



TERMS OF REFERENCE /Request for quotation

AFSA is seeking a qualified service provider to conduct a Rapid Assessment of the Capacity Building Intervention within the Global Fund Grant.

Quotation Submission deadline: **11 February 2025 at 15:00**

REF: **GLO03REQ12180 CBO PROGRAMME EVALUATION**

AFSA reserves the right to amend this document or to cancel this call, for any reason

Changes and notices to this document will be posted on AFSA website: <https://www.aids.org.za/>

Note: Please direct any queries to

AFSA Procurement (procurement@aidsonline.org.za)

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Abbreviations

ADV	Advocacy
AFSA	AIDS Foundation of South Africa
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CAO	Community Advice Office
CBM	Community-Based Monitoring
CCM	Country Coordinating Mechanism
CDA	Central Drug Authority
CSS	Community Systems and Responses
CSE	Comprehensive Sexuality Education
CSS	Civil Society Sector
DCA	District Council on AIDS
DoH	Department of Health
DoJ	Department of Justice
GBV	Gender Based Violence
GF	The Global Fund
HIV	Human Immunodeficiency Virus
HR	Human Rights
HRWG	Human Rights Working Group
IBBS	Integrated Biological and Behavioural Surveillance
IEC	Information, Education, Communication
IPO	Implementing Partner Organisation
KP	Key Population(s)
KVP	Key and Vulnerable Population(s)

LASA	Legal Aid South Africa
LEA	Law Enforcement Agents
LFA	Local Fund Agent
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, + all people who have non-normative gender identity or sexual orientation
M&E	Monitoring and Evaluation
MDIP	Multi District Implementation Plan
MSM	Men who have sex with Men
NDoH	National Department of Health
NSP	National Strategic Plan
OST	Opioid Substitution Treatment
PAs	Programme Area(s)
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PCA	Provincial Council for AIDS
PIP	Provincial Implementation Plan
PLHIV	People Living with HIV
PR	Principal Recipient
PTB	People infected with TB (TB Survivors)
PWID	People who inject drugs
PWUD	People who use drugs
QA	Quality Assurance
REAct	Rights-Evidence-Action
RFF	Request for Funding
SANAC	South African National AIDS Council
SANAC CSF	South African National AIDS Council Civil Society Forum
SAPS	South African Police Services

SR	Sub-Recipient
SSR	Sub-sub-recipient
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TG	Transgender
TCC	Thuthuzela Care Centre
UNAIDS	The Joint United Nations Programme on HIV/AIDS

1. Introduction and Background

BACKGROUND

AFSA seeks a consultant to assess the effect of capacity building interventions for community-based organisations with regards to strengthening governance, organizational systems for long term sustainability of community organizations in supporting HIV/TB interventions and response at community level. The capacity building efforts are supported through the Global fund grant “investing for Impact against Tuberculosis and HIV” in South Africa for the funding period April 2022-March 2024 in KwaZulu Natal, South Africa.

The Global fund is a funding model aimed at providing countries with resources required to defeat Malaria, HIV and TB and ensuring safer, healthier and more equitable future for all. The Global Fund raises and invest more than US\$5 billion a year to strengthen health systems and ensure pandemic preparedness across the different countries they are supporting. This Global funding mechanism has been in operation since 2002 and uses a collaborative approach by uniting private sector, civil society, health practitioner, world leaders and communities to ensure scale and impact through the programmes they are funding.

The global partnership through funding of countries to implement TB, HIV and Malaria programmes has saved over 59 million lives since its inception in 2002. South Africa is classified as having the largest HIV epidemic in the world, with an estimated 8 million people living with HIV (PLHIV) amongst all ages groups in 2022. (Johnson, 2021). This equates to an HIV prevalence of 14% amongst all age groups. Women are disproportionately affected the HIV burden compared to their male counterparts. “The disparity is also seen across gender with more young women and girls aged 15-24 with higher HIV prevalence in comparison to the adolescent boys and young men in the same age group (15.5% for girls 15-24 vs 4.8 prevalence for boys in the same age group)”. (Simbayi LC, 2017, p 52).

“The Global Fund emphasises a systems thinking approach to programming, first introduced by Patton (Patton, 2020, p1) and inspired by the “Blue Marble shot” photo of the earth hanging against the backdrop of deep space. The Blue Marble principles link very well with the Global Fund strategy as they both emphasize the need for programmes to move away from silo approaches in terms of how community interventions are delivered and more towards connectedness, integration and collaboration, and transformation of systems Globally.

The implementers for the Global fund grant in South Africa are selected by the South African Global Fund Country Coordinating Mechanism. The country coordination mechanism is made up of different stakeholders from various civil society sectors, government departments, donor representatives and community representatives. The structure is responsible for ensuring that primary implementers for implementation of the HIV, TB grant are selected through a competitive process based on their technical capacity, organizational management and systems to manage grant funds including implementation of interventions as per the allocation by the country coordinating mechanism. The primary recipients of the global fund grant are required to appoint implementing partners, or community-based organizations (CBOs) to implement interventions within the different districts

where they are situated. The structure of the grant allows for sub-contracting of CBOs to implement the programme. The main critical area for review during the CBO selection process is their placement within localities of where programmes are implemented.

In addition to the selection of CBOs, the grant also has a modular intervention that is specific for providing capacity building for small and emerging community-based organizations, that are placed in communities where Global Fund programmes are implemented, have in-depth knowledge of issues and challenges within communities where they are placed. Capacity building interventions includes Global fund partners and CBOs that are led or work closely with people living with HIV, TB including key population groups such as adolescent girls and young women, sex workers, people injecting and using drugs as well as transgender people. Capacity building of CSOs has a strong focus on enhancing uptake of services through strategic and quality training on HIV, TB including stigma and discrimination.

These community-based organisations often come with a lot of experience in managing small to medium scale community projects. In most instances, these organisations have technical and governance capacity gaps, including limited to no organizational capacity and systems to manage grants such as the ones provided through funding support from the Global Fund. Therefore, they are not eligible to be considered as main or primary implementing partners for the Global Fund grant.

The Global Fund, like many other international donors recognizes the importance that these community organizations play in supporting implementation of programmes and ensuring long-term sustainability of such initiatives. The Global Fund through its implementing partners, have designed a module called Community Systems Strengthening (CSS) in the targeted districts where HIV and TB programmes are implemented. The community systems and strengthening programme's main objective is to capacitate community organisations through provision of pre-defined training and mentorship over a period of time to improve organisational capacity of these organisations.

Community based organizations are best placed to provide public health interventions for key and vulnerable populations at community level. These organizations understand issues at community level, and often implement these interventions even without any funding as stated in the programme description for the grant. The increase in local based organizations attracting funding has remained unchanged even after various efforts implemented by local departments such as the Department of Social Development, Health and donor agencies such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund Grants. There are governance and technical capacity gaps within such organisations, making it difficult for them to attract and retain donor funding due to poor organizational governance systems.

CBOs are provided with institutional capacity strengthening, including the ability to create strong organizational systems. Approaches include workshops/training, individualized support or coaching, physical meetings, etc. These initiatives are sustained, including virtual mentoring that is customized to individual organizations' needs. The curriculum has an intensified focus on resource mobilization for sustainability purposes, including mobilizing funding from government and the private sector. In addition to capacity building, half of CBOs provided with capacity building are provided with small grants through the Global Fund grant and encouraged to attract funding from other sources for long

term sustainability of their organizations. (Community systems strengthening programme description, 2022, p 33)

The rapid assessment will look at capacity building initiatives aligned to one of the three civil society organizations in South Africa that were selected as the primary recipients of the current Global Fund grant cycle that started on 1st April 2022 and will end on 31st March 2025. The CSO is the AIDS Foundation of South Africa based in KwaZulu Natal and implementing Global Fund programmes nationally across eight provinces, excluding the Western Cape. The AIDS Foundation of South Africa has been funded by the Global Fund to implemented programmes for Adolescent and Young People; Sex Worker Programme; Human Rights and Advocacy Programme focussing on Human Rights violations for the key and vulnerable population; and lastly the Community Systems and Strengthening.

The capacity building component to be assessed in this rapid assessment is for seven community-based organization in eThekwini, KwaZulu Natal as outlined in table 1 below for Phase 1 and the remaining organization in KZN will be assessed for Phase 2, Mpumalanga and Northwest CSOs for Phase 3. A total of 129 received capacity building, a sample per district in each province will be considered for the rapid assessment. The assessment will primarily review sustainability and capacity building frameworks that exists in this area, mainly as it relates to community-based organizations with underdeveloped to no governance and management systems.

Table 1: Full Geographical coverage for CSOs receiving capacity building through the Global Fund Grant.

Province	District	Number of CSOs per district
Kwazulu-Natal Phase 1	eThekwini	7
	uMgungundlovu	5
	uThungulu	7
	uThukela	5
	Zululand	6
	uGu	6
Total		36

Table 1 above illustrate the number of CBOs who have been provided with capacity building through the Global Fund programme in the funding cycle 2022 -2025, to provide full scope of the programme. Phase 1 of this rapid assessment will only be focussing in one of the six districts in KwaZulu Natal, eThekwini district (7 CBOs).

Capacity building as a concept is defined as an ability of individuals, organizations or systems to perform appropriate functions efficiently, effectively, and sustainably. (Milen, WHO,2001). There has been a global paradigm shift since the mid-1990s in how capacity building is structured and carried out from a theoretical base, this shift is focus moved to incorporation of sustainability approaches to

how capacity building is carried out. The research will mainly focus on capacity building theoretical concept and its link to sustainability. The historical shift in understanding and application of capacity building moved from an individual based focus of capacity building toward development of institutional and complex systems strengthening. The World Health Organization Framework on capacity building emphasis the need of local ownership of programmes and strengthened partnerships between funders and recipients of funding in effective delivery of programmes to communities (WHO capacity building framework, 2001). The paradigm shifts in capacity building package of services shifted recently towards a more comprehensive as opposed to 'disease-specific' approach, aimed at creating contexts, pandemic readiness systems for strong and improved community support and systems, development, care, resilient and sustainable interventions.

The United Nations development programme (UNDP,1998) provided an additional perspective on how capacity building is defined and emphasized the importance of appropriateness of functions for capacity building. The UNDP definition highlights the critical importance of linking capacity interventions to identified gaps for each institution in order to draw value from the capacity building process. Appropriateness in this context is defined as the ability of the capacity building to achieve strategic objectives and missions of the institutions and organization. Literature further emphasises the strong link between capacity and performance as well as its contribution to long-term sustainability.

The capacity building interventions delivered through the Global Fund programme also focusses on a three-phase model (community systems strengthening programme description,2022) similar to the model developed by WHO on capacity building reference this model (WHO capacity building framework, 2001). The phases are interconnected and allows for a continuous cycle in delivering the capacity building interventions. The first phase is identification and recruitment of CBOs to participate in the capacity building process. The first phase also requires completion of the baselines assessment for identification of capacity gaps.

The second phase uses the baseline assessment to structure and tailor-make capacity building interventions to close the identified capacity gaps. The capacity building is delivered through training, mentorship, skill development, including technical support. Figure 1 below provides a summary of capacity building modules provided through the programme to strengthen the capacity of CBOs within the eThekweni district:



Figure 1: Domains of Global Fund Programme Capacity Building (adapted from the CSS Programme Description, 2022)

Figure 1 above shows the key programmatic modules that are provided to CBOs as part of the capacity building component in the programme. The modules are centered around effective systems for governance, management, accountability, compliance as well as strengthening of technical capacity to effectively deliver programmes on HIV and TB to key and vulnerable population within communities. A mid-term assessment is completed at the end of three to six months of capacity building process to assess if there have been any changes in capacity from baselines or prior capacity provision.

Assessing the capacity building efforts provided to these organizations through investments by donors such as the Global Fund will provide insights to determine if the capacity building efforts provided are addressing governance and technical capacity gaps for community-based organizations in ensuring long-term sustainability and improved technical capacity of these organizations.

The last part of the capacity building phase is completion of the endline assessment once all the capacity building initiatives including ongoing support has been completed. The endline assessment is completed using a capacity building assessment tool to review changes in organizational development and capacity at baseline, mid-term and endline to assess the effectiveness of capacity building initiatives at various levels in the capacity building cycle.

The rapid assessment will focus on how capacity building interventions provided through the Global Fund grant has improved their organizational capacity and governance systems in ensuring that their organizations are sustainable, they are able to attract funding and also become for effective in delivering HIV/TB response at community level. The key for sustaining community systems strengthening interventions is through providing resources and technical support to communities for strengthening their community response in delivery of TB, HIV and AIDS programmes, which will in turn increase saturation and coverage of community service

2. Scope of Work

AFSA is seeking to appoint a qualified service provider to conduct a rapid assessment for the effectiveness of capacity building interventions for community-based organizations in the eThekweni district in KwaZulu Natal. The focus of this assessment is to review the extent to which capacity building interventions have strengthened governance and management systems for community-based organization to ensure their long-term sustainability and impactful delivery of HIV/TB programmes at community level.

The main priority in selection of community-based organisations is based on the following criteria:

- (a)CBOs should be part of the civil society sectors for key and vulnerable populations such as People living with TB and HIV; Women living with HIV
- (b)CBOs that are implementing programmes for Adolescent Girls and Young Women; Sex Workers; People Injecting and Using Drugs; People with Disability; Gender Based Programmes; Youth Led; LGBTI Led and Human Rights Focussed CBOs.
- (c)Operation in rural, hard to reach places including hotspots districts with the highest burden of HIV, TB and GBV.

Capacity building priorities are identified and prioritized by means of a detailed capacity assessment and subsequent targeted capacity building plan that stipulates which of the capacity domains and elements ought to be focused on to bring about planned change, organizational systems strengthening and sustainability.

Rationale: Assessing the capacity building efforts provided to these organizations through investments by donors such as the Global Fund will provide insights to determine if the capacity building efforts provided are addressing governance and technical capacity gaps for community-based organizations in ensuring long-term sustainability and improved technical capacity of these organizations.

The main definition of capacity building to be used throughout this research process is adapted from the United Nations Development Programme (UNDP, 1997) below:

A process by which institutions, groups, individuals and society increase their ability to:

- (a)Perform core functions optimally, define and achieve objectives including the ability to solve problems.
- (b)Identify, understand and deal with capacity building needs in a sustainable manner and within a broader context (contribution to sustainable community response and systems strengthening).

The UNDP definition of capacity building as highlighted in the introduction section further indicates the importance of reviewing the capacity building concept as a broader system strengthening concept for overall sustainability within which organizations, individuals, institutions and communities interact. (UNDP 1998).

The purpose of this assessment is to review the extent to which capacity building interventions provided through the Global Fund grant in eThekweni district have strengthened governance and management systems for community-based organization in the district to ensure their long-term sustainability and impactful delivery of HIV/TB programmes at community level.

Assessment Questions

This assessment will be assessing the effect of capacity building interventions on community-based organizations with eThekweni, funded through the Global Fund by responding to the main research question below:

(a) How has the Global Fund capacity building interventions impacted on CBO's sustainability in eThekweni District?

(b) To what extent has the capacity building interventions received through the Global Fund facilitated attainment of organizational sustainability outcomes for CBOs who received capacity building interventions?

3. Methodology

The recommended approach that will be used is qualitative. The qualitative method is best suitable for the rapid assessment and also in ensuring appropriate responses are provided to adequately provide analysis required to answer the research question(s).

The second qualitative method the assessment will use to supplement results from document analysis is semi-structured interviews with selected participants for sampled CBOs who will be part of the study. Using this method will allow the evaluator to capture knowledge, and some useful information that might not be captured in documents through conversations, different perspectives and interactions. The most critical elements to capture will be participants knowledge and experience in the research area, that will later be analysed, interpreted for contribution in theoretical knowledge.

4. Study Design

The study will use the Process evaluation model to review the extent to which capacity building components as outlined by the WHO capacity building framework have been applied and implemented with CBOs who are part of this assessment. This chosen design will specifically review how and when capacity building interventions have been implemented and unpack factors that contributed to the attainment of outcomes. There has been a significant demand by funders, researchers and community members to understand and respond to "why" factors that can unpack why interventions did not produce their intended results and effect. (Fisher, 1995). The chosen design aligns very well with the qualitative methodology for this assessment. The process evaluation design provides a unique understanding of theoretical frameworks linked to programmatic approaches, through understanding of which theoretical constructs make the most impact. (Glanz, Lewis and Rimmer, 1997).

The main qualitative methodology to use is document analysis through reviewing variety of source documents as part of data collection phase (secondary data) as well as for data analysis. The source documents required will be used for analysis, review and responding to rapid assessment questions. A detailed listing of source documents will be unpacked in the next section on data collection.

The data list provided in that section will not be extensive, additional information might be requested at the point of data collection as deemed necessary. Patton. M (2015) highlights that any document containing a particular text can be a potential data source for qualitative analysis. This particular

method aligns well with the research purpose and questions and will be used together with semi-structured interviews to draw on nuances that are specific to unique context and community dynamics aligned to each of the CBOs included in the research study. The document analysis method is still robust and effective to use on its own, however have chosen the integration of semi structure interviews for contextualizing some of the findings that might be drawn from review of various documents.

There has been a lot of criticism on qualitative methods for their lack of “reliability “and “rigour”, therefore using this methodology provides an opportunity for a researcher to triangulate data from using variety of data sources in other to validate data and check for consistency across multiple sources to improve reliability of research findings. Data triangulation will be carried out through using this method by reviewing a variety of data sources and using that to confirm findings across data analysis using this method. This method is applicable for its unique ability of validating findings from a qualitative perspective which is not always easy to achieve when using other alternative methods.

The semi structure interviews will be conducted with capacity building recipients at CBO level. A set of standard questions aligned to assessment purpose will be developed, some of which will align to other areas where some primary data might be required for closing gaps in information from document analysis process if any gaps exist. Semi structured interview provides an opportunity for the evaluator to interact with interviewee for drawing in-depth and useful information which might be missed if the only method to use if document analysis in this case. Ritchie & Lewis, 2023 indicates that this method is very useful to assist with capturing non-verbal cues that will not necessarily be in the data collection form, however useful for interpretation of results and reviewing thematic areas for analysis. The main golden thread for using this method is that it is still one of the few qualitative methods that provides results that are reliable even in larger samples when compared to other qualitative methods.

5. Tools and their Application

The main approach for data collection for this assessment will be the use of secondary data using documents mainly from the programme. The assumption is that these tools have been standardised and data is collected using similar data elements for the ease of review, comparison, interpretation and data analysis. Secondary data for document analysis will include the following:

- Programmatic Reports aligned to the research review timelines
- Data collected on the capacity of CBOs at different implementation phases (baseline data and scores, mid-term data and scores, endline data and scores).
- Capacity assessment tools for selected CBOs, including any data analysis completed by the programme if any exists.
- Programme evaluations and assessments completed.
- Databases with captured capacity assessment forms if available.
- Training curriculum used for providing capacity building

- Capacity building attendance registers, training assessments and evaluations where appropriate.
- Sampled organizational profiles and area of expertise and focus.
- Other relevant documents

Semi-structured interviews will also be conducted in addition to the document analysis completed to collect additional information to answer some of the assessment questions more comprehensively. An interview guide and other instruments to be reviewed will be attached as an annexure.

6. Sampling

The assessment will include data from all 7 districts from eThekweni district who received capacity building through the Global fund grant. Purposive sampling (Palys, T. (2008) will be used for selection of participants for semi-structured interviews. The following criteria should inform the selection:

- Levels of implementation, ie organizational structure representation aligned to the different thematic areas of capacity building
- Ensuring that key personnel for across CBOs are included in the interview (Director, Programme Manager, MER Manager, Finance Manager, Implementing Team etc).
- Ensuring that key stakeholders involved in the community systems strengthening programme are covered.

The selected sampling method will mainly use the homogenous definition. The selected participants for the semi-structured interviews have specific similar characteristics. Below is the selection criteria:

- Participants would have gone through the capacity building initiative through the Global fund grant
- They are contracted by AIDS foundation of South Africa as eligible to receive capacity building.
- All CBOs to be interviewed are implementing community-based programmes for the reduction of HIV, TB and Stigma and Discrimination for Key and Vulnerable Populations.

Based on the criteria outlined above, the following sample size table developed using purposive sampling is illustrated in table 3 below:

Table 2: Sampling for Qualitative Research

Level	Respondent Category	Geographical Location	Quantity	Comments
National	Primary Recipient of the Global Fund Grant	Durban Head Office	4	1- Programme Manager 1- Capacity Building Coordinator 2- Community systems strengthening project officers

National	Technical Assistance	Based in their head office		1- Technical Assistant delivering capacity building
Provincial	Provincial AIDS Council	KZN	1	1- Office of the Premier HIV/Community Directorate
District	District AIDS Council	eThekwini	1	1- Representative from the district AIDS Council eThekwini
Local	Community Based Organization	eThekwini	7	1- Representative from each organization (different portfolios)

7. Process of Analysis

The process of analysis will include using the data to extract key themes which are cross cutting and emanating from the capacity building and sustainability frameworks. In addition, themes emerging from the document analysis and semi-structured interviews with some of the unique outcomes and conditions will be identified and included in the analysis; particularly on key lessons learned and areas for improvement and opportunities in how similar interventions can be implemented in future.

The analysis will use a grounded approach as it allows for iterative process in how data is collected and analysed. This will be achieved through reviewing data from documents and other relevant materials. The analysis and thematic areas will change slightly with the analysis of each piece of data. Data analysis for semi-structured interviews will be captured and analysed. The process will include coding and aligning data into themes. More data can be collected drawing from the theoretical sampling process to address any gaps in the data set that might exist. The assessment results will be drawn from all relevant themes and codes that fits together to finish the basis for final theory.

8. Project Timelines

Evaluation deliverables and payment schedule

Deliverable	Timeline	% Payments aligned to evaluation time frame (3 months)
Inception Report: An inception report outlining the evaluation methodology, analysis plan and GANTT chart detailing when activities will be taking place and time allocated for review of deliverables. (data collection tools	50 hours	10%

will be provided to the successful applicant). Ethics approval process completed.		
Evaluation protocol: Developed		
Data Collection and Analysis	80 hours	40%
Draft Report: A draft report summarizing initial findings, and any issues encountered during the evaluation process.	60 hours	20%
Final Report: A comprehensive report detailing the evaluation findings, analysis, and recommendations.	40 hours	30%

Qualifications and Experience

The service provider should have the following qualifications and experience:

1. Relevant Expertise: Demonstrated experience in conducting program evaluations, particularly in the field of public health and social development.
2. Technical Skills: Proficiency in qualitative research methods.
3. Sector Knowledge: In-depth understanding community systems, capacity building, and community-based interventions.
4. Stakeholder Engagement: Experience in engaging with diverse stakeholders.
5. Report Writing: Strong analytical and report-writing skills.

9. Minimum requirements/ Eligibility of the Consultant

Minimum requirements to be met.

- Post graduate qualification in a relevant field for the lead evaluator.
- CVs of those involved.
- Lead evaluator has 2 years previous experience conducting evaluations.
- The service provider should have sufficient knowledge on community systems and capacity building in a public health setting.

Additional requirements - recommended.

- Service Provider must be a registered South African legal entity.
- Must have been operational for at least three years.
- Extensive evaluation experience, particularly in South Africa and in undertaking similar evaluations.
- Evaluation design and research skills, including statistical sampling expertise.
- Programmatic or evaluation experience for HIV/AIDS, STIs and TB programmes, Programmatic experience or content knowledge in these areas is a critical requirement and applicants must ensure that they have this skill sets within the proposed team.

- Experience in using qualitative data collection methods, including participatory evaluation techniques.
- Good project and people management skills and the ability to deliver within time frames as reflected in the work plan.
- Excellent report writing skills in English.
- Good Communication skills (presentation, writing)
- Good understanding of local languages, community dynamics, community and traditional leadership structures and indigenous health issues.

10. Required documents to be submitted

Service providers with necessary experience and skills are invited to submit proposals to AFSA.

IMPORTANT: Documents listed in the table below must be submitted as one pdf file and, in the order shown. Insert a blank page, with appropriate label & mark it “**NOT SUBMITTED**” to indicate documents not submitted. AFSA will not be held responsible for documents delayed or misplaced during file transmission.

List of required Documents

DOCUMENT NUMBER	Submitted (Yes /No)	DESCRIPTION. REFERENCE:
DOC-01		Motivation /cover letter, with full contact details: indicate reference number. Attach this table onto the motivation letter.
*DOC-02		A declaration confirming the absence of any conflict of interest; or alternatively a declaration stating any existing relationship with AFSA employees or Directors -use attached template.
DOC-03		Maximum 10-pages (not less than 3 pages) technical proposal. Describe how this project will be executed, as per specifications outlined.
DOC-04		CVs for up to 3 key personnel involved in the evaluation, including 2-3 contactable references. Include 1-2 reference letters from previous/similar evaluations conducted. Qualification of all key persons in this assignment (Degree /Diploma /Certificates).
*DOC-05		Company or trading entity registration documents and IDs of Directors. Sole Proprietor: Certified copy of identity document (If non-South African: attach work permit).
*DOC-06		A valid tax clearance certificate (PIN) issued by the South African Revenue Service (SARS).
*DOC-07		VAT vendor registration - Mandatory as per Grant requirements.
DOC-08		Two examples of relevant and most recent work including reference letters. (Use a list /table)
*DOC-09		B-BBEE status level verification certificate (unless trading below the prescribed Threshold, Level 4 and above) -attach: Sworn-Affidavit (below R10M) or Qualified Affidavit (R10M – R50M).

DOC-10		Costing: Detailed budget must be submitted for the assignment. The budget must include the activities and the Level of Effort (LOE) of each person carrying out the activity for the assignment (include daily/hourly rates). and linked to the deliverables of the assignment. Use pricing structure as a guide provided below and the budget must be submitted in Microsoft excel format with functioning formulas
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Documents marked with asterisk are mandatory. Applications missing these documents may be disqualified. Documents are valid only if certified within 6months of the closing date. Only short-listed candidates will be contacted.

11. Evaluation Criteria and stages

Stage 1: Administrative compliance: Applications with missing mandatory documents may be disqualified.

Stage 2: Qualifications and experience: applicants must meet minimum qualifications /experience to be considered for the next stage of evaluation.

Stage 3: Experience, motivation letter, and supporting documents will be assessed and scored accordingly. Minimum score of 50% (before oral presentation) is required to move to next stage.

Stage 4: Costing: Proposals will be scored, with cheapest scoring maximum score. B-BBEE will be factored (80/20 rule) into final cost assessment. AFSA is not obliged to select a service provider based on the cheapest quotation.

Technical evaluation criteria

ELEMENT	Score
Submission compliant with documents listed in the table above: Submitted documents as 1 pdf file. Documents clearly labelled. Clearly marked placeholders for documents not submitted.	15
Proposal submitted: Clear, detailed, demonstrate understanding of assignment and excellent writing skills. An indication of the approach to carrying out the assignment (evaluation design, data collection and verification), the plan must be aligned to the scope of work and deliverables within the specified timelines, including any inputs that may be required from AFSA. Indicate how your qualifications and experience make you suitable for the assignment. If assignment/s will be undertaken by more than one person, include your team structure: indicate names and qualifications and attach their CVs. DOC-03/04	30
Academic qualifications – all persons who will be involved in undertaking any part of this assignment. To meet the minimum requirements as specified.	10
Experience working on related issues /projects. Specify your role in these assignments. Track record of similar work assessed through table listing of prior assignments or CV or sample work submitted (evaluation reports and presentations done). DOC-04 /09.	15
Highly developed written and communication skills. This assessment will be based on the proposal and motivation letter submitted. DOC-01 and DOC-03.	10
Cost. Provide clear breakdown of costing /quotation. <i>Exclude VAT & travel logistics /accommodation because AFSA makes these arrangements, directly, where applicable. Preferential Procurement Policy Framework Act, and 80/20 rule, will be applied when scoring B-BBEE and quoted price.</i> DOC-11	20
Total (80% technical score and 20% price score)	100

12. Submission Instructions

Suitably qualified service providers /consultants /suppliers are required to submit application to: quotes@aims.org.za with this reference: **“GLO03REQ12180 CBO PROGRAMME EVALUATION”**

- ” on the subject line.
- Submission deadline: **11 February 2025 at 15:00.**
- All enquiries are to be submitted in writing *only* to procurement@aims.org.za with subject line clearly marked **“Query -RFP- GLO03REQ12180 CBO PROGRAMME EVALUATION”**
- *If you are not contacted within 60 days of closing date, please consider your submission unsuccessful.*



13. DECLARATION OF INTEREST FORM

Please respond to the following questions, by placing an “X” on your response.
If you require additional space to complete a response, please continue your response on a separate page and sign and date that page.

1) Do you or any of your immediate family members have any financial interest in the work of the AIDS Foundation of South Africa?

Yes: _____ No: _____

If you have responded “yes”, please give details in the box below sufficient for AFSA to evaluate the situation, including, but not limited to, the following:

- If the financial interest relates to a role held at an organization, please list the name of the organization, the role held at the organization (such as employee, consultant, or board member), the work performed in the role, and the dates during which the role was held.
- If the financial interest relates to an ownership interest, please describe the nature and amount of the interest owned, the duration for which the interest has been held, and any other relevant information.

2) Have you or an immediate family member had a professional relationship with an organization subject to a diagnostic review, audit, investigation, or similar activity by AFSA, or been personally subject to an investigation by AFSA? Has there ever been an investigation by any other authority against you, your immediate family members, or an organization to which you have a professional relationship?

Yes: _____ No: _____

If you have responded “yes”, please describe relevant information in the box below, including, as applicable:

- The organization involved.
- The role and title held (such as employee, consultant, or Board member), whether the role was held by you or by an immediate family member, and the dates when the role was held.
- The work performed, and whether the role involved working on, managing, or overseeing matters involving AFSA.
- The investigating authority
- The focus of the investigation or other action
- The outcome or resolution of the investigation or other action (such as findings of fraud or misuse of funds).

3) Have you or any of your immediate family members been involved in a legal dispute with AFSA or its grant recipients, or are you currently involved in any other legal dispute that could have a real or perceived effect on your duties at AFSA?

Yes: _____ No: _____

If you have responded “yes”, please give details in the box below on the nature of the dispute, the parties involved, and, as applicable, the status of the dispute or how and when the dispute was resolved.

Note: This question is intended to only address legal disputes that could have a real or perceived effect on your ability to work with the best interests of AFSA in mind. Therefore, any legal issues you may have experienced relating to your gender, sexual orientation, political beliefs, disease status, activities as a sex worker or drug user, or activities associated with advocacy for social, political or human rights issues do not need to be disclosed here. For the legal disputes disclosed here, you may provide any background you deem relevant.

4) Do you or any of your immediate family members or business associates have any relations with AFSA Sub-recipients, Donors, Partners, Suppliers or Contractors?

Yes: _____ No: _____

If you have responded “yes”, please give details in the box below sufficient for AFSA to evaluate the situation:

5) Do you or any of your immediate family members or business associates have any relations with AFSA?

Yes: _____ No: _____

If you have responded "yes", please give details in the box below sufficient for AFSA to evaluate the situation:

6) Is there anything else not captured in the questions above that could affect your objectivity or independence in the performance of your duties for AFSA, or in your opinion, the perception by others of your objectivity and independence?

Yes: _____ No: _____

If you have responded "yes", please give details in the box below sufficient for AFSA to evaluate the situation.

In signing this Form, I, the undersigned, _____ hereby confirm:

- i. That the information which I disclose in this Declaration of Interest Form is correct and complete.
- ii. That in the event of a material change to the information provided, I shall advise the AFSA Chairperson and/or CEO immediately of the situation consisting of a conflict of interest or that which could give rise to a conflict of interest and undertake to update the information in this Declaration Form in the event of these circumstances and, in any event, at least annually.
- iii. That I have not made, and will not make, any offer of any type whatsoever from which a personal advantage can be derived from my involvement or employment with AFSA.
- iv. That I understand that AFSA reserves the right to verify this information and that I am aware of the consequences which may derive from any false declaration in respect of the information required by AFSA

Signature:

Date:

Name (please print):

Title (please print):

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14. PRICING TOOL

Deliverable	Activities (List each activity to carry out the deliverable)	Resources required including LOE for key personnel for each activity	Notes /description /justification	QUANTITY /UNITS (include hourly/daily rates for key personnel)	UNIT PRICE (EXCL VAT)	TOTAL (EXCL VAT)
Inception Report: An inception report outlining the evaluation methodology, data collection tools, data analysis plan and timeline						
Evaluation protocol: To be developed and submitted to ethics approval.						
Wher's data collection, analysis, etc?						
Interim Report: A preliminary report summarizing initial findings, and any issues encountered during the evaluation process.						
Final Report: A comprehensive report detailing the evaluation findings, analysis, and recommendations.						
Presentation: A presentation of the final report to the organization and relevant stakeholders.						

	TOTAL	R
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NB: AIDS Foundation of South Africa is highly risk averse towards fraud and corruption, sexual exploitation, abuse, and harassment (SEAH) and has zero tolerance for inaction. The organisation seeks to ensure that its working environment is free of fraud and corruption and to this end follows a zero-tolerance approach to fraud and corruption.

Accordingly, AFSA takes all allegations of fraud and corruption seriously and is committed to investigating credible allegations and taking appropriate disciplinary action and sanctions when allegations are substantiated. Reports of any fraud and corruption, or any attempts thereof, should be promptly made to the AFSA Ethics & Fraud Anonymous Hotline through the following reporting channels:

ETHICS & FRAUD HOTLINE REPORTING CHANNELS	
Hotline Name:	AFSA Ethics & Fraud Anonymous Hotline
Contact Number:	0800 120 700
WhatsApp Number:	0860 004 004
Dedicated Email Address:	afsa@behonest.co.za
SMS Number:	48691
Free Post	BNT165, Brooklyn Square, 0075
Website & Chat Link	www.behonest.co.za