

TERMS OF REFERENCE FOR CONSULTANCY SERVICES FOR THE DEVELOPMENT OF THE NATIONAL AIDS SPENDING ASSESSMENT (NASA)- 1 APRIL 2020 to 31 MARCH 2023 (3 Years), INCLUDING THE COSTING OF THE NINE (9) MULTISECTORAL PROVINCIAL IMPLEMENTATION PLANS (PIPs) 2023-2028.

I – Introduction (NASA)

1.1 Country HIV Response and Policy Framework

South Africa's response to HIV, TB and STIs is laudable given the unwavering investments and commitments made by government and its stakeholders to ensure that people living with HIV (PLHIV) have access to life-saving antiretroviral treatment and live a prolonged healthy life. The South African Government and stakeholders demonstrated commitment through a series of five-year National Strategic Plans (NSPs) for Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Sexually Transmitted Infections (STIs) (2000-2005; 2007-2011; 2012-2016 and 2017-2022) and treatment policy changes in the past decade; including the development of the most recent NSP 2023-2028.

Data from the Thembisa Estimates, Version 4.6, show that South Africa has the biggest and most high-profile HIV epidemic in the world, with an estimated 7.8 million people living with HIV in 2022. From 2019 to 2022, HIV prevalence plateaued, at 13.2%, among the general population. In 2022, HIV prevalence was even higher among Men who have sex with Men (MSM), aged 18+years, at 29.9% and at 62.2% among female sex workers (FSW). Thembisa estimates about 164 228 new HIV infections in 2022. HIV incidence dropped from 0.39% (197 315) in 2019 to 0.032% (164 228) in 2022. A reduction of about 12.2% occurred for AIDS related deaths from 55 169 in 2019 to 48 412 in 2022.

South Africa has made huge improvements in getting people to test for HIV through campaigns such as the "Cheka Impilo" which focuses on intensifying HIV testing. Additionally, the Department of Health has also introduced the "100 facilities" initiative which strengthens the implementation of the nerve centre approach to drive improvement in the Total Number of Patients Remaining on ART across the country. Data from the Department of Health indicates that South Africa had not achieved 95-95-95 targets by September 2023. UNAIDS 95-95-95 target aims to ensure that by 2025, 95% of all PLHIV know their HIV status, 95% of all people with an HIV diagnosis are put on antiretroviral (ARV) treatment and 95% of all people on ARV treatment achieve viral suppression. Of the 7.8 million PLHIV in South Africa, 95% of PLHIV were aware of their status by September 2023, while the second and third 95 targets were at 79 and 93, respectively.

Programme data indicates that about 5.9 million people living with HIV were on Antiretroviral Treatment (ART), by September 2023. Globally, South Africa has the largest ART programme focusing on intensifying expansion with the implementation of 'test and treat' guidelines financed with domestic resources. The country adopted the HIV Self-Testing concept to close the gap on HIV status knowledge. South Africa was the first country in sub-Saharan Africa to approve Pre-Exposure Prophylaxis (PrEP). PrEP is available to people at high risk of infection at demonstration sites. The success of this ART programme is evident in the increases in national life expectancy, rising from 60 years in 2010 to 63.5 years in 2022 (Thembisa 4.6).

According to the NASA Report (2017/8 to 2019/20) South Africa has continued to increase its annual investments in HIV/AIDS and TB programmes, with its total expenditure standing at 37.6 billion and 3.4

billion in 2019/2020; respectively. An analysis of spending by intervention category and funder showed that prevention intervention and programme enablers accounted for about 8% and 7% of HIV expenditure respectively.

Goal 4 of the National Strategic Plan (NSP) for HIV, TB and STIs 2023-2028 entails the mobilisation of financial resources “To fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions” to these public health challenges. A reflection of the most recent NSP expenditure and its cost estimates will inform the Provincial Implementation Plan (PIP) costing to ensure high-level estimates of PIP financial resource needs.

II – The National AIDS Spending Assessment (NASA) overview

NASA is a comprehensive and systematic methodology to track the flow of resources for the AIDS response from the source through the different agents to the beneficiaries. The NASA resource-tracking algorithm describes financial flows and expenditures using the same categories in the global resource needs estimation. NASA serves as a core-tracking framework without substituting for other methods and tools already in use. The NASA framework aligns with globally accepted standardized methods and definitions, that are compatible with, but more disaggregated than, the National Health Accounts (NHA) – now called System of Health Accounts (SHA). The South African NASA tracks both HIV and TB expenditure and will be referred to as the NASA Plus (NASA+) to reflect the additional TB component. NASAs from other countries track HIV expenditure only.

NASA can therefore generate useful evidence to assist with the planning and financing of HIV services and can be used to measure the potential financial gap and thus to mobilize for additional resources. It is a very powerful tool for policy makers and all actors involved in the HIV/AIDS response, including governments, donors, persons affected by HIV and civil society more broadly. In countries with the successful implementation of NASA, useful insights on the extent of harmonization and alignment of the resource envelope to the programmatic priorities are evident. This is particularly important when there is potential threat on future HIV funding by competing global priorities and the economic downturn while expectations to achieve more remain high.

III – Tracking the Expenditure on HIV/AIDS-globally and in South Africa

The entire gamut of tackling HIV in the country revolves on improved and adequate funding. Proper costing of both the NSP and all PIPs ensures adequate funding for the implementation of the plans. South Africa’s commitment to this cause remains enshrined in the fifth series of the National Strategic Plan (NSP) for HIV, TB and STIs (2023-2028). Informed by Goal 4 of the NSP and drawing inspiration from the country’s progressive stride in the mission to end HIV, TB and STIs as public health threats by 2030, the NSP has been central to the strategies and frameworks within government departments, national, provincial, municipal, and other stakeholders’ interventions. Other policy frameworks that give support to this commitment are the National Development Plan (NDP) 2030 which envisions a health system that works for everyone, with a sharp reduction in the country’s disease burden; and the Global AIDS Strategy 2021-2026, which aims to end inequalities, amongst others. All these focus towards dealing with the pursuit of adequate investment in HIV, especially investments in treatment, prevention and addressing social enablers.

The first NASA in South Africa tracked AIDS spending for a period of two years. The analysis provided a snapshot of funding needs and gaps for HIV and TB for the period 2013/14 to 2015/15 with data available

as of July 2013. The second NASA is for a three-year period from 2017/18 to 2019/20; hence the need to conduct another three-year period (2020/21 to 2022/23) before conducting annual NASAs to inform targeted budgeting and investments.

SANAC has continued to make significant strides towards achieving its mandate, which entails coordinating programmes and interventions around HIV/AIDS across the various sectors and provinces in the country. The SANAC Trust has intensified its efforts to harmonise funding strategies designed to respond to the HIV/AIDS pandemic in South Africa. One of such effort is the development of the South African Country Coordination Mechanism (CCM) (under the Global Fund), which is made up of partnerships of key players

in the country's HIV response. South Africa has done commendably well in its HIV funding programme, both in terms of its domestic allocation and donor support from international funders. However, there is need for strides to ensure adequate funding towards the response. The NSP 2023-2028 estimated that R51.2 billion will be required to implement national strategies regarding HIV/AIDS, STIs and TB, amongst others, over the duration of the NSP. In line with the NSP estimates, the Provincial Implementation Plans (PIPs) require costing to ensure focused resource mobilisation strategies.

IV – Background Multisectoral Provincial Implementation Plan costing

The South African National AIDS Council (SANAC) brings together government, civil society, and the private sector to create a collective response to HIV, TB and STIs in South Africa (SA). Provinces are embarking on the development of the Multisectoral Provincial Implementation Plans (PIP) for HIV, TB and STIs 2023 – 2028. The PIPs are regarded as one of the main documents for the country's response to HIV, TB and STIs since PIPs contribute to the national NSP efforts and take the country towards the target of ending AIDS as a public health threat by 2030.

The PIPs need to respond to prevalent provincial issues, be agile, radical, and should align with the New NSP for HIV, TB and STIs 2023-2028. The PIPs should provide a sense of renewed hope to people infected and affected by HIV, TB and STIs at a provincial level, reflect highly effective and high-impact interventions backed by evidence-informed analysis, to enable the achievement of the UNAIDS 95-95-95 targets which would then propel the country towards the achievement of the agenda 2030 goals.

V – Lead/Coordinating Agency

The South African National AIDS Council (SANAC) Secretariat will lead and convene partners for the NASA. Partners include the Treasury, Departments of Health, Education and Social Development. Other partners will include Non-governmental Organizations (NGOs), SANAC Private Sector Forum (PSF), UNAIDS and the UN agencies and programmes in the UN Joint Team on HIV and AIDS, PEPFAR and Global Fund. The SANAC Secretariat will also spearhead/coordinate the development of the NASA by specifically undertaking the following key roles:

- Oversee the process of the NASA
- Prepare and sign a Memorandum of understanding between Secretariat, and the key participating agencies
- Establish a NASA functional coordination framework and structures
- Set up a NASA task team, steering committee to provide oversight of the resource tracking
- Organize monthly meetings as part of routine management of the NASA processes
- Mobilize technical and financial resources to support implementation and sustainability of NASA.
- Ensure that NASA is ultimately incorporated into the national M&E system through the development of annual NASA.

The appointed consultant/consultancy firm will lead the fieldwork, data collection, verification, and cleaning processes, to ensure the long-term sustainability of the NASA.

1. SCOPE, OBJECTIVES AND OUTPUTS OF THE NASA AND PIP COSTING IN SOUTH AFRICA

1.1. Scope of the NASA

NASA will cover the 2020/2021, 2021/2022 and 2022/2023 SANAC Trust financial years. This NASA is limited to three years. The NASA guidelines recommend including 2 to 4 financial years. South African NASA will include funding from public, external and private sources. The assessment will be at both the national

and provincial levels. Data collection and presentation will follow the programmatic disaggregation in the NASA guidelines. To allow for international dissemination and comparability, NASA will use both South Africa Rand and the US Dollar. The conversions rates between the South African Rand and the US Dollar will be in line with the NASA guidelines. All NASA vectors will be in line with the NASA guidelines – and where there are data availability challenges, the NASA Task Team will decide on the vectors for inclusion or exclusion. Below are the NASA vectors:

- the funding entity (FE),
- revenue (REV),
- financing scheme (SCH),
- financing agent-purchaser (FAP),
- service provider (PS),
- the service delivery modality (SDM),
- function/intervention-AIDS Spending Category (ASC),
- Cost components (Production Factors- PF),
- Beneficiary populations (BP).

The NASA exercise will include HIV, TB and STIs expenditures, financial data will be included at both national and subnational levels, nevertheless, checks will be in place to avoid any double counting. The resulting data from NASA will inform Sustainability Plans, Allocative or Productive Efficiency analyses, to monitor National Multisectoral Strategic Framework 2023-2028, and applications to the Global Fund.

1.2. NASA Objectives

The primary objective for this project is to collect data on HIV expenditures in South Africa from 1 April 2020 to 31 March 2022 using the National AIDS Spending Assessment methodology. Specific objectives are:

1. To track the allocation of HIV and AIDS funds, from their origin down to the end point of service delivery, among the different financing sources (public, private or external) and among the different providers and beneficiaries (target groups) and compile a comprehensive National AIDS Spending Assessment (NASA) Report for the period 1 April 2020 to 31 March 2022.
2. To implement a methodology for systematic monitoring of HIV financial flows at national and provincial levels using the NASA methodology in South Africa.
3. To adapt the NASA methodology, classification, and tools to the South African context, including central as well as subnational financing.
4. Build national level capacity for systematic monitoring of HIV/AIDS financing flows using the NASA methodology, with a view to a yearly, fully institutionalized NASA, using the BASy-R tool.
5. To conduct an HIV, TB and STIs spending assessment focusing on public and development partner (external) resources and including private (both for-profit and not-for-profit) entities known to be contributing to HIV activities.
6. To identify and measure the flow of resources for HIV by the funding entity (FE), revenue (REV), financing scheme (SCH), financing agent-purchaser (FAP), service provider (PS), the service delivery modality (SDM), function/ intervention (ASC), cost components (factors of production, PF) and beneficiary populations (BP).
7. To prepare a report of expenditure trends that will inform the development of Sustainability Plans, mid-term review of the National Multisectoral Strategic Plan 2023-2028.

The NASA+ will answer the following questions:

- ✓ Who pays for HIV & TB services in South Africa? Who pools funds? What funding schemes are used?
- ✓ Who purchases the HIV & TB services?
- ✓ What mechanism (insurance) allows payment?
- ✓ Who are the providers of HIV & TB services in South Africa?

- ✓ What HIV & TB services are available, and what is the expenditure on these?
- ✓ Who are the beneficiaries of the HIV & TB spending in South Africa?
- ✓ What are the key cost drivers, the production factors, of the HIV & TB spending in South Africa?

2 NASA METHODOLOGY AND PHASES

The NASA methodology, as promoted by UNAIDS, will take precedence, with primary collection of expenditure data from service providers and sources/agents of funding. Where expenditure data are missing, consideration of costing methods may take place to estimate the expenditure, for example, for the in-hospital treatment of opportunistic infections, or for the Department of Health costs incurred in delivering services with costs embedded in the primary health budget and not specifically labelled as HIV. The most logical estimation approach will apply, based on available data, but generally, the use of estimations will apply as little as possible.

NASA implementation will occur in the following three phases, with the key role-players and their roles, identified:

2.1 Planning, Mapping of Actors and Capacity Building (NASA)

- a) Undertake a mapping of all actors involved in the HIV, TB and STIs response in South Africa at national and provincial levels – The consultant/consultancy firm with technical assistance from SANAC.
- b) Training of lead agency, government officials, other relevant stakeholders and the local consultants on NASA principles and methodology –the consultant/consultancy firm.
- c) Review and adjust the NASA data collection tools –the consultant/consultancy firm.
- d) Plan for data collection (develop a plan) – consultant/Consultancy firm.

2.2 NASA Sampling, Data Collection and Quality Control

The mapping of all actors, at national and provincial levels, will provide the sampling frame, from which most respondents will be included, time and resources permitting. All the funding sources and agents shall be included, without sampling.

If a full survey of all service providers cannot be undertaken, then strata, to ensure adequate representation of the different levels and sizes of providers and the inclusion of approximately 80% of all the HIV expenditure in the country, by purposively sampling those with the largest portfolio of services and expenditure. SANAC will guide in this selection process.

NASA uses data collection tools for Sources, Agents, and Service Providers through face-to-face interviews, which require greater financial and time resources.

The consultant/consultancy firm will lead and undertake the data collection to ensure the correct application of the tools and quality of the data collected.

2.3. Quality Control

Data processing will occur in the field – the Consultant/Consultancy Firm will collect data, check, clean and validate the data before entry into the NASA Resource Tracking Tool (RTT). The field supervisors must check the capturing of all the transactions by all the data collectors. Tracing of the transactions occurs during data processing, by crosschecking the data collected from multiple sources, agents, and providers. This process must carefully and methodically eliminate any potential double counting of resources and ensure that each transaction has all the vectors labeled correctly. The RTT control board indicates where there are discrepancies that need adjustment/fixing.

2.4. Data Analysis, Validation and Report Writing

This phase will focus on data entry, analysis, triangulation, and report writing – the consultant/consultancy firm undertakes this process, with strict quality control and internal validity checks. The consultant/consultancy firm enters all data into MS Excel and then exports to the NASA RTT once triangulated and verified. The consultant/consultancy firm will undertake the analysis and prepare the presentation of the findings, in PowerPoint first, then in a narrative technical NASA Report. SANAC will convene a stakeholder meeting to validate the preliminary findings, the consultant/consultancy firm will present the results with a clear explanation of the methods applied, estimations, assumptions, missing data, and other limitations, including the interpretation and use of the results. Thereafter, the consultant/consultancy firm addresses any omissions or errors before drafting the technical narrative report.

The consultant/consultancy firm submits the draft report to SANAC, and SANAC further shares the draft report with all relevant stakeholders for comments and suggestions. The proposed report structure is provided in Annexure 1 below, and the UNAIDS country support person can review the draft report and provide feedback on any improvements required.

3 NASA ROLES AND RESPONSIBILITIES

The roles and responsibilities are as follows:

- ✓ The consultant/consultancy firm will provide overall project management and co-ordination, ensuring sound NASA principles, tools and processes are adhered to, **maintaining high quality of the data collection, cleaning, capturing and analysis**, providing quality control, trouble shooting and technical support, to ensure a sound delivery of the project.
- ✓ SANAC and/or the Steering Committee will provide guidance and oversight of the project, as well as support the in-country coordination. SANAC will be responsible for raising awareness of the project and data requirements, convening of the stakeholder meetings, providing letters of introduction and permissions for the data collectors, and encouraging all stakeholders to share their expenditure data in a timely manner.
- ✓ UNAIDS will provide in-country technical and logistical support, ensuring that the consultant delivers upon its contractual obligations, and providing suggestions for the selection of the local consultant/consultancy firm. UNAIDS NASA technical support person shall ensure standardization of the NASA application and quality control, as far as possible.
- ✓ Global Fund will provide financial resources to conduct NASA.

4 SKILLS AND EXPERIENCE OF THE CONSULTANTS (NASA)

The NASA research team should have the following expertise and experience.

Consultant/Consultancy firm:

A post graduate degree in Economics, Health Economics or Social Sciences with a proven track record in managing large research projects, ensuring sound research processes in data collection and analysis, preferably in the field of HIV/AIDS and with experience in applying the NASA approach.

Preferred Skills and Experience:

- Sound Knowledge of HIV/AIDS policy and service provision/ programmes / acronyms in South Africa.
- Experience in the NASA method, or the National Health Accounts (NHA/SHA) approach.
- Strong background in research methods and experience in the design, conduct, management and analysis of research and data collection processes.
- Experience in managing a team of data collectors for country-wide research products.
- Sound management, analysis, reporting, and presentation skills.
- Excellent Excel skills.

Preferred Skills and Experience:

- Knowledge of HIV/AIDS policy and service provision/programmes in South Africa.
- **Understanding of basic economic and accounting terms and practices.**
- Experience in undertaking research data collection: setting up appointments, holding interviews, obtaining required data, cleaning, and capturing the data correctly and comprehensively.
- Good working knowledge of Word and Excel.
- Capacity to work in a team, and report regularly to Team Leader.

5. Scope of PIP Costing

The SANAC Secretariat seeks to engage a consultant to work closely with the PIP writers to ensure the costing of clear logical PIP for HIV, TB and STIs 2023 – 2028. The Consultant will lead the costing of PIPs in the 9 provinces. The costing consultant will support the costing activity through the following:

- Actively support the costing focal points in the programmatic working groups including providing orientation, timelines, guidance, tools, and feedback on inputs of the working group, ensuring that all draft products are reviewed and validated by this group; maintain close contacts with other resource person on costing as needed.
- Work closely and coordinate with the provincial and national finance managers to understand the budget allocations for HIV, TB and STIs.
- Analysis and development of draft budget and related documents which will be used for the costing exercise.
- Develop templates for the summary and detailed budgets per stream.
- Develop guidance and tools to orient working groups on costing at all stages of the process.
- Conduct a comprehensive search for unit costs estimates applicable, assess data quality, and decide what data source to use; document cost data sources, data quality assessment, and data gaps, and report any adjustment/adaptation in calculations including assumptions made during the costing process.
- Conduct training sessions on costing with the working groups / costing focal points as necessary, including program managers where applicable.
- Conduct budget and allocative efficiency analysis, as informed by NASA.
- Provide detailed feedback to working groups on draft budgets.
- Develop a draft summary budget aligned with the PIP programmatic areas of interest.
- Develop a financing landscape table, based on data and inputs sought from working groups and other relevant stakeholders.
- Develop inputs for sections of the PIP related to efficiencies, sustainability issues, linkages with health financing. Finalization of budget and related documents
- Develop a final compiled summary budget aligned with the new NSP programmatic areas, and PIPs incorporating feedback received from stakeholders.
- Compile detailed annexes with documented assumptions and methodologies, including a set of Excel files with unit cost data and analysis, quantifications, and targets.
- Develop a brief report on the PIP costing process - best practices and challenges. The summary and detailed budget should provide realistic estimated resource needs to reach the targets and efficiently implement the development of the PIPs key and risk factors that affect long-term sustainability per thematic component to inform follow up national efforts to address the sustainability of the national response to HIV and AIDS, TB and STIs in the country.

5.1. PIP Costing

Qualifications and Experience

- Master's degree in finance, economics, public health, or another relevant field
- Minimum of 5 years company experience in budgeting for health programs
- Experience demonstrated in the development of strategic plan budgets in the health area.
- Experience of working with HIV, STI and TB programmes will be an advantage.
- Experience in working with Government, Civil Society, Non-Governmental Organizations and Development partners.
- Experience of working in multidisciplinary and multicultural teams
- Ability to develop an effective working relationship with government entities and other partners.
- Excellent analytical skills (including financial gap analysis)

5.1.1. Core Competencies:

- Computer skills (e.g., Microsoft Word, Excel, Access), and applicable financial systems / applications / statistical analysis / software
- High degree of integrity, and highly organized and good analytical skills
- Excellent networking, oral and written communication, presentation, and reporting skills
- Fluency in written and spoken English is an absolute necessity.

5.1.2. Functional Competencies:

- Support the preparation of information for advocacy.
- Contributing to results through provision of information
- Generates new ideas and proposes new, more effective ways of doing things.
- Ability to work under pressure and adhere to deadlines.

6. SUPERVISION

6.1. NASA

The consultant will be supervised by the Executive Manager, Strategic Information Unit, who will work closely with the consultant to discuss the work and the review drafts and the final product.

6.2. PIP costing

The consultant will be supervised by the Executive Manager: NSP Implementation Unit, who will work closely with the consultant to discuss the work and the review drafts and the final product.

7. KEY DELIVERABLES

7.1. NASA

The Consultant/Consultancy Firm must deliver the following outputs:

- ✓ Inception report – summarizing the consultant's approach, capacity building approach, quality control and supervision/ checklist, work plan.
- ✓ Map (database) of key actors in the HIV response, with contact persons and details.
- ✓ Data collection plan – teams, times, appointments record, etc.
- ✓ Final data collection forms (if using hard copies).
- ✓ Monthly update reports – e.g., status database, highlighting key challenges, including who needs what.
- ✓ Completed hard copy data collection tools, filed by source, agent, and provider, and in alphabetical order by name – if the team is using hard copy questionnaires.
- ✓ Data cleaned and captured in the excel data consolidation tool – submitted weekly to Contact Person at SANAC.
- ✓ Preliminary results – slide deck/ Power Point version.
- ✓ Validation meeting report with key changes identified/ required.
- ✓ Draft NASA report.
- ✓ Record of reviewers' comments / changes undertaken.

- ✓ Final NASA report – according to suggested report outline (annexture), with adequate detail of methods, estimations, quality of data & limitations, findings (answering all the research questions), narrative/analysis / interpretation, recommendations for further assessment and for steps towards institutionalization, appendices (including all respondents and those who did not respondents).
- ✓ All NASA matrices (or core minimum, as per report outline).
- ✓ The completed and cleaned NASA data consolidation tool.
- ✓ Soft copies of all files used during data collection and data processing.
- ✓ The final, complete, cleaned, correct RTT 'project' file and excel data consolidation file with every transaction.
- ✓ The complete Global AIDS Monitoring (GAM) financial matrix.
- ✓ Dissemination plan including steps to incorporate the NASA findings into relevant documents and processes, such as the NSP mid-term review, the sustainable financing plan, the investment case update, resource mobilization strategies, etc.
- ✓ Nine Provincial NASA+ Factsheets with relevant infographics.

7.2. DELIVERABLES-PIP COSTING

The Costing consultant will present the methodology and working arrangements to the SANAC Secretariat within two weeks of appointment. The work will be remunerated based on deliverables substantiated by high quality documents as proof of work done by the consultant. He / She will coordinate the Costing component to achieve the deliverables in finalizing the PIPs for HIV, TB and STIs 2023 – 2028, including but not limited to:

- Short inception report
- Templates for the summary and detailed budget
- Guidance and tools to orient working groups on costing at all stages of the process.
- Training sessions on costing with the working groups, as necessary.
- Detailed feedback to TWGs draft budgets.
- Draft compiled summary budget aligned with the PIPs programmatic areas.
- Financing landscape table.
- Final compiled summary budget aligned with the PIPs programmatic areas, incorporating feedback received.
- Detailed annexes with documented data sources and assumptions and methodologies, including a set of Excel files with unit cost analysis, quantifications, and targets.
- Brief report on PIPs costing process - best practices and challenges.

8. EVALUATION AND SELECTION CRITERIA

8.2. NASA

- **Stage 1:** The proposals will be evaluated on functionality. An evaluation panel will allocate points in respect of functionality according to the criteria set out on the functionality table.
- Bidders must obtain the Minimum point of 70 out of 100 to be evaluated on
- Price & BEE
- Proposals will be evaluated on a scale of 1–5 in accordance with the criteria below:

ELEMENT	Rating	Weight	Rating score	Total
<p>Technical Proposal: Interpretation of the assignment, detailed technical proposal demonstrating a clear process and methodology with intermediate and final outputs, workplan, identified timeframes/milestones, and management of the Project for delivering high-quality products in line with the ToRs:</p> <ul style="list-style-type: none"> • Addressed poorly = 1 point • Addressed but with limitations= 2 points • Addressed adequately = 3 points • Adequately addressed with understanding in some areas = 4 points • Extensively addressed with an advanced understanding, clear timelines, and deliverables as per the ToR =5 points 		45	1= very poor 2=average 3= good 4= very good 5= excellent	

<p>Relevant experience: Demonstrated professional experience and knowledge in conducting similar NASAs in South Africa and/or within the region. Attach implementing staff CV's and portfolio with company experience:</p> <p>0= No experience 1= 1 year 2=1-2 years 3= 3-4 years 4= 5-6 years 5= 7 years</p>							30	0= No experience 1= 1 year 2=1-2 years 3= 3-4 years 4= 5-6 years 5= 7 years	
---	--	--	--	--	--	--	----	--	--

ELEMENT	Rating	Weight	Rating score	Total
<p>Track record: Demonstrated track record in developing and implementing similar work and contact details of organizations for which similar work has been conducted. Attached a minimum of three reference letters for successful project in the last 5 years.</p> <p>The information must have duration, value, and a project description.</p> <p>Points</p> <ul style="list-style-type: none"> • 1= 1 references • 2= 2 references • 3= 3 references • 4 = 4 references • 5 = 5 references 		15	1= 1 References 2= 2 references 3= 3 references 4 = 4 references 5 = 5 references	



<p>Education, Qualifications, and skills:</p> <ul style="list-style-type: none"> • Master’s degree in health economics or similar = 1 Point. • Master’s degree in health economics and proven record of accomplishment in managing a large research project, = 2 Points. • Master’s degree in health economics and a proven record of accomplishment in managing at least two large research projects, = 3 Points. • Master’s degree in health economics and a proven record of accomplishment in managing at least three large research projects, = 4 Points. • Master’s degree in health economics and a proven record of accomplishment in at least managing four large research projects, at least any ten of the experiences, skills, and qualifications = 5 Points 		10	1 = At least 2 2= At least 4 3 = At least 6 4= At least 8 5= All 10	
Total		100		

8.3. Evaluation Criteria, PIP Costing

Elements	Weight
<p>Written Proposal Evaluation:</p> <ul style="list-style-type: none"> • Technical proposal demonstrating a clear process and methodology for delivering high-quality product in line with the ToR. <ul style="list-style-type: none"> ○ 0 points = No project plan proposed ○ 15=project plan submitted, however no clear 	40%

<p>deliverables and understanding of SANAC Trust sector and its mandate including the project to be implemented. Proposal is lacking purpose and does not include an appropriate level of detail for the intended project.</p> <ul style="list-style-type: none"> ○ 40= Proposal contains all required elements, and the sections are clearly separated, identifiable, and ordered. Document also contains a cover page, body (all sections), references, and an appendix including a table describing: project workplan. Proposal structure reflects the intended purpose and provides an appropriate level of detail for the intended project. The writers demonstrate the technical know-how of implementing the project. 	
<ul style="list-style-type: none"> • Demonstrated track record/knowledge of public health spending analysis and costing for HIV, TB and STIs programs in South Africa <ul style="list-style-type: none"> ○ 1=<1 year ○ 2= 1-2 years ○ 3=3-4 years ○ 4= 5 years ○ 5= 6-10 years 	20%
<ul style="list-style-type: none"> • Demonstrated track record in infographic design, data visualization and animation for high quality publications (10%). <ul style="list-style-type: none"> ○ 0 points= no show of previous work with infographics ○ 10 points= show of work in one project ○ 15=show of work with more than two projects ○ 20=show of work with more than two projects ○ 	20 %
<ul style="list-style-type: none"> • Financial proposal <ul style="list-style-type: none"> ○ 0= no financial proposal ○ 10=financial proposal submitted but no clear breakdown of activities costed ○ 20=financial proposal submitted with clear breakdown of cost activities 	20%
Total	100%

9. TIMEFRAMES
9.1. NASA

The proposed timeframe for the assessment is 5 months starting from April 2024 to September 2024.

Timeframe

- The level of effort expected is to be a maximum of 150 days. This can be spread over five months not exceeding September 2024.

9.2. PIP Costing

The proposed time frame for PIP costing is 90 days, from April to July 2024

10. CONTACT PERSONS

10.1. NASA

Any queries on the ToRs should be send to:

Supply and Chain Management queries to Ms Beullah Mthombeni, at Beullah@sanac.org.za and any technical queries to Mr Zwebuka Khumalo at Zwebuka@sanac.org.za

10.2. PIP Costing

Supply and Chain Management queries to Ms Beullah Mthombeni, at Beullah@sanac.org.za and any technical queries to Dr Nkhensani Nkhwashu at Nkhensani@sanac.org.za

11. ANNEX 1: REQUIRED REFERENCE LETTER CONTENTS

- a) Project Name and Type
- b) Duration of the project (from when to when)
- c) Deliverables (summary in 3 lines at the most)
- d) Amount/budget
- e) An unsigned reference letter is invalid.
- f) A reference letter that is not on the client's letter head is invalid.

12. ANNEX 2: SOUTH AFRICA NASA REPORT STRUCTURE

Foreword

Acknowledgements

Executive Summary

List of tables

List of figures

List of abbreviations

1. Introduction

1.1 Context of the assessment

1.2 What is the NASA

1.3 Objectives and purpose

1.4 Scope of the assessment

1.5 Structure of the report

2. Overview of the Country Context

2.1 South Africa: demographic and socioeconomic indicators

2.2 HIV and AIDS situation

2.3 National response and AIDS Funding in South Africa

3. Study methodology

- 3.1 NASA classifications
- 3.2 Preparatory phase
- 3.3 Sampling and sources of data
- 3.4 Data collection
- 3.5 Data entry
- 3.6 Validation of results
- 3.7 Quality assurance
- 4. Findings**
 - 4.1 Total expenditure on HIV
 - 4.2 Trends in HIV and AIDS spending
 - 4.3 Sources of finance
 - 4.4 HIV and AIDS spending by sources of funding
 - 4.5 Providers of HIV and AIDS services
 - 4.6 Analysis of the HIV and AIDS core spending categories
- 5. Summary and recommendations**
- 6. References**