REQUEST FOR PROPOSALS

(REVISED 21 AUGUST 2025)

GLOBAL FUND (GC7) GRANT

GRANT PERIOD:

1 October 2025 to 31 March 2028

SUBRECIPIENT PROPOSALS REQUESTED FOR:

Provision of Comprehensive HIV Prevention Programmes for Men of Who Have Sex with Men (MSM) and Transgender (TG) People and their Sexual Partners

REFERENCE NUMBER:

RFA/AUR/GF/2025-2028/01

CLOSING DATE:

13h00 SAST on 1 September 2025

PLEASE NOTE:

Any changes to this RFP and any related documents will be published on the Aurum Website at https://www.auruminstitute.org/gf-sr-requestforproposals.

Please check this link regularly for updates.

TABLE OF CONTENTS

ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
Aurum	The Aurum Institute NPC
B-BBEE	Broad-Based Black Economic Empowerment
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CEM	Community Empowerment and Monitoring
CIPC	Companies and Intellectual Property Commission
Chemsex	The use of drugs, commonly among MSM and TGP, to enhance sexual experience and/or sustain sexual stamina between individuals or in group sex sessions ('chemsex parties').
CLM	Community-led Monitoring
CLO(s)	Community-led Organisation(s)
CoE	Centres of Excellence
CSE	Comprehensive Sexuality Education
CSO(s)	Civil Society Organisation(s)
DAC	District Aids Council
DBE	Department of Basic Education
DEL	Department of Employment and Labour
DIC(s)	Drop-in Centre(s)
DOH	Department of Health
DSD	Department of Social Development
DTIC	Department of Trade Industry and Competition
FY	Fiscal Year (financial periods)
FR	Funding Request
GAHC	Gender Affirming Health Care
GBV	Gender-based Violence
GC6/7	Grant Cycle 6/7
GF	Global Fund to Fight AIDS, TB, and Malaria
GF CCM(s)	Global Fund Country Coordinating Mechanism(s)
GF CT	Global Fund Country Team
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HPV	Human Papillomavirus
HRT	Hormone Replacement Therapy
IEC	Information, Education, Communication
KP	Key Populations
M&E	Monitoring and Evaluation

MPXV	Monkeypox Virus
MSM	Men Who Have Sex with Men
NCD	Non-Communicable Disease
NPO(s)	Non-profit Organisation(s)
PCA(s)	Provincial Council(s) on AIDS
PEP	Post-Exposure Prophylaxis
PLHIV	People living with HIV
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
RFP	Request for Proposals
SANAC	The South African National AIDS Council
SANAS	South African National Accreditation System
SARS	South African Revenue Service
SBCC	Social and Behaviour Change Communication
SGBV	Sexual and Gender Based Violence
SNS	Social Network Strategy
SR(s)	Subrecipient(s)
SRH	Sexual and Reproductive Health
SSR(s)	Sub-Subrecipient(s)
SSP	Subrecipient Selection Panel
STI(s)	Sexually Transmitted Infection(s)
TB	Tuberculosis
TG	Transgender
TGP	Transgender People
TGW	Transgender Women
U=U	Undetectable = Untransmittable
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

INTRODUCTION AND BACKGROUND

The purpose of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) is to attract, manage and disburse additional resources to make a sustainable and significant contribution to the reduction of the impact caused by the three diseases, while also contributing to poverty reduction and to the achievement of the Sustainable Development Goals.

All Global Fund Country Coordinating Mechanisms (GF CCMs) have these core functions:

- Coordinate the development and submission of funding requests.
- Nominate the Principal Recipient(s) and monitor their performance.
- Oversee implementation of the approved programmes, including the closure process.
- Endorse relevant programme revision requests as defined in Global Fund operational policies.

- Ensure linkages and consistency between the Global Fund financed programmes, and other national health and development programmes.

PRs sign GF grant agreements with the GF and manage the implementation of grants under the guidance of the GF Country Team (GF CT) and GF CCM.

PRs contract with Subrecipients (SRs), under the oversight of the GF CCM. The PRs take ultimate responsibility for the performance and management of SRs.

An SR is different from a service provider because it receives a portion of the GF grant from a PR to implement a specific set of programme activities while a service provider is contracted to supply goods or services in exchange for payment. These guidelines provide guidance on the key aspects of the SR selection process to be implemented by all PRs in the interest of achieving a transparent, fair and objective SR selection process.

INVITATION TO APPLY

The GF CCM has selected The Aurum Institute NPC (Aurum) as one of the Principal Recipients that will implement programmes to be funded by the grant. The GF CCM decided that a Principal Recipient (PR) should serve as a Grants Manager while Subrecipients (SRs) will be the main implementers of the programmes.

Aurum therefore invites duly registered South African Non-profit Organisations (NPOs) and Government Departments, suitably experienced in the programme areas listed under the Scope of Work and based in the target districts, to apply to be considered as SRs.

It is important to note that SRs are notified to the CCM while final appointment is made by the PR.

NOTE: ***Applicants are not required to submit implementation work plans and budgets as part of this Request For Proposals (RFP)***.

SUBRECIPIENT(S) ROLE AND REQUIREMENTS

SRs have a contractual relationship with, and are accountable to the PR.
SRs are the direct implementers of programmes financed by GF but can sometimes work through or in collaboration with Sub-Subrecipients (SSRs).

The responsibilities of the SRs include the following:

- Sign a Subgrant Agreement with the PR and contract with SSRs, *when necessary*, under the guidance of the PR.
- Implement Sub-Subgrant Agreements with SSRs under the oversight of the PR and *where applicable*, manage SSRs and take responsibility for their performance.

- Collaborate with and participate in the relevant district stakeholders and structures such as government departments, SANAC sectors, local and district AIDS Councils so that implementation contributes to broader local implementation plans.
- Propose changes to the PR on implementation work plans and budgets *when necessary*.
- Participate in performance review meetings to improve programme and financial performance and impact.
- Report on performance and challenges to the PR through regular reports.
- Ensure timely submission of progress reports to the PR on programme indicators, targets, work plans and related financial accountabilities, as stipulated in the PR-SR Subgrant Agreement.
- Identify key issues and implementation bottlenecks, and escalate these to the PR.
- Provide information to the PR, GF Country Team, and GF CCM and its structures *when requested*.
- Attend PR and other programme related meetings, *as required*.

To successfully be selected and serve as an SR, all interested organisations **MUST meet the following requirements**:

A. ORGANISATIONAL REQUIREMENTS:

a.1. 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 2 (two) years 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 districts.
- A sound system of management and financial controls.
- A sound monitoring and evaluation system, tools and procedures amongst other requirements.

b. ADMINISTRATIVE REQUIREMENTS for acceptance of an SR Application:

b.1. Use of the prescribed application form and adherence to length of submission limits (number of pages).

b.2. Submission of the following documents (in addition to any other evidence requested, or submitted by an Applicant):

b.2.1. Cover Letter with a Board Resolution authorising submission of the Application.

b.2.2. Duly completed Application Form.

b.2.3. Duly completed SR Capacity Assessment Tool (CAT).

b.2.4. Proof of Companies and Intellectual Property Commission (CIPC) legal entity registration (NPO, Trust, Voluntary Association, Close Corporation, Pty (Ltd)).

b.2.5. Memorandum of Incorporation / Articles of Association.

b.2.6. Department of Social Development (DSD) NPO registration status.

b.2.7. Letter of compliance with DSD reporting requirements for the last 3 (three) years.

b.2.8. Department of Employment and Labour (DEL) Letter of Good Standing for the past 3 (three) years.

b.2.9. Latest Employment Equity report submitted to DEL.

b.2.10. Valid South African Revenue Service (SARS) tax clearance certificate together with tax compliance status pin (i.e. SARS Tax Compliance Status PIN Issued).

b.2.11. Valid South African Revenue Service (SARS) Valued-Added Tax (VAT) Registration.

b.2.12. B-BBEE Certificate issued by a South African National Accreditation System (SANAS) approved Agency, or Sworn Affidavit deposed by a Director/Board Member of the Applicant confirming its B-BBEE level; or

b.2.12.1. Organisations who do not have a B-BBEE Certificate must complete a Sworn Affidavit using the Department of Trade Industry and Competition (DTIC) templates for specialised entities on the Department of Trade and Industry website as follows:

- ***B-BBEE Qualifying Small Enterprise - Specialised Entity*** template[1]. This is for qualifying organisations with an annual income between R10 million and R50 million; or
- ***B-BBEE Exempted Micro Enterprise - Specialised Entity*** template[2]. This is for exempted organisations with an annual income below R10 million.

b.2.13. Audited Annual Financial Statements and Audit Management Letter for FY2024 & FY2023 signed by the Auditor and Board Chairperson; or

b.2.13.1. Letter of financial good standing if audited financial statements are unavailable, together with management accounts (including a Balance Sheet and Income Statement) for the last 2 (two) financial periods (i.e. FY2024 & FY2023), signed by the preparer of such accounts and the Board Chairperson.

b.2.14. Internal Audit Plan, or other document indicating coverage and capacity.

b.2.15. FY2025 Annual Organisational Budget (High-level).

[1] B-BBEE Qualifying Small Enterprise – Specialised Entity template

[2] B-BBEE Exempted Micro Enterprise – Specialised Entity template

b.2.16. List of Board Members/Directors and Key/Senior Management with certified copies of IDs. The list should specify each person's position, citizenship, gender and ethnic group, and certified ID copies may not be older than 30 (thirty) days from date of certification.

b.2.17. Organogram for all GF Project Management Positions - Key/Senior Management and Administrative Positions (i.e. Human Resources, Finance, Grants Compliance, Procurement Supply Chain Management, M&E, and Project Management).

b.2.18. Letter confirming participation in the district coordination structure, e.g. the District Aids Council (DAC), *if it exists; or*

b.2.18.1. If not, a letter issued by the Provincial AIDS Council (PAC) will suffice.

b.2.19. Policies and Procedures as requested in the CAT or in support thereof. At a minimum relevant policies and procedures are required for are required for governance, grants and contracts management, financial management (incl. procurement), travel, human resources, asset/inventory management, data management (incl. document retention), information and communication technology (incl. cybersecurity) and occupational health and safety.

c. MINIMUM REQUIREMENTS for SRs:

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

c.1. **Effective leadership and governance structures**

- Legal status such as voluntary association, trust, non-profit Organisation (NPO) etc. to enter into contractual agreements.
- Have a properly constituted board that provides oversight over organisational matters.
- Effective organisational leadership using transparent decision-making processes.
- Adequate skilled and experienced staff to manage implementation of the Programmes, 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, AIDS Councils (local, provincial and district).
- Appropriate internal control systems, including policies and procedures, to prevent and detect fraud or misuse of resources.

c.2. **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.

c.3. **Monitoring and Evaluation (M&E)**

- 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.

These organisational requirements will be assessed during the Evaluation Process. Further information can be found on the Global Fund website (www.theglobalfund.org), including the GF Grants Regulations[3].

GENERAL PRINCIPLES GUIDING SR SELECTION

- The PR must complete the process for selecting Subrecipients (SRs), with reference to the guidelines by the Global Fund Country Coordinating Mechanism (GF CCM).
- In the current grant cycle, the PR shall select their SRs through an open and competitive process.
- The CCM shall not select SRs on behalf of the PR.
- All interested entities shall apply through an open and competitive process. However, this principle has to be applied in consideration of entities such as SANAC whose role is to coordinate multi-sectoral response for HIV, TB and STIs and the Department of Basic Education (DBE), a key partner with a mandate to support its educational and policy coordination.
- The SR selection process is designed to help PRs identify qualified and capable implementers for GF programmes, while also supporting the GF country's transformation agenda.
- Use the selection criteria per the SA CCM Selection Guidelines June 2025 in evaluating SRs.

AURUM SUPPORTED PROGRAMMES AND GEOGRAPHY

1. PROGRAMMES

a. Men Who Have Sex with Men (MSM) and their sexual partners; and
b. Transgender (TG) People and their sexual partners.

[3] https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf

2. GEOGRAPHY

Below is a summary of the Provinces and Districts in which these Programmes will be implemented.

Province	Districts	Programmes	
		MSM	TG
Eastern Cape	OR Tambo	√	
Free State	Mangaung	√	√
Gauteng	City of Johannesburg	√	√
KwaZulu-Natal	King Cetshwayo	√	
	Ugu	√	
	uThukela	√	
Limpopo	Capricorn	√	√
	Mopani	√	
	Sekhukhune	√	
	Vhembe	√	√
	Waterberg	√	
Mpumalanga	Gert Sibande	√	√
North West	Bojanala	√	√
Western Cape	City of Cape Town	√	√
	Garden Route	√	√

SCOPE OF WORK

This call for proposals seeks to identify South African Non-profit Organisations (NPOs) that are efficient and effective implementers of the Scope of Work (SOW) listed below.

Aurum intends to appoint 3xSRs for MSM & TG, however this will be depended on the districts included in the applications received and the SSP recommendations if applications received do not cover all the districts, in which case the Final Selected SRs may be requested to take on additional districts.

Preference will be given to SRs that can demonstrate a footprint in these districts and are currently implementing, or have previously implemented, similar programmes.

The specific SOW includes:

1. MEN WHO HAVE SEX WITH MEN (MSM) AND THEIR SEXUAL PARTNERS

1.1. RATIONALE

South African population size estimates for MSM 15+ years was 381,886 in 2024 (Johns Hopkins University).[4] In SA, HIV prevalence among MSM is estimated to be 28.6% (Thembisa 4.7, 2025 estimate).[5] An estimated 66% of MSM who are HIV-positive know their

[4] Johns Hopkins University, South African KP Population Size Estimates, unpublished 2024
[5] Thembisa 4.7, 2025 estimate

status.[6] Thembisa 4.7 estimates that HIV incidence among MSM has decreased from an estimated 10, 658 new infections per year in 2010 to 5,830 in 2024. The GF-supported MSM programme is currently implemented in 12 districts and reached 50,109 MSM with a comprehensive package of services in GC6 Performance Period 3 (1 April 2023 to 30 September 2023), out of a target of 50,124 (100%). However, nationally, combined coverage from all implementers is still low, estimated at 35.1%.[7] Leveraging on lessons learned from the GF GC6 grant implementation, the GF Funding Request (FR) investments intend to address the identified barriers in MSM program implementation through a community-based, peer-led micro-planning, cohort management approach, delivered at safe spaces, via mobile clinics and virtually.

Barriers

MSM in South Africa have high vulnerability to acquiring HIV, high HIV prevalence, morbidity and mortality, TB, other SRH-related risks, and mental health issues. MSM experience human rights and gender-related challenges, including homophobia, discrimination, violence (including SGBV), hate crimes and economic exclusion. Implementation barriers include internal stigma and challenges with reaching non-gay-identifying MSM, including those engaged in heterosexual relationships.

1.2. PROGRAMME OBJECTIVES

- Reduce HIV Incidence among MSM through targeted case finding, HIV self-testing, and linkage to same-day ART and PrEP initiation.
- Expand Access to HIV Prevention and Treatment Services via peer-led outreach, DICs, mobile services, and differentiated service delivery models.
- Improve Uptake and Adherence to Biomedical Interventions such as PrEP, ART, STI, TB screening and treatment, and viral load monitoring.
- Promote Psychosocial Wellbeing and Adherence through structured peer navigation, mental health support, and risk-reduction counselling.
- Address Stigma, Discrimination, and Rights Violations by strengthening human rights advocacy, reporting mechanisms, and sensitization of healthcare providers.
- Reach Hidden and Underserved MSM (including “after-niners” and non-gay-identified MSM) using tailored outreach and digital engagement strategies.
- Strengthen Health System Responsiveness by building the capacity of health facilities to deliver MSM-competent services through staff training and mentorship.
- Support CEM by funding MSM-led organizations and supporting safe spaces, community dialogues, and feedback loops.

[6] The Aurum Institute, Anova Health Institute (2020). The Second South African Men’s Health Monitoring Survey (SAMHMS2), Results Summary Sheet: A Bio-behavioural Survey Among Men Who Have Sex with Men, South Africa 2019.

[7] GC6 PUDR/P3

1.3. SCOPE OF WORK

a. HIV prevention communication, information and demand creation for MSM

- Conduct venue-based outreach (e.g. bars/shebeens, clubs, home, outdoor venues, e.g. parks, beachfront).
- Conduct risk assessments for MSM, using a peer-led approach.
- Conduct tailored one-on-one and group risk assessment and reduction activities, either at safe spaces, mobile clinics, or outreach venues.
- Classify MSM according to their risk profiles and needs, allocate peer educators accordingly and provide targeted messaging and services.
- Conduct SBCC appropriate for adolescent and young MSM, focusing on uptake of prevention options, skills-based risk reduction and mental health, led by young MSM peer educators.
- Conduct targeted peer outreach for MSM engaging in Chemsex, providing tailored messaging and harm reduction services.
- Provide SBCC around U=U (integrated into all intervention areas as standard).
- Provide refresher training on programme elements to implementers.
- Conduct HTS and provide same-day ART initiation or supported linkages to treatment.

b. Condom and lubricant programming for MSM

- Distribute condoms and condom-compatible lubricants on outreach and at safe spaces to MSM.
- Provide SBCC on safer sex and condom use through social media-based condom promotion.
- Integrate condom and lubricant programming with other HIV prevention and HIV testing services.
- Procure, store, track and assure quality of condoms and lubricants.

c. Pre-exposure prophylaxis and post-exposure prophylaxis for MSM

- Conduct PrEP demand generation and choice counselling, focusing on peer-led microplanning and cohort management.
- Train peer educators in PrEP choice counselling.
- Provide adherence support, through peer-led cohort management.
- Access and avail PrEP and PEP drugs and HIV test kits from provinces and buffer stock from central Global Fund procurement and distribution mechanisms.
- Procure, deliver and store drugs and additional tests for monitoring of PrEP clients.
- Integrate PrEP into the HIV prevention package.
- Intensify awareness raising on PEP, and provide PEP when indicated.

d. Community empowerment for MSM

- Facilitate monthly risk reduction, community mobilization workshops for MSM.
- Provide training for staff to facilitate risk assessment and reductions workshop.
- Support MSM to join local public health facility Clinic Committees.

- Support MSM-led organizations and networks to participate in District and Provincial AIDS Councils.
- Establish a range of feedback channels for beneficiaries to give feedback on the programme and disseminate information on feedback mechanisms to beneficiaries.
- Support MSM advocacy initiatives and facilitate participation of MSM groups in public events celebrating the key days of activism such as World AIDS Day, Human Rights Day, Pride Month, International Day Against Homophobia, among others.
- Attend Community-Led Monitoring (CLM) feedback forum meetings.

e. SRHS, including STIs, hepatitis, post-violence care for MSM

- Provide screening, testing and treatment of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral, oropharyngeal and rectal gonorrhoea, chlamydia trachomatis.
- Provide syndromic and clinical case management for patients with STI symptoms.
- Provide training to staff on updated STI guidelines.
- Provide prevention, screening, testing and referral for treatment HBV, HCV and MPXV.
- Refer MSM for vaccination for HBV and HPV.
- Advise on anal health and hygiene; provide anal health care, including anal cancer screening and linkages.
- Provide post-violence counselling, linkages to PEP and PrEP, ensure forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling; linkages to Thuthuzela Care Centres or Designated Facilities where available.
- Provide one-to-one and group counselling by social workers and psychosocial support officers. Refer for professional mental health care if indicated. Recruit an additional social worker per district.
- Refer eligible MSM for VMMC based on risk assessment (e.g. bisexual men).
- Integrate TB services into MSM SRH services.
- Integrate health promotion, screening and referral for NCD testing and treatment.

f. Removing human rights-related barriers to prevention for MSM

- Conduct training and quarterly mentorship for local CoE.
- Engage in stigma and discrimination reduction campaigns, including sensitization training, and dialogues, and address homophobia, misconceptions and harmful stereotypes on MSM, at district level.
- Document violence and other human rights violations by human rights defenders who form part of the outreach teams, or in targeted outreach.
- Provide human rights literacy advice and information; provide frontline human rights response; refer to linked partner human rights organisations for further legal support.

1.4. APPROACH

The MSM program will be delivered through a hybrid service delivery model, combining fixed-site services at DICs with community-based outreach to ensure broad and equitable access to prevention, care, and treatment for MSM, including those in hidden and underserved networks.

a. Drop-In Centres (DICs)

Each DIC will serve as a safe, stigma-free space for MSM to access comprehensive, person-centred health services. Staffed by a dedicated clinical team, services at the DIC will include:

- Point-of-care HIV testing and immediate ART initiation for those testing positive.
- STI screening, syndromic management, and same-day treatment.
- PrEP initiation for HIV-negative clients with same-day dispensing.
- TB symptom screening and linkage to TB preventive therapy or treatment.
- Sexual and reproductive health services, including rectal care, contraception, and hepatitis screening.
- Mental health screening and psychosocial support.

b. Outreach Teams and Mobile Services

To extend reach beyond facility-based care, the program will deploy community-based outreach teams to undertake the exact same services as mentioned above. In addition, the outreach team will have Peer educators and navigators, and Recruiters trained in SNS.

These teams will engage MSM at hotspots and in informal settings, offering mobile and pop-up services tailored to reach hidden sub-groups, including non-gay-identified MSM ("after-nines"), young MSM, and gender-nonconforming MSM.

c. Social Network Strategy (SNS) and "Seeds"

The outreach model is anchored in SNS, using “Seeds” - trusted individuals from MSM communities - to:

- Identify high-yield venues and informal gathering spaces.
- Mobilize peers for HIV and STI testing.
- Promote uptake of services at the DICs and mobile sites.
- SNS is particularly effective in reaching MSM who do not identify as gay or are not connected to mainstream services. Seeds are compensated and trained to support demand creation and peer navigation.

d. Biomedical Interventions

The model ensures that HIV and STI testing is immediately followed by:

- Same-day ART for HIV-positive clients.
- Same-day PrEP initiation for those testing negative and at substantial risk.
- Ongoing monitoring, adherence support, and viral load tracking will be provided via follow-up at the DIC or through community visits.

e. Psychosocial Support and Human Rights Referrals

MSM will be screened for experiences of GBV, IPV, and other psychosocial challenges. Those affected will be referred to trained social workers for:

- Trauma counselling.
- Legal aid referral for rights violations.
- Assistance with family reintegration.
- Support navigating stigma, discrimination, and social isolation.

Social workers will also link clients to external services, including support for substance use, higher care for mental health services or economic empowerment, as needed.

1.5. INDICATORS

Indicator	Definition	Source Document	Measurement Frequency
KP-1a: Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	MSM who received a defined package of HIV prevention services. Denominator: Defined as having received a basic package of services, which includes HIV/STI risk assessment and risk reduction counselling, condom education, demonstration and distribution (lubricants and condoms), comprehensive sexuality education, and linkage to PrEP, PEP, or ART, IPV and GBV services as required.	MSM Reach Form (Programmatic Data Source)	Monthly
KP-3a (M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	This indicator, KP-3a (M), is a non-cumulative output indicator specifically designed to measure the reach and effectiveness of HIV testing services among MSM. It is crucial for understanding testing uptake and linkage to knowledge of results, which is the gateway to prevention and treatment services.	HTS Register Form	Monthly
KP-6a: Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	This indicator, KP-6a, is a non-cumulative output or coverage indicator designed to measure the uptake of oral PrEP among MSM during a specific timeframe. It's vital for assessing the effectiveness of PrEP promotion and initiation programs within this key population.	MSM Prep Intake Form	Monthly
HTS-5: Percentage of people newly diagnosed with HIV initiated on ART: 90% linkage to ART.	This indicator, HTS-5, is a non-cumulative output or linkage indicator that measures the critical step of connecting individuals who have just received an HIV diagnosis to life-saving ART. It reflects the effectiveness of the HIV testing and treatment cascade.	HTS and ART Register	Monthly

1.6. TARGETS

Province	District	Targets over grant period				
		Reached	HTS	HTS Positive	Initiated ART	Initiated PrEP
Eastern Cape	OR Tambo	5389	4435	78	74	1961
Free State	Mangaung	3643	2997	53	50	1325
Gauteng	City of Johannesburg	30144	24804	437	415	10965
KwaZulu-Natal	King Cetshwayo	3472	2857	50	48	1263
	Ugu	3156	2597	46	43	1148
	uThukela	2548	2096	37	35	927
Limpopo	Capricorn	4897	4030	71	67	1782
	Mopani	4591	3778	66	63	1670
	Sekhukhune	4585	3773	66	63	1668
	Vhembe	5348	4401	77	74	1946
	Waterberg	3397	2795	49	47	1236
Mpumalanga	Gert Sibande	5876	4835	85	81	2138
North West	Bojanala	10330	8501	150	142	3758
Western Cape	City of Cape Town	22939	18875	332	316	8344
	Garden Route	2789	2294	40	38	1014

***DISCLAIMER**: These targets may be subject to change.*

2. TRANSGENDER (TG) PEOPLE AND THEIR SEXUAL PARTNERS

2.1 RATIONALE

Transgender People (TGP) in South Africa face disproportionately high HIV risk and vulnerability, driven by structural inequities, social exclusion, and inadequate access to appropriate healthcare services. According to UNAIDS, approximately 146,000 transgender people live in South Africa, with HIV prevalence among transgender women estimated to be as high as 58–63% - three times higher than the national adult average. This elevated risk is compounded by widespread experiences of transphobia, stigma, violence, and discrimination, which significantly limit access to HIV prevention, care, and treatment. In addition, TGP experience human rights and gender-related challenges, including transphobia, violence, other rights violations, and inequity in access to HIV prevention services, and other health services, particularly gender-affirming health care, as well as economic exclusion and high rates of homelessness.

Many Transgender Women (TGW) engage in sex work to survive, further increasing their vulnerability to HIV, STIs, and violence. TGP also face high burdens of mental health challenges, substance use, and barriers to accessing gender-affirming healthcare, including hormone therapy.

Under the Global Fund programme, Aurum will implement a comprehensive, peer-led package of services tailored to transgender individuals in selected districts. These include

HIV testing, same-day PrEP and ART initiation, gender-affirming care, STI and TB screening and treatment, psychosocial support, legal referral mechanisms for rights violations, and targeted outreach via DICs, mobile clinics, and virtual platforms. This programme aims to address the intersecting medical, psychological, and structural vulnerabilities of TGP and to reduce new HIV infections through inclusive, safe, and affirming service delivery models.

2.2 PROGRAMME OBJECTIVES

- Reduce HIV Incidence among TGP through targeted case finding, HIV self-testing, and linkage to same-day ART and PrEP initiation.
- Expand Access to HIV Prevention and Treatment Services via peer-led outreach, DICs, mobile services, and differentiated service delivery models.
- Improve Uptake and Adherence to Biomedical Interventions such as PrEP, ART, STI, TB screening and treatment, and viral load monitoring.
- Provide gender affirming services by service providers, and train local CBOs and CSOs on GAHC.
- Facilitate completion of a bespoke TGP journey program for TGW and TGM.
- Promote Psychosocial Wellbeing and Adherence through structured peer navigation, mental health support, and risk-reduction counselling.
- Address Stigma, Discrimination, and Rights Violations by strengthening human rights advocacy, reporting mechanisms, and sensitization of healthcare providers.
- Reach Hidden and Underserved TGP using tailored outreach and digital engagement strategies.
- Strengthen Health System Responsiveness by building the capacity of health facilities to deliver TGP-competent services through staff training and mentorship.
- Support Community Empowerment and Monitoring (CEM) by funding TGP-led organizations and supporting safe spaces, community dialogues, and feedback loops.

2.3 SCOPE OF WORK

a. HIV prevention communication, information and demand creation for TG people

- Conduct venue-based outreach (e.g. bars/shebeens, clubs, home, outdoor venues, e.g. parks, beaches, events).
- Conduct risk assessments for TGP, using a peer-led approach.
- Conduct tailored one-on-one and group risk assessment and reduction activities, either at safe spaces, mobile clinics, or outreach venues, using a microplanning approach.
- Classify TGP according to their risk profiles and needs, allocate peer educators accordingly and provide targeted messaging and services.
- Conduct SBCC appropriate for adolescent and young TGP, focusing on uptake of prevention options, skills-based risk reduction and mental health, led by young TGP peer educators.
- Conduct targeted peer outreach for TGP engaging in Chemsex, providing tailored messaging and harm reduction services.

- Provide SBCC around U=U (integrated into all intervention areas as standard).
- Provide refresher training on programme elements to implementers.
- Conduct HTS and provide same-day ART initiation.

b. Condom and lubricant programming for TG people

- Distribute condoms and condom-compatible lubricants on outreach and at safe spaces to TGP.
- Promote 100% condom use, provide SBCC on safer sex and condom use through peer-led models and social media.
- Integrate condom and lubricant programming with other HIV prevention and HIV testing services.
- Procure, store, track and assure quality of condoms and lubricants.

c. Pre-exposure prophylaxis and post-exposure prophylaxis for TG people

- Train peer educators in PrEP counselling.
- Conduct PrEP demand generation and counselling through peer-led advocacy and social media.
- Provide adherence support, through peer-led cohort management.
- Access and avail PrEP and HIV test kits.
- Procure, deliver and store drugs and additional tests for monitoring of PrEP clients.
- Intensify awareness raising on PEP, and provide PEP when indicated.

d. Community empowerment for TG people

- Provide training for staff to facilitate risk assessment and reduction workshop.
- Facilitate monthly risk reduction, community mobilization workshops for TGP through M-groups.
- Support TGP to join local public health facility's Clinic Committees.
- Support TGP-led organizations and networks to participate in District and Provincial AIDS Councils.
- Establish a range of feedback channels for beneficiaries to give feedback on the programme and disseminate information on feedback mechanisms to beneficiaries.
- Support TGP advocacy initiatives and facilitate participation of TGP groups in public events such as World AIDS Day, Human Rights Day, Pride Month, International Day Against Homophobia, among others.
- Attend CLM feedback forum meetings.
- Train and support local CBOs and CSOs about Transhealth and associated topics such as stigma and transphobia, and enable CBOs and CSOs to provide advocacy and safe spaces for TGP.

e. SRHS, including STIs, hepatitis, post-violence care for MSM

- Provide gender-affirming health services at SR premises or mobile clinics (behavioural and social components only, excl. biomedical i.e. hormone replacement therapy -HRT).

- Provide screening, testing and treatment of asymptomatic STIs, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral, oropharyngeal and rectal gonorrhoea, chlamydia trachomatis.
- Provide syndromic and clinical case management for patients with STI symptoms.
- Provide training to staff on updated STI guidelines.
- Provide prevention, screening, testing and referral for treatment for HBV, HCV and MPXV.
- Refer TGP for vaccination for HBV and HPV.
- Advise on anal health and hygiene; provide anal health care, including anal cancer screening and linkages.
- Provide post-violence counselling, linkages to PEP and PrEP, ensure forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling; linkages to Thuthuzela Care Centres or Designated Facilities where available.
- Provide one-to-one and group counselling by social workers and psychosocial support officers. Refer for professional mental health care if indicated.
- Integrate TB services into TGP SRH services.
- Integrate health promotion, screening and referral for NCD testing and treatment.

f. Removing human rights-related barriers to prevention for TG people

- Conduct training and quarterly mentorship for local Centres of Excellence (CoE).
- Engage in stigma and discrimination reduction campaigns, including sensitization training, and dialogues, and address homo/transphobia, misconceptions and harmful stereotypes on TGP, at district level.
- Document violence and other human rights violations by human rights defenders who form part of the outreach teams, or in targeted outreach.
- Provide human rights literacy advice and information by human rights defenders; provide frontline human rights response; refer to linked partner human rights organisations for further legal support.
- Participate in national advocacy campaigns or technical working groups to advocate for the right to health for transgender people, especially removing barriers to provision of gender affirming health care at public health facilities, in partnership with community-led networks.

2.4 APPROACH

The TGP program will be delivered through a hybrid service delivery model, combining fixed-site services at DICs with community-based outreach to ensure broad and equitable access to prevention, care, and treatment for TGP, including those in hidden and underserved networks.

a. Drop-In Centres (DICs)

Each DIC will serve as a safe, stigma-free space for TGP to access comprehensive, person-centred health services. Staffed by a dedicated clinical team, services at the DIC will include:

- Point-of-care HIV testing and immediate ART initiation for those testing positive.
- STI screening, syndromic management, and same-day treatment.
- PrEP initiation for HIV-negative clients with same-day dispensing.
- TB symptom screening and linkage to TB preventive therapy or treatment.
- Sexual and reproductive health services, including rectal care, contraception, and hepatitis screening.
- Mental health screening and psychosocial support.
- GAHC:
    - Journey planning and training on gender transitioning;
    - Referral to private medical specialists for hormonal therapy if client can afford private care, or alternatively to government tertiary institutions where hormonal therapy is provided.

b. Outreach Teams and Mobile Services

To extend reach beyond facility-based care, the program will deploy community-based outreach teams to undertake the exact same services as mentioned above. In addition, the outreach team will have Peer educators and navigators, and Recruiters trained in social network strategy (SNS).

These teams will engage TGP at hotspots and in informal settings, offering mobile and pop-up services tailored to reach hidden sub-groups, including young TGP.

c. Social Network Strategy (SNS) and "Seeds"

The outreach model is anchored in Social Network Strategy, using “Seeds”—trusted individuals from TGP communities—to:

- Identify high-yield venues and informal gathering spaces.
- Mobilize peers for HIV and STI testing.
- Promote uptake of services at the DICs and mobile sites.
- SNS is particularly effective in reaching TGP who do not identify as gay or are not connected to mainstream services. Seeds are compensated and trained to support demand creation and peer navigation.

d. Biomedical Interventions

The model ensures that HIV and STI testing is immediately followed by:

- Same-day ART for HIV-positive clients.
- Same-day PrEP initiation for those testing negative and at substantial risk.
- Ongoing monitoring, adherence support, and viral load tracking will be provided via follow-up at the DIC or through community visits.

e. Psychosocial Support and Human Rights Referrals

TGP will be screened for experiences of GBV,IPV, and other psychosocial challenges. Those affected will be referred to trained social workers for:

- Trauma counselling
- Legal aid referral for rights violations
- Assistance with family reintegration
- Support navigating stigma, discrimination, and social isolation.

Social workers will also link clients to external services, including support for substance use, higher care for mental health services or economic empowerment, as needed. In addition, the social workers will provide support and link clients who wish to change their gender markers to Home Affairs.

2.5 INDICATORS

Indicator	Definition	Source Document	Measurement Frequency
KP-1b: Percentage of transgender people reached with HIV prevention programs - defined package of services	Number of TG persons who received a defined package of HIV prevention services. Denominator: Estimated number of TG persons in the GF supported districts. Reach is defined as having received a basic package of services, which includes HIV/STI risk assessment and risk reduction counselling, HIV testing (including self-testing), condom education, demonstration and distribution (lubricants and condoms), comprehensive sexuality education, and linkage to PrEP, PEP, or ART, IPV and GBV services as required.	TG Reach Form (Programmatic Data Source)	Monthly
HTS-3b: Percentage of TG that have received an HIV test during the reporting period in KP-specific programs and know their results	This indicator, HTS-3b, is a non-cumulative output indicator that measures the reach and effectiveness of HIV testing services specifically among TGP through targeted programs. It's a vital measure of progress in identifying and linking TG individuals to necessary HIV services	TG Reach Form and HTS Register (Programmatic Data source) and Consent Form	Monthly
KP-6b: Number of transgender people who received any PrEP product at least once during the reporting period	This indicator, KP-6b, is a non-cumulative output indicator that measures the number of transgender people who accessed and received any form of PrEP during a specific reporting period. It's crucial for understanding the direct reach of PrEP distribution programs within the transgender community.	TG Reach Form and Prep Register (Programmatic Data source) and Consent Form	Quarterly
HTS-5: Percentage of people newly diagnosed with HIV initiated on ART	The proportion of individuals who were newly identified as HIV-positive within a given timeframe who successfully began their ART treatment within that same timeframe (or a program-defined short period following diagnosis	HTS and ART Register Forms and DOH Patient Files (PHC)	Monthly

2.6 TARGETS

Province	District	Targets over grant period				
		Reached	HTS	HTS Positive	Initiated ART	Initiated on PrEP
Free State	Mangaung	260	232	6	6	113
Gauteng	City of Johannesburg	2153	1923	51	48	936
Limpopo	Capricorn	350	313	8	8	153
	Vhembe	382	341	9	9	166
Mpumalanga	Gert Sibande	420	375	10	9	183
North West	Bojanala	738	659	17	17	321
Western Cape	City of Cape Town	1639	1464	39	37	713
	Garden Route	199	178	5	4	87

***DISCLAIMER*: These targets may be subject to change.**

PRE-QUALIFICATION CRITERIA

1. **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

1. APPLICATION FORM

- Download the applicable Application Form (Word Format) from the Aurum website at https://www.auruminstitute.org/gf-sr-requestforproposals.
- Use and complete the prescribed Application Form.
- The Application Form consists of Sections A through E, all of which must be completed in full.
- The completed Application Form must be submitted in PDF Format.
- Section D must be signed by a duly authorised Official of the Applicant.

Section A: Organisational Details

This must be completed in full. No evaluation points will be applied to this section.

1. Organisation Details
2. Organisation Type
3. Organisation Authorised Official
4. Organisation Point of Contact
5. Organisation Statutory Details

Section B: Organisational Experience in each Programme and Subrecipient Ability

This must be completed in full. Evaluation points will be applied to this section.

1. **Programme(s) and District(s) Selection**
   No other geographical areas will be considered other than the ones stipulated in this RFP.
2. **Programmes 1 through 2** *(as applicable from your selection in 1 above)***:**
   a. Executive Summary
   b. Situational Analysis / Statement of Need
   c. Description of Proposed Intervention(s)/Programme Activity(ies)
   d. Monitoring and Evaluation Capacity
   e. Past Experience
   f. Staffing
   g. Effective Implementer
   h. Value For Money
   i. Conflict of Interest

Section C: More Detailed Self-Assessment Questionnaire related to ability to fulfil requirements of a Subrecipient

This must be completed in full. Evaluation points will be applied to this section.

Section D: Declaration and Signature by the Organisation Authorised Official

The declaration must be completed and signed. No evaluation points will be applied to this section.

PLEASE NOTE:

- Applications from individuals will not be accepted.
- Applications will only be accepted from legally registered South African Non-profit Organisations (NPOs) and Governmental Departments with supporting CIPC and DSD registration documents.
- All shortlisted Applicants may undergo reference checks by the SSP (led by Aurum) to verify that the SRs do not have a history of financial mismanagement, misconduct, or non-compliance. This process is essential to ensure that selected implementers demonstrate a track record of integrity, accountability, and effective delivery.

2. CAPACITY ASSESSMENT TOOL (CAT)

- Download the Capacity Assessment Tool (Excel Format) from the Aurum website at https://www.auruminstitute.org/gf-sr-requestforproposals.
- Use and complete the prescribed Capacity Assessment Tool (CAT).
- The CAT consists of the following 8 sections, all of which must be completed in full and supporting documentation provided:
  - Subrecipient Details
  - Organisation Information and Capacity
  - Grants & Contracts Management

- Financial Management
- Procurement
- Travel
- Human Resources Management
- Information and Communications Technology Management

3. LIST OF REQUIRED DOCUMENTS AND CHECKLIST

- Below is a list of the required documentation to be submitted.
- Download the Required Checklist (Word Format) from the Aurum website at https://www.auruminstitute.org/gf-sr-requestforproposals.
- Use and complete the prescribed Required Checklist.

Document #	Required Documentation
0	Cover Letter (Signed in PDF format)
1	Board Resolution authorising submission of the Application
2	Application Form (Signed in PDF Format)
3	SR Capacity Assessment Tool (Excel Format)
Annex 4a	CIPC Registration Certificate
Annex 4b	Memorandum of Incorporation / Articles of Association
Annex 5	DSD NPO Certificate or Registration Status
Annex 6	Letter of compliance with DSD reporting requirements for the last 3 (three) years
Annex 7a	DEL Letter of Good Standing for the past 3 (three) years
Annex 7b	Latest Employment Equity report submitted to the DEL
Annex 8	Valid SARS TCS PIN (Tax Compliance Status PIN Issued)
Annex 9	Valid SARS VAT Registration
Annex 10	B-BBEE Certificate (SANAS Approved Agency), or Applicable Sworn Affidavit
Annex 11a	FY2024 Audited Annual Financial Statement
Annex 11b	FY2024 Audit Management Letter
Annex 11c	FY2023 Audited Annual Financial Statement
Annex 11d	FY2023 Audit Management Letter
Annex 11e	A Letter of financial good standing if audited financial statements are unavailable together with Management Accounts (including a Balance Sheet and an Income Statement) for FY2024 and FY2023, signed by the preparer of such accounts and the Board Chairperson.
Annex 11f	Internal Audit Plan, or other document indicating coverage and capacity
Annex 12	FY2025 Annual Organisational Budget (High-Level)
Annex 13	List of Board Members/Directors and Key/Senior Management with Certified IDs. The list should specify each person's position, citizenship, gender & ethnic group.
Annex 14	Organogram of all GF Project Management Positions - Key/Senior Management and Administrative Positions (i.e. Human Resources, Finance, Grants Compliance, Procurement Supply Chain Management,

	M&E, and Project Management).
Document #	**Required Documentation**
Annex 15a	Letter confirming participation in the district coordination structure, e.g. the DAC, *if it exists*. Providing copies of existing MOUs/SLAs with National, Provincial and/or Districts of the Department of Health will be advantageous.
Annex 15b	Letter issued by the PAC.
Annex 16+	Policies and Procedures as requested in the CAT or in support thereof. At a minimum relevant policies and procedures are required for governance, grants and contracts management, financial management (incl. procurement), travel, human resources, asset/inventory management, data management (incl. document retention), information and communication technology (incl. cybersecurity) and occupational health and safety. **Please list in the Required Checklist what specific Policies and Procedures have been included/submitted.**

EVALUATION PROCESS AND CRITERIA

1. EVALUATION PROCESS

The evaluation process will be conducted according to the following stages:

1. Assessment of compliance with **PRE-QUALIFICATION CRITERIA**
2. Assessment of compliance with **ADMINISTRATIVE REQUIREMENTS**
3. Assessment of **TECHNICAL COMPETENCY** against the selection criteria and the ability to implement, experience and expertise.
4. **ON-SITE PRESENTATION** of Invited Shortlisted Applicants, to clarify details about the Applicant Organisation and its Application.
5. **FINAL SELECTION AND DECISION FEEDBACK**

The evaluation of submissions will be managed by an SR Selection Panel (SSP), which will prepare a shortlist of Applicants that meet the requirements to be appointment as an SR. Aurum will use the shortlist drawn by the SSP to develop the Final List of Applicants that are to be appointed as SRs. The Final List will be tabled by Aurum for notification by the GF CCM.

2. EVALUATION CRITERIA

The following criteria will be used to assess the submissions received by the closing date and time.

Each stage of the evaluation process has specific requirements that must be met before proceeding to the next stage of the evaluation process.

Below are the requirements for each stage:

STAGE 1: PRE-QUALIFICATION

The first stage of the evaluation process assesses for compliance with pre-qualification criteria.

- Applicants must have a broad-based black economic empowerment (B-BBEE) level one (1) or two (2) only. A valid B-BBEE certificate, or applicable Sworn Affidavit is required.
- Applications that do not comply will not be evaluated further.

STAGE 2: ADMINISTRATIVE COMPLIANCE

The second stage of the evaluation process assesses compliance with Administrative requirements.

- Applicants are required to comply with and submit all required documents listed under Administrative Requirements (pages 8-9) of this document.
- Aurum has provided a standardised Application Form, Capacity Assessment Tool (CAT) and List of Required Documents to assist Applicants in submission of the mandatory documents.
- Applications that do not comply will not be evaluated further.

STAGE 3: TECHNICAL COMPETENCE

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 districts.

- Applicants need to achieve a score of at least 48 points of the technical competency requirements in order to progress further.
- 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%**

The technical evaluation is divided into three areas:

1. Ability to function as an SR and meet the Global Fund CCM requirements throughout the life of the grant;
2. Scope of Work: Experience of implementing similar programme focus areas; and
3. Experience of working in the districts.

Applicants will be scored based on the evaluation criteria in the Table below.

CRITERIA		SUB-CRITERIA	POINTS
Technical Competency (80 Points)	**Ability to function as an SR meet Global Fund and GF CCM requirements throughout the life of the grant (20 points)**	Experience of being funded by an international donor/s	5
		Experience of being funded by a South African donor/s (government/private)	5
		Experience in Grants Compliance, Financial Management and evidence of the relevant registrations, systems, processes and polices in place to manage a large grant.	10
	Sub-Total		**/20**
Technical Competency (80 Points	**Scope of Work: Experience of implementing similar programme focus areas (50 points)**	Partnership with DOH/DSD	10
		Experience in working with key populations, including MSM and TGP	15
		Experience with GBV - awareness raising, referrals and post-violence care support programmes	5
		Experience in providing medical services to key populations, including MSM and TGP	5
		Experience in HIV treatment and prevention programs	10
		Experience in managing monitoring and evaluation systems	5
	Sub-Total		/50
	Experience of working in the district (10 points)	Experience of working in the target districts	10
	Sub-Total		**/10**
B-BBEE (20 points)	**B-BBEE 80/20 scoring system**	Level 1	20
		Level 2	10
	Sub-Total		**/20**
GRAND TOTAL			**/100**

The SR Selection Panel (SSP) reserves the right to amend the above technical competency scoring criteria.

STAGE 4: ON-SITE PRESENTATION

The fourth stage, which is optional and at the discretion of the SSP, may involve an on-site/virtual presentation by Invited Shortlisted Applicants, to clarify details about the Applicant Organisation and its Application. No points are awarded.

STAGE 5: FINAL SELECTION AND DECISION FEEDBACK

The SSP will present its evaluation outcome to the PR for consideration and recommendation on the final list of SRs.

DECISION APPEAL PROCESS

Aggrieved Applicants can lodge an appeal with Aurum's Group CEO and COO within 5 (five) business days of receiving official communication of the SR selection decision.

- All appeals must be in writing on the Applicant's Letterhead, addressed to Aurum's CEO and COO, signed by a duly authorised Official of the Applicant, and clearly stating the grounds for appeal and providing the necessary evidence.
- All appeals must be submitted via email to GF-SR-Applications@auruminstitute.org with the Subject Line **"RFA/AUR/GF/2025-2028/01-Appeal"**.

APPLICATION INSTRUCTIONS

The completed **Application Form, CAT, Required Checklist and Documents** must be submitted electronically or by hand per the instructions below, **with a Cover Letter,** by no later than **13h00 SAST on 1 September 2025. NO LATE APPLICATIONS WILL BE CONSIDERED.**

The **Cover Letter** must be signed by a duly authorised Official of the Applicant and be addressed as follows:

To: The Aurum Institute NPC
Aurum Campus, 33 Wrench Road, Isando, 1601, Gauteng
Attention: SR Selection Panel (SSP)
Reference: RFA/AUR/GF/2025-2028/01 - APPLICATION

ALL APPLICANTS ARE REQUIRED TO:

- **Confirm in writing in the Cover Letter** that the information and statements made in the proposal are true and accept that any misrepresentation contained in it may lead to disqualification.
- Submit a **Board Resolution** authorising submission of the Application per the List of Required Documents.
- Ensure completeness of the Application (including the attachment of all required and/or supporting documentation in accordance with the **List of Required Documents**(per pages 24-25) **and the completed Required Checklist**.
- Ensure the completed **Required Checklist** is the first document and thereafter all required documents are clearly organised and labelled per the Checklist.
- Ensure timely submission of all documents as requested, as part of the assessment of the organisation's ability to continuously fulfil the role of a SR; and
- Ensure that key appropriate staff are available if invited for an on-site presentation as a Shortlisted Applicant.

- Ensure that appropriate staff is available for the on-site SR Capacity Assessment visit if and when done for selected Final Applicants.

1. HAND DELIVERED APPLICATIONS

Applications must be in a **sealed envelope marked with Applicant's Name and contain 1 (one) printed hard copy and a digital copy on a USB Flash Drive** (i.e. comprising of the Application Form, CAT, Required Checklist and Documents).

Applicants must complete the Application Register before depositing the sealed Application into the tender box at each of the below mentioned locations.

Before submitting please:

- **Ensure completeness of the Application** (including the attachment of all required and/or supporting documentation in accordance with the **List of Required Documents and the completed Required Checklist** (per pages 24-25)).
- **Ensure the completed Checklist** is the first document and thereafter all required **documents are clearly organised and labelled per the Checklist**.
- Do not exceed the recommended length of each section of the Application Form.

Applications must be submitted by hand in the Tender Box at ONLY 1 (one) of the following locations:

Province	District	Tender Box Location
Eastern Cape	OR Tambo	OR Tambo Health District Offices 9th Floor, Bota Sigcau Building (Foyer), Corner Leeds Road & Owen Street, Mthatha
Free State	Mangaung	DOH Mangaung District Office Free State Psychiatric Complex, President Avenue, Oranjesig, Bloemfontein
KwaZulu-Natal	King Cetshwayo	PACT SA Eshowe Office 48 Mitchell Street, Eshowe
	Ugu	PACT SA Port Shepstone Office Norwegian Settlers Church, Lot 17, Izotsha Road, Marburg
	uThukela	uThukela Health District Office 32 Lyell Street, Ladysmith
Limpopo	Capricorn	Office of the Premier Provincial Aids Council Secretariat 44 Biccard Street, Polokwane
	Mopani	
	Sekhukhune	
	Vhembe	
	Waterberg	
Mpumalanga	Gert Sibande	The Aurum Institute NPC Shop F1, City Centre, 5 Andrews Street, Ext 7, Mbombela (Nelspruit)

Province	District	Tender Box Location
North West	Bojanala	The Aurum Institute NPC 178 Beyers Naude Drive, Rustenburg
Western Cape	Garden Route	Western Cape Government Health: Garden Route District Office York Park Building, York Street, George South, George

2. ELECTRONIC APPLICATIONS

Please follow the steps outlined below to submit your electronic application.

STEP 1:

- To submit an electronic Application, an authorised Official of the Applicant must send an email to GF-SR-Applications@auruminstitute.org with the following information:
  - Subject Line "**RFA/AUR/GF/2025-2028/01-Electronic Application";**
  - Name of Applicant Organisation;
  - Main Contact Person – Name, Email and Telephone Number
  - Programme applying for (e.g. MSM or TG); and
  - List the Names and email addresses of select staff who are authorised and require access to upload the Application documents on behalf of the Applicant.
- The authorised Official of the Applicant will receive a return email with a link specific to the Applicant to upload the files to Aurum's SharePoint site.
- Upon receipt of the specific link, please test the **link** to ensure that it is working.
- If the link does not work, send a return email to GF-SR-Applications@auruminstitute.org with a snip of the error message. The error will be investigated and further instructions on how to resolve the error will be provided either via return email or a telephone call.

STEP 2:

- Ensure the completed Checklist and all required documents are clearly labelled per the Checklist.
- Upload the required documents via the specific link received per Step 1 above.

Before submitting please:

- **Ensure completeness of the Application** (including the attachment of all required and/or supporting documentation in accordance with the **List of Required Documents and the completed Required Checklist** (per pages 24-25)).
- **Ensure the completed Checklist** is the first document and thereafter all required **documents are clearly organised and labelled per the Checklist**.
- Do not exceed the recommended length of each section of the Application Form.

STEP 3:

- Upon completing upload of your application documentation, send an email to GF-SR-Applications@auruminstitute.org with the following information:

- Subject Line "**RFA/AUR/GF/2025-2028/01-Electronic Application Upload";**
- Name of Applicant Organisation;

- An acknowledgement of receipt email will be sent.

PLEASE NOTE:

1. Access to the link to upload documents will be removed on the deadline date and time.
2. Uploaded documents will not be checked, as it is the Applicant's responsibility to ensure the completeness of its Application.

SUPPORT

1. RFP QUESTIONS

- All questions must be submitted in writing via email to GF-SR-Applications@auruminstitute.org with the Subject line **"RFA/AUR/GF/2025-2028/01-Questions**", by no later than **16:00 SAST on 21 August 2025.**
- Any questions received after the deadline date and time will not be addressed.
- Questions will anonymised and published with answers in a Q&A document on the Aurum Website at https://www.auruminstitute.org/gf-sr-requestforproposals, by no later than **16:00 SAST on 25 August 2025**.

PLEASE NOTE:

To ensure fairness, no verbal/written personal communication with Aurum staff about this RFP will be entertained.

2. BRIEFING SESSION

- Aurum will convene an online non-compulsory briefing session on **18 August 2025 from 10h00 – 11h30** to provide clarification and additional information to interested Applicants and disseminate information as widely as possible.
- Organisations interested in attending the session should inform Aurum by sending an email to GF-SR-Applications@auruminstitute.org with the Subject line **"RFA/AUR/GF/2025-2028/01 – Briefing Session**", by no later than **13h00 on 16 August 2025.**
- A return email will be sent with a **link** to join the online Briefing Session.
- Any additional material, will be made available to interested Applicants on the Aurum Website at https://www.auruminstitute.org/gf-sr-requestforproposals.

KEY DATES

The deadline for the submission of a fully completed application and attachments is by no later than **13h00 on 1 September 2025**.

The key dates for the application process are shown in the table below.

Key Activity	**Dates**
1. Publication of RFP	8-11 August 2025
2. Briefing Session	18 August 2025 at 10:00 SAST
3. Deadline for Questions	21 August 2025 at 16:00 SAST
4. Deadline for submitting Applications	1 September 2025 at 13:00 SAST
5. Evaluation Period (indicative) *(during which additional details may be requested and an onsite visit may be done to evaluate SR capacity)*	1-15 September 2025
6. Final SR selection and Decision Feedback (indicative)	22 September 2025