

**EXPRESSION OF INTEREST TO SERVE AS A SUB-RECIPIENT (SR) FOR THE NATIONAL DEPARTMENT OF HEALTH GLOBAL FUND TB/HIV GRANT FROM APRIL 2022 – MARCH 2025**

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**NATIONAL DEPARTMENT OF HEALTH (NDOH)**

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**25 OCTOBER 2021**

**Tender Briefing Session**



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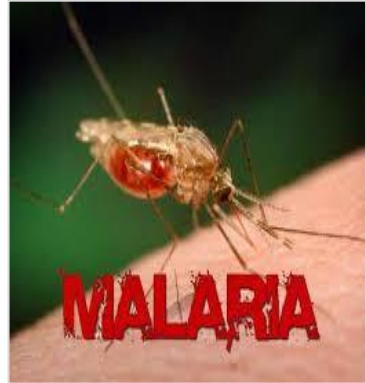
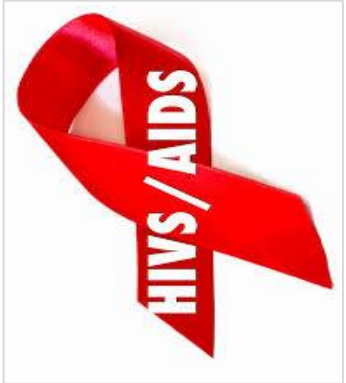
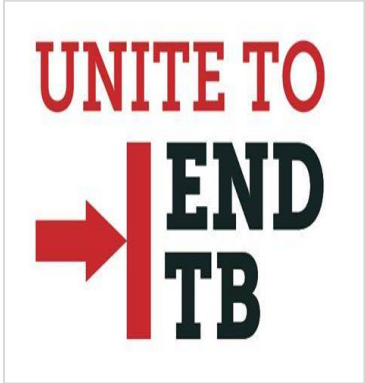
# 1. Purpose of the Briefing Session

- To outline and clarify the grant application process to the prospective entities who are interested to serve as Sub Recipients (SRs) for the National Department of Health (NDoH) Global Fund TB/HIV grant from April 2022 – March 2025 (3 years).
- To outline organizational requirements to serve as SRs for the NDoH Global Fund TB/HIV grant.
- To outline proposed geographic location, grant implementation approach and scope of work.
- To clarify questions that prospective entities might have regarding the tender application process.

# 2. Global Fund at a Glance

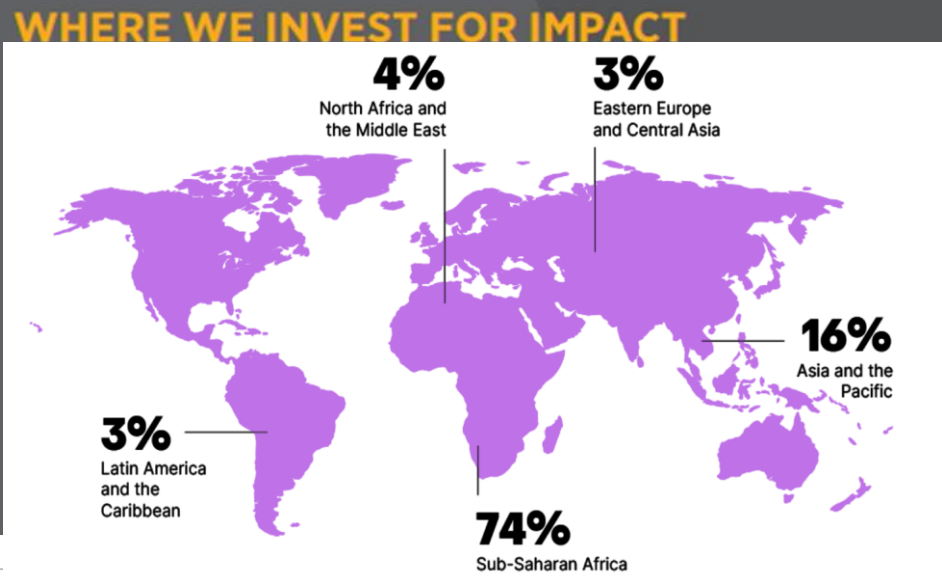


The Global Fund is a 21st-Century Partnership Designed to Accelerate the End of AIDS, Tuberculosis and Malaria as Epidemics



**VISION**  
A world free from the burden of AIDS, tuberculosis and malaria.

**MISSION**  
Investing the world's money to defeat AIDS, tuberculosis and malaria.



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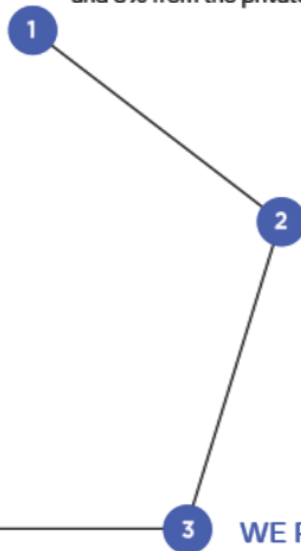
# 3. How the Global Fund works



## HOW IT WORKS

### WE RAISE THE MONEY

The Global Fund raises and invests more than US\$4 billion a year to support programs run by local experts in more than 100 countries. The money comes 92% from donor governments and 8% from the private sector and foundations.



### COUNTRIES MAKE INVESTMENT DECISIONS

A Country Coordinating Mechanism made up of representatives of people whose lives are affected by the three diseases, medical experts, government and civil society meets and develops a plan to fight the diseases in their community.

### WE REVIEW AND APPROVE

An independent panel of experts reviews the plan to determine if it will achieve results. The panel may request changes to the plan. Once finalized, it goes to the Global Fund's Board for approval.

### OVERSIGHT IN ACTION

Local Fund Agents in each country monitor implementation of grants. The Global Fund's Office of the Inspector General conducts audits and investigations.

### LOCAL EXPERTS IMPLEMENT

Local experts and partners use grant money to deliver programs. Impact is continuously monitored and evaluated.

## Grant Allocation Utilization Period:

The Grant Allocation Utilization Period is **3-years** during which the country allocation per disease component can be utilized to implement programs.



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## 4. Background



- The NDoH is one of the four Principal Recipients (PRs) that will implement the Global Fund programmes from the 1st April 2022 to 31st March 2025.
- PRs serve as grants management units while SRs are the main implementers of the grant activities.
- Therefore, NDoH is inviting interested registered entities to apply to be considered as SRs who will be implementing the Global Fund TB/HIV Grant activities in 12 prioritised districts that form part of the TB/HIV request for funding (RFF) submitted to the Global Fund to Fight AIDS, TB, and Malaria by the Global Fund Country Coordinating Mechanism (CCM).
- The NDoH seeks the services of SRs to implement robust strategies for TB prevention, early TB diagnosis, linkage to treatment for TB disease and TB infection as well as retention in treatment and care until completion.
- SRs will also strengthen the delivery of TB services at facility and community levels by improving the quality of care and data management.



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## 5. Background Cont....



- Interested entities should meet all NDoH and Global Fund grant requirements and have the capacity to implement an agreed comprehensive package of services to be determined by the NDoH.
- SRs should be able to implement the package of TB services in an efficient, effective, sustainable manner and demonstrate value for money.



# 6. Roles of PR and SRs



## Principal Recipient (PR)

- To manage and coordinate the implementation of the grant, disburse funding, provide support to implementers and report to the Global Fund in-country authorities such as the CCM, provincial AIDS Councils and National Treasury.
- The PR ensures prudent management of grant funds in accordance with the obligations under the Global Fund Grant Regulations and that the SRs fulfil all fiduciary responsibilities as agreed upon with the Global Fund.
- The PR shall appoint the required number of SRs to implement a full comprehensive package of services, based on the set objectives and criteria that demonstrate the capacity and experience to implement large programmes.
- The PR has the responsibility to select the most capable SRs in an open and transparent process and the selection must be in line with relevant NDoH and Global Fund policies, and other relevant Guidelines.

# 7. Roles of SRs



## Sub-Recipients (SRs)

- SRs have a contractual relationship with the PR and are direct implementers of programmes financed by the Global Fund.
- Selected SRs are expected to contribute to the delivery of the program and subsequently to the good performance of the grant. The responsibilities of SRs include the following:
  - ❖ Sign Service Level Agreements with the PR.
  - ❖ Appoint and contract service providers, where necessary, under the guidance of and approval by the PR.
  - ❖ Develop work plans and budgets that will be approved by the PR.
  - ❖ Collaborate with relevant district management teams, other stakeholders, and structures such as government departments, provincial, district and local AIDS Councils so that implementation is coordinated and contributes to broader local implementation plans.
  - ❖ Propose changes to the PR on the work plans and budgets when necessary.
  - ❖ Participate in performance review meetings to improve programme performance and impact.
  - ❖ Report on programme progress and challenges to the PR and district management teams through regular reports.
  - ❖ Identify key implementation issues and bottlenecks and escalate to the PR.
  - ❖ Provide additional grant-related information to the PR when requested.
  - ❖ Implement any other grant-related intervention as requested by the PR.



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# 8. Organizational Requirements to serve as the SRs for the grant



**The minimum requirements to serve as an SR include:**

- Governance and Programme Management
- Financial Management
- Monitoring, Reporting and Evaluation
- Human Resource Management
- Supply Chain Management
- Organisational Culture on Communication and Advocacy

**These organisational requirements will be assessed during the evaluation and capacity assessment processes.**



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# 9. Prioritised Districts for Grant Implementation



The SRs will be expected to provide a full comprehensive TB/HIV package of services in 12 priority districts. The program will be implemented at district, sub district, hospital, CHC, clinic and community levels within each district

Province	District
Eastern Cape	Amathole
	Buffalo City
	OR Tambo
Gauteng	Ekurhuleni Health District
	Johannesburg Health District (City of Johannesburg)
KwaZulu Natal	eThekweni
	King Cetshwayo
	Ugu
Mpumalanga	Ehlanzeni
North West	Dr Kenneth Kaunda
Northern Cape	Francis Baard
Western Cape	City of Cape Town

# 10. Grant Implementation Approach



- The National Department of Health has adopted the 90-90-90 strategy to fight against TB and to contribute to the Sustainable Development Goal (SDG) to end TB by 2030.
- The implementation approach will focus targeted strategies for finding and treating TB in adults and children through risk profiling, strengthening systems for linkage and retention in care, strengthening prevention strategies, improving the quality of TB services and data management at facility and community levels.
- In addition, the following overarching interventions are critical to the attainment of these targets:
  - ❖ Capacity building for staff at facility, sub-district and district levels.
  - ❖ Use of quality improvement methodology to close the gaps along the TB care cascade.
  - ❖ Providing technical support and mentoring to health facility staff.
  - ❖ Strengthening community outreach services including the decentralised model of care (DMoC).
  - ❖ Use of mHealth technologies to support screening, linkage, and retention in care strategies.
  - ❖ Social mobilisation, awareness, and stigma mitigation.

# 11. Grant Implementation Arrangements



- The SRs will work closely with and be accountable to the District Health Management Teams (DHMT) and the PR.
- The SR implementation plans must support the district TB service recovery or catch-up plans to ensure the attainment of the set targets.
- The implementation models may differ based on the district health systems and community dynamics; this should therefore be guided by the DHMT.
- The district remains central to the implementation and will provide guidance and support to ensure sustainability.
- The SR is expected to work with the district management teams and facilities to ensure monthly and quarterly reporting to the PR.

# 12. Scope of work for the Comprehensive Package of Services in Twelve Priority Districts



Below is the scope of work for the comprehensive package of services applicable to the twelve priority districts and it is divided into three programmatic modules.

Module	Intervention	Key Activities
1. TB Care and Prevention	1.1 Case detection and diagnosis	Strengthen TB symptoms and chest x-ray screening in facilities and communities.
		Support integration of screening activities with other programmes.
		Support scale-up of targeted universal testing using Xpert for high-risk population.
		Support the scale-up of the use of urine LF-LAM assay for PLHIV.
		Conduct social mobilization activities to create demand for services and mitigate stigma.



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# 13. Scope of work for the Comprehensive Package of Services in Twelve Priority Districts



Module	Intervention	Key Activities
1. TB Care and Prevention	1.2 Treatment	Support scale-up of patient-centred differentiated models of care for people on treatment for TB disease and TB infection.
		Support the implementation of mHealth platforms to address initial loss to follow-up and improve treatment adherence.
		Support strategies for linking people on treatment for TB disease to social support and mental health services.
	1.3 Engaging all care providers	Partner with other health care providers including the private sector in the provision of TB prevention, detection and treatment services.



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# 14. Scope of work for the Comprehensive Package of Services in Twelve Priority Districts



Module	Intervention	Key Activities
2. TB/HIV	2.1 Prevention	Support the roll-out of TPT including 3HP.
		Strengthen implementation of Infection Prevention and Control (IPC) measures in Health care facilities.
	2.2 Community TB/HIV delivery	Conduct community awareness campaigns to address barriers to TPT uptake.
		Strengthen community TB/ HIV outreach services.
3. MDR-TB	3.1 Prevention	Support the scale-up of TPT for DR-TB contacts.
	3.2 Case detection and diagnosis	Support DR-TB case finding amongst children.
	3.3 Treatment	Support expansion of DR-TB treatment initiation sites to underserved areas/ sub districts.
		Support training on the clinical management of DR-TB.
		Support scale up of the Pharmacovigilance system for DR-TB and DS-TB.
		Provide technical support on MDR-TB management, strengthening linkage to treatment and adherence support programme.
Support the implementation of mHealth adherence solutions for DR-TB patients.		



# 15. Scope of work for the Comprehensive Package of Services in Twelve Priority Districts



Module	Intervention	Key Activities
4. RSSH	4.1 Health Management and M&E	Capacity building for health information/ M&E staff.
		Provide technical support and improve data quality at facility, sub district and district levels.
		Strengthen capturing and data management at facility level.
		Strengthen the quality of TB services at facility level through implementation of Quality Improvement.
	4.2 Pharmaceutical Service Support	Monitor medicine availability in health facilities.
		Support the differentiated models of care.
Support implementation of the Pharmacovigilance system and reporting		



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# 16. Application Instructions



## Bidders are required to:

- Submit two hard copies and an electronic copy (memory stick) of the proposal.
- Ensure completeness of the bid documentation (including the attachment of all necessary supporting documentation) and not exceed the recommended length of sections.
- Attach board resolution authorising submission of application.
- All proposals with all supporting documentation must be deposited into the tender box located in the reception area at:

**Dr AB Xuma Building, 1112 Voortrekker Road, Thaba Tshwane, Pretoria, 0187 before the deadline of 10th of November 2021 by 11H00.**



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# 17. Evaluation Process



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

- The **first stage** of the evaluation process assesses compliance with pre-qualification criteria.
- The **second stage** of the evaluation process assesses compliance with administrative requirements.
- The **third stage** of the evaluation process assesses technical competency focusing on the ability to fulfil the technical mandatory requirements.
- The **fourth stage** of the evaluation process assesses the functionality evaluation.
- The **fifth stage** of the evaluation process assesses the presentation of the proposal (*only shortlisted bidders will be invited for presentation*).

**NB: The PR reserves the right to conduct due diligence on information provided prior to and post-appointment.**



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# 18. Application Timeframe



Stages	Date/period
1. Publication date	11 October 2021
2. Virtual Briefing session (not compulsory)	25 October 2021 at 09:00
3. Deadline for submitting applications	10 November 2021 (on or before 11:00)