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**REQUEST FOR PROPOSALS (RFP)**

**DESCRIPTION:** **APPOINTMENT OF A CONSULTANT TO LEAD AND SUPPORT A NATIONAL SOUTH AFRICAN TB STIGMA ASSESSMENT.**

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| **RFQ Number** | RFQ No.: NDoH-001-13-04-25 |
| **Date of Issue** | 13 April 2025 |
| **Closing Date & Time** | 25 April 2025 at 09:00 am |
| **Contact Details** | For submission of quotations or any other enquiries:  Email: [requisitions@ihps-sa.org](mailto:requisitions@ihps-sa.org)  **(Please use RFQ no. as subject reference)** |

**INVITATION FOR QUOTATION**

The IHPS hereby invites the submission of proposals for the appointment of a consultant to lead and support a national South African TB stigma assessment herein referred to as the survey.

**PURPOSE**

The Institute of Health Programs and Systems (IHPS) is a South African non-profit company (NPC) born out of the ICAP at Columbia University PEPFAR/ CDC Track 1 transition in 2010 with a mission to strengthen health and development systems through program implementation and partnerships and a vision to achieve optimal and sustainable health and development outcomes. IHPS is one of the five sub-recipients (SRs) of the National Department of Health (NDoH) appointed to implement Global Fund TB/HIV programs from 01 April 2022 to 31 March 2025.

IHPS on behalf of NDoH requests proposals from suitable and experienced TB-focused Consultants to lead and support a national South Africa TB stigma survey. The Consultant should have the capacity to be **fully committed** to the successful implementation of this important survey.

**BACKGROUND**

TB remains a significant global health threat in South Africa and around the world and continues to hinder effective prevention and treatment efforts. Understanding the extent and the different types of TB-related stigma is key to ensuring that quality TB services are available, accessible, and acceptable to all, with special considerations given to the needs of key, vulnerable and underserved populations.

Stigma is frequently described as a process of devaluation, whereby stigmatized people are discredited, seen as a disgrace, perceived to have less value or worth, or even seen as a danger. Stigmatized people are therefore often avoided by other members of society. Stigma is also a significant social determinant of health because of its ubiquity, its disruption of several life necessities (e.g., resources, social relationships, and coping behaviours), and its destructive impact on the health of populations.

As such, stigma is a fundamental cause of health inequality. When it comes to understanding stigma in relation to a social disease such as TB, the dimensions of stigma are not exhaustive or mutually exclusive. Rather, they are inextricably linked to many aspects of people’s lives. Those who are considered key populations in TB often face double or multiple reinforcing stigmas associated with TB. These include gender, sexual orientation, identity (e.g., people who use drugs), citizenship/ legal status (e.g., undocumented migrants, people with refugee status), financial status (e.g., the urban poor), profession (e.g., miners, health care workers), and the presence of other illnesses (e.g., HIV, silicosis).

**OBJECTIVE**

The primary objective of carrying out the survey is to help the country provide new insights into the ways in which TB vulnerability, treatment availability, accessibility and acceptability, and the quality of TB care are shaped by stigma and to inform the design of stigma reduction interventions to transform TB responses.

**SCOPE OF WORK**

1. Assess the extent to which and how TB stigma acts as a barrier to both accessing and providing TB services in South Africa.
2. Develop recommendations to address TB stigma so that quality TB services are available, accessible, and acceptable to all, with special considerations given to the needs of key, vulnerable, and underserved populations.
3. Ensure the process of the TB Stigma survey engages and strengthens the voices of people living with and affected by TB.
4. Establish the extent to which structural stigma (any existing laws/policies, the enforcement of those laws/policies, and the corresponding media coverage) could harm or protect people diagnosed with TB.
5. Develop recommendations to address TB stigma in order to reduce peoples’ vulnerability to TB infection, increase peoples’ access to TB services, and improve treatment outcomes.
6. In relation to the various groups affected by TB stigma, including the levels and dimensions of stigma, the following are specific objectives:
   * Determine the level and dimensions of anticipated stigma, self-stigma, enacted stigma (stigma directly experienced) and observed stigma among people diagnosed with TB.
   * Define the level and dimensions of secondary TB stigma, stigma directly experienced, and stigma observed by family members / primary carers of people diagnosed with TB.
   * Establish the level of perceived TB stigma against people diagnosed with TB in communities and stigma observed by the community.
   * Determine the level and dimensions of perceived TB stigma against people diagnosed with TB in health care settings and stigma against health care workers.

**ROLE OF THE CONSULTANT**

The role of the consultant is to lead and manage the TB stigma survey in close collaboration with the PIs, Co-PIs and designated project coordinator, taking into consideration all the deliverables of the survey. In addition, the Consultant will supervise the established research team, and work closely with them and key stakeholders to revise survey materials, tools, and compile the final report and participate in project workshops and meetings throughout the survey.

This role will require working with stakeholders, attending and preparing for consultations, and developing presentations and communication pieces.

**Other Tasks** include the following:

* Develop training materials and train the research team
* Ensure alignment of the protocol and assessment tools with international guidance for TB stigma assessments and with the relevant South African requirements.
* Work closely with the survey PIs and Co-PIs to establish and maintain robust systems for the collection, collation, cleaning, analysis and quality assurance.
* With support from the PIs, Co-PIs and Qualitative Researcher, lead the analysis and interpretation of the study findings, and compile a comprehensive final report incorporating stakeholder inputs.

**Requirements:**

* Expertise and knowledge of TB in the South African context including TB prevention, treatment, and challenges related to stigma.
* Proven experience in conducting similar surveys. Portfolio of evidence (PoE) required.
* Demonstrated track record in implementing and evaluating public health initiatives related to TB.
* Proven experience in project management and stakeholder engagement.
* Knowledge and experience in survey data management.
* Technical report writing experience.

**Duration:** 3 months

**EVALUATION AND SELECTION CRITERIA**

A four-stage evaluation process will be employed. In stage 1 (Compliance), all proposals received will be checked for compliance with the RFQ requirements. Only proposals that meet all the criteria for compliance will proceed to stage 2 (Functionality).

Proposals that obtain 56 out of 80 points (70%) and above in stage 2 will proceed to stage 3 (Presentation), which will be out of a total of 20 points. Points scored in stage 2 and 3 will be combined to give a total score out of 100 points. Proposals that obtain a combined score of 70 points and above out of 100 points will proceed to stage 4. Stage 4 will be financial evaluation (Price and Specific Goals).

**STAGE 1: COMPLIANCE**

Proposals must comply with the compliance requirements listed below and MUST be accompanied by supporting evidence to be considered for evaluation. Failure to submit the required evidence will result in immediate disqualification.

**STAGE 1 EVALUATION**

* Central Supplier Database Registration Report (not older than 3 months).
* Signed GF Code of Conduct for Suppliers (Sign on first page and initial other pages).
* SBD4, SBD6.1, SBD8, SBD9 (Completed and signed)
* South African entity registration documents, i.e., CIPC, NGO, NPO, NPC, etc.
* Valid B-BBEE certificate or affidavit.
* Valid SARS Tax Compliance Status Pin.

**STAGE 2: FUNCTIONALITY**

*Table:1 Technical Assessment*

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| **EVALUATION CRITERIA** | **WEIGHT** | **SCORE RANGE** | **SCORING GUIDE** |
| **Technical Expertise** | 24 | 0 - 15 | Limited or no relevant expertise. |
| 16 - 19 | General public health experience with some exposure to stigma research. |
| 20 - 23 | Strong expertise in TB or stigma-related research but lacks some specificity. |
| 24 | Extensive expertise in TB stigma research with published work or prior similar projects in South Africa. |
| **Relevant Experience** | 16 | 0 - 9 | No relevant projects in TB stigma or public health. Proposal only mentions theoretical knowledge without real-world experience and weak references. |
| 10 - 12 | Limited relevant experience or mixed feedback from references. |
| 13 - 15 | Good experience but references indicate minor gaps. |
| 16 | Extensive experience in similar projects with strong references from government or international health organisations. |
| **Methodological Approach** | 16 | 0 - 9 | Proposal is unclear, lacks specific assessment tools, and does not align with TB stigma assessment best practices. |
| 10 - 12 | Some methodology details provided but missing key components (e.g., unclear data collection techniques, no mention of ethics approvals). |
| 13 - 15 | Good methodology but lacks innovation or depth. |
| 16 | Clear, innovative, and feasible approach with well-defined methodologies. Proposal references international TB stigma guidelines (e.g., WHO or Stop TB Partnership). |
| **Stakeholder Engagement** | 12 | 0 - 6 | No clear engagement strategy. |
| 7 - 9 | Limited engagement plans |
| 10 - 11 | Good strategy but some gaps in execution. |
| 12 | Strong engagement strategy with key stakeholders and demonstrated ability to work with government & NGOs. |
| **Project Management** | 12 | 0 - 6 | Weak or no project management structure. |
| 7 - 9 | Basic plan with concerns about feasibility. |
| 10 - 11 | Good plan with minor gaps in execution details. |
|  |  | 12 | Comprehensive project plan with clear deliverables, timeline, and risk management. |
| **Total** | **80** |  | |

**NOTE: BIDDERS MUST OBTAIN A MINIMUM SCORE OF 70 POINTS OUT OF 100 POINTS ON STAGE 2 AND STAGE 3 (TECHNICAL EVALUATION AND PRESENTATION) TO BE CONSIDERED FOR EVALUATION IN STAGE 4 (PRICE AND SPECIFIC GOALS). POINTS SCORED IN STAGE 2 AND STAGE 3 WILL NOT BE CONSIDERED IN STAGE 4.**

**THE BIDDER IS RESPONSIBLE FOR CLEARLY INDICATING THE DOCUMENTS USED TO ADDRESS EACH CRITERION IN STAGE 2.**

**STAGE 4: PREFERENCE POINTS SYSTEM 80/20**

* The final award of this bid will be based on the Preference Points System where 80 is for Price and 20 for the Specific Goals.
* SBD 6.1 must be submitted to claim points for the Specific Goals. Additional information may be requested to verify points claimed for the Specific Goals.
* Price must be in South African currency and must be inclusive of VAT.
* Service Providers are further requested to indicate their price in all elements listed in their pricing schedule (no hidden costs/ unknown costs will be accepted).
* Price will be evaluated based on 80 points and applicable formula of calculating points.

**SUBMISSION GUIDELINES**

**SUBMISSION DEADLINE**: **25 APRIL 2025 AT 09:00AM**

Completed proposals must be emailed to [requisitions@ihps-sa.org](mailto:requisitions@ihps-sa.org), and the subject line must be **"RFQ No.: NDoH-001-13-04-25 APPOINTMENT OF A CONSULTANT TO LEAD AND SUPPORT A NATIONAL SOUTH AFRICAN TB STIGMA ASSESSMENT.”**

**FINANCIAL OFFER**

Interested parties should propose their daily fees in South African Rand (ZAR), inclusive of VAT and Income Tax as per Government policy. The submitted budget will be considered based on the consultant's proposed scope of work and prevailing market rates.

**OTHER TERMS AND CONDITIONS**

The supplier/ service provider shall under no circumstances offer, promise, or make any gift, payment, loan, reward, inducement, benefit, or other advantage, which may be construed as being made to solicit any favour, to any IHPS employee or its representatives.

Such an act shall constitute a material breach of the Agreement and the IHPS shall be entitled to terminate the Agreement forthwith, without prejudice to any of its rights.

A validity period of 30 days will apply to all proposals except where indicated differently on the proposal.

**No goods and/or services should be delivered to the IHPS without an official IHPS purchase order. An IHPS purchase order number must be quoted on the invoice. Invoices without an IHPS purchase order numbers will be returned to supplier.**

**IHPS reserves the right to appoint or cancel the RFP, and the continuity of the work published is subject to the availability of funding.**