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Request for applications (RFA) Terms of reference (ToR)

**Provision of Sub-Recipient (SR) Services to Implement Human Rights
and Advocacy (HRA) Programme in support of HIV Prevention
Programmes for Adolescent & Young People (AYP) AND Sex Workers (SW),
Global Fund Grant: Jun 2023 – Mar 2025**

REFERENCE /BID NUMBER: AFSA-RFA-2022-01-HRA- FBaard

Closing date: 08 June 2023, 15h00pm

IMPORTANT NOTE:

- This is a re-advertisement. All previous applicants are encouraged to submit a new application if still interested in being considered for this opportunity.
- Check AFSA website (www.aids.org.za) for updates related to this RFA
- Email enquiries with the correct bid number as the subject line to:
 - Mr Zakhele Mavundla on zakhele_m@aidsonline.org.za and

Table of Contents

ABBREVIATIONS	4
1. INTRODUCTION AND BACKGROUND	6
2. SUB-RECIPIENTS	6
2.1. THE ROLE OF SUB-RECIPIENTS	6
2.2. ORGANISATIONAL REQUIREMENTS	6
2.3. MINIMUM REQUIREMENTS FOR SRS	7
3. SCOPE OF WORK	8
3.1. BACKGROUND	9
3.2. KEY AND VULNERABLE POPULATIONS (KVPS)	12
3.3. GEOGRAPHICAL COVERAGE AND SR ALLOCATION	14
3.4. FURTHER DESCRIPTION OF PROGRAMME AREAS TO BE IMPLEMENTED	15
4. ADVOCACY PROGRAMME	16
4.1. ADVOCACY STRATEGY GOAL	17
4.2. ADVOCACY STRATEGY OBJECTIVES	17
4.3. ADVOCACY STRATEGY ACTIVITIES	18
4.4. STAKEHOLDERS TO BE ENGAGED:	20
5. NETWORKING, COORDINATION, AND OVERSIGHT	21
6. OUTPUTS AND TARGETS	22
6.1. SR TEAM TRAINING	22
7. RESOURCE ALLOCATION	22

7.1. SR STAFF COMPLEMENT	22
7.2. ESTIMATED BUDGET ENVELOPE.....	22
8. SR PREQUALIFICATION CRITERIA	23
9. LIST OF ANNEXES /SUPPORTING DOCUMENTS REQUIRED	24
10. EVALUATION PROCESS AND CRITERIA.....	25
1.1. SCORING APPLICATIONS.....	25
1.2. RFA SCORING TEMPLATE.....	26
11. APPLICATION INSTRUCTIONS	28
1.3. HOW TO SUBMIT YOUR APPLICATION:	28
1.4. KEY DATES	29
1.5. RFA TOR ADVERTISING AND DISSEMINATION	29

Abbreviations

AYP	Adolescents and Young People
AFSA	AIDS Foundation of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
B-BBEE	Broad- Based Black Economic Empowerment
CCM	Country Coordinating Mechanism
CSE	Comprehensive Sexuality Education
DOH	Department of Health
ECD	Early Childhood Development
GBV	Gender Based Violence
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GP	General Practitioner
HTS	HIV Testing Services
HIV	Human Immunodeficiency Virus
HIVSS	HIV Self Screening
IEC	Information, Education, Communication
KP	Key Populations
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MSP	Male Sexual Partners
MSM	Men who have sex with Men
NSP	National Strategic Plan
PCA	Provincial Council for AIDS
PEP	Post-Exposure Prophylaxis
PHP	Primary Health Care
PLHIV	People Living with HIV
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PTB	Pulmonary tuberculosis
QA	Quality Assurance
RFA	Request for Application
SA	South Africa
SAPS	South African Police Services

SAW	Social Auxiliary Worker
SGB	School Governing Body
SMT	School Management Teams
SR	Sub-Recipient
SSR	Sub-sub-recipient
SW	Sex Worker
TB	Tuberculosis
TG	Transgender
TOR	Terms of Reference
TVET	Technical, Vocational, Education and Training

1. INTRODUCTION AND BACKGROUND

The South Africa Global Fund Country Coordinating Mechanism (GF CCM) provides oversight for 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 has recommended that AIDS Foundation South Africa (AFSA) be appointed by the GF as one of the four Principal Recipients (PRs) that will implement programmes to be funded by the grant. The other three PRs are: Beyond Zero, NACOSA and Department of Health. PR serves as a grant manager while sub-recipients (SRs) will be the main implementers of the programmes.

AFSA therefore invites interested non-profit organisations, organisations, and government departments, experienced in the modules 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 GF CCM approval.

Applicants are not required to submit implementation plans and budgets as part of this call for applications.

2. SUB-RECIPIENTS

2.1. 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 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.

2.2. Organisational requirements

The minimum requirements to serve as an SR include:

- 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.

These organisational requirements will be assessed during the evaluation process.

2.3. Minimum Requirements for SRs

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

Effective leadership and governance structures

- Legal status such as voluntary association, trust, non-profit company (NPC) etc. to enter into contracts.
- If submitting as a consortium, then documents corresponding to the consortium must be submitted (including joint B-BBEE certificate). If submitting as a partnership that is not legally constituted, then one organisation must submit as the applicant (SR) and then specify the other partner/s as its sub-sub-recipients (SSRs). In this case, AFSA will contract and liaise with the SR and the SR will contract and liaise with its SSRs.
- Have a properly constituted board that provides oversight over organisational matters.
- Effective organizational leadership using transparent decision-making processes.
- Adequate skilled and experienced staff to manage implementation of the modules, 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.

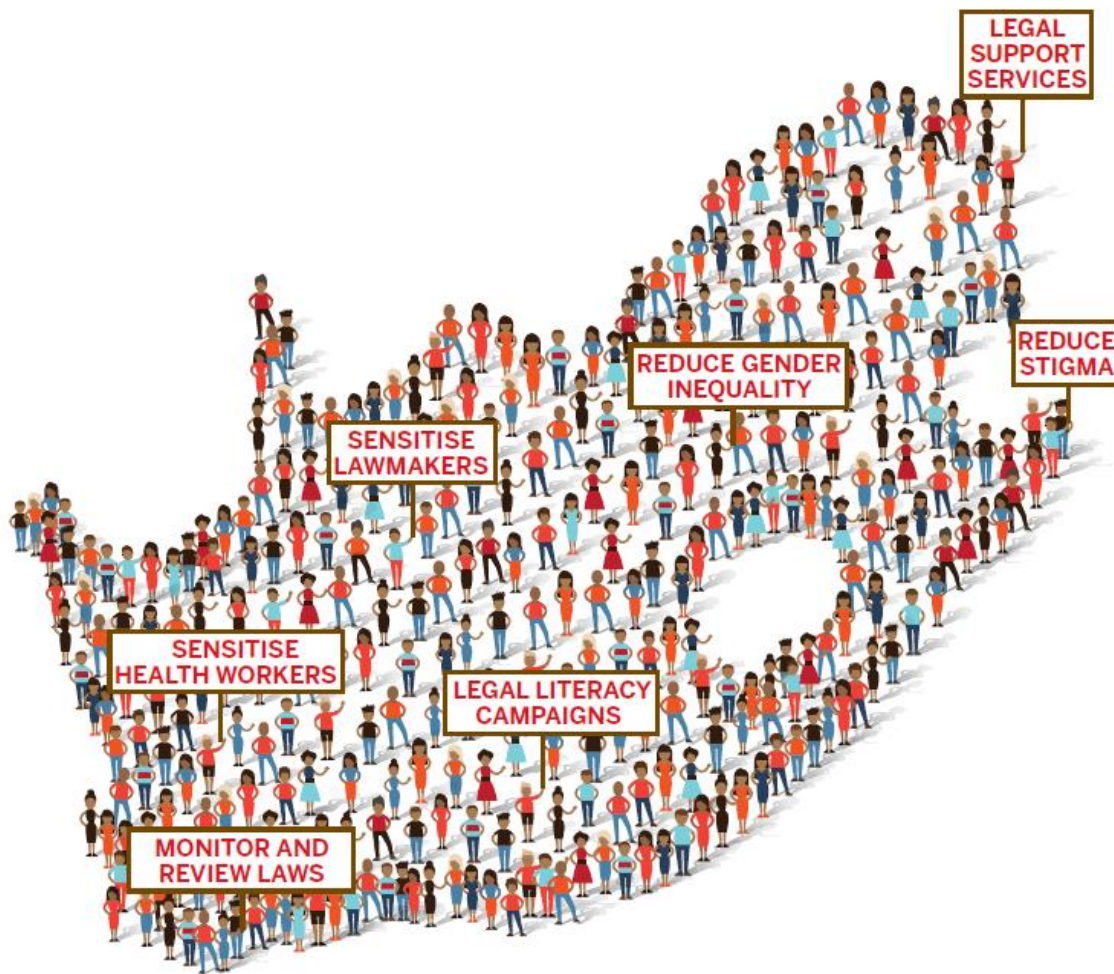
Monitoring and evaluation

- 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.

Promoting participation from supported communities and key populations

To encourage participation of communities served by the programme, some modules /activities of the programme will be reserved for implementation by emerging community-based organisations led by women, youth, people living with HIV (PLHIV), women living with HIV (WLHIV), key populations and people with disabilities. These include certain components of the human rights and advocacy module, awareness campaigns, community mobilization and community-led monitoring of programmes. Applicant SRs in this category must meet the same criteria as the other categories, but consideration will prioritise organisations falling in the category highlighted above.

3. SCOPE OF WORK



Expected outcome of the programme include:

- Reduced percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings from 13.89% at baseline to 10% by 2024/2025
- Reduced percentage of people diagnosed with TB who report stigma in health care settings to 10% by 2024/2025 (no baseline)
- Increased percentage of people living with HIV reporting their rights were violated who sought legal redress from 8% at baseline to 35% by 2024/2025

3.1. Background

The Global Fund Strategy's (2017-2022) Strategic Objective 3(c) commits the GF to support all countries that apply for grants to include and scale up programmes to remove human rights-related barriers to health service². The GF has recognized access to affordable and quality treatment for HIV, STIs, and TB that is free of stigma and discrimination for Key Vulnerable Populations (KVPs) as a priority in its funding. It has introduced ***Programmes to Reduce Human Rights Related Barriers to HIV Services*** as a new module in this funding period. This module "...provides additionality to government and PEPFAR service delivery by improving access and quality".

In addition, South Africa is one of the twenty countries which is a focus of Global Funds' ***Breaking Down Barriers Programme***. This intensive programme aims to support the scale up of quality human rights programmes in these countries, recognizing that human rights programmes are 'critical enablers' which boost the effectiveness of Global Fund grants. As part of the Breaking Down Barriers Programme, a baseline assessment was conducted of the human rights barriers which limit access to, uptake of and retention in HIV and TB services in South Africa, particularly for KVPs.

South Africa's NSP for HIV, TB, and STIs: 2017–2022 recognizes that, despite South Africa being recognized globally for its positioning and response to human rights, significant gaps remain before we realize the full implementation of the human rights agenda. These gaps remain significant for KVPs. It is critical to translate key policies into implementation and to ensure that all people know their rights and how to seek redress when those rights are violated.

The National Strategic Plan

South Africa's NSP 2017-2022, ***Goal 5: Ground the response to HIV, TB and STIs in human rights principles and approaches*** informed the development of a *Three-Year National Implementation Plan for A Comprehensive Response to Human Rights-Related Barriers to HIV and TB Services and Gender Inequality* (hereafter referred to as the National Human Rights Plan). The National Human Rights Plan sets out a comprehensive response to human rights and gender-related barriers to HIV and TB services in South Africa for people living with HIV, people living with TB, key, and vulnerable populations. This Human Rights module of the current Global Fund grant,

therefore, has as its foundation these three key documents: the NSP, the baseline assessment, and the National Human Rights Plan. This module is the outcome of these three processes. Implementation of the Human Rights programme builds on existing research, tools, trainings, reporting mechanisms and legal support from the GF and aligns to the seven key programmes recommended by UNAIDS, as shown below.



Figure: Key Programme Areas (PA) to reduce stigma and discrimination and increase access to justice in national HIV responses (UNAIDS)

This programme prioritizes activities in the seven key program areas in terms of the Global Partnership. Emphasis is placed on addressing barriers and inequalities for those ‘most left behind’ – people with TB, people with disabilities, children, PWUD, WLHIV, migrants and mobile populations. Implementation by AFSA SRs will focus on district-based activities, while supporting SANAC implement national-level activities. AFSA activities will mainly align with programme areas 1, 4, 5 and 7. Programme Areas 2: *Training of Healthcare Workers on Human Rights and Medical Ethics* will be directly implemented by the National Department of Health (NDoH), while PA7: *Reducing Discrimination against Women (including Adolescent Girls and Young Women) in the context of HIV* will also be implemented through the Adolescents and young people (AYP) programme and the *Thuthuzela Care Centre (TCC) interventions* aimed at providing care and support to survivors of Gender-Based Violence (GBV).

The National Implementation Plan

On June 11, 2019, South Africa launched a Three-Year National Implementation Plan for A Comprehensive Response to Human Rights-Related Barriers to HIV and TB Services and Gender Inequality in South Africa. Interventions under the Human Rights programme and aspects of the Advocacy and Community-Led Monitoring Interventions will contribute toward the realization of the targets set in this plan. Successful implementation of the Human Rights programme depends on strengthened collaboration by different stakeholders. These include the South African National AIDS Council (SANAC), Primary Recipients (PRs), SRs from across all GF funded modules, the civil society sector, government departments, community leaders and, most importantly, KVPs directly affected by gaps in recognizing human rights for all.

AFSA is seeking to appoint SRs to undertake direct implementation in all its AYP and SWP districts across five out of the seven Programme Areas listed earlier. These programme areas are PA: 1, 3, 4, 5, 6 (*See Figure above*). National Department of Health will lead implementation of Programme Area 2 (*Training of Healthcare Workers on Human Rights and Medical Ethics*). Scaling up of all Human Rights programme related interventions through increased awareness and referral of KVPs to services will be facilitated through the Advocacy and Community-Based Monitoring interventions.

It should also be emphasised that, in practice, there is overlap between the different programme areas, PA1-7. Activities implemented under one programme area may have outcomes under multiple programme areas. For example, the REAct model, while primarily a tool to document human rights violations, can be used as a platform to increase legal literacy, track access to justice, and to reduce stigma and discrimination, as well as hold health care workers and law enforcement accountable for non-stigmatising service delivery². Furthermore, the human rights module of the current grant is planned in such a way as to scale up human rights programmes that work in combination with each other, and which mutually support each other, for optimal impact. Efforts under the Human Rights programme will yield several deliverables.

3.2.Key and Vulnerable Populations (KVPs)

While South Africa has a generalised HIV epidemic, it is also characterised by distinct sub-epidemics among key and vulnerable populations (KVPs). This module has a specific focus on upholding the rights of those ‘most left behind’ such as people with TB, people with disabilities, people who use drugs, migrants, and mobile populations. It is also focused on the rights of children, adolescents and young people, women, women living with HIV, inmates, and HIV key populations with an emphasis on transgender people including transgender prisoners. The National Strategic Plan (NSP) defines key and vulnerable populations for HIV and Tuberculosis (TB) as:

Key populations for HIV and STIs	Vulnerable populations for HIV and STIs	Key populations for TB
<ul style="list-style-type: none"> Sex workers. People living with HIV. People who use or inject drugs. Transgender persons. Gay men and other men who have sex with men. Inmates. 	<ul style="list-style-type: none"> Adolescent girls and young women. Children, including orphans and vulnerable children. Mobile and migrant populations (including undocumented migrants). Other LGBTI+ people. People living in informal settlements. People with disabilities. 	<ul style="list-style-type: none"> Children under 5 years old. Health care workers. Household contacts of TB index patients. Inmates. Migrants and undocumented foreigners. Miners and peri-mining communities. People living in informal settlements. People living with HIV. People with diabetes. Pregnant women.

Priority populations for training, sensitization and engagement include:

- Healthcare workers -implemented by NDoH
- Law enforcers (SAPS, etc.) - implemented by SANAC
- People in the NPA - implemented by SANAC
- Correctional facility officials - implemented by SANAC
- PCAs and the DACs -implemented by SRs

Priority populations for services

- AGYW
- ABYM
- Survivors of sexual and gender-based violence,
- Adolescents with disabilities,
- Sex workers (male, female, transgender, clients of sex workers,
- Minors (<18 years) who sell sex,

Barriers to services and Inequities experienced by KVPs

- Criminalization of sex work and drug use
- Lack of knowledge of constitutional human rights
- Key and vulnerable populations in particular struggle to access quality legal services
- Stigma and discrimination towards key and vulnerable populations
- Discriminatory attitudes among healthcare workers,
- Fear of breaches of confidentiality, especially for adolescents and young people
- Police discrimination and overly harsh policing of key and vulnerable populations
- Costs to patients for TB care and treatment
- Gender inequality, harmful gender norms, and gender-based violence
- Hate crimes against LGBTI populations

Barriers and Inequities –unique to Sex Workers

- Limited awareness of the availability of PrEP and its benefits
- Criminalization of sex work
- Intersectional risks faced by young, male, and transgender sex workers
- High rates of violence (especially from law enforcements) and frequent arrests
- Minors who sell sex are assumed to be at high risk of HIV, but laws and regulations to prevent and respond to child exploitation inadvertently pose barriers to conducting research and intervening with this population, as service providers are expected to report cases to the police.

3.3. Geographical coverage and SR allocation

KVPs supported and district allocation: 2 KVPs and 19 sub-/districts

Province	District	Sub-district	AYP	Sex workers	SR allocation
Mpumalanga	Ehlanzeni	Mbombela	✓		SR-1
Mpumalanga	Gert Sibande	Govan Mbeki	✓		SR-2
North West	Bojanala Platinum	Rustenburg	✓	✓	SR-3
KwaZulu-Natal	Zululand	AbaQulusi	✓	✓	SR-4
KwaZulu-Natal	King Cetshwayo	City of uMhlatuze	✓	✓	SR-5
KwaZulu-Natal	Ugu	-		✓	SR-6
Eastern Cape	Amathole	-		✓	SR-7
Eastern Cape	Alfred Nzo	-		✓	SR-8
Eastern Cape	Buffalo City	-		✓	SR-9
Eastern Cape	Nelson Mandela Bay	-		✓	SR-10
Free State	Thabo Mofutsanyane	Dihlabeng		✓	SR-11
Free State		Setsoto			SR-12
Free State	Lejweleputswa	-		✓	SR-13
Limpopo	Greater Sekhukhune	Fetakgomo- G /Tubatse		✓	SR-14
Limpopo	Capricorn	-		✓	SR-15
Limpopo	Mopani	-		✓	SR-16
Gauteng	Sedibeng	-		✓	SR-17
Gauteng	West Rand	-		✓	SR-18
Northern Cape	Frances Baard	Sol Plaatje		✓	SR-19

Please note that all HRA SRs were appointed in year one. Therefore, this opportunity is only for the Northern Cape - Frances Baard district.

One SR is allocated per district. SRs in these districts: Bojanala, Zululand, and King Cetshwayo will be allocated both SWP & AYP programmes. One SR will be allocated Mbombela and another one Govan Mbeki sub-districts. The remaining districts will be covered by one SR each, and implementing SWP.

3.4. Further description of programme areas to be implemented

PA4: Legal literacy –know your rights

Undertake ‘know your rights campaigns’ and provide legal information,

Scale up **legal literacy** training of peer educators,

- with organizations and networks of PLHIV, TB and KVPs including those led by women, AYP and people with disabilities.
- in communities, health facilities.
- Peer educators within community KP, AYP and TB prevention programs and from capacitated CSOs (linkage with CRS),

Scale up and focus **stigma and discrimination reduction** campaigns, action, and accountability plans,

- Led by KVPs in communities with parents, community, traditional and religious leaders.
- Ensure activities also focus on gender inequality, harmful gender norms, GBV (including IPV) and sexual and reproductive health and rights of women, adolescents, and young people, and KVPs.
- Integrate activities with prevention programs, CLM at health facilities, C19RM and others, with a strong focus on issues and populations of concern.

PA7 -Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

Monitor human rights violations and ensure a focus on key issues including violence against transgender, male and female key populations and the gendered impact of stigma and discrimination on AGYW and ABYM.

Link up with SANAC and CLM SRs /SSRs to support community-led monitoring of human rights violations, and engage health, SAPS, and schools to ensure accountability, support, and access to justice for SGBV.

Information and Education Campaign (IEC) materials

- Disseminate existing IEC materials
- Promote accountability to community-level Human Rights Charters,
- Promote public engagement of ‘ambassadors’ (e.g., PLHIV, KVPs, young people, traditional and religious leaders)
- Award outstanding contributions by individuals and groups.

4. Advocacy Programme

Advocacy is a continuous and adaptive process of gathering and presenting information to targeted audiences to influence and inspire change. ¹ It is an act or process of people influencing public policy, laws, and perceptions by using facts, relationships, the media, and messaging to educate government, development partners and the public on the changes they want to bring about. Advocacy is more than one civil action/march, meeting, or poster, it requires a series of strategic, organised, and integrated activities designed to achieve a common goal. These interventions aim to:

- Influence the development or improvement of policies, strategies, guidelines, and/or statutes
- Influence the implementation of such policies, strategies, guidelines, and/or statutes
- Influence government funding/budgetary decisions for a certain priority area(s)
- Influence public demand for services and awareness of barriers including human rights violations and gender inequities

Ensuring services and programs are responsive to the needs of key and vulnerable communities and that they are accessible, acceptable, affordable and of the appropriate quality.

Top Tips for Successful Constituency led Advocacy Interventions

- ✓ Clearly defined problems that directly affect the target constituency/networks
- ✓ Agree on measurable impact – quantitative and qualitative
- ✓ Develop strategic activities aligned to achieving impact
- ✓ Clear and strong messages
- ✓ Develop a power map to identify allies and target audience to influence
- ✓ Remain flexible to catalyze on key opportunities
- ✓ Regular review and reflection on plan

The advocacy interventions will implement district- and province-specific work led by local organisations representing KVPs within these districts. The grant will enable these organisations to develop district-specific advocacy plans and lead advocacy activities aligned to the realisation of the programme modules for the Global Fund 2019 – 2022 grant. Civil Society leadership is committed to realising the goals of the NSP and its advocacy priorities are anchored in the NSP, with which all modules of the grant are aligned.

¹UNICEF. Communication for Development (C4D).
https://www.unicef.org/cbsc/index_42346.html
SR RFA ToR HRA_AFSA_2022-2025

4.1. Advocacy Strategy goal

Overall, the goal of the advocacy strategy is to *strengthen the capacity of community-based organisation* communities to advocate for improved effectiveness of health, social and justice services for AGYW, KP, PLHIV and PTB, through addressing the barriers to access to services. This includes advocating for improvement in the following areas:

- a) Advocacy for greater participation and involvement of the key and vulnerable population in planning, implementation, and monitoring of global fund grant programme modules at the district level. Policy implementers need to ensure meaningful participation of the key and vulnerable population in the District AIDS Councils and in the implementation of the district implementation plan (DIP's) and provincial implementation plan (PIP) and sectorial plans.
- b) Advocacy for improved access to comprehensive health services for key and vulnerable populations by addressing bottlenecks and advocacy issues identified by communities.
- c) Advocacy for greater resource allocation for capacity building of the key and vulnerable population. Key and vulnerable populations should meaningfully participate and monitor the budgetary processes particularly on commitments that are made for them.
- d) Addressing gender inequality and stigma and discrimination as a cross cutting issue through all advocacies.

4.2. Advocacy Strategy Objectives

a) **Strengthened Organizing by Civil Society**

Community level mobilization and organizing by civil society will facilitate for a structured and active participation of HIV-TB key and vulnerable populations on issues that directly affect the. This will further ensure meaningful constituency engagement amongst the sectors and at multi-levels of the leadership of civil society. Civil Society organizing will ensure that organisations receiving advocacy grants are supported in their advocacy efforts through clear identification of advocacy issues and regular advocacy engagements.

b) **Evidence-based advocacy**

The Advocacy interventions will be based on the collection of systematic evidence on the **availability, accessibility, acceptability, quality of services** including issues related to gender inequality and stigma and discrimination of key and vulnerable populations. Implementing organisations will collaborate with SRs documenting violations of human rights. The depth and breadth of relevant research needs to be understood to empower the key and vulnerable population so that they lead on issues relating to their communities, including playing a central role in developing policy briefs; building long term relationships with key stakeholder at all levels; forming coalitions and networks; building the capacity of all partners including government to understand and utilise evidence in decision-making related to delivery of services in line with objectives of this strategy and to develop sustainable community programmes.

c) **Synergy and partnerships**

The implementation of this strategy relies on collaboration between communities, PRs, SRs, CSF, and all other relevant stakeholders, including DoH, DCAs and PCAs. Strengthening of partnerships and formalisation of existing ones will be pursued at all levels. In addition, synergic relationships amongst key and vulnerable population sectors will be maximised.

d) **GIPA /MIPA Principle**

The GIPA /MIPA Principle or the 'Greater/Meaningful Involvement of People living with HIV' is a principle that aims to realise the rights and responsibilities of people living with HIV, including their right to participation in decision-making processes that affect their lives This is the principle of 'Nothing about us, without us'.

The active and meaningful participation and leadership of the strategy's core constituency - people living with HIV, people affected by TB and key and vulnerable populations, will be central in the implementation of this strategy.

4.3. Advocacy Strategy Activities

Sensitisation of stakeholders

This is an essential structural community mobilisation intervention aimed at promoting a more enabling environment for sex workers to access services by reducing institutional discrimination and stigma. Sensitisation training is to be done with stakeholders who might encounter sex workers and are deemed as gatekeepers to essential services in the programme sites. SRs will identify these sites based on the context and strategy for implementation. Stakeholders such as clinical facilities, social services, legal services, SAPS, shelters, Thuthuzela Care Centres (TCCs) etc. in the district will be trained and engaged on the lives and rights of SW.

Communication campaigns for KVPs

Designing and implementing communications campaigns to shift social norms requires specialist expertise. To be effective, such campaigns must be aligned to best practice in the field and based on theory and evidence. Evidence exists of the effectiveness of such campaigns, if based on rigorous formative research, and co-creation, for example, the KP REACH Unheard Voices Campaign which ran on radio and digital channels, "showed that, in every country in which Unheard Voices has run, public sentiment toward KPs has improved measurably". Campaigns must be planned jointly with the relevant stakeholders including government departments (health, DSD, education), office of the premier and municipal communications teams. They must cover key themes related to the program and align with the health calendar. Support commemorative events.

To ensure community needs and realities inform the planning, coordination and implementation of the HIV and TB response, the SRs will undertake the following:

a) **Identify two actionable advocacy issues every 6 months.**

Every six months, each SR will identify two actionable advocacy issues which relate to the *availability, accessibility, acceptability, quality, and responsiveness of services*.

- Participatory consultative processes, with AGW, KP, PLHIV and PTB as per SR target population/s, that identify advocacy issues.
- Participatory processes that prioritize two key advocacy issues per semester.

b) Develop advocacy plans to address issues identified

- Undertake campaigns, activations, and other forms of strategies to address issues identified.
- Develop a Power and Stakeholder analysis to *identify allies, target groups to mobilize support, target groups to lobby*.
- Clearly define timeframe for advocacy interventions – align strategic interventions for short-, medium- and long-term outcomes.

c) Implement and document advocacy interventions

- Implement advocacy intervention/s with key and vulnerable populations (KVPs)
- Document activities which form part of the advocacy intervention
- Develop case studies (problem statement, planned advocacy, what happened, result, learning)

d) Strengthen coordination and accountability through structured mechanisms

- Participate and engage Community Response and Systems (CRS) across all eight provinces, including the District Consultative Forum Meetings²
- Direct engagement with local service providers, decision makers and partners
 - Participation in clinic committees
 - Participation in community forums
- Participate in district, provincial and national committees (District AIDS Councils, Civil Society Sector Forums).
- Engage and collaborate with fellow Advocacy Strategy SRs – across KVP groups, and across districts.
- Engage and collaborate with Human Rights Programme Sub-Recipients – across KVP groups, and across at district and provincial level.
- *Strengthen referral mechanisms* across all Global Fund supported service provision interventions- *AGYW, PWID, Sex Workers, TG, MSM and TB programmes*

e) Contribute towards Multi Sectorial Implementation Plans (MDIPs)

- All SRs will *implement, monitor, and report on activities aligned to the Multi-District Implementation Plans (MDIPs)* according to their assigned key and vulnerable population.
- Assessment and reporting on contributions towards MDIPs is facilitated through the CRS programme. Advocacy SRs will participate in CRS coordinated meeting to report on their contributions.

f) Support and participate in coordinated media engagement opportunities

- Through AFSA-facilitated media engagement, SRs should catalyse the role of the media (mainstream, community, and social media) to disseminate information, increase knowledge and enhance sensitization on AGYW, KP, PLHIV and PTB issues

² District Consultative Forum Meetings (CFM) are facilitated on a quarterly basis in each of the districts that the CRS PRs implements the CRS programme.

g) Use the above steps to identify advocacy issues to be escalated to higher decision-making platforms.

- Under certain circumstances, advocacy issues cannot be resolved with short-term interventions at local level and will need to be escalated. These circumstances could include local stakeholders are resistant to engagement on the identified advocacy issue; the advocacy issue is experienced more widely than in just one location; the advocacy issue is affected by policies, plans or other barriers at a higher level.
- Under these circumstances, SRs should advocate for the issue to be escalated to a higher level, including inclusion in future MDIP, PIP and NSP development processes.

h) Mark key calendar dates to amplify advocacy messages aligned to KVPs

- SRs can use key dates to organise advocacy campaigns. They can use both national and international dates to mobilise communities and raise awareness around issues. Key dates also provide opportunities to strengthen partnerships.
- The Department of Health has an annual health calendar which highlights a different health issue every month.
- All key and vulnerable populations included in the Advocacy Strategy have key dates for their constituencies.

4.4. Stakeholders to be engaged:

- Community Based Organizations – Aligned to key populations
- Civil Society Organizations – Aligned to key populations
- SANAC Civil Society Forum
- South African National AIDS Council
- Provincial Aids Councils
- District Aids Councils
- Ward based Councils
- Provincial /District Government Departments – Aligned to key populations
- Department of Health
- Department of Social Development
- Department of Basic Education
- Department of Women, Youth and Persons with Disabilities
- National Prosecuting Authorities (NPA), district officers

5. Networking, Coordination, and oversight

The sex worker programme also participates in the national SANAC Sex Work Sector, as a mechanism for national level advocacy, collective engagement, mobilisation, and collaboration across sectors. This includes the annual SANAC sex work sector meetings.

On the local level, the district Advocacy officer will be responsible for aspects of coordinating the implementation on the ground, engaging with other stakeholders, and ensuring sensitization and community engagement. The National Sex Worker programme is implemented in conjunction with the Community Response and Systems (CRS) programme which seeks to capacitate organisations implementing Global Fund programmes as well as create coordination and alignment across programmes in provinces of South Africa.

SRs will engage and closely coordinate with provincial and district-level AIDS structures (linkage with CRS) to:

- (i) Broaden human rights program membership.
- (ii) Sensitise, build capacity to addressing HR, including M&E.
- (iii) Support the Human Rights Technical Task Team,
- (iv) Embed linkages with HR M&E and accountability working /sub-groups at provincial level ('HR hubs') and district level (HR Standing Committees) to: Co-ordinate, oversee, monitor and document quality, integrated implementation of human rights interventions across all programs and guide development and implementation of the 2023-2028 human rights plan, updated stigma and discrimination reduction strategy, national advocacy strategy, communications strategy, campaign and related IEC materials.

SRs will orient all key co-ordination staff at provincial and district level structures on:

- HIV /TB and human rights,
- the national plan and program,
- mapping of all relevant implementers,
- M&E including the National Portal for documenting human rights violations.

6. Outputs and Targets

Indicators and targets will be provided during the contracting & induction period. These are also subject to revision during implementation.

6.1.SR team training

AFSA will provide training for key elements of the programme, including MER systems & processes.

7. Resource allocation

7.1.SR staff complement

- 1x Programme manager
- 1x Finance & HR officer
- 1x MER officer
- 1x Human rights & advocacy officer
- 5x Human rights defender

7.2.Estimated budget envelope

Estimate below may be subject to review and change. Final budget per SR will be confirmed during contracting stage. It will depend on implementation duration, targets allocation and final budget allocation per module. Each district will have one HRA SR. HRA programme budget envelope estimate: R1,800,000 (total for this RFA).

8. SR PREQUALIFICATION 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.

Administrative requirements for acceptance of SR application

The administrative requirements include the following:

- 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 IDs.
- Valid SARS tax clearance certificate together with tax compliance status pin.
- Valid B-BBEE certificate or affidavit deposed by a director/board member of the applicant confirming B-BBEE level. Organisations who don't have a B-BBEE Verification Certificate by an independent verification agency must complete an affidavit using the required 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.
- Last audited Annual Financial Statements signed by Board chairperson. Management accounts, signed by the preparer of such accounts and the Board Chairperson, may be accepted if the audited annual financial statements are older than 2 years or the financial statements have never been audited.
- Organogram for all management and administrative positions (Human resources, finance, PSM, M&E, project management).
- Policies and procedures documents addressing financial management, procurement, travel, and human resources.
- Letter confirming participation in the district coordination structure e.g., the District Aids Council (DAC), if it exists. If not, a letter issued by the PCA should suffice.

9. LIST OF ANNEXES /SUPPORTING DOCUMENTS REQUIRED

Cover letter: Application /motivation letter
Application form completed in full.
Annex 1: Valid B-BBEE certificate or 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 2: Letter confirming participation in the district or provincial coordination structures e.g., the District Aids Council (DAC). If not available, a letter issued by the PCA is acceptable.
Annex 3: Board resolution authorising submission of application
Annex 4: Proof of legal entity ((NPC, Trust, NPO, Close Corporation, Pty (Ltd)).
Annex 5: NPO registration status.
Annex 6: Valid SARS tax clearance certificate together with tax compliance status pin.
Annex 7: Last two audited Annual Financial Statements signed by Board chairperson. Or financials prepared by a SAIPA or SAICA accredited accountant. These records must within the last two years (2020 - 2021).
Annex 8: Profile of the organisation, including history and work experience relevant to this application.
Annex 9: MOU or SLA or letter of recommendation from government department/s, for supporting related programmes.
Annex 10: SARS VAT Registration document
Annex 11: Policies and procedures documents addressing financial management, procurement, travel, human resources, inventory management and occupational health and safety
Annex 12: List of board members and certified copies of IDs.
Annex 13: Organogram for all senior management and key administrative positions (Human resources, finance, M&E, project management).
Annex 14: Senior management staff: job titles, CVs. Key positions to include: CEO /executive director, programme manager, finance manager, monitoring & evaluation manager /officer.

10. 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 considering 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 (*see relevant section above*). 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 specified minimum score of the technical competency requirements 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 this stage.

1.1. Scoring applications

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%
- B-BBEE points 20%
- Total **100%**

1.2.RFA scoring template.

How points will be awarded:

0 =not submitted /does not comply /invalid, 1 = Poor – grossly out of line with best practices, 2 = Weak – may have a small component that is positive, 3 = Good – some positive attributes, 4 = Very good – close to best practices, 5 = Excellent – meet best practices.

CRITERIA	MEASURE	Weight	Points (0-5)	Final score
PREQUALIFICATION CRITERIA -if not provided or invalid, do not proceed with evaluation				
Valid B-BBEE status	Annex 1: B-BBEE certificate /affidavit Level 1 =5 points. Level 2 =3 points.	4		
Administrative requirements	Application form completed in full.	Not scored		
	Annex 2: Letter confirming participation in the district coordination structure e.g., the District Aids Council (DAC). If not available, a letter issued by the PCA is acceptable.			
	Annex 2: Letter confirming participation in the district or provincial coordination structures e.g., the District Aids Council (DAC). If not available, a letter issued by the PCA is acceptable. Organisations coming from outside the province are eligible to apply and be considered if no suitable local organisation was identified.			
	Annex 3: Board resolution authorising submission of application			
	Annex 4: Proof of legal entity ((NPC, Trust, NPO, Close Corporation, Pty (Ltd)).			
	Annex 5: NPO registration status.			
	Annex 6: Valid SARS tax clearance certificate together with tax compliance status pin.			
	Annex 7: Last two audited Annual Financial Statements signed by Board chairperson. Or financials prepared by a SAIPA or SAICA accredited accountant. These records must within the last two years (2020 - 2021).			
Technical competency (Minimum score of 48 points (60%) on technical points required to proceed)				
Scope of Work Experience of implementing similar programme focus areas	Application form: review application form and assess technical competency of the applicant to determine if organisation profile, experience and proposal addresses goals of the HRA programme.	12		
	Annex 2: Letter confirming participation in the district or provincial coordination structures e.g., the District Aids Council (DAC). If not available, a letter issued by the PCA is acceptable.			

	Annex 8: Profile of the organisation, including history and work experience relevant to this application.			
	Annex 9: MOU or SLA or letter of recommendation from government department/s, for supporting related programmes.			
Ability to function as an SR and meet GF and GF CCM requirements throughout the life of the grant. GOVERNANCE. Board members & staff: suitably qualified & represent community served by the proposed GF programme.	Annex 10: SARS VAT Registration document	4		
	Annex 11: Policies and procedures documents addressing financial management, procurement, travel, human resources, inventory management and occupational health and safety			
	Annex 12: List of board members and certified copies of IDs.			
	Annex 13: Organogram for all senior management and key administrative positions (Human resources, finance, M&E, project management).			
	Annex 14: Senior management staff: job titles, CVs. Key positions to include: CEO /executive director, programme manager, finance manager, monitoring & evaluation manager /officer.			
	Annex 12: List of board members and certified copies of IDs.			
	Annex 13: Organogram for all senior management and key administrative positions (Human resources, finance, M&E, project management).			
	Annex 14: Senior management staff: job titles, CVs. Key positions to include: CEO /executive director, programme manager, finance manager, monitoring & evaluation manager /officer.			
			Grand total	100

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 can lodge an appeal with the CEO /Executive Director within seven working days of receiving official communication of the SR selection decision, clearly stating the grounds for appeal, and providing the necessary evidence.

11. APPLICATION INSTRUCTIONS

Clearly mark applications with the correct bid number.

Applicants must submit the following documents:

- Motivation letter, with key contact details (name, email address, cellphone number, physical address), program and district applying for.
- Completed application form
- Annexes as shown below

1.3. How to submit your application:

If applying for more than one district /sub-district /programme, you are required to submit a separate application for each district /sub-district /programme you are applying for.

All supporting documents must be labelled accordingly, using annexes listed in this document.

Ensure completeness of the application (including the attachment of all necessary supporting documentation) and not exceed recommended length of sections.

Confirm in writing that the information and statements made in the application 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.

Submitting by email: email application to: applications@aims.org.za

Attach all documents required. Huge files may transmit slower or not at all. Allow sufficient time to submit all supporting documents before cut-off time. Applications submitted on email may be submitted until 15h00pm on the closing date. If your complete package is too large (exceeds 20MB) it is advisable to split it into smaller packs of 10MB or less, otherwise it may not be transmitted due to large file size.

If submitting in few smaller packages, use same email subject reference on all emails, clearly specify the total number of packages emailed (example: email 1 of 3) and the last attachment must be submitted within the cut-off time. Applications submitted electronically should use same bid number in the email subject and emailed to: applications@aims.org.za

Submitting by hand delivery:

Deposit 6 copies of the application package with all supporting documentation into the tender box located at: [AFSA offices, 2nd Floor, Clifton Place, 19 Hurst Grove, Musgrave, Durban, 4062, KZN.](#)

Should any event (such as COVID-19 restrictions) prohibit travel to AFSA offices /or offices closed due to unforeseen circumstances, email submissions will be the only acceptable submission procedure, and email cut-off times apply. Visit AFSA website regularly for updates.

1.4.Key dates

Bid submission closing date: 08th June 2023, 15h00pm.

Project implementation start: Jun 2023

1.5.RFA ToR advertising and dissemination

Once approved by the GF CCM Management Committee, the RFA shall be circulated widely including: PR website, PR mailing list. The RFA shall also be shared with relevant local structures such as PCAs, DACs, LACs, local municipalities, and civil society networks for wide circulation.