



HUMAN SCIENCES RESEARCH COUNCIL

Request For Information

BID DESCRIPTION: APPOINTMENT OF A SERVICE PROVIDER(S) TO COLLECT DATA SURVEY FOR THE SABSSM QUANTITATIVE PILOT STUDY

CLOSING DATE FOR SUBMISSION: September 2025

1. BACKGROUND

The Human Sciences Research Council (HSRC) has led the implementation of the South African National HIV Prevalence, Incidence, and Behaviour Survey (SABSSM) series since 2002, monitoring HIV prevalence, incidence, and the behavioural drivers of the epidemic in the country. Over the years, the survey has refined its communication strategies to increase participation across various population groups. However, the survey continues to face challenges in achieving high response rates from certain sub-populations, including participants from gated communities, affluent areas, White and Indian groups, urban residents, children, and men, which poses difficulties in obtaining a comprehensive understanding of the evolving HIV epidemic in South Africa. To address this, SABSSM will conduct a pilot quantitative survey to assess whether novel methodologies can improve participation rates in areas with historically low response rates. These areas include high-income, urban, and gated communities, where community members are often hesitant to participate in research surveys that involve interviews and the provision of specimens.

Sampling

The survey will be conducted in two provinces, namely KwaZulu-Natal and Gauteng, where 40 Small Area Layers (SALs) or communities (20 in Gauteng and 20 in KwaZulu-

Natal) will be purposively sampled. **The majority of participants will be White, Afrikaans-speaking, and Indian.** In each SAL or community, 15 pre-selected visiting points/households will be visited for data collection. The study intends to recruit 600 eligible household members across the two provinces for participation in either face-to-face interviews or self-administered online questionnaires, a Rapid HIV testing package, and the provision of blood specimens for laboratory testing. Global positioning system (GPS) coordinates and SAL maps with sampled 15 visiting points (VPs) will be supplied.

Data collection

Data collection will follow a mixed-methods approach, allowing eligible individuals to choose between a researcher-administered face-to-face interview and a self-administered online interview at their convenience. Participants will also have the option of where they provide a blood sample for HIV testing.

- a) They can choose to have an HIV Rapid Testing package and have the blood specimen collected in the household when interviews are conducted face-to-face by a qualified survey staff member.
- b) Those who prefer to self-administer the questionnaire may also opt for a home visit by a qualified survey staff member, who will collect the sample and provide the HTS package.
- c) Alternatively, participants may choose to visit a nearby mapped private laboratory within their SAL, where a qualified survey staff member will be present to draw their blood specimen. Household members who opt to travel to a private laboratory will be offered R150 as reimbursement for time and inconvenience. The HSRC will provide a list of mapped private laboratories.

Study duration

- a) **Maximum duration of the study:** Two months.
- b) **Duration of data collection per SAL:** 3 to 7 days, including working in the SAL over the weekend and evenings to accommodate the availability of potential participants.

2. SCOPE OF WORK

The service provider must demonstrate how they will undertake the following:

1. Recruit qualified and experienced data collectors to conduct surveys in gated, high-income, and urban communities in KwaZulu-Natal and Gauteng. Key responsibilities of data collectors:
 - a) **Community entry**
 - Community entry involves engaging with stakeholders at the community level to obtain permission to conduct the study. Stakeholders include the SAPS, Ward Councillors, Estate Managers, community leaders and any other essential contacts required to facilitate the implementation of the survey. The community entry activities aim to raise awareness about the study, sensitise the wider community, and encourage participation in the survey through the activities listed below:

- *Study Publicity and Community Mobilisation:* setting up and manning the Information gazebos provided by the HSRC in the community 3 days prior to fieldwork to sensitise the community about the survey and provide information to community members. The gazebo should remain in the community until the completion of fieldwork, which might take about 3 to 7 days per community. Service provider to provide a table and two chairs to man the gazebo in the community.
- Distribution of HSRC-designed survey flyers, posters and WhatsApp chatbot¹.
- Sending of WhatsApp and SMS campaign pre-and during survey reminders to encourage potential participants to participate in the survey. The HSRC will design the content of the messages, but the service provider should demonstrate how they will carry out this task.
- Facilitation of the involvement of Youth-led community health ambassadors and community mobilisers for the mobilisation of community members and eligible household members in selected SALs.
- Involving respected figures to support survey implementation by using their voices in radio spots, posters, and community gatherings.

b) Household entry

- Correctly identifying selected visiting points/households to obtain permission from the head of households and recruit eligible household members for data collection.

c) Questionnaire administration

- Administration of in-person or online interviews using the SABSSM questionnaire, which consists of a household questionnaire (approximately 5-10 minutes) and age-appropriate individual questionnaires (approximately 20–30 minutes)², each accompanied by the relevant information sheet and consent/assent forms (approximately 5-10 minutes for each information sheet and consent form). The HSRC will provide the service provider with a survey link for self-administered online survey uptake, enabling participants to complete the questionnaire, information sheet, and consent form at their convenience.

d) HIV rapid testing and counselling

- Provision of pre- and post-test counselling, rapid HIV testing, and referral of participants in accordance with the South African HTS guidelines.

e) Collect blood samples from all household members for laboratory testing

- Participants may choose to provide a specimen either at their household immediately after completing the questionnaires or at a designated private laboratory, where a qualified researcher will be available for the duration of data collection in the SAL.

¹ WhatsApp chatbot will be developed by a third party and shared with the service provider.

² Three individual questionnaires are administered: one to persons aged 15 years and older, one to parents/guardians of children aged 0-11 years, and one to children aged 12-14 years.

f) Payment of participant incentives

- Household members who travel to the private laboratory should be reimbursed R150 for their time and inconvenience. The service provider must submit the relevant documents to accompany the invoice to the HSRC upon completion of the SAL.

2. Courier services or transportation of dried blood specimens to the central laboratories

- a. Data collectors must handle, store, and courier the DBS samples in line with the survey's sample handling SOPs developed by the HSRC. A third-party laboratory will provide all necessary materials for laboratory data collection to the service provider.
- b. Specimen transportation: Transporting batches of barcoded dried blood spot (DBS) samples to Gauteng upon completion of each SAL, with delivery to the central testing laboratory at the National Institute for Communicable Diseases (NICD).
- c. Specimen tracking: Ensuring all batches of barcoded DBS samples are tracked using specimen-tracking sheets and waybill numbers to maintain the chain of custody and safeguard specimen integrity.

3. Return of non-field test results

The service provider must return biomarker results to participants as outlined in Table 1. The return-of-results process entails the following:

- a. Receiving results from the laboratory.
- b. Organising results according to the selected SALs.
- c. Notifying participants of the availability of their results.
- d. Returning results to participants securely and confidentially.
- e. Implementing a retrieval plan for results that remain uncollected.

Table 1: Biomarker results returned to participants

Test results	Returned to respondents and/or health facility
Viral load	Yes, return to the facility within 8 to 12 weeks.
Discrepant HIV serology results	Yes, at the household within 12 weeks
HIV testing for children under two years old	Yes, at the household within 8–12 weeks

4. Overall quality control

The service provider must have systems they will implement to safeguard the integrity of data collection through the following activities:

- a) Follow all prescribed ethical procedures and protocols as outlined during HSRC training and manuals.
- b) Asset and vehicle tracking: Implementation of a system to ensure accountability and security of fieldwork resources, and ensure that a weekly report is provided.
- c) Quality control: Clear procedures must be in place to conduct quality checks during fieldwork, ensuring the accuracy and integrity of the collected data.
- d) Quality control: Clear procedures are in place for conducting quality checks during fieldwork to ensure the accuracy and integrity of the data collected.

5. Additional Expectations of the Service Provider

- a) **Debriefing and Communication:** Provide daily progress updates, maintain continuous engagement with the HSRC team, and attend a weekly operational meeting.
- b) **Training:** Must attend the compulsory 10-day HSRC training at the scheduled date and location in Gauteng Province. Ensure personnel are trained, supervised, and equipped for data collection, counselling, specimen handling, and community mobilisation.
- c) **Internal Orientation:** Provide own training/orientation to staff regarding fieldwork logistics and organisational operations.
- d) **SOPs and Manuals:** Share internal standard operating procedures (SOPs) and operational manuals with the HSRC prior to training.
- e) Must provide storage for fieldwork materials.
- f) Rapid testing, and post-counselling in accordance with the South African HTS guidelines, as well as collecting blood specimens.
- g) Qualified and registered health professionals must be experienced in collecting blood specimens from infants under two years of age.
- h) The demographic profile of the recruited researchers should match that of the sampled communities in terms of race and language. Targeted communities for KwaZulu-Natal are predominantly Indian and White Afrikaans speaking, and in Gauteng, the targeted communities are White and Afrikaans speaking.
- i) **Fieldwork Reporting:** Submit a final fieldwork report to the HSRC within 7 days of project completion, including all relevant data, challenges encountered, and lessons learned.

6. Safety, Conduct, and Operational Responsibilities

- a) **Safety:** Bidders should always take precautions to ensure the safety of Fieldworkers. They should provide safe, roadworthy, and presentable transport, daily subsistence allowances, accommodation for overnight fieldwork, and a market-related salary. Report safety incidents or accidents to the HSRC and police immediately.
- b) **Safety guidelines:** Provide risk management guidelines to ensure the safety of staff and protection of equipment. Ensure that field staff have ID badges and wear their branded bibs, T-shirts, caps and use the car magnet to identify and legitimise the study.
- c) **Theft, Loss, or Damage:** Complete and submit all relevant documentation to the relevant authorities and HSRC immediately in the event of theft, loss, or damage.
- d) The successful Service Provider must ensure that the **Fieldworkers do not abuse any substances, such as drugs or alcohol**, while working on this HSRC project.
- e) Be **available on your cell phone during data collection to ensure that logistical issues are addressed promptly**.
- f) Respond to any queries that arise regarding the completed transcripts.
- g) **Data Collection and Reporting:** Ensure that all weekly data collection plans are submitted, data collected is uploaded to the database daily in accordance with protocol, and fieldwork progress reports are submitted upon completion of each SAL.

- h) Ensure that all researchers have **completed the required contract forms** (with the Service Provider) before starting the work.

3. RESPONSIBILITY OF THE HSRC

The HSRC will:

- a) Provide the protocol, manuals, SOPs, tools and permission letters (including printed documents for training and fieldwork). Tools include global positioning system (GPS) coordinates, a survey link for self-administration of the questionnaire, the communication toolkit (WhatsApp chatbot, flyers, posters, gazebos, SAL maps with sampled 15 visiting points (VPs), stakeholder letters, ethics approval letter, letter of support from National/Provincial/District Department of Health, car magnets, T-shirts, caps), copies of the information sheets translated into the languages predominantly spoken in the SALs electronic tablets and bibs.
- b) Participate in the training in order to guide the Service Provider.
- c) Support aspects of community entry.
- d) Cover costs for the training venue.
- e) Cover the costs of attending training for the Service Provider and their team.
- f) Provide branded materials to use in the field.(Gazebos and flags).
- g) Conduct oversight visits in the field.
- h) Maintain close communication with the Service Provider throughout the fieldwork.
- i) Set up a data storage platform.

4. DELIVERABLES

The expected deliverables from the Service Provider include the following:

Table 1: Activities to be covered by the successful bidder

Tasks	Deliverables/Output
Attend the data collection training session.	<p>All Fieldworkers/researchers under your supervision must attend training on the scheduled date at the correct location. They must sign the attendance register that HSRC will provide during training.</p> <ul style="list-style-type: none"> • The service provider must share the screening tools used to shortlist relevant candidates for the training • Provide a shortlist of field staff/researchers and their CVs to the HSRC for review prior to training. • Once approved, inform the HSRC of the number of researchers attending training. • Researchers must undergo a competency assessment as part of the training

Data collection preparation	<ul style="list-style-type: none"> Following the training, the service provider should ensure that field staff are familiar with the survey process. They must share an overall and weekly field implementation plan outlining the areas to be visited and the corresponding dates. They must also specify the quantities of lab materials needed and develop corresponding reporting forms. Liaise with the communications team around implementation so that the communications strategy can be implemented at the focused areas.
Conducting interviews	All data must be captured using the tablets provided by the HSRC, with backup translated questionnaires carried as needed. Interviews should be conducted in the participant's preferred language. Upon completion of fieldwork, all collected data must be submitted to the HSRC as per the protocol.
Provide HSRC with the full names of the Fieldworkers as they appear in the ID book/card. Include photos of all Fieldworkers before training	HSRC will use this information to compile a database and generate name tags for Fieldworkers to wear during the project's fieldwork activities.
The HSRC will not accept any responsibility for any claim arising from the injury, death, loss or damage to property suffered by a Fieldworker or his or her dependents, in the execution of his or her duties in terms of this agreement.	
It is agreed that there is no employer-employee relationship established between the HSRC and the individual Fieldworkers, and that the fieldworkers are appointed by the Service Provider, based on the minimum requirements as set out herein.	
The successful Service Provider will be responsible for the distribution, collection and safe return of the tablets to the HSRC. These tablets should be returned in the same condition as received at the inception of the project. Negligence will result in personal liability.	
The successful Service Provider will be provided with branded Bibs, which must be cleaned and returned to HSRC in good condition. The final payment will only be transferred once the HSRC has received all the Tablets, chargers, battery banks and branded bibs in the same condition as received at the inception of the project. Negligence will result in personal liability.	
<p>NO PAYMENT:</p> <p>Should any fraud pertaining to data be detected, i.e. fabricated focus group discussions, payment will be withheld.</p>	
The final payment to the supplier will only be made once the quality of the work has been verified and accepted by the HSRC Project team.	

5. Mandatory requirements

- Company profile that includes your company's history, vision, mission, location, infrastructure, software used, staff profile (senior, middle and lower levels and staff qualifications).
- Service Provider to have a proven service record of conducting quantitative research in gated and urban communities.
- Service Provider to provide three (3) examples of previous work undertaken within the last five (5) years.
- Project execution plan, timelines and detailed budget
- Service Provider to also provide three (3) contactable references and reference letters.

6. TIMELINES

The successful Service Provider is expected to complete the task within 2 months from the date both parties sign the Service Level Agreement.

- a) Requisition advertised to potential service providers: 09: September 2025
- b) Compulsory briefing session will be on: (online via Teams) 15 September 2025
- c) Closing date of the proposal: 22 September 2025

7. CONTACT PERSON

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