REQUEST FOR PROPOSALS

(REVISED 28 AUGUST 2025)

GLOBAL FUND (GC7) GRANT

GRANT PERIOD:

1 October 2025 to 31 March 2028

SUBRECIPIENT PROPOSALS REQUESTED FOR:

Provision of Comprehensive HIV Prevention Programme for People Who Use/Inject Drugs (PWID) and their Sexual Partners

REFERENCE NUMBER:

RFA/AUR/GF/2025-2028/02

CLOSING DATE:

13h00 SAST on 5 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.

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
Aurum	The Aurum Institute NPC
B-BBEE	Broad-Based Black Economic Empowerment
CCM	Country Coordinating Mechanism
CEM	Community Empowerment and Monitoring
CIPC	Companies and Intellectual Property Commission
CLM	Community-led Monitoring
CLO(s)	Community-led Organisation(s)
CoE	Centres of Excellence
DAA(s)	Direct-acting Antiviral(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)
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
IEC	Information, Education, Communication
IPV	Intimate Partner Violence
KP	Key Populations
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NPO(s)	Non-profit Organisation(s)
NSPs	Needle and Syringe Programmes
OAT	Opioid Agonist Therapy
OST	Opioid Substitution Therapy
PCA(s)	Provincial Council(s) on AIDS
PEP	Post-Exposure Prophylaxis

PLHIV	People living with HIV
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Use/Inject Drugs
RFP	Request for Proposals
SACENDU	South African Community Epidemiology Network on Drug Use
SANAC	The South African National AIDS Council
SANAS	South African National Accreditation System
SARS	South African Revenue Service
SBCC	Social and Behaviour Change Communication
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
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).

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).

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

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

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 PROGRAMME AND GEOGRAPHY

1. PROGRAMME

People Who Use Drugs/People Who Inject Drugs (PWID) and their sexual partners.

2. GEOGRAPHY

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

Province	Districts	Programme
		PWID
Eastern Cape	Nelson Mandela Bay	√
Gauteng	City of Johannesburg	√
	City of Ekurhuleni	√
	Sedibeng	√
	West Rand	√

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

Province	Districts	Programme
		PWID
KwaZulu-Natal	eThekwini	√
	uMgundgundlovu	√
Western Cape	City of Cape Town	√

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 PWID, 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:

PEOPLE WHO USE/INJECT DRUGS (PWID) AND THEIR SEXUAL PARTNERS

1. RATIONALE

The estimated population size of PWID in South Africa is approximately 82,500 individuals. Accounting for an average annual population growth rate of 1.8%, the projected PWID population in 2025 is expected to reach 88,602. Epidemiological data indicates a high HIV prevalence of 55% among PWID. Of those living with HIV, an estimated 79.8% are aware of their HIV status. In addition to HIV, PWID exhibit a significant burden of viral hepatitis. Specifically, the seroprevalence of HCV antibodies is 83%, while the prevalence of HBV is comparatively lower at 3%.

Under the Global Fund's Grant GC6, the PWID programme is being implemented across eight districts. In GC6 Performance Period 3 (1 April 2023 to 30 September 2023), the programme reached 14,920 individuals, surpassing the target of 11,702 by 27%. However, sectoral feedback indicates that population size estimates used for target-setting significantly underestimate the true size of the PWID population. Data from the programme suggests an HIV incidence rate of 13.7 per 100 person-years, with the highest incidence rates observed in Gauteng and KwaZulu-Natal provinces. Notably, participation in OST was associated with a 60% reduction in HIV risk, while access to harm reduction packs yielded a 20–40% risk reduction. It is probable that HIV incidence is even higher in districts lacking dedicated PWID services.

To achieve measurable public health impact, the World Health Organization (WHO) has set a global target for needle and syringe programmes (NSPs) of 200 needles per PWID annually by 2020, increasing to 300 by 2030. According to data from the South African Community Epidemiology Network on Drug Use (SACENDU) for the period July–December 2023, only Cape Town and Durban met acceptable NSPs coverage thresholds. In contrast,

Johannesburg and Tshwane reported inadequate needle and syringe distribution. OST coverage also remains far below target; by the end of 2023, only 5% of PWID reached by the programme were receiving OST. Despite reductions in the cost of methadone, the medication remains comparatively expensive in South Africa, limiting coverage relative to international benchmarks. Demand for OST is high, as evidenced by growing waiting lists. The Global Fund's GC7 funding aims to scale a community-based, peer-led service delivery model using microplanning and cohort management approaches. Services will be delivered through safe spaces, satellite locations, mobile clinics, and outreach teams. Harm reduction packs will be distributed at least weekly to all enrolled clients.

Programmatic and Structural Barriers

PWID in South Africa face a range of health and human rights challenges. These include high HIV and HCV prevalence, increased vulnerability to TB, and a wide spectrum of SRH risks. Structural and legal barriers further compound these vulnerabilities, including the criminalization of drug use, stigma and discrimination from healthcare providers and the public, police harassment, confiscation of sterile injecting equipment, and unlawful arrests. PWID also contend with homelessness, extreme poverty, and limited access to detoxification and rehabilitation services. Implementation challenges include regulatory constraints around community-level naloxone distribution, restrictive dispensing policies that contribute to methadone wastage, and the high cost of methadone and DAAs for HCV treatment. Moreover, intersectoral coordination for harm reduction remains limited, undermining the sustainability and scale-up of services.

2. PROGRAMME OBJECTIVES

- Reduce HIV Incidence among PWID 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 OAT at DICs and outreach services.
- 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 PWID using tailored outreach and digital engagement strategies.
- Strengthen Health System Responsiveness by building the capacity of health facilities to deliver PWID-competent services through staff training and mentorship.
- Support CEM by funding PWID-led organisations and supporting safe spaces, community dialogues, and feedback loops.

3. SCOPE OF WORK

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

- Conduct risk assessments with PWID at least once per quarter, using a peer-led approach, both at outreach and at DICs.
- Recruit peer educators to match the diverse demographics and drug-using behaviours of PWID.
- Conduct outreach for PWID who are most vulnerable, especially those who are homeless, providing them with the comprehensive package of health and psychosocial services.
- Provide tailored risk reduction counselling to PWID.
- Facilitate 'contemplation groups' – support groups for HIV-negative and HIV-positive PWID.
- Provide SBCC around U=U (integrated into all intervention areas as standard).
- Provide training on all programme elements.
- Conduct HTS and provide same-day ART initiation or supported linkages to treatment.
- Integrate TB services into comprehensive services for PWID, comprising TB screening and testing, including digital chest x-rays where this technology is available.

b. Condom and lubricant programming for PWID

- Promote 100% condom use and distribute condoms and condom-compatible lubricants.
- Provide SBCC on safer sex and condom use.

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

- Train health care workers and service providers in PrEP choice counselling.
- Provide PrEP choice counselling as part of risk assessment and reduction counselling.
- Same-day PrEP initiation for eligible clients.
- Provide adherence support, through peer-led support structures.
- 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.
- Intensify PEP awareness-raising, and provide PEP when indicated.

d. Community empowerment for PWID

- Support involvement of PWID in district-level sensitization and training of, and engagement with, stakeholders.
- Support and encourage PWID to join and participate in PWID-led networks.
- Support PWID to join local public health facility clinic committees and provide them with mentorship.

- Support SRs who provide PWID services to participate in District and Provincial AIDS Councils, and other relevant decision-making platforms, and provide them with mentorship
- Establish a range of feedback channels for beneficiaries to give feedback on the programme, and a mechanism for rapidly addressing beneficiaries' complaints, and disseminate information on feedback mechanisms to beneficiaries.
- Attend CLM feedback forum meetings.

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

- Conduct screening, testing and treatment of asymptomatic STIs.
- Provide syndromic and clinical case management for patients with STI symptoms, including periodic serological testing for asymptomatic syphilis infection, asymptomatic urethral, oropharyngeal and rectal gonorrhoea, chlamydia trachomatis.
- Advise on health and hygiene; deliver health care, including anal and cervical cancer screening and linkages.
- Regularly provide testing for HCV and provide treatment for positive cases.
- Provide post-violence counselling, provide PEP and PrEP, ensure medical-legal linkages, refer to Thuthuzela Care Centres or Designated Facilities, refer for psycho-social support, including mental health services and counselling, shelters or IPV support.
- Provide tailored services for the estimated 11-19% of women who use drugs, e.g. safe spaces, dignity packs, access to SRH services, and services for women who use drugs who are pregnant, or mothers, and their children.
- Prioritise pregnant women who inject drugs for OAT, providing psychosocial support, and referring for antenatal and perinatal services.
- Provide vaccination for HBV and HPV.
- Provide one-on-one and small group psychosocial and mental health care support and counselling, and referrals for professional mental health care where applicable.
- Offer training to clinicians on OAT, harm reduction and hepatitis management.
- Refer for VMMC when indicated.
- Integrate health promotion, screening and referral for NCD testing and treatment.
- Refer to evidence-based, in- or out-patient drug treatment facilities, based on client readiness and need.

f. Needle and syringe programmes for PWID

- Integrate needle and syringe programming with the comprehensive core services.
- Procure an optimal number of needles and syringes (aligned with WHO guidelines), as part of harm reduction packs, and distribute at outreach, at mobile clinics, at safe spaces and DICs.
- Provide safe collection and disposal of used needles and syringes.
- Provide basic healthcare and injecting-related first aid, including wound care and treatment of skin infections.

- Conduct feasibility assessment on community-based sharps bins and implement recommendations of assessment.

g. Opioid substitution therapy for PWID

- Provide OAT therapy for eligible PWID at DICs and outreach services.

h. Overdose prevention and management for PWID

- Train clinical staff on the administration of Naloxone.
- Ensure adequate naloxone supply at DICs and outreach.
- Pilot project for community overdose management, including naloxone distribution, IEC materials, and training of peer educators, first responders and law enforcement.
- Provide information and education about preventing overdose and strategies for minimizing overdose risk.
- Advocate for first responders to be able to administer naloxone, overcoming regulatory barriers.
- Provide training for peer educators and other implementers on overdose prevention and management.

i. Removing human rights-related barriers to prevention for PWID

- Conduct training and quarterly mentorship for local CoE, in coordination with DOH.
- Conduct community-led campaigns for the human rights of PWID, harm reduction and reduction of stigma and discrimination.
- Integrate human rights defence activities into the core package through peer educators and human rights defenders who screen, document and provide basic support, and refer for legal advice and follow up, when indicated.
- Provide human rights and legal literacy, and legal empowerment for PWID.
- Support community-led advocacy for legal and policy reforms, including decriminalization of drug use, and adherence to laws regarding decriminalized cannabis possession for personal use.
- Conduct advocacy, engagement, sensitization, training with police, district Drug Action Committees etc.
- Collaborate with CLOs to advocate for increased availability, affordability and decentralization of PWID medication and commodities in the public sector (incl. DAAs, methadone, naloxone, needles).
- Conduct engagement, sensitization and advocacy with the Department of Social Development at district, provincial and national level.

4. APPROACH

The PWID 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 PWID, including those in hidden and underserved networks.

a. Drop-In Centres (DICs)

Each DIC will serve as a safe, stigma-free space for PWID 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 SRH care, contraception, and hepatitis screening.
- Mental health screening and psychosocial support.
- OAT provision and overdose awareness and pharmaceutical overdose prevention through administration of naloxone.

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 PWID at hotspots and in informal settings, offering mobile and pop-up services tailored to reach hidden sub-groups, including young PWID.

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

The outreach model is anchored in SNS, using “Seeds” - trusted individuals from PWID 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 PWID who are hidden or young and do not engage in 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.
- OAT and overdose prevention.

e. Psychosocial Support and Human Rights Referrals

PWID 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 higher care for mental health services or economic empowerment, as needed.

5. INDICATORS

Indicator	Definition	Source Document	Measurement Frequency
KP-1d: Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	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	PWID Client Service Form/Screening Form	Monthly
HTS-3d: Percentage of people who inject drugs that have received an HIV test during the reporting period in KP-specific programs and know their results	The Numerator is the number of individuals who received HTS and received their test results. The denominator is the population estimate of PWIDs	PWID HTS Register	Monthly
HTS-5: Percentage of people newly diagnosed with HIV initiated on ART	Number of injecting users newly diagnosed HIV positive that are successfully linked to HIV care. This includes direct initiation by the SR or linking the clients to a local clinic for treatment	PWID HTS Register and Clinical Stationary in DOH Facilities	Quarterly
KP-5: Percentage of individuals receiving opioid substitution therapy who received treatment for at least 6 months	Number of people from the cohort still in treatment 6 months after starting OST. Denominator Number of people starting OST during the time period defined as the cohort recruitment period.	OST Register	Monthly

6. TARGETS

Province	District	Targets over grant period				
		Reached	HTS	HTS Positive	Initiated ART	OST
Eastern Cape	Nelson Mandela Bay	1424	860	155	147	249
Gauteng	City of Johannesburg	5745	3469	624	593	1005
	City of Ekurhuleni	4864	2937	529	502	851
	Sedibeng	1424	860	155	147	249
	West Rand	1194	721	130	123	209
KwaZulu-Natal	eThekwini	5071	3062	551	524	887
	uMgundgundlovu	1478	892	161	153	258
Western Cape	City of Cape Town	5708	3447	620	589	999

***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 and District(s) Selection**
   No other geographical areas will be considered other than the ones stipulated in this RFP.
2. **Programme** *(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. SR 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/VIRTUAL 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 6-8) 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 PWID	15
		Experience with GBV - awareness raising, referrals and post-violence care support programmes	5
		Experience in providing medical services to key populations, including PWID	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 districts (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/2025-2028/02-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 5 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/2025-2028/02 - 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 19-20) **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 1 (one) 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 19-20)).
- **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	Districts	Tender Box Location
Eastern Cape	Nelson Mandela Bay	DOH Nelson Mandela Bay District Office Walton Building, Conyngham Street, Parsons Hill, Port Elizabeth
Gauteng	City of Johannesburg	The Aurum Institute NPC Aurum Campus, 33 Wrench Road, Isando
	City of Ekurhuleni	
	Sedibeng	
	West Rand	
KwaZulu-Natal	eThekwini	The Aurum Institute NPC Office 002G, Florida Fields, 295 Florida Road, Windermere, Berea, Durban
	uMgundgundlovu	The Aurum Institute NPC 282 Burger Street, Pietermaritzburg
Western Cape	City of Cape Town	The Aurum Institute NPC Waterside Place, Office 303D, Carl Cronje Drive, Bellville

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/2025-2028/02-Electronic Application";**
  - Name of Applicant Organisation;
  - Main Contact Person – Name, Email and Telephone Number
  - Programme applying for (i.e. PWID); 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 19-20)).
- **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/2025-2028/02-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/2025-2028/02-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 11h30 – 12h30** 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/2025-2028/02 – 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 5 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	5 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)*	6-25 September 2025
6. Final SR selection and Decision Feedback (indicative)	26 September 2025