eThekwini	15 <sup>th</sup> February 2019
KZN	King Cetshwayo	15 <sup>th</sup> February 2019
Limpopo	Mopani	15 <sup>th</sup> February 2019
Free State	Mangaung	11 <sup>th</sup> February 2019
Eastern Cape	O R Tambo	13 <sup>th</sup> February 2019

## 11. CONTACT DETAILS

Please direct your requests for information and questions/queries by the 15<sup>th</sup> of February 2019 at 17H00hrs to: Mr. Donald Ramodibana, Contact email: [donaldr@beyondzero.org.za](mailto:donaldr@beyondzero.org.za)

***BZ will regularly update our website, [www.beyondzero.org.za](http://www.beyondzero.org.za) on frequently asked questions that were not addressed at the briefing session.***

## 12. APPLICATION FORMS AND HOW TO COMPLETE THEM

The application consists of two sections both of which must be completed:

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. If lead applicants are applying on behalf of partners then a Partnering Organisations Form for each organisation is required – see Part 1 of the **Section A** application.

### **Section A**

1. **Applicant Details:** This must be completed in full. No evaluation points will be applied to this section
2. **Executive Summary:** Include a **short overview** of your organisation, why you are applying and what your programme will achieve.
3. **Situational Analysis/Statement of Need:** Describe the problem that you are seeking to address. Applicants under Programme Area 1 are reminded to make sure that you address the full spectrum of target populations (MSM) – you should ensure that you address different facets of need, as you may determine, and also address different approaches to these needs in the sections that follow. You should justify your statements and rationale. Across all Programme Areas you should consider variations that may arise as a result of gender, culture, geography (urban/rural), socio-economic status etc.
4. **Description of Proposed Intervention/Programme Activity:** This section should readily address the needs as outlined in the situational analysis/statement of need (above). General statements should be avoided and specific targeted interventions that address need should rather be detailed. Remember that the GFATM strategy is “Investing for Impact”
5. **Targets and Monitoring and Evaluation Capacity:** The GFATM is a performance-based funding organisation. It is important to identify if scale-up of activities is required or whether full implementation will be achieved from day 1. You should give targets as indicated and also identify in this section your approach and capacity for monitoring and evaluation.
6. **Conflict of Interest:** This section should detail any potential or perceived current or future conflict of interest.

## **Section B**

1. **Programmatic Capacity and Previous Experience:** This section should be self-explanatory but it is your chance to “sell” your organisation. Why you? If you have skills gaps or areas of weakness in the organisation it is also a good time to explain them and how you will address them. Knowing the weakness and what you plan to do about them is an important step in organisational development. As part of capacity building the PR will also be obliged to assist in addressing the challenges
2. **Staffing:** Outline the staffing that you (a) have in place to support implementation and (b) those that will be required. This should include both “operational staff” (those necessary to deliver services) **AND** (b) technical, administrative and support staff. You should be particularly careful to make sure your staffing plan in this section aligns with the budget. Note also that GFATM rules regarding human resource costs are **very** strict and you must give particular attention to this section.
3. **Leadership, Governance and Coordination:** Describe the management of your organisation, – Board information (membership and meetings), compliance with governance and legal requirements etc. If you are working with partner organisations you **MUST** explain the role of the different organisations and what their “value added” is and how the programme will be coordinated and managed.
4. **Signatures:** Remember to sign the document!

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

**No other geographical areas will be considered other than the ones stipulated in this RFP.**

## **13. LIST OF ANNEXES / SUPPORTING DOCUMENTS REQUIRED**

**Annex 1:** Board resolution authorising submission of application

**Annex 2:** Proof of legal entity (NPC, Trust, NPO, Close Corporation, Pty (Ltd)).

**Annex 3:** NPO registration status and confirmation of compliance with Department of Social Development requirements.

**Annex 4:** Profile of the organisation, including history and work experience relevant to this application.

**Annex 5:** List of board members and management, their current job titles and certified copies of IDs.

**Annex 6:** Valid SARS tax clearance certificate together with tax compliance status pin.

**Annex 7:** VAT Registration document

**Annex 8:** Valid BBBEE certificate or sworn affidavit (for eligible entities) deposited by director/board member not older than three months from closing date. No beneficiary recognition certificates will be accepted.

**Annex 9:** Latest employment equity report submitted to the Department of Labour.

**Annex 10:** Last two audited Annual Financial Statements signed by Board chairperson. If your last audited annual financial statement is older than 2 years then supply the most recent management accounts pack.

**Annex 11:** Audit management letter for the last audit.

**Annex 12:** Organogram for all management and administrative positions (Human resources, finance, PSM, M&E, project management).

**Annex 13:** Policies and procedures documents addressing financial management, procurement, travel, human resources, inventory management and occupational health and safety

**Annex 14:** An executive summary of a recent report to a donor for any of the high-level areas that this grant will focus on.