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Pretoria, 0181

Request for Applications (RFA)
Terms of Reference (ToR)

Appointment of Service Provider who will deliver and supply Health Equipment for the Sex Worker Programme

Global Fund Grant Cycle 7: 1 October 2025 – 31 March 2028

Closing date: 3rd of December 2025, 16h00: SAST

BID REFERENCE: CCI_GF_2111_03

Note:

- Only email applications will be considered. All applicants must follow the instructions laid out below and submit applications to RFA@ccisa.org.za **before the closing date and time indicated above.**
- Any relevant queries and or questions to be submitted to TORenquiries@ccisa.org.za not later than the 1st of December 2025 (14h00), and answers to frequently asked questions will be posted on the CCI website www.ccisa.org.za
- **All applications and or enquiries must contain the BID REFERENCE in the subject line.**
- Any changes to this RFA and any related documents or information will be published on the CCI website. Please check the CCI website regularly.

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INTRODUCTION AND BACKGROUND

The South African Global Fund Country Coordinating Mechanism (GF CCM) is responsible for overseeing the implementation of Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) programmes funded by the Global Fund to fight Acquired Immune Deficiency Syndrome (AIDS), TB, and Malaria in the country. The GF CCM determines the content of the programming guided by the submitted South Africa's (SA) Request For Funding (RFF), the National HIV, TB and STI Strategic Plan (2023 – 2028), the modular framework, the budget envelope, and the output and outcome indicators and targets.

The GF CCM has selected the Centre for Community Impact (CCI) as one of the Principal Recipients (PRs) that will implement programmes to be funded by the grant in SA from the 1st of October 2025, until 31st of March 2028, a 30-month programme implementation period. The GF CCM decided that a PR should serve as a grants manager, while sub-recipients (SRs) will be the main implementers of the programmes.

SEX WORKER PROGRAMME OVERVIEW

This call for applications seeks to identify service providers who are efficient and effective suppliers of the scope of work listed below.

BACKGROUND

Disease Burden amongst Sex Workers

Sex workers (SWs) in SA remain a key population in the national HIV response, as outlined in the National Strategic Plan (NSP) 2023 - 2028. Recent estimates suggest that the number of female, male, and transgender SWs ranges from 132,000 to 182,000, with an intermediate estimate of 153,000. Adolescent SWs (aged 15–19) are estimated at nearly 5,000, with over 1,300 in Global Fund priority districts. In 2025, HIV prevalence among FSWs is projected to be 56.0%, with 96.1% of FSWs Living with HIV and diagnosed. ART coverage is estimated at 72.8%, and 19.2% PrEP coverage among FSWs (Thembisa 4.8 model, 2025). In addition to HIV, FSWs in South Africa experience high rates of other STIs. The high prevalence of STIs among SWs in South Africa underscores the need for comprehensive sexual and reproductive health services tailored to this population. South Africa has one of the highest TB burdens globally, with an estimated 154,348 undiagnosed TB cases, 68% of whom are people living with HIV (PLHIV). SWs, along with men who have sex with men (MSM) and transgender individuals, have higher TB rates than the national average. Integrating TB services into SW programmes is essential for effective TB control.

Furthermore, mental health, substance use and drug use challenges are highly prevalent among SWs as well as high levels of gender based violence and human rights violations accordingly. A study in Soweto found that 53.8% of SWs were exposed to physical or sexual violence by intimate partners in the past year, with 46.8% perpetrated by clients and 18.5% by police.

Additionally, FSWs, particularly those living with HIV, are at increased risk of cervical cancer. A study found that 42% of HIV-positive female SWs had high-risk pap smear tests indicating precancerous cervical lesions. However, screening uptake remains low, with only 4% of SWs having ever been screened.

Programme Response and Strategic Direction

The Global Fund-supported Sex Worker Programme in South Africa has evolved to provide a comprehensive package of services, including HIV testing, ART, PrEP, TB and STI screening, mental health support, and gender-based violence services. By 2019–2022, a solid foundation had been laid through the district saturation model in 14 GF supported districts. The GC6 grant 2022–2025 grant cycle expanded coverage to 16 districts and the current GC7 grant (2025–2028) will scale up the programme to 18 districts by including the City of Johannesburg and City of Cape Town respectively. The programme aims to achieve 95% saturation in 18 districts, reaching an estimated 193,537 SWs with CORE and LAYERED peer-led services. Peer- led interventions, community-based microplanning, and integration of non-communicable diseases (NCDs) are key strategies. The programme also focuses on addressing the needs of SWs who are parents, including child health services and parenting support. Additionally, guidelines for supporting minors who sell sex were developed and will be piloted. (aids.org.za).

While significant progress has been made in addressing the health and rights of SWs in South Africa, challenges

remain, particularly in mental health, violence prevention, and access to screening services. Continued investment in comprehensive, human rights-based programmes is essential to reduce HIV transmission and improve the well-being of SWs.

PROGRAMME DESIGN

The Sex Work Programme aims to improve the health and wellness of SWs in SA and the envisaged outcomes are:

1. Prevent new infections of HIV, STIs and TB amongst SWs.
2. Improved 95- 95- 95 health outcomes for SWs, clients, and sexual partners through combination prevention approaches.
3. Reduced human rights, social and structural barriers to HIV, STI and TB prevention, care, and impact among SWs.
4. A strengthened health system for the implementation of the National Sex Work Plan (NSWP).

Programme delivery is grounded in community-based, peer-led microplanning and a cohort management approach. Services are provided through fixed sites, satellite and mobile clinics, safe spaces, and virtual platforms. The SW programme will enhance the tailoring of packages for transgender SWs, male SWs, young SWs, and SWs who are parents and, their sexual partners and where appropriate, linkages will be made to the relevant stakeholders.

- For **transgender SWs,** interventions will integrate psychosocial support, and targeted HIV/STI prevention and treatment services, while addressing barriers such as stigma, discrimination, and legal challenges.
- For **male SWs**, the programme will incorporate tailored HIV prevention messaging, mental health support, and harm-reduction interventions, recognising the intersection of sex work, sexual orientation, and masculinity-related stigma.
- For **young SWs**, services will emphasise age-appropriate sexual and reproductive health education, access to contraception, life skills development, and pathways to alternative livelihoods, ensuring protection from violence and exploitation.
- For **SWs who are parents**, the programme will integrate parenting support, child health services, and linkages to social protection programmes, recognising their dual role in sustaining their livelihoods and caring for dependents.

The programme will also target sexual partners of SWs, offering HIV testing, prevention, and treatment services to reduce reinfection risks and promote shared responsibility for health.

Where appropriate, strong linkages will be made to relevant stakeholders—including legal aid providers, social services, mental health professionals, and economic empowerment programmes—to address the broader determinants of health and well-being for SWs and their families.

PROGRAMME INTERVENTIONS

The programme is comprised of three categories of interventions, namely biomedical, behavioural, and structural as depicted in Table 1 below. Each intervention category is divided into ‘core’ and ‘layered’ services and activities. Core services will be provided by the selected programme implementers to all SWs enrolled in the programme. Furthermore, core services may be supplemented with the additional services known as layers. Layered services will be offered and provided to SWs based on their risk assessment profile and their individual needs. These services will be provided by SRs or through referrals to other service providers, such as the Department of Health, Department of Social Development, other NGOs, etc.

TABLE 1: SWP INTERVENTIONS

BIOMEDICAL	BEHAVIOURAL	STRUCTURAL
CORE • Offer of male and female condoms and lubricants, • Offer of HTS for HIV negative SW and those with unknown HIV status, • Risk assessments, • TB screening and STI screening	**CORE** • Small groups activities – (PSS, counselling, parenting skills, PrEP./ART, TB adherence, Youth support groups, substance use programs and support) • Harm reduction for SW who inject drugs	**CORE** • GBV screening and awareness in line with WHO Lives Framework.
LAYERS • HIV self-screening, pregnancy testing, annual pap smear, emergency contraception • PrEP, ART, monitoring, PMTCT, periodic presumptive treatment for STIs[21], TB treatment, PEP, hepatitis B screening, mental health services, rectal care cervical cancer and HPV awareness, screening and referrals. • NCD screening and referral	**LAYERS** • Support for effective PrEP use • Emotional & psychosocial support • Peer-led adherence support • Parenting programmes for SWs who have children. • Teen parenting programme for young women who sell sex • Substance use programmes and support	**LAYERS** • Dignity packs with menstrual health • Mechanism to report and record human right violations. • Improve SRH service delivery by sensitizing health care workers and strengthening the HTA programme. • Legal services to enhance access to justice. • Violence prevention support • Post-violence care • Interventions for young people who sell sex • Increasing HIV service uptake among clients and non-commercial sex partners

GEOGRAPHICAL COVERAGE

The Sex Worker Programme (SWP**)**, implemented under GC7, strategically targets 18 priority districts across eight provinces in South Africa. These districts were selected based on their high HIV burden**,** significant sex work activity**,** and alignment with national and provincial HIV prevention priorities**.** Five Sub-Recipients (SRs), each in charge of providing services across several provinces and districts, coordinate the program's decentralized implementation model. In order to maintain high-quality service delivery while guaranteeing efficiency, cost-effectiveness, and value for money, this structure is made to correspond with population size estimates (PSE).

Below is a breakdown of the SWP's geographic reach, showing the assigned Sub-Recipients (SRs), districts and provinces covered during the GC7 period:

TABLE 2: SWP IMPLEMENTATION ARRANGEMENTS

PROVINCE	DISTRICT
Gauteng	City of Johannesburg
	Sedibeng
	West Rand
Limpopo	Capricorn
	Mopani
	Sekhukhune
Free State	Lejweleputswa - Satellite
	Thabo Mofutsanyane- Satellite
Northern Cape	Frances Baard – Satellite

PROVINCE	DISTRICT
Western Cape	City of Cape Town
Eastern Cape	Alfred Nzo
	Amathole
	Buffalo City
	Nelson Mandela Bay Metro
KwaZulu Natal	King Cetshwayo
	Ugu
	Zululand
North-West	Bojanala - Satellite

SCOPE OF WORK

This call for applications seeks to identify a suitable service provider to supply and deliver Health Equipment for the utilisation within the Sex Worker Programme across the 18 implementing districts. The detailed scope of work is outlined below and will indicate all item requirements, quantities and applicable delivery sites.

HEALTH EQUIPMENT

The below listed and outlined health equipment are required for supply and delivery.

TABLE 3: HEALTH EQUIPMENT SPECIFICATIONS

	ITEM DESCRIPTION	QUANTITY IN TOTAL
1	Goose Neck Examination Lamp	36
2	Digital Timers	40
3	Thermometers *(Utilised for room readings and also in cooler boxes)*	90
4	Blood pressure monitor (Digital) *(Including cuffs)*	36
5	Glucometer	36
6	Glucometer Test Strips *(The number of strips per 'unit', example 50 strips etc)*	168 units
7	Stethoscope	36
8	Examination Bed	36
9	Examination Bed Linen	36
10	Examination Step (for utilisation of the examination beds)	18
11	Examination Screen	18
12	Electronic weight scale	36
13	ENT Diagnostic Welch-Allyn set	18
14	Stadiometer (Height Measure)	36
15	Pedal Bin (3L or alternative)	18
16	First Aid Kit (Standard)	36

DELIVERY SCHEDULE

The delivery of the various equipment will be required to be delivered as indicated below. The service provider will be required to submit proof of delivery, signed and confirmed correct, to CCI post-delivery.

All items to be delivered to all sites by the **15th of January 2025.**

IMPORTANT: Table 4 indicates the amount of each item required to be delivered to each site. Service providers to quote as per the indicated delivery addresses. The final delivery addresses and contact persons will be communicated to the successful service providers prior to delivery. There is a total of five (5) delivery sites.

TABLE 4: HEALTH EQUIPMENT QUANTITIES FOR DELIVERY TO EACH DELIVERY ADDRESS

	ITEM DESCRIPTION	QUANTITY	DELIVERY ADDRESS
1	Goose Neck Examination Lamp	8	Johannesburg, Gauteng,
2	Digital Timers	11	
3	Thermometers	20	
4	Blood pressure monitor (Digital)	8	
5	Glucometer	8	
6	Glucometer Test Strips - boxes of 50's	48	
7	Stethoscope	8	
8	Examination Bed	8	
9	Examination Bed Linen	8	
10	Examination Step	4	
11	Examination Screen	4	
12	Electronic weight scale	8	
13	ENT Diagnostic Welch-Allyn set	4	
14	Stadiometer (Height Measure)	8	
15	Pedal Bin (3L or alternative)	4	
16	First Aid Kit (Standard)	8	
	ITEM DESCRIPTION	**QUANTITY**	**DELIVERY ADDRESS**
1	Goose Neck Examination Lamp	6	Thohoyandou, Limpopo, 0950
2	Digital Timers	7	
3	Thermometers	15	
4	Blood pressure monitor (Digital)	6	
5	Glucometer	6	
6	Glucometer Test Strips - boxes of 50's	28	
7	Stethoscope	6	
8	Examination Bed	6	
9	Examination Bed Linen	6	
10	Examination Step	3	
11	Examination Screen	3	
12	Electronic weight scale	6	
13	ENT Diagnostic Welch-Allyn set	3	
14	Stadiometer (Height Measure)	6	
15	Pedal Bin (3L or alternative)	3	
16	First Aid Kit (Standard)	6	
	ITEM DESCRIPTION	**QUANTITY**	**DELIVERY ADDRESS**
1	Goose Neck Examination Lamp	8	Bloemfontein, Free State, 9300
2	Digital Timers	9	
3	Thermometers	20	
4	Blood pressure monitor (Digital)	8	
5	Glucometer	8	
6	Glucometer Test Strips - boxes of 50's	36	
7	Stethoscope	8	
8	Examination Bed	8	
9	Examination Bed Linen	8	

10	Examination Step	4	
11	Examination Screen	4	
12	Electronic weight scale	8	
13	ENT Diagnostic Welch-Allyn set	4	
14	Stadiometer (Height Measure)	8	
15	Pedal Bin (3L or alternative)	4	
16	First Aid Kit (Standard)	8	
	ITEM DESCRIPTION	**QUANTITY**	**DELIVERY ADDRESS**
1	Goose Neck Examination Lamp	8	Hamburg, Eastern Cape, 5641
2	Digital Timers	8	
3	Thermometers	20	
4	Blood pressure monitor (Digital)	8	
5	Glucometer	8	
6	Glucometer Test Strips - boxes of 50's	36	
7	Stethoscope	8	
8	Examination Bed	8	
9	Examination Bed Linen	8	
10	Examination Step	4	
11	Examination Screen	4	
12	Electronic weight scale	8	
13	ENT Diagnostic Welch-Allyn set	4	
14	Stadiometer (Height Measure)	8	
15	Pedal Bin (3L or alternative)	4	
16	First Aid Kit (Standard)	8	
	ITEM DESCRIPTION	**QUANTITY**	**DELIVERY ADDRESS**
1	Goose Neck Examination Lamp	6	Zululand, KwaZulu Natal, 4490
2	Digital Timers	5	
3	Thermometers	15	
4	Blood pressure monitor (Digital)	6	
5	Glucometer	6	
6	Glucometer Test Strips - boxes of 50's	20	
7	Stethoscope	6	
8	Examination Bed	6	
9	Examination Bed Linen	6	
10	Examination Step	3	
11	Examination Screen	3	
12	Electronic weight scale	6	
13	ENT Diagnostic Welch-Allyn set	3	
14	Stadiometer (Height Measure)	6	
15	Pedal Bin (3L or alternative)	3	
16	First Aid Kit (Standard)	6	

PREQUALIFICATION CRITERIA

NB: All applicants must have a broad-based black economic empowerment (BBBEE) level one (1) or two (2) or a sworn affidavit for eligible applicants.

EVALUATION PROCESS AND CRITERIA

The evaluation of submissions will be managed by CCI and the appointment of the successful service provider by CCI.

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

STAGES	EVALUATION PROCESS
FIRST STAGE	• This stage 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. • **Please label this document as Annexure 1**
SECOND STAGE	• This stage assesses compliance with **Administrative Requirements.** • All applicants **MUST** submit all the mandatory documents below and all **LABELLED** as indicated in **the Table 5** below. • Applicants that fail to submit the administrative requirements will not be evaluated further.
THIRD STAGE	• This stage of the evaluation process assesses *Technical Evaluation* focusing on the ability to fulfil the requirements based on the scope of work. • Proposal quality, experience, and methodology. Supporting documents will be scored. The technical evaluation breakdown in outlined in Table 2. The 70% threshold score is required to proceed to the fourth and final stage (Price and BBEE).
FOURTH STAGE	• This final stage will evaluate the cost-effectiveness and value for money aspects of all proposals. Professional fees should be within the available budget for the activity. Proposals will be scored, with cheapest scoring maximum score. • **NOTE:** CCI is not obligated to prioritise costing over technical integrity of the applicant, and as such will not automatically select the lowest application.

SCORING MATRIX	
Technical Evaluation Score	70%
BBBEE	20%
Price	10%
TOTAL	**100%**

THE SECOND STAGE: ADMINISTRATIVE REQUIREMENTS

Applicants MUST submit all the mandatory documents below and all LABELLED as indicated in Table 5 below. Applicants that fail to submit the administrative requirements will not be evaluated further.

TABLE 5: ADMINISTRATIVE DOCUMENTATION

ANNEXTURE	DESCRIPTION
Annexure 2 *	**Motivation / Cover Letter** (include reference number and full contact details, dated and signed)
Annexure 3 *	**Signed Global Fund Code of Conduct for Suppliers of Services**

Annexure 4 *	**Proof of CIPC Legal Entity**
Annexure 5 *	**Valid SARS Tax clearance Certificate**
Annexure 6 *	**VAT Registration Certificate**
Annexure 7 *	**Valid B-BBEE certificate/Sworn Affidavit**
Annexture 8	**Detailed Quotation** (To contain the breakdown for costing per product and per delivery)
Annexture 9	**List of current and completed projects of similar nature (past 5 years).**

PLEASE NOTE:

i. Documents marked with asterisk* are **MANDATORY**.

ii. Documents are valid only if obtained /certified within 3 months of the closing date where applicable.

THE THIRD STAGE: TECHNICAL EVALUATION SCORING MATRIX

The Technical Evaluation will be scored as outlined below;

CRITERIA	DESCRIPTION	SCORE WEIGHTING
Motivation / Cover Letter	Motivation letter with full contact details, dated, and signed (10 points).	**10**
Quote completeness	Detailed quotation and description of the approach and methodology related to the scope of work. (30 points).	**30**
Delivery Logistics	Delivery logistics will be evaluated for accuracy and feasibility. Proposals must align with the specified timelines and logistical requirements (20 points)	**20**
Product / item inclusion	Demonstration of all required items and availability. (20 points)	**20**
Project list	Evidence of relevant experience of more than 3-5 years in similar projects. (10 points)	**10**
Cost effectiveness	Review of any value-add or value for money benefit as per of technical and/or costing proposal. (10 points)	**10**
	TOTAL	**100**
TOTAL TECHNICAL EVALUATION TO BE AVERAGED OUT OF 70%		

THE FOURTH STAGE: PRICE

Bidder whom have successfully met all the administrative and technical evaluation on stage 1 and stage 2 and stage 3 will be further evaluated in stage 4 (Price).

PRICE	Score (Out of 10%)
Within 10% out of range of the budget (over or under) = 10 points	10%
Within 11 - 20% out of range of the budget (over or under) = 5 points	5%
Within 21% out of range of the budget (over or under) = 2 points	2%

APPLICATION INSTRUCTIONS

All applicants are required to:

- Only email-submitted applications will be considered.
- Mark their applications with "Application – HEALTH EQUIPMENT – Name of Provider – BID Reference Number" in the email subject line.
- Should the application submission be too big for one email, applicants must submit batches as detailed below until all batches are submitted:

- "Batch 1 - Application – HEALTH EQUIPMENT – Name of Provider – BID Reference Number"
- "Batch 2 - Application - HEALTH EQUIPMENT – Name of Provider – BID Reference Number"

KEY DATES

The deadline for the submission of a fully completed application, including all relevant attachments, is the 3rd of December 2025 (16h00: SAST). The key dates for the application process are shown in the table below.

STAGE	DATE / PERIOD
1. Publication of the Request for Applications	**25 November 2025**
2. Deadline for questions and request for information. Such must be directed to TORenquiries@ccisa.org.za	**1 December 2025 (14h00: SAST)**
3. Deadline for submitting applications. No late applications will be accepted.	**3 December 2025 (16h00: SAST)**
4. Evaluation period (indicative) during which additional details may be requested.	**5 of December 2025**
5. Appointment of Service provider (Indicative)	**8 - 9 of December 2025**