



BeyondZero

a partner in public health transformation

Community Systems Strengthening CAPACITY BUILDING PROGRAMME APPLICATION FORM

GENERAL INFORMATION			
Province			Sub-District:
	District:		
District		Village/Town	
Name of Organisation			
Physical Address			
			Post Code
Postal Address			
			Post Code
Contact Person		Phone	
Position		Fax	
Email		Website	
Alternate Contact Person		Phone	
Position		Fax	
Email			

SECTION 2 – LEGAL STATUS

Type of Organisation	<input type="checkbox"/> NPO <input type="checkbox"/> Non-Profit Company <input type="checkbox"/> Trust <input type="checkbox"/> Other (Please specify) _____		
NPO registration number		NPO Registration Date	
Is your Organisation registered for VAT with SARS, provide details?			
How long has your organisation been in operation?	Since (MM/YYYY):		

3. SECTION 3 – SERVICE DELIVERY

Sub-Districts where your organisation works			
Ward(s) where your organisations work			
What types of communities does your organisation serve (rural, townships, urban areas, farms)?			
Please describe all services your organisation offers			
In relation to this application - Please select which of the	Stigma and Discrimination Reduction (SDR) Services		
	Community Dialogues		

<p>following services your organisation would be able to currently provides?</p>	Support Groups for PLHIV and TB	
	Adherence support groups	
	Stigma and Discrimination Advocacy	
	Stigma and Discrimination Support Groups	
	Beneficiary Surveys /Impact Studies	
	Stigma/Discrimination Awareness Campaigns	
	Stigma/Discrimination IEC material distribution	
	Legal services to address stigma/discrimination for key populations	
	Other	
<p>Please provide the number and designations of staff members that are currently providing the services you selected above?</p>		
<p>Please describe which key and/or vulnerable populations (KVPs) your organisation focuses on?</p>		

SECTION 4 : PREVIOUS HIV/TB PROJECT IMPLEMENTATION EXPERIENCE	
Complete this Section Below:	
<p>Please describe your experience with HIV Testing Services (HTS) and TB services in your community?</p>	

<p>How many beneficiaries have you reached with HIV/TB screening in the past 12 months?</p>	
<p>Do you have an existing MOU with your local district health facility/facilities? If yes, please name them.</p>	
<p>How many staff members do you have trained in TB and HTS services? Have your staff been trained in sputum collection?</p>	
<p>Please describe the process that your organisation follows to ensure that clients are linked to care (e.g., describe how your community care workers carry out follow-ups or get feedback from the clinic).</p>	

<p>On average how often does each beneficiary of HIV/TB programme receive a service from your organisation?</p>	
<p>What other support services does your organisation offer to PLHIV/TB clients? Please explain how these services are provided?</p>	

<p>Please describe how all services to beneficiaries are tracked and monitored?</p>	
<p>What has been the achievements/ success of your HIV/TB programme in the last 12 months? How is this measured?</p>	
<p>SECTION 5 : SDR PROJECT</p>	
<p>Please describe your experience with Stigma and Discrimination Reduction (SDR) activities in your community and indicate current activities implemented?</p>	
<p>How many beneficiaries have you reached with SDR activities in the past 12 months?</p>	

<p>Please describe your experience with facilitation of community dialogues. Please include examples of topics covered?</p>	
<p>Please describe any experiences with SDR awareness events (i.e., talks at schools, clinics, events). What has been the successes of these events?</p>	
<p>Please describe your experience with psychosocial and/or adherence support groups.</p> <p>Please define your beneficiaries and indicate how key and vulnerable populations are included?</p>	

<p>Please describe the content of your current psychosocial support and/or adherence support groups.</p>	
<p>What other support services does your organisation offer to PLHIV/TB and or other key and vulnerable populations?</p>	
<p>What has been the achievements/ success of your SDR programme in the last 12 months. How is this measured?</p>	
<p>What kind of community linkages does your organisation have?</p>	

SECTION 6 – STAFF COMPONENT											
<p>Number of permanent employed employees receiving a salary? (If any)</p>											
<p>Number of persons employed and receiving stipends (e.g., CHW, EPWP, CYCW's etc.) (If any)</p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="507 1659 1329 1727"> Number of each of the following in the Organisation: </th> </tr> </thead> <tbody> <tr> <td data-bbox="507 1727 1206 1794">CHW (Community Health Workers)</td> <td data-bbox="1206 1727 1329 1794"></td> </tr> <tr> <td data-bbox="507 1794 1206 1861">EPWP (Extended Public Works Programme Employee)</td> <td data-bbox="1206 1794 1329 1861"></td> </tr> <tr> <td data-bbox="507 1861 1206 1928">CYCW (Child and Youth Care Workers)</td> <td data-bbox="1206 1861 1329 1928"></td> </tr> <tr> <td data-bbox="507 1928 1206 2038">HIV Testing Service Lay Counsellors (Employees formally trained and qualified to conduct HIV testing)</td> <td data-bbox="1206 1928 1329 2038"></td> </tr> </tbody> </table>	Number of each of the following in the Organisation:		CHW (Community Health Workers)		EPWP (Extended Public Works Programme Employee)		CYCW (Child and Youth Care Workers)		HIV Testing Service Lay Counsellors (Employees formally trained and qualified to conduct HIV testing)	
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	Nurses	
	Social Workers	
	Social Auxiliary Workers	
	Other: _____ _____ _____	_____ _____ _____
List the key staff members that would be responsible for this programme (the one being applied for) and their qualifications/ experience.		

4. SECTION 7 – MANAGEMENT AND ACCOUNTABILITY				
Do you have a functioning board?	Yes		No	
How often do they meet?				
Are the board meeting minutes available?	Yes		No	
Please describe the management structure of your organization (and attach organogram).				
Does your organization have computers? If yes, please stipulate number.	Yes		No	
Does your organization have MS Office software?	Yes		No	

Does your organization have reliable access to the internet	Yes		No	
Please describe your organisation's infrastructure & logistical capacity e.g., offices, transport etc.				

5. SECTION 8 – CAPACITY BUILDING PROGRAMME MANAGEMENT AND COMPLIANCE	
Is your organisation able to commit more than 18 months for the Capacity Building Programme? What do you foresee as challenges to your complete participation?	
What do you see as the outcomes or benefits of the capacity building programme for your community?	
Please describe any income generation or fundraising activities of your organization. (R value) (if available)	

LIST OF ANNEXES / SUPPORTING DOCUMENTS REQUIRED

For your application to be considered, you **MUST** attach the following documents: (Please tick box when attached)

- Annex 1:** Application and Covering letter authorising submission of application.
- Annex 2:** A list of Committee/Board members with their names, positions, addresses, and phone numbers, copies of ID and appointment letters.
- Annex 3:** A copy of your NPO registration from the Department of Social Development
- Annex 4:** 2021-2023 Constitution, AGM minutes and an attendance register.
- Annex 5a and 5b:** A list of all the people working in the organisation (including all staff and volunteers) with names, positions, and an organogram.
- Annex 6a and 6 b:** Two letters of reference from community stakeholders/partners who are not formally part of your project or organisation

I/we the undersigned acknowledge that:

- The information provided is true and correct.
- Any conflict of interest will be declared in the comment space below (for example, if you have relatives who work at BZ)

SIGNATURE ORGANISATION AUTHORISED REPRESENTATIVE		DATE	
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**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
Also, we do not return applications, so please make a copy for your records.**

Comments/notes	