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Closing Date: August 6, 2009

Closing Time: 12:00 PM Eastern Standard Time

SUBJECT: RFTOP USAID/M/OAA-GH-OHA-09-0013 IQC TASK ORDER REQUEST FOR PROPOSALS UNDER AIDSTAR SECTOR 1 – TECHNICAL SERVICES

Dear AIDSTAR Sector I (Technical Services) IQC Contractors,

USAID is requesting offers for a 5-year Cost Reimbursement Plus Fixed Fee, Level of Effort (CPFF LOE) Task Order under the referenced IQC.

Please review Section A and Section L of the REQUEST FOR TASK ORDER PROPOSAL (RFTOP) for a list of submission requirements and instructions. Please submit the required information to: Sandra R. Harrell **no later than 12:00 PM (Noon) EST August 6, 2009**. USAID will not accept requests for closing date extensions. Kindly send one original Technical Proposal plus 2 copies and one original Cost Proposal plus 2 copies.

Mail/hand-carry proposals to: Ms. Sandra R. Harrell
United States Agency for International Development
Office of Acquisition and Assistance, RRB, 7.09-081
1300 Pennsylvania Avenue, NW
Washington, D.C 20523-7803

Offerors are permitted to submit questions *no later than 12:00 PM EST Wednesday, July 22, 2009*. Questions and USAID responses will be shared with all IQC contractors shortly thereafter. Feel free to contact Sandra R. Harrell, sharrell@usaid.gov, 202-712-4522, or Keisha Foster, kfoster@usaid.gov, 202-712-1132 if you have any questions.

I wish to emphasize that this letter does not obligate USAID to execute a Task Order, nor does it commit USAID to pay any cost incurred in the preparation and submission of the foregoing.

Sincerely,

/s/

Michael Ashkouri
Contracting Officer
M/OAA/GH/OHA

**AIDSTAR I INDEFINITE QUANTITY CONTRACT
SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**

A Comprehensive Social Marketing Program for HIV/AIDS, Family Planning and Reproductive Health (FP/RH), Maternal, Newborn and Child Health (MNCH), and Water and Sanitation (WATSAN)

1	RFTOP Number	M/OAA/GH/OHA/09-0013
2	Date RFTOP Issued	July 9, 2009
3	Issuing Office	USAID/Washington
4	Contracting Officer	Lisa M. Bilder Office: 202-712-5882 Fax: 202-216-3396 E-mail: lbilder@usaid.gov
5	Proposals to be Submitted to	Sandra R. Harrell Office: 202-712-4522 Fax: 202-216-3396 Email: sharrell@usaid.gov
6	Proposals Due	no later than 12:00 PM (Noon) EST August 6, 2009
7	Payment Office	See Section G.4 Invoices
8	Name of Firm	
9	IQC Task Order Number	
10	DUNS number	
11	Tax Identification Number	
12	Address of Firm	
13	RFTOP Point of Contact	Name: Sandra R. Harrell Phone: 202-712-4522 Fax: 202-216-3072 Email: sharrell@usaid.gov

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The United States Agency for International Development (USAID), Democratic Republic of Congo (DRC) requires support to implement a comprehensive social marketing program to improve health practices through social marketing, behavior change communication and advertising that creates demand for, access to and utilization of quality health products and services as detailed in Section C.1 Background.

B.2 CONTRACT TYPE

This is a Cost Plus Fixed Fee, Level of Effort Contract. For the consideration set forth in the contract, the Contractor shall provide the deliverables or outputs described in Section C and comply with all contract requirements.

B.3 BUDGET

The Total Estimated Cost of this acquisition is \$_____ with fixed fee. The fixed fee for the task order shall not exceed the ceilings set forth in Section B.7 and B.8 of the IQC. The U.S. dollar costs must be limited to reasonable, allocable, and allowable costs determined in accordance with FAR 52.216-7, Allowable Cost and Payment, and FAR 52.216-8, Fixed Fee, A21 (for universities), and A-122 (non-profit).

The contractor will not be paid any sum in excess of the ceiling price.

B.4 PAYMENT

The paying office is as set in Section G.4.

B.5 OTHER RFTOP INFORMATION

The final statement of work for the task order that will result from this RFTOP will be incorporated at the time of award and shall be based on the proposal by the successful offeror.

B.6 COST REIMBURSABLE

The U.S. dollar costs allowable shall be limited to reasonable, allocable and necessary costs determined in accordance with FAR 52.216-7, Allowable Cost and Payment, FAR 52.216-8, Fixed Fee, if applicable, and AIDAR 752.7003, Documentation for Payment.”

END OF SECTION B

SECTION C – DESCRIPTION / SPECIFICATIONS/STATEMENT OF WORK

C.1 BACKGROUND

The Democratic Republic of Congo (DRC) is one of the most populous, vast and resource rich countries in sub-Saharan Africa, with nearly 65 million inhabitants, nine neighboring countries and an abundance of mineral and natural resources. Decades of mismanagement, neglected infrastructure, corruption and conflict involving seven national armies over the course of 15 years have left the Congo with an 80 percent poverty rate, and an annual per capita income of just over \$120, inadequate social and health services, and weak governmental institutions.

Years of mismanagement, chaos and health sector destruction, looting and neglect have left many health zones (HZs) in the DRC without the foundation to re-establish functioning health services capable of offering quality care.

The health sector's ability to respond to the health needs of the people of the DRC has declined significantly during the conflicts of the last decade. It is estimated that as much as 70% of the population have little or no access to health care. The DRC ranked in the bottom 10 countries in the world on range of basic social and quality of life indicators.

The current social marketing program does not reach rural areas where there is a huge unmet need. Also, despite current efforts from donors and the GDRC to increase the supply of basic health products, such as mosquito nets, condoms, contraceptives, Oral Rehydration Sachets (ORS), safe delivery kits, and water purification products among other life-saving health products, stock-out of these commodities are common and contribute to low utilization. Social marketing of health products is expected to contribute to improved availability by adding an alternate and more sustainable supply circuit which involves the operational private sector (private depots, pharmacies, clinics, shops and community distributors).

Structure of Health Systems

During the 1980s and early 1990's, despite poverty and poor governance, the Primary Health Care (PHC) system in the DRC (then "Zaire") was widely considered among the best in Africa. A decentralized health system approach was initiated in the early 1980s. This approach, supported by donors, was anchored in public-private partnerships among the government, churches and Non-governmental Organizations (NGOs). The approach focused on structured HZ and produced significant improvements in numerous health indicators. At the forefront of the decentralization process were several PHC programs including the USAID-funded SANRU (Santé Rurale) I (1980-1986 in 50 HZs) and SANRU II (1986-1991 in 108 HZs). These two programs were so well known that "SANRU" became a brand name equated with decentralized PHC service delivery.

Over the past several years the GDRC has initiated a series of administrative and health sector policy and strategy reforms that are reshaping the health system. Administratively, the government is expanding the number of provinces from 11 to 26. Existing districts will either disappear or be converted into provinces. This means a shift of provincial capitals and as the transformation of previous hospitals into health centers as in Lodja and Vanga-Kete. The foundation of the new health sector specific policies is the National Strategy for the Reinforcement of the Health Care System (Stratégie Nationale de Renforcement du Système de Santé or SPSS) which is comprised of 6 main components:

1. Revitalization of the HZs and correcting distortions at the peripheral level, distributing health facilities according to population and eliminating or transforming outlying “health posts” into full HCs surrounding a zonal-level general reference hospital (GRH);
2. Reorganization of the central and intermediate levels of the health system, redefining the role of the national level to focus on normative and regulatory responsibilities based on service delivery realities and decentralizing planning, budgetary management, drug management, quality improvement and other functions to the provincial and HZ levels;
3. Rationalization of health financing to include provincial level funds for health infrastructure improvement and maintenance, monitoring, evaluation, and supervision and free preventive services (e.g. immunizations, Tuberculosis (TB), and RH/FP) complemented by health facility budgets based in part on the collection of fees for service, with community involvement in setting rates;
4. Reinforcement of intersectoral partnerships among the health system, and education and research institutions, drug management institutions and other sectoral programs such as water and sanitation;
5. Development of human resources through both pre- and in-service training; and
6. Development of health systems research capacity to improve quality of service.

Systems strengthening efforts include strengthening of:

- Information systems through the development of the National Health Information System (SNIS-Système National d’Information Sanitaire and CREDES (Centre de Recherche d’Étude et de Documentation en Économie de la Santé) monitoring and evaluation (M&E) system;
- The National Drug Supply System (SNAME, Système National d’Approvisionnement des Médicaments) and the National Drug Supply Program (PNAM-Programme National d’Approvisionnement en Médicaments) which works through a national entity, FEDECAME (Fédération des Centrales d’Approvisionnement en Médicaments). FEDECAME negotiates and coordinates drug purchasing for provincial distribution centers (CDR, Centrales de Distribution Régionale). These are mostly privately owned entities, that then sell subsidized drugs directly to health facilities, including missions, public and private sector clients, based on a “rolling fund” credit system; and
- A decentralized health care financing system.

The decentralized health system is composed of three levels: 1) central (national), 2) intermediary (provincial and district), 3) operational/ peripheral (Health Zones, which include the health centers and the associated GRH). Presently, there are a total of 515 HZs. The HZ management team (HZMT) manages local planning, supervision and quality improvement activities. Each HC serves a health catchment area of five to 10 villages with about 5,000 to 10,000 inhabitants. The GRH anchors the network of HCs and is managed by a “Comité de Gestion” (COGE) made up of GRH staff, HZMT representatives and community representatives.

Each HC is supported by a “Comité de Développement et de Santé” (CODESA) and community volunteers (“relais communautaires”), which link the health center to the community.

The current USAID health program focuses on the rehabilitation and strengthening of the health system by making basic quality health care services available and ensuring their full utilization by communities. The USAID health program increases access to and improves the quality of key health services; emphasis is placed on maternal, newborn, and child health, family planning, water and sanitation as well as infectious disease control including malaria, HIV/AIDS and TB. USAID is also supporting the Ministry of Health (MOH) to improve health care financing, provider performance, and drug supply systems. Following the MOH’s decentralized approach, the USAID/DRC health program has focused on strengthening local capacity to deliver integrated primary health care services in East and Central DRC. USAID provides service delivery activities in 80 health zones in the provinces of South Kivu, Katanga, Kasai Occidental, and Kasai Oriental. The principal focus has been on supporting the minimum package of basic health services, improving management and drug supply systems, as well as enhancing supervision and provider performance.

USAID has been supporting a Social Marketing program primarily focused on HIV/AIDS and FP. The program is currently implemented by Population Services International (PSI) in urban areas and nearby transport corridors of Matadi, Bukavu, and Lubumbashi.

The goal of the current HIV/AIDS Social Marketing program is to contribute to the reduction of HIV/AIDS transmission through targeted BCC activities and condom social marketing. High risk and vulnerable populations, specifically youth, truckers, miners, commercial sex workers (CSWs), military/police, and street children/AIDS orphans are targeted by this activity. Interpersonal and mass media communication have been used to reach an estimated 369,000 people, of which 127,900 were women, 241,100 were men and 50,100 youth in 2008. Moreover, over 10,000,000 male condoms and 301,000 female condoms were distributed, which represented 25% of all condoms distributed in 2008.

The FP Social Marketing Program aims to improve the reproductive health of Congolese women in the targeted urban sites of Kisangani, Kinshasa, Mbandaka, Bandundu, Matadi, Boma, Likasi, Kasumbalesa, Kipushi, Kolwezi, Bukavu, Goma, and Kananga, and increase the use of modern contraceptive methods among women of reproductive age and their partners. The activity addresses FP needs by:

- (1) Improving the quality of FP services offered through targeted clinics;
- (2) Increasing access to FP services and information through a network of trained clinics, pharmacies and mobile educators; and,
- (3) Socially marketing high-quality, affordable contraceptive products including: intrauterine device (IUD), injectable, oral, as well as the Standard Days Method (SDM).

Male and female condoms were also provided as part of the method mix through PSI/DRC’s HIV program funded by various donors including USAID, Global Fund and Department for International Development.

The current FP social marketing program does not reach rural areas where there is a huge unmet need. Also, despite current efforts from donors and the GDRC to increase the supply of basic health products, such as mosquito nets, condoms, contraceptives, Oral Rehydration Sachets (ORS), safe delivery kits, and water purification products among other life-saving health products, stock-outs of these commodities are common and contribute to low utilization. Social

marketing of health products is expected to contribute to improved availability by adding an alternate and more sustainable supply circuit which involves the operational private sector (private depots, pharmacies, clinics, shops and community distributors).

C.2 OBJECTIVES

The objectives of the program are to:

1. Increase and diversify the supply of essential health products and services through the private sector, in conjunction with the public sector, to support disease prevention and control as well as integrated health service delivery;
2. Increase uptake of health products and services that prevent childhood illnesses, unintended and unsafe pregnancies, HIV and Sexually Transmitted Infections (STIs) to build an informed and sustainable consumer base;
3. Develop commercial/private sector capacity to produce and market at least one current socially marketed health product or service in a sustainable, self-sufficient manner;
4. Increase local capacity, leadership and ownership to implement activities through local partnerships and networks.

C.3 SCOPE OF WORK

The USAID Bureau for Global Health (GH), Office of HIV/AIDS (OHA) requests task order (TO) proposals under the AIDS Support and Technical Resources (AIDSTAR) Program, Sector I Indefinite Quantity Contract (IQC).

Activities under this task order will reinforce and build upon USAID-funded social marketing programs for HIV and FP/RH products and services currently implemented by Population Services International (PSI) in thirteen urban sites including: Kisangani, Kinshasa, Mbandaka, Bandundu, Matadi, Boma, Likasi, Kasumbalesa, Kipushi, Kolwezi, Bukavu, Goma, and Kananga. This program will also expand activities to the 80 rural health zones where USAID is currently implementing primary health care activities. The new program will expand social marketing and BCC activities to include MCH, WATSAN. Activities may be extended to the remaining three provincial capitals of Maniema, Bandundu and Kasai Oriental.

In implementing this task order, the contractor will:

- Propose and develop product distribution, service delivery sites and social marketing networks;
- Focus on the prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infections and STIs, as well as water-borne diseases;
- Develop local capacity and processes to enable greater uptake of services and commodities using a coherent plan which is grounded in a sustainability framework or model (with illustrative indicators); and,
- Support increasing local responsibility and ownership for operation of activities, through local partnerships and networks as well as human resource and leadership development.

Over the life of the project, the Government of the Democratic Republic of Congo (GDRC) and the United States Government (USG) may develop new policy frameworks as well as strategic

plans. Thus, the tasks and requirements of the priorities may change to better reflect new priorities and/or program resources.

Task order activities will build on and expand USAID's current social marketing efforts focused on thirteen urban sites listed above to include the 80 USAID-supported rural health zones. The scope of activities will be expanded to integrate maternal and child health (MCH) and water and sanitation (WATSAN). BCC activities will be used to promote healthy behaviors and health products and services. USAID expects that the contractor shall collaborate, to the fullest extent possible, with the private sector (commercial, health), in addition to working with the public sector (in line with the Health Systems Strengthening Strategy (SRSS) and PHC services), and strengthen the social marketing and BCC capacities of the local community-based organizations (CBOs). The contractor is also expected to work closely with other USAID implementing partners leveraging opportunities for synergies across programs.

Given the diversity of health products and services for delivery and distribution through social marketing, the activities of this task order will be funded from multiple USG earmarks (e.g., President's Emergency Plan For AIDS Relief (PEPFAR), FP/RH, MCH, and WATSAN). The Contractor will develop mechanisms and systems to coordinate, track and report use of funding from each source. The contractor will comply with the specific restrictions and other conditions associated with each earmark while maximizing the achievement of results with integrated funding and programming.

A. Tasks

The contractor's work (resources, activities, and annual targets) under this task order shall be developed on an annual basis dependent on the approved DRC Partnership Compact and annual Country Operational Plan (COP) and in consultation with MOH and donor counterparts. Given this annual planning process, great flexibility and access to a wide range of technical assistance and diverse technical and programmatic capacities across the following program areas will be needed. A mix of in-country, ongoing technical assistance provided by local staff and short and long-term external expertise is recommended.

The following is an outline of the four funded program areas in FY 2010 that the contractor will work in. Within these four program areas, the **relative Level of Effort (LOE)** of the activities of this task order is to be approximately:

- HIV - 40%
- MCH – 18%
- FP/RH –23%
- Water and Sanitation – 19%

Once annual funding levels are approved, final work plans and budgets can be prepared accordingly, but may change annually based on evolving needs. Priorities have been identified as critical needs in the DRC National Health Program. USAID will continue to procure socially marketed products (i.e. FP, HIV, etc.). However, as new products are identified or developed, USAID and the Contractor may negotiate the most efficient procurement method.

The illustrative activities below are provided to give an indication of the minimum level of support the contractor shall provide together with specific examples of the type of support that is required in FY 2010. The contractor is not limited to the listed illustrative activities.

Task 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as improved integrated health service delivery.

Based on already established demand for the current socially marketed health products and services and the shared priorities of GDRC and USAID/DRC, the program will work to advance and expand the gains made through the current social marketing program. All activities of the program will take into consideration relevant gender issues and will address the health needs of women and men.

This task order will not be limited to the current social marketed products, services, and strategies, but will also support the development and introduction of:

- New products and/or services in HIV/AIDS and STIs, child health, and family planning/reproductive health; and
- New, innovative, and sustainable social marketing strategies for current health products and/or services.

The contractor will collaborate with the GDRC and USAID/DRC to introduce these new products, services and/or strategies that address the health needs of the Congolese based on the socio-demographic and epidemiology profiles established after review of the new DHS data and from other data collected by the contractor. The introduction of new products, services, and/or strategies will be guided by the differing needs, experiences, and access issues of males and females. Since characteristics and behavior of adults, youth, males and females differ markedly, each market segment shall be targeted appropriately. In relation to commodity supply chain, the contractor will annually forecast the estimated demand for each health product, and work with USAID in tracking the commodities shipments in the pipeline.

The program shall develop and implement a package of mutually reinforced, prioritized, and phased interventions to expand the social marketing of health products and services. The program shall include interventions in socio-demographic and epidemiologic “hot spots” in rural, urban, and peri-urban areas across the DRC, as defined by high rates of childhood illnesses, unintended and unsafe pregnancies, HIV and STIs. The package of interventions should constitute a part of a coherent social marketing strategy targeting different markets and sub-populations for child health, integrated reproductive health, HIV/AIDS and STIs.

1.1 Increase the supply, accessibility, and diversity of health products and services to prevent and manage HIV and STIs, for distribution and delivery through the private sector, in conjunction with the public sector.

Summary

The DRC was one of the first African countries to recognize HIV/AIDS when it started to register cases in 1983. HIV/AIDS remains one of the most serious health sector crises in DRC. The 2007 DHS estimates that the HIV prevalence in the general population of DRC is 1.3% with higher prevalence among women (1.8%) and in urban areas (1.9%). For women, the highest prevalence is between ages 40-44 (4.4%). For men, the highest prevalence occurs between 35-39 years (1.8%).

Men and women living in urban areas are at higher risk of infection than those living in rural areas (1.9% versus 0.8%, respectively). For women, those who are the most educated and wealthiest are at greatest risk (3.2 % and 2.3%, respectively) when compared to the least educated and poorest women (0.6% and 1.2%, respectively). In relation to marital status, widowed women have the highest prevalence (9.3%).

HIV prevalence is highest for both women and men in Kinshasa (2.3% for women and 1.35% for men). UNAIDS modeling program for HIV estimates (EPP Spectrum) suggest that 1.2 million Congolese are infected with HIV, over 43,000 vertical mother-to-child infections have occurred in 2008 and that 250,000 Congolese will be eligible for antiretroviral (ART) treatment by 2010. However even with Global Fund Round 8 support, only a projected 67,000 people will be covered with treatment over the next 5 years. The DRC 2009 Orphans and Vulnerable Children (OVC) Rapid Assessment, Analysis, and Action Plan (RAAAP) Situational Analysis estimates that there are 8.2 million OVC.

Several factors fuel the spread of HIV/AIDS in the DRC including movement of large numbers of refugees and soldiers, scarcity and high cost of safe blood transfusion in rural areas, lack of knowledge regarding transmission, a lack of counseling, few HIV testing sites, high level of untreated sexually transmitted infections (STIs) among sex workers and their clients, and low availability of condoms. The low percentages of men and women who know their HIV status (9.5 and 10.6 percent, respectively) are also fueling the epidemic. The wars and hostilities have made it extremely difficult to conduct effective and sustainable HIV/AIDS prevention activities. The current social marketing program has been implementing the following activities to prevent and manage HIV infection and STIs:

- *Condom distribution and promotion.* The current social marketing program has been supporting the social marketing of *Prudence* male and female condoms as part of a balanced approach that promotes abstinence and mutual fidelity in addition to correct and consistent condom use. The current program has established 799 condom outlets and distributed over 10,000,000 male condoms in 2008.
- *Behavior change communication.* In addition to traditional mass media, the current program uses interpersonal communications as well as mobile video units (MVUs) to educate target audiences on HIV/AIDS/sexually-transmitted infections and to promote risk reducing behavior following the ABC and D (Abstinence, Be Faithful, Use Condoms and be tested for HIV from the French word “Depistage”) message strategy. The current program reaches approximately 197,600 people per year with HIV/AIDS prevention communication activities.

Technical Approaches

The program will support the health system to design, distribute, and deliver male and female condoms, a home water purification solution and other products and services to prevent and manage HIV infection and STIs through the following technical approaches:

1. Conduct formative research to position the distribution of condoms in response to studies of youth and adult male and female consumer preferences, pricing, packaging, messages, advertising, and appropriate media building on the experience of the current program;
2. Conduct formative research to select and design additional products for distribution including home-based care kits, services for delivery, and messages for dissemination to prevent and manage HIV infection and STIs;

3. Develop and implement strategies/interventions for socially marketing the home water purification solution based on the unique characteristics, interests and needs of people living with HIV and AIDS (PLWHA);
4. Develop and implement strategies/interventions for the social marketing of Counseling and Testing (CT) services in response to studies of youth and adult female consumer preferences and to the unique characteristics, interest and needs of individuals, couples, families/households, communities and sub-populations;
5. Strengthen linkages and referral networks within and between the private and public sectors for HIV prevention, treatment, care and support as well as STI management, and family planning;
6. Work with the GDRC, and other USG-supported programs and other partners to develop and implement standards, guidelines, job aids/tools, and promotional materials for products and services to prevent and manage HIV infection and STIs (e.g. training manuals);
7. Conduct evaluative research to assess the impact of the products and services on the prevalence of HIV infection and STIs;
8. Build the technical capacity of local organizations to prevent and manage HIV and STIs among their constituencies; and,
9. Work with GDRC, the National Program for Reproductive Health, the National Program for HIV/AIDS, and other key health development partners to improve and increase the availability of condoms.

Illustrative Activities

- Promote abstinence and fidelity, and the use of condoms through BCC activities and community outreach following the Abstinence, Be Faithful, Use Condoms and be tested for HIV (“Depistage”) message strategy;
- Promote responsible sexual behavior through mass media approaches;
- Build social marketing capacity of project partners, both NGOs and national organizations;
- Develop and implement a strategy for the promotion and social marketing of male and female condoms targeted at high risk groups;
- Develop and implement a strategy for the targeted promotion of voluntary counseling and testing (VCT) among the most-at-risk populations.
- Expand promotion of and support to pregnant women to seek HIV Counseling and Testing (HCT) and related prevention of mother-to-child transmission (PMTCT) services in early pregnancy;
- Support the PEPFAR team by developing and maintaining logistics networks and systems that deliver and monitor the distribution of socially marketed health products;
- Carry out assessments, process and outcome evaluations that can be used to describe effective strategies for targeting and reaching most-at-risk populations in a sustainable manner as well as effective approaches to ensuring comprehensive services for target populations;
- Use HCT, PMTCT services as an entry for gender-based violence (GBV), FP and RH counseling.

The illustrative activities listed above do not preclude the offeror from proposing innovative approaches/activities or introducing new products/services.

1.2 Increase the supply and diversity of maternal and child health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for the prevention and control of maternal and childhood diseases.

Summary

Under-five mortality rates in the DRC are exceedingly high. The major causes of young child morbidity and mortality in the DRC include anemia, diarrhea, malaria, malnutrition and respiratory disease. The 2007 DHS estimates under-five mortality at 148 per 1000 live births and infant mortality 92 per 1000 live births. Almost 16% of children aged five years and younger were reported to have diarrhea in the past two weeks, with the prevalence increasing to 30% in children 6-11 months (when they are typically exposed to contaminated drinking water).

The maternal mortality rate (MMR) is estimated to be 549 for every 100,000 births. For all female deaths of women between 15 and 49 years of age, almost one in five (19%) is due to birth-related causes. The 2007 DHS showed that 85% of the women in the DRC received antenatal care at a health facility. However, few women start antenatal visits as early as is recommended - in the 16th week of pregnancy. Rural areas have the lowest number of births attended by a skilled health provider (63% compared to 91% in urban areas).

Currently, with funding from other sources, PSI is socially marketing a water purification product (PUR) at a limited number of urban sites. Households with children under the age of five years are targeted for access to safe water for those most vulnerable to waterborne illnesses including internally displaced persons and those living in cholera endemic areas. Interpersonal communications in schools, health centers and churches as well as via mass media are used to promote demand and utilization of PUR. Product demonstrations incorporate key messages related to improved hygiene and safe water storage. In addition, safe delivery kits are distributed to promote maternal and newborn health.

Approximately 4.4 million PUR sachets and 17,236 delivery kits were distributed in 2008.

The contractor will develop and implement strategies to introduce, as appropriate, an essential maternal and child health package of products and services comprising ORS linked with zinc tablets, water purification products, and safe delivery kits, for delivery and distribution through a social marketing network. Additionally the contractor should explore relevant products or services which may promote behaviors to address and prevent malnutrition.

Technical Approaches

1. Conduct formative research to design products for distribution, services for delivery, and messages for dissemination, as part of an essential child health package;
2. Develop and implement strategies/interventions for expanding the introduction of an essential child health package of products and services that increase access to safe water;
3. Design effective standards, guidelines, job aids, and promotional materials to implement strategies to improve access to child health products and services in the private sector, to reinforce national policies and public sector services; and,
4. Conduct evaluative research to assess the impact of child health products and services on early childhood diseases.

Illustrative Activities

- Design and distribute child health products to appropriate target populations including PUR and Aquatabs to reduce the risk of waterborne diseases such as cholera and typhoid through social marketing techniques;
- Design and deliver child health services, coupled with product distribution and appropriately integrate with other health services, to appropriate target populations through social marketing techniques;
- Train service providers and retailers on the proper use of socially marketed child health products and services;
- Work with the GDRC, USAID-supported programs and other partners to promote the use of child health products and services through health education campaigns; and,
- Develop and implement research methods and tools to evaluate the effectiveness of child health products and services.

The illustrative activities list does not preclude the offeror from proposing innovative approaches/activities or introducing new products/services.

1. 3 Increase the supply and diversity of family planning and reproductive health products and services to distribute and deliver through the private sector, in conjunction with the public sector, to assist families in the planning of pregnancies and the prevention of unintended pregnancies and to reduce reproductive health-related morbidity and mortality.

Summary

The civil unrest of the 1990's greatly disrupted RH/FP activities in the DRC. A lack of trained FP providers limited access to accurate information and quality services. Chronic stock shortages of contraceptives further contributed to declining contraceptive use rates and ultimately, higher maternal and infant mortality rates.

Since 2002, USAID, UNFPA and a few other donors are striving to re-establish FP and RH services and to make available the modern contraceptive methods, through private and government health facility networks. Through a USAID-supported social marketing program, PSI and its Congolese affiliate Association de Santé Familiale (ASF), is distributing oral and injectable contraceptives, IUDs and the Standard Days Method using CycleBeads. In total, 593,903 oral contraceptives, 87,800 injectable contraceptives, 1,732 IUDs, and 3,860 CycleBeads were sold by the Social Marketing Program through 366 service delivery points and 100 mobile educators.

This task order will expand upon these ongoing FP/RH activities.

Technical Approach

The program will support the health system to design, distribute and deliver a range of contraceptives and other integrated reproductive health products and services to appropriate target populations through the following technical approaches:

1. Conduct needs assessments to identify barriers to universal access to FP/RH services;

2. Conduct formative research to target products and services to individuals, couples, families/households, communities, and sub-populations according to their different characteristics, interests, and needs;
3. Develop and implement strategies/interventions for socially marketing contraceptives and other integrated RH products and services, taking in consideration the risk of HIV and STIs as well as the need for dual protection;
4. Work with the GDRC through the National Reproductive Health Program and other stakeholders to improve the FP services and the country commodity security for essential FP products;
5. Design effective standards, guidelines, job aids, and promotional materials on the implementation of strategies/interventions for integrated reproductive health products distribution and service delivery through the private sector, in conjunction with the public sector; and
6. Conduct evaluative research to assess the impact of integrated reproductive health products and services on the use of modern contraceptive methods as well as population trends.

Illustrative Activities

- Target distribution of integrated RH products to appropriate populations through social marketing techniques and customized strategies based on unique characteristics, interests, and needs of each population;
- Deliver integrated RH products and services that are appropriately integrated with and complimentary to other health services;
- Train service providers and retailers on the proper use of socially marketed integrated reproductive health products and services;
- Collaborate with the GDRC, USAID-supported programs and other partners to expand the method mix of FP/RH products and to increase uptake of such products and services; and,
- Develop and implement research methods and tools to evaluate the effectiveness of integrated RH products and services.

The illustrative activities list above does not preclude the offeror from proposing innovative approaches/activities or introducing new products/services.

Task 2: Increase the awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV and STIs and to build an informed, sustainable consumer base.

The current USAID-supported DRC BCC program is implemented using traditional mass media, interpersonal communication, and community mobilization to target audiences for increased uptake of socially marketed products and services. BCC implementation has included a variety of techniques such as open houses conducted at partner clinics, a trained network of mobile educators, and a toll-free telephone line to provide information and appropriate messages to enable families to learn about the range of health and FP products and services as well as providing information so that families can make healthy behavior choices. This task order will build upon these activities.

Technical Approach

The program will support the health system to implement the following technical approaches:

1. Using existing communication strategies and materials developed by the current social marketing program to increase utilization of socially marketed products and services;
2. Conduct evaluative research to assess the relevance, quality, and impact of existing communication strategies and materials;
3. Conduct formative research to design new messages for dissemination, tailored to the unique characteristics, interests and needs of individuals, couples, families/households, communities and sub-populations; and
4. Develop and implement new communication strategies and materials (as needed and informed by formative research) through a collaborative effort with the MOH, USAID-supported programs and other partners.

Illustrative Activities

- Develop and execute a strategy to improve the adoption of healthy behaviors among the general population with a focus on high-risk groups to prevent, and to seek care and support for, sexually-transmitted infections including HIV/AIDS;
- Develop and implement a strategy to increase correct and consistent use of male and female condoms targeted at high risk groups;
- Develop and implement a strategy to increase the number of high risk people seeking HCT;
- Expand activities to increase the number of pregnant women seeking HCT or PMTCT services in early pregnancy;
- Develop and implement a BCC strategy to reduce risky behaviors using the Abstinence, Be Faithful, Use Condoms, Get Tested paradigm;
- Develop and implement a communication strategy that promotes healthy practices for immunization, nutrition, birth preparedness and deliveries, and other child-related health services or interventions;
- Develop and implement a BCC strategy to improve hygiene behaviors and access to safe water;
- Develop and implement a BCC strategy that promotes the use of modern FP methods for birth spacing and/or birth limitation.
- Develop a strategy to leverage the opportunities provided in the FP, antenatal and other clinical visits to integrate GBV, HIV and STI counseling and support.

Task 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Summary

The current social marketing program in DRC contributes to the sustainability of the public and private health sector response in three ways: (1) through operational partnerships with the health system and civil society, (2) capacity building of staff and partner organizations, and (3) linkages between the community and the formal health system. The program described in this task order will build on these three elements of the current social marketing program and will contribute to the sustainability of the socio-demographic and health gains by transferring

responsibility of producing and distributing/delivering at least one health product/service from a social marketing modality to a commercial/private sector entity over the life of the project.

Technical Approach

1. Conduct market research to identify the product(s)/service(s) for production and distribution through the commercial/private sector;
2. Develop and implement strategies/interventions to transfer the production and distribution/delivery of the selected product(s)/service(s) from a social marketing modality to a commercial/private sector entity; these strategies/interventions will include activities to:
 - a. Transfer knowledge, technology, and other resources to facilitate production and distribution/delivery;
 - b. Ensure access to and use of selected product(s)/service(s) by all appropriate segments of the population; and
 - c. Evaluate the effectiveness and viability of the transfer.

Illustrative Activities

- Develop and implement methods, tools and timelines for the market and evaluative research studies;
- Develop and implement a comprehensive business plan (to be approved by USAID/DRC before implementation) that will include:
 - Selection and justification of the product(s)/service(s) to be transferred to the commercial/private sector for production and distribution/delivery;
 - Timeline and budget for this transfer;
 - Staffing plan;
 - Detailed implementation plan; and
 - Performance management and evaluation plan.

This should not preclude the offeror from proposing innovative approaches/activities or introducing new products/services.

Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other United States Government (USG), and non-USG partners.

Summary

As part of the program, the contractor will collaborate with other USG and non-USG partners to leverage strategic partnerships to deliver integrated services to the greatest degree possible. The package of appropriately integrated services will have at least three key features:

1. Link HIV/AIDS, health and related social services such as for survivors of gender based violence at all levels (e.g. home, community, health facilities, etc.) through diverse providers using a logical and feasible approach;
2. Focus on systems and networks for coordination and referrals within and between communities;
3. Reflect coordinated use of resources (including community and individual resources) to maximize the health benefit to communities and individuals.

Technical Approaches

1. Work within the existing structures and coordinating mechanisms of the GDRC, USG and other partners;
2. Develop and maintain partnerships with others to implement joint activities while meeting funding specifications;
3. Contribute to the development and/or review of related national policies, protocols, guidelines, and training and information, education and communication materials;
4. Contribute to the development and implementation of logistics management, monitoring and evaluation and quality assurance/quality improvement (QA/QI) systems;
5. Share technical information and lessons learned from program implementation; and
6. Contribute to national reviews and evaluations;
7. Collaborate with other HIV/AIDS and health programs in the same locations to facilitate integration, maximize synergies and avoid duplication.

Illustrative Activities

- Participate in related technical working committee/group and ad-hoc technical meetings convened by the GDRC and MOH at national, provincial and district levels;
- Provide technical assistance to the MOH national, provincial and district levels to develop policies and guidelines related to the social marketing of health products;
- Participate in the training of trainers on national policies, protocols and guidelines and train local-level health workers on the aspects of social marketing and health education;
- Participate in stakeholder meetings;
- Jointly develop annual plans with the GDRC; and
- Jointly develop and implement QA/QI tools for appropriately integrated service delivery.

This list should not preclude the offeror from proposing innovative approaches/activities.

The following table presents the details of the performance indicators for the four tasks as well as illustrative annual milestones and end-of-program (EOP).

Indicators	Year 1	Year 2	Year 3	Year 4	Year 5
<i>Task 1: Increase supply and diversity of health services and products</i>					
1. Number of male condoms distributed through the USG funded social marketing programs	20,000,000	25,000,000	30,000,000	32,000,000	35,000,000
2. Number of female condoms distributed through the USG funded social marketing programs	500,000	700,000	1,000,000	1,200,000	1,500,000
3. Liters of water disinfected with point-of-	40,000,000	45,000,000	50,000,000	52,000,000	60,000,000

use home water treatment solution through the USG funded social marketing programs					
4. Number of ORS sachets distributed through the USG funded social marketing programs	1,000,000	1,200,000	1,500,000	1,800,000	2,000,000
5. Number of zinc tablets distributed through the USG funded social marketing programs	1,000,000	1,200,000	1,500,000	1,800,000	2,000,000
6. Number of delivery kits distributed through the USG funded social marketing programs	20,000	30,000	40,000	50,000	60,000
7. Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700,000	1,000,000	1,200,000	1,500,000	2,000,000
8. Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	150,000	200,000	250,000	300,000
9. Number of IUD distributed through the USG funded social marketing programs	2,000	2,500	2,750	3,000	3,500
10. Number of Cyclebeads distributed through the USG funded social marketing programs	4,000	5,000	5,700	6,200	7,500
11. Number of implants distributed through the USG funded social marketing programs	500	800	1,200	1,500	2,000
Task 2: Increase the awareness of and demand for health products and services					
13. Number of people reached during HIV/AIDS activities who are oriented to a VCT site	50,000	60,000	65,000	70,000	75,000
14. Number of individuals reached with individual/small group interventions primarily focused on abstinence and/or being faithful	50,000	60,000	65,000	70,000	75,000
15. Number of MARP	10,000	12,000	15,000	20,000	22,000

(Most At Risk Population) reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards.					
16. Number of individuals reached through community-based condom promotion and other HIV prevention activities beyond AB	50,000	60,000	65,000	70,000	75,000
17. Number of media outlets including HIV/AIDS messages in their programs	10	15	20	25	30
18. Number of media broadcasts that promote responsible sexual behavior.	10	15	20	25	30
19. Number of peer education programs established and made available to MARP	4	6	8	10	12
20. Number of MARP reached during HIV/AIDS prevention activities who are oriented towards VCT sites	5,000	6,000	7,500	10,000	12,000
21. Number of FP services delivery points established with USG assistance	400	450	600	720	850
22. Number of service delivery points reporting stock-outs of any contraceptive commodities offered by the facility at any time.	50	40	25	20	15
23. Number of people reached during outreaches promoting the use of water purifier products.	50,000	100,000	150,000	180,000	200,000
24. Number of people reached during outreaches promoting the use of ORS sachets to treat diarrhea.	50,000	100,000	150,000	180,000	200,000

25. Number of service delivery points social marketing delivery kits.	500	800	850	850	850
26. Number of service delivery points reporting stockouts of water purifier at anytime	50	40	25	20	15
27. Number of service delivery points reporting stockouts of ORS/ zinc tablets at anytime	50	40	25	20	15
<i>Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services</i>					
28. Number of technical/ coordination meetings attended at national/provincial/ district levels	20	25	30	35	35
29. Number of trainers trained to develop national policies, protocols and guidelines on the aspects of social marketing and health education	10	40	80	00	00

VII. PERFORMANCE MONITORING AND EVALUATION PLAN

The contractor's performance shall be evaluated based on the completion of specific tasks as outlined in the task order, adherence to the work plan, and reports submitted to the COTR.

C.5. REPORTING REQUIREMENTS

A. Annual Work Plan

The contractor shall develop annual work plans in concert with other USAID, Ministry of Health and private sector partners, corresponding to the USG fiscal year of the contract. The offeror shall submit an annual work plan for the first 12 months of the task order, which will be reviewed, finalized and approved in consultation with USAID during the first 30 days following the award. Subsequent 12-month work plans through the end of the task order will be prepared and submitted to the USAID/DRC COTR no later than 30 days after the receipt of fiscal year funds.

The work plan shall include, as a minimum:

1. Proposed accomplishments and expected progress towards achieving task order results and performance targets measures tied to the M&E plan, annual PEPFAR COP and Country Compact and Mission Operational Plan;

2. Timeline for implementation of the year's proposed activities, including target completion dates;
3. Information on how activities will be implemented;
4. Personnel requirements to achieve expected outcomes;
5. Major commodities and equipment to be procured;
6. Details of collaboration with other major partners; and
7. Detailed budget.

B. Reporting Strategic Information

USAID/DRC values the importance of high quality data to inform, plan and guide program development, implementation and improvement. Access to reliable program data is essential to program management and facilitates effective program design, monitoring, forecasting and accountability.

The contractor will be expected to establish and/or maintain data collection systems in order to provide monthly, quarterly, semi-annual and annual reports on the progress of implementation within the technical areas specified. Data for inclusion in USAID/DRC's semi-annual and annual reports to the Office of the Global HIV/AIDS Coordinator (OGAC) and USAID/DRC reports to USAID/W will also be requested from the contractor. All reports requested should include data for the indicators determined during the preparation of the USAID/DRC Performance Monitoring Plan

Indicators are routinely revised and developed by OGAC and requested of the USAID/DRC office for semi-annual and annual reporting. The contractor will be required to adapt data collection systems accordingly to facilitate these changes. All PEPFAR indicators will be measured according to the most current PEPFAR guidance and policy relevant to those indicators.

It is expected that the contractor will make all necessary provisions to ensure that the quality of data reported is of a high level and should be validated and verified prior to report submission. In support of the "Third One", one monitoring and evaluation system, development of data collection systems should be done within the national framework, parallel data collection systems should be avoided at all costs.

C. Quarterly Progress Reports

The contractor must prepare and submit to USAID/DRC COTR a quarterly report within 30 days after the end of the contractor's first full quarter, and quarterly thereafter. These reports will be used by USAID/DRC to fulfill electronic reporting requirements to Washington. The reports must contain, at a minimum:

- Progress (activities completed, benchmarks achieved, performance standards completed) since the last reporting period;
- Problems encountered and how they were resolved or are still outstanding;
- Proposed solutions to outstanding problems;
- Success stories;
- Documentation of best practices that can be taken to scale; and
- List of upcoming events with dates.

D. Quarterly Financial Reports

Quarterly Financial Reports shall be submitted within 45 calendar days after the end of the reporting period. The scope and format of the quarterly reports will be determined in consultation with the COTR and the contracting officer.

E. Short Term Consultant Reports

The contractor must submit short-term consultants' reports to USAID COTR in a mutually agreed-upon format and time frame.

F. Special Reports

Occasionally, the contractor must prepare and submit to USAID special reports concerning specific activities and topics as requested by USAID/DRC.

G. Completion Report

At the end of the task order, the contractor must prepare a completion report which highlights accomplishments against work plan, gives the final status of the benchmarks and results, addresses lessons learned during implementation and suggests ways to resolve constraints identified. The report must also provide recommendations for follow-up work that might complement the completed work.

C. 6. IMPLEMENTATION AND MANAGEMENT PLAN

The Contractor shall provide contract management necessary to fulfill all the requirements of this task order. This includes cost and quality control under this contract.

C.7 PERFORMANCE MONITORING PLAN

The contractor's performance shall be evaluated based on the completion of specific tasks as outlined in the Task Order, adherence to the work plan, and reports submitted to the Contracting Officer's Technical Representative (COTR).

C.8 TRAVEL

International and in-country travel will be allowed under this Task Order.

C.9 GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this task order is 935.

END OF SECTION C

SECTION D – PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

(a) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem. Shipping containers are also to be marked with the last five digits of the USAID financing document number. As a general rule, marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged.

(b) Specific guidance on marking requirements should be obtained prior to procurement of commodities to be shipped, and as early as possible for project construction sites and other project locations. This guidance will be provided through the cognizant technical office indicated on the cover page of this contract, or by the Mission Director in the Cooperating Country to which commodities are being shipped, or in which the project site is located.

(c) Authority to waive marking requirements is vested with the Regional Assistant Administrators, and with Mission Directors.

(d) A copy of any specific marking instructions or waivers from marking requirements is to be sent to the Contracting Officer; the original should be retained by the Contractor.

D.2. PACKAGING AND PACKING PROVISIONS

Packaging, packing, and marking shall be in accordance with all applicable FDA regulations or the manufacturer's current public sector packaging for overseas distribution. Packaging and packing must ensure the safety, efficacy, and quality of the product and be appropriate for distribution to harsh climates under less than ideal transport and storage conditions. USAID reserves the right to revise the marking requirement in the final award.

D.3 BRANDING

The Contractor shall comply with the requirements of the USAID "Graphic Standards Manual" available at www.usaid.gov/branding, or any successor branding policy.

END OF SECTION D

SECTION E - INSPECTION AND ACCEPTANCE

E.1 TASK ORDER PERFORMANCE EVALUATION

Task order performance evaluation shall be performed in accordance with HIV/AIDS – AIDSTAR Sector 1 – Technical Assistance IQC, Section E.2.

END OF SECTION E

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The estimated period of performance for this task order is five years from October 1, 2009 through September 30, 2014.

F.2. DELIVERABLES

See Section C for full information and definitive listing. All of the evaluation findings, conclusions, and recommendations shall be documented in the Final Report. All written deliverables shall also be submitted electronically to the COTR. Bound/color printed deliverables may also be required, as directed by the COTR.

F.3 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS

Lisa M. Bilder
Contracting Officer
U.S. Agency for International Development
1300 Pennsylvania Avenue, RRB 7.09-71
Telephone: 202-712-5882
Fax: 202-216-3072
Email: lbilder@usaid.gov

The Cognizant Officer Technical Representative (COTR) will be designated separately.

F.4 PLACE OF PERFORMANCE

The place of performance under this Task Order is Democratic Republic of Congo (DRC), as specified in the Statement of Work.

F.5 AUTHORIZED WORK DAY / WEEK

No overtime or premium pay is authorized under this Task Order.

F.6 REPORTS AND DELIVERABLES OR OUTPUTS

In addition to the requirements set forth for submission of reports in Sections I and J, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, the Contractor shall submit reports, deliverables or outputs as further described below to the COTR (referenced in Sections F.3 and G). All reports and other deliverables shall be in the English language, unless otherwise specified by the COTR.

F.7 AIDAR 752.7005 SUBMISSION REQUIREMENTS FOR DEVELOPMENT EXPERIENCE DOCUMENTS (JAN 2004) (AAPD 04-06)

(a) Contract Reports and Information/Intellectual Products.

(1) The Contractor shall submit to USAID's Development Experience Clearinghouse (DEC) copies of reports and information products which describe, communicate or organize program/project development assistance activities, methods, technologies, management, research, results and experience as outlined in the Agency's ADS Chapter 540. Information may be obtained from the Contracting Officer's Technical Representative (COTR). These reports include: assessments, evaluations, studies, development experience documents, technical reports and annual reports. The Contractor shall also submit to copies of information products including training materials, publications, databases, computer software programs, videos and other intellectual deliverable materials required under the Contract Schedule. Time-sensitive materials such as newsletters, brochures, bulletins or periodic reports covering periods of less than a year are not to be submitted.

(2) Upon contract completion, the Contractor shall submit to DEC an index of all reports and information/intellectual products referenced in paragraph (a)(1) of this clause.

(b) Submission requirements.

(1) Distribution.

(i) At the same time submission is made to the COTR, the Contractor shall submit, one copy each, of contract reports and information/intellectual products (referenced in paragraph (a)(1) of this clause) in either electronic(preferred) or paper form to one of the following:

(A) Via E-mail: docsubmit@dec.cdie.org;

(B) Via U.S. Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, MD 20910, USA;

(C) Via Fax: (301) 588-7787; or

(D) Online: <http://www.dec.org/index.cfm?fuseaction=docSubmit.home>

(ii) The Contractor shall submit the reports index referenced in paragraph (a)(2) of this clause and any reports referenced in paragraph (a)(1) of this clause that have not been previously submitted to DEC, within 30 days after completion of the contract to one of the address cited in paragraph (b)(1)(i) of this clause.

(2) Format.

(i) Descriptive information is required for all Contractor products submitted. The title page of all reports and information products shall include the contract number(s), Contractor name(s), name of the USAID cognizant technical office, the publication or issuance date of the document, document title, author name(s), and strategic objective or activity title and associated number. In addition, all materials submitted in accordance with this clause shall have attached on a separate coversheet the name, organization, address, telephone number, fax number, and Internet address of the submitting party.

(ii) The report in paper form shall be prepared using non-glossy paper (preferably recycled and white or off-white using black ink. Elaborate art work, multicolor printing and expensive bindings are not to be used. Whenever possible, pages shall be printed on both sides.

(iii) The electronic document submitted shall consist of only one electronic file which comprises the complete and final equivalent of the paper copy.

(iv) Acceptable software formats for electronic documents include WordPerfect, Microsoft Word, and Portable Document Format (PDF). Submission in PDF is encouraged.

(v) The electronic document submission shall include the following descriptive information:

(A) Name and version of the application software used to create the file, e.g., MSWord6.0 or Acrobat Version 5.0.

(B) The format for any graphic and/or image file submitted, e.g., TIFF-compatible.

(C) Any other necessary information, e.g. special backup or data compression routines, software used for storing/retrieving submitted data or program installation instructions.

END OF SECTION F

SECTION G – TASK ORDER ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S AUTHORITY

The Contracting Officer is the only person authorized to make or approve any changes in the requirements of this task order and notwithstanding any provisions contained elsewhere in this task order, the said authority remains solely in the Contracting Officer. In the event the Contractor makes any changes at the direction of any person other than the Contracting Officer, the change shall be considered to have been made without authority and no adjustment shall be made in the contract terms and conditions, including price.

G.2 TECHNICAL DIRECTION

USAID Democratic Republic of Congo (DRC) shall provide technical oversight and direction to the Contractor through the designated Contracting Officer's Technical Representative (COTR). The Contracting Officer shall issue a letter appointing the COTR for the task order and provide a copy of the designation letter to the contractor.

The COTR will provide technical direction during the performance of this task order, both in writing and verbally. The contractor shall meet at least biweekly (via phone call or in person) with the COTR or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID/DRC, and U.S. Embassy staff as needed.

G.3 ACCEPTANCE AND APPROVAL

In order to receive payment, all deliverables must be accepted and approved by the COTR.

G.4 INVOICES

One (1) original of each invoice shall be submitted on an SF-1034 Public Voucher for Purchases and Services Other Than Personal to the **USAID/DROC**. One copy of the voucher and the invoice shall also be submitted to the Contracting Officer and the COTR.

Electronic submission of invoices is encouraged. Submit invoices to the Office of Chief Financial Officer to this address: hkasanga@usaid.gov.

The SF-1034 must be signed, and it must be submitted along with the invoice and any other documentation in Adobe.

Paper Invoices shall be sent to the following address:

USAID/DROC
198, Isiro Avenue
Kinshasa, Gombe
Democratic Republic of Congo

If submitting invoices electronically, do not send a paper copy.

END OF SECTION G

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

The key personnel identified below are considered to be essential to the work being performed. Unless otherwise agreed to in writing by the Contracting Officer, the contractor must be responsible for providing such personnel as specified in the Task Order. Failure to provide key personnel designated below may be considered nonperformance by the contractor unless such failure is beyond the control, and through no fault or negligence of the contractor. The contractor must immediately notify the Contracting Officer and COTR of any key personnel's departure and the reasons therefore. The contractor must take the necessary steps to immediately rectify this situation and must propose a substitute candidate for each vacated position along with a budget impact statement, if requested, in sufficient detail to permit evaluation of the impact on the program. The contractor without the written approval of the Contracting Officer and the COTR must make no replacement of key personnel.

Key Personnel - Long Term Technical Assistance

Chief of Party:

The proposed Chief of Party has the strategic vision, leadership qualities, depth and breadth of technical expertise and experience in Social Marketing of health products and services in Africa, professional reputation, management experience, interpersonal skills and professional relationship to fulfill the diverse technical and managerial requirements of the statement of work. S/he will also have experience in interacting with host country local governments, USAID partners, international education and health development organizations and donor agencies. Specifically,

- The candidate must have at least seven years experience preferably in social marketing health products and services across a number of health areas including HIV/AIDS, STIs, water and sanitation, MCH and FP/RH. Additionally the candidate will have direct experience managing complex USG funded programs. The candidate must be familiar with evidence-based approaches in implementation management.
- The candidate must have a minimum of five years of overseas senior field experience or eight years of domestic executive experiences with significant management responsibility in implementing complex public health or marketing programs that are designed to reach the community level within developing country settings.
- Prior experience in delivering health services or products to "hard-to-reach" populations and/or community-based programming is preferred.
- The candidate must have at least a Master Degree or equivalent in Public Health, Business Administration or Social Sciences, or other field directly related to the range of activities of the statement of work.
- Demonstrated English and French language skills (FS-3 level or higher).
- The proposed candidate's experience and education should be complementary to those of the candidate proposed for the other key personnel position(s).

Social Marketing/Logistics Specialist

The Social Marketing/Logistics Specialist will be responsible for the implementation of the social marketing efforts. The candidate should have experience managing social marketing activities within a developing country. They should have familiarity with the different types of products marketed through USAID programs. An understanding of the socio-cultural issues

and nuances of working in the DRC is highly desirable. S/he will work directly with partner organizations, communities and other resource users to execute the various activities. S/he should have at least a relevant Master's degree and at least five years of experience in the provision of successful, targeted health and/or HIV/AIDS programming. S/he should have considerable experience and technical expertise working with community-based organizations, NGOs, and host-country governments.

Behavior Change Communication Specialist

This specialist should have a wide range of experience in implementation of behavior change communication programs at various levels, e.g. community level interventions, working with host governments, mass media, the private sector, etc. S/he will need to analyze the program within the context of the community level interventions. The BCC Specialist should have substantial experience developing BCC strategies, conducting formative and market research including focus groups. The team member should have a post graduate degree in Health Promotion Sciences or related field with a minimum of five years experience working with USG-supported behavior change programs in developing countries. Ideally he or she will have experience working in the DRC or similar environments. The candidate must have demonstrated English and French language skills (FS-3 level or higher).

Monitoring and Evaluation Specialist

The Monitoring and Evaluation Specialist should have the required academic qualifications and demonstrated experience in monitoring and evaluation of public health programs to provide technical leadership to these activities under this task order. S/he should have at least a Master's degree in public health, demography, sociology, epidemiology, biostatistics, psychology or a related field, and at least five years of experience in monitoring, evaluating and research related to public health programs, with at least 3 years of experience in PEPFAR HIV-related programming. The Specialist should have demonstrated experience and familiarity with behavioral surveillance surveys, research methodologies, qualitative and quantitative research methods, sampling techniques and establishing M&E systems in developing countries. The candidate must have demonstrated English and French language skills (FS-3 level or higher).

Finance & Administration Specialist

The Finance and Administration Specialist should have an advanced degree in business administration, economics or finance and demonstrated 10 to 15 years experience in finance and administration. The Specialist should have administrative management experience in international and development settings including; knowledge of applicable USG procurement, contracting, and administrative policies and techniques. The Specialist should have demonstrated English and French language skills (FS-3 level or higher).

Short Term and Other Technical Assistance

The offeror should propose the estimated level of effort and number of short-term, part-time and other expatriate and local technical assistance required over the life of activities. Offerors are to provide for assessment an illustrative list of expertise deemed appropriate, along with required qualifications for personnel who will provide this expertise.

USAID reserves the right to adjust the level of key personnel during the performance of this task order.

H.2 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

The Contractor and any employee or consultant of the Contractor is prohibited from using U.S. Government facilities (such as office space or equipment) or U.S. Government clerical or technical personnel in the performance of the services specified in the Task Order unless the use of Government facilities or personnel is specifically authorized in the Task Order or is authorized in advance, in writing, by the COTR.

H.4 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY

All reports generated and data collected during this project shall be considered the property of USAID and shall not be reproduced, disseminated or discussed in open forum, other than for the purposes of completing the tasks described in this document, without the express written approval of a duly-authorized representative of USAID. All findings, conclusions and recommendations shall be considered confidential and proprietary.

H.5 CONTRACTOR'S STAFF SUPPORT, AND ADMINISTRATIVE AND LOGISTICS ARRANGEMENTS

The Contractor shall be responsible for all administrative support and logistics required to fulfill the requirements of this task order. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, and duplicating.

H.6 PERIODIC PROGRESS REPORTS (July 1998) (CIB 98-21)

(a) The contractor shall prepare and submit progress reports as specified in the Schedule of this contract. These reports are separate from the interim and final performance evaluation reports prepared by USAID in accordance with (48 CFR) FAR 42.15 and internal Agency procedures, but they may be used by USAID personnel or their authorized representatives when evaluating the contractor's performance.

(b) During any delay in furnishing a progress report required under this contract, the contracting officer may withhold from payment an amount not to exceed US\$25,000 (or local currency equivalent) or 5 percent of the amount of this contract, whichever is less, until such time as the contracting officer determines that the delay no longer has a detrimental effect on the Government's ability to monitor the contractor's progress.

H.9 GRANTS UNDER USAID CONTRACTS

Under this contract the Contractor may execute grants on behalf of USAID. If the Contractor awards grants under this contract, the Contractor shall comply in all material respects with USAID's Automated Directives System (ADS) Chapter 303 (including mandatory and supplementary references) in awarding and administering grants, as well as the Code of Federal Regulations (CFR) 22 CFR 226 and 22 CFR 216.

In addition, the following requirements shall apply to the grants awarded by the Contractor under this contract:

The total value of any individual grant to any US non-governmental organization shall not exceed \$100,000.00

The Contractor shall only execute grants under the contract when it is not feasible to accomplish USAID objectives through normal contracts and grants awards executed by USAID because either the burden of executing a number of small grant activities is particularly difficult for the responsible USAID Mission or office, or the grant program is incidental and relatively small in comparison to other technical assistance of the Contractor.

c. USAID shall be substantially involved in establishing selection factors and shall approve the selection of grant recipients. Unless otherwise directed by the Contracting Officer, the COTR shall have authority to approve the grant recipient selection.

d. Requirements which apply to USAID-executed grants shall also apply to grants executed by the Contractor.

e. USAID retains the right to terminate the grant activity (activities) unilaterally in extraordinary circumstances.

f. The Contractor shall not execute or administer Cooperative Agreements on USAID's behalf.

g. The Contractor shall close out all grants prior to the estimated completion date of this contract. The Contractor shall comply in all material respects with Contract Information Bulletin (CIB) 90-12 regarding grant close-out.

END OF SECTION H

SECTION I – CONTRACT CLAUSES

I.1 Reference *HIV/AIDS – AIDSTAR SECTOR I – Technical Assistance IQC.*

I.2 NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE

The following contract clauses pertinent to this section are hereby incorporated by reference (by Citation Number, Title, and Date) in accordance with the clause at FAR "52.252-2 CLAUSES INCORPORATED BY REFERENCE" in Section I of this contract. See FAR 52.252-2 for an internet address (if specified) for electronic access to the full text of a clause.

NUMBER	TITLE	DATE
52.232-22	LIMITATION OF FUNDS	APR 1984

END OF SECTION I

SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS

SECTION J - LIST OF ATTACHMENTS

Attachment Number	Title
J.1	USAID FORM 1420-17 Contractor Biographical Data Sheet*
J.2	Past Performance Report
J.3	Acronym List

* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/. The copy of the form is being provided herewith for reference purpose only.

END OF SECTION J

SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

Not required.

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 GENERAL

USAID is issuing a Request for Task Order Proposal (RFTOP) under the AIDSTAR I IQC for Social Marketing Program for HIV/AIDS, Family Planning and Reproductive Health (FP/RH), Maternal, Newborn and Child Health (MNCH), and Water and Sanitation (WATSAN) for the DRC. The Government anticipates the award of one (1) Cost Plus Fixed Fee Level of Effort (CPFF LOE) as a result of this RFTOP; however, it reserves the right to make multiple awards or no award. Subject to the annual availability of funds.

L.2 ACQUISITION SCHEDULE

	<u>Date</u>
RFTOP issued	<u>July 9, 2009</u>
Questions due	<u>July 22, 2009</u>
Answers to questions disseminated	<u>July 29, 2009</u>
Proposals due	<u>August 6, 2009</u>

All Questions relating to this RFTOP must be submitted to Sandra R. Harrell at sharrell@usaid.gov via email no later than 12:00 noon EST, July 22, 2009. Unless otherwise notified by an amendment to the RFTOP, no questions will be accepted after this date. Contractors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.

L.3 PROPOSAL INSTRUCTIONS

USAID will review all proposals received by the deadline for responsiveness to the technical specifications outlined below. The Contractor must submit proposals to the location indicated in the cover letter that accompanies this solicitation by the date and time specified. Proposals that are submitted late or are incomplete will not be considered.

L.4 GENERAL INSTRUCTIONS TO OFFERORS

- (a) RFTOP Instructions: If an Contractor does not follow the instructions set forth herein, the Contractor's proposal may be eliminated from further consideration or the proposal may be down-graded and not receive full or partial credit under the applicable evaluation criteria.
- (a) Accurate and Complete Information: Contractors must set forth full, accurate and complete information as required by this RFTOP. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.
- (b) Offer Acceptability: The Government may determine an offer to be unacceptable if the offer does not comply with all of the terms and conditions of the RFTOP.
- (c) Proposal Preparation Costs: The U.S. Government will not pay for any proposal preparation costs.

L.5 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

The Technical Proposal in response to this RFTOP should address how the offeror intends to carry out the Statement of Work contained in Section C. It should demonstrate the Contractor's capabilities and expertise with respect to the activities outline in the Statement of Work. It should also contain a clear understanding of the work to be undertaken and the responsibilities of all parties involved. The technical proposal should be organized by the technical evaluation criteria listed in Section M.

The past performance references required by this section shall be included as an annex or attachment of the technical proposal.

Technical proposals may not exceed 25 pages, excluding attachments and annexes, and must be on 8.5 by 11 inch paper, single-spaced, 12-point Times New Roman font with one-inch margins on all sides and tabs for ease of reference to each section. Proposals may contain text boxes, but all text must be in 12-point font, and formatted as to not unduly interfere with readability. Cover pages, dividers, table of contents, and annexes (i.e., key personnel resumes; letters of commitment; organizational charts) do not count against the 25-page limitation. Additional documentation beyond the 25-page limit and annex will not be read or evaluated by USAID.

Contractors should submit **one original and two hard copies** of the technical cost proposal along with an electronic copy by e-mail. Electronic copies shall be submitted in MS Word and Adobe Acrobat PDF (software versions 2003 or newer). Submissions via e-mail should not exceed 10MB in total file/data size. Proposals must include a Table of Contents and tabs. Contractors should design proposals that facilitate access to information and ease of review.

Technical proposals should have a cover page with the IQC number, RFTOP number, title of the program, name of the organization(s) submitting the Proposal, authorized signatory, contact person, telephone numbers, address, and e-mail. To be considered for evaluation, USAID must receive both the hard and electronic copies by the submission deadline.

- (1) **TECHNICAL APPROACH (50%)**
- (2) **KEY PERSONNEL (30%)**
- (3) **PAST PERFORMANCE (20%)**

L.6 COST PROPOSALS

Cost proposals must be submitted completely separate from the technical proposal. There is no page limitation for the cost proposals; however offerors should not provide more information than is necessary to respond to the RFTOP. Offerors should submit **one original and two hard copies** of the cost proposal along with an electronic copy by e-mail. Electronic copies shall be submitted in MS Word and Adobe Acrobat PDF (software versions 2003 or newer) for the narrative portion and Excel for the budget tables (software versions 2003 or newer). All Excel spreadsheets cells must be submitted "unprotected" to allow USAID to view all formulas and calculations. Submissions via e-mail should not exceed 10MB in total file/data size. Proposals must include a Table of Contents and tabs. Offerors cost proposal shall include a detailed budget estimate with detailed budget notes/narrative explaining and providing detailed justification for each cost category anticipated under the proposed Task Order in the format as stated in the table below. In addition provide the following information:

a) Summary Cost Breakdown – Please provide a breakdown, by element, for anticipated costs of performing under this Task Order.

b) Detailed level of effort and labor cost estimates must be submitted to support the proposed implementation of the Statement of Work. Please provide a separate line item for each proposed individual and identify each by name, labor category, daily rate in accordance with the basic contract, and the level of effort for that individual. For “key” individuals and professional staff Offerors must submit a salary history for the prior three years, by completing Biographical Data Sheets, Form AID 1420-17 to support salary information. The total amount of anticipated LOE levels are provided below for all positions under this task order. Key technical Staff will be considered Chief of Party, Social Marketing/Logistics Specialist, Monitoring and Evaluation Officer, Behavior Change Communication Specialist and Finance & Administration Specialist. “Support” staff will include mid/lower level personnel involved in field implementation, data collection, data processing, and project support activities. CCN/TCN staff may fall under either of these two categories.

c) A current resume, in sufficient detail to support the proposed Functional Labor Category, for all U.S. and professional non-U.S. personnel.

d) A certification that no USAID employee has recommended the use of an individual or subcontractor under the proposed Task Order who was not initially located and identified by your organization.

e) USAID will set the standard of Full Time Equivalent (FTE) of 260 working days/year. USAID anticipates ordering 245.7 FTEs over this 5 year task order period. Please adjust proposed budgets accordingly.

Year 1

Anticipated FTE/Person Years		
	FTE Per Year	Total FTE
Chief of Party	1	1
Social Marketing/Logistics Specialist	1	1
Finance & Administration Officer	1	1
Monitoring & Evaluation Officer	1	1
Provincial Coordinators	8	8
Long-term technical staff (LTTS) Professional Staff	2	2
Long-term technical staff (LTTS) Administrative Staff	28	28
Short-term technical staff (STTS)	.96	.96
Support Staff	.35	.35
Total	43.3	43.3

Years 2-5

Anticipated FTE/Person Years		
	FTE Per Year	Total FTE
Chief of Party	1	4
Social Marketing/Logistics Specialist	1	4
Finance & Administration Officer	1	4
Monitoring & Evaluation Officer	1	4
Provincial Coordinators	11	44
Long-term technical staff (LTTS) Professional Staff	2	8
Long-term technical staff (LTTS) Administrative Staff	33	132
Short-term technical staff (STTS)	.37	1.5
Support Staff	.23	.95
Total	50.6	202.4

The following provides guidance on what is needed:

- a. Salary and Wages: Direct salaries and wages should be proposed in accordance with the offeror's personnel policies;
- b. Fringe Benefits: If the offeror has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate should be used and evidence of its approval should be provided;
- c. Travel and Transportation: The proposal should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per diems should be based on the offeror's normal travel policies;
- d. Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity);
- e. Supplies: Office supplies and other related supply items related to this activity;
- f. Contractual: Any goods, commodities and services being procured through a contract mechanism;
- g. Grants under Contracts: The amount for grants under contracts is fixed for this task order - \$200,000 per year for first three years of implementation only;
- h. Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs;

i. Indirect Costs: The offeror should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates. (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, etc.);

j. Fixed fee: Proposed fee, if any, not to exceed the ceiling set forth in the IQC.

Note: Individual subcontractors should include the same cost element breakdowns in their budgets as applicable.

END OF SECTION L

SECTION M – EVALUATION FACTORS FOR AWARD

M.1 GENERAL INFORMATION

- (a) The Government may award a task order without discussions with offerors.
- (b) The Government intends to evaluate task order proposals in accordance with Section M of this RFTOP and award to the responsible contractor(s) whose task order proposal(s) represents the best value to the U.S. Government. “Best value” is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.
- (c) The submitted technical information will be scored by a technical evaluation committee using the technical criteria shown below. The evaluation committee may include industry experts who are not employees of the Federal Government. When evaluating the competing Offerors, the Government will consider the written qualifications and capability information provided by the Offerors, and any other information obtained by the Government through its own research.

For overall evaluation purposes, technical factors are considered *significantly more important than cost/price factors*.

M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

Each proposal will be evaluated in relation to the evaluation criteria set forth in this RFTOP. These factors have been tailored to the requirements of this Task Order to allow USAID to choose the highest quality proposal. These criteria identify the significant areas that Offerors should address in their proposals and serve as the standard against which all proposals will be evaluated.

The Government may award a Task Order without discussions with applicants. However, the Government reserves the right to conduct discussions if later determined by the Contracting Officer as necessary. Therefore, each initial proposal (written and oral) should contain the Offeror’s best terms from a cost or price and technical standpoint.

The specific evaluation criteria are as follows:

Technical Evaluation Criteria	Weight
Technical Approach	50%
Key Personnel	30%
Performance Monitoring Plan	20%
Total Possible Technical Evaluation Points	100%

M.3 TECHNICAL APPROACH [SEE SECTION L.5 (1)]

Contractors must propose how to carry out the statement of work. They must demonstrate a clear understanding of the work to be undertaken and the responsibilities of all parties involved. Contractors must describe a clear and comprehensive plan and rationale on the technical approaches and activities to complete the tasks in the statement of work.

M.4 KEY PERSONNEL [SEE SECTION L.5 (2)]

Evaluation of key personnel will focus on relevant and demonstrated qualifications, local experience, language competency and skills applicable to the personnel requirements contained in the statement of work.

M.5 PAST PERFORMANCE [SEE SECTION L.5 (4)]

Contractor's capability will be assessed on the extent to which the contractor demonstrates successful experience in the areas described in the statement of work emphasizing organizational, management, and technical actions under previous contracts and experience implementing programs in challenging settings such as the Democratic Republic of Congo.

(a) Performance information will be used for both the responsibility determination and best value decision. USAID may use performance information obtained from other than the sources identified by the offeror/subcontractor. USAID will utilize existing databases of contractor performance information and solicit additional information from the references provided in Section L.5(f) of this RFTOP and from other sources if and when the Contracting Officer finds the existing databases to be insufficient for evaluating an offeror's performance.

(b) If the performance information contains negative information on which the offeror has not previously been given an opportunity to comment, USAID will provide the offeror an opportunity to comment on it prior to its consideration in the evaluation, and any offeror comment will be considered with the negative performance information.

EVALUATION RATINGS

Proposals will be evaluated based on the following adjectival ratings:

Excellent

The proposal exceeds the fullest expectations of the Government. The Contractor has convincingly demonstrated that the evaluation requirements have been analyzed, evaluated, and should result in outstanding, effective, efficient, and economical performance under the contract. The proposal is comprehensive, thorough and of exceptional merit. No deficiencies or significant weaknesses have been found.

When applied to criteria and/or the proposal as a whole, an outstanding rating indicates that no deficiencies or significant weaknesses exist within any sub-criteria that represent a performance risk within the criteria and/or the proposal as a whole.

Good

The proposal demonstrates overall competence, meets all TO minimum requirements and exceeds requirements in some areas but not all. No deficiencies or significant weaknesses are apparent. Strengths outbalance any weaknesses that exist. No more than a few minor weaknesses have been identified that are easily correctable and do not represent a performance risk.

When applied to criteria and/or the proposal as a whole, a good rating indicates that no deficiencies or significant weaknesses exist within any sub-criteria that represent a performance risk within the criteria and/or the proposal as a whole. No more than a few minor weaknesses have been identified within the criteria and/or proposal that are easily correctable and do not

represent a performance risk.

Fair

The proposal is reasonably sound and meets the TO minimum requirements. The proposal may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. If any weaknesses and/or significant weaknesses are noted, they should not seriously affect the Contractor's performance.

When applied to the criteria and/or the proposal as a whole, a fair rating indicates that there are no major deficiencies within the criteria and/or proposal that will represent a performance risk. Any significant or minor weaknesses that have been identified within the criteria and/ or proposal are correctable. They should not seriously affect the Contractor's performance.

Poor

The proposal demonstrates a shallow understanding of the TO requirements and approach and marginally meets the minimal requirements for acceptable performance. The proposal contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist, they may be correctable with a significant revision of the proposal. The Contractor may complete the assigned tasks; however, there is a moderate risk that the Contractor will not be successful.

When applied to the criteria and/or the proposal as a whole, a poor rating indicates that there are deficiencies and/or significant weaknesses within the criteria and/or proposal that represent a moderate performance risk. Only a significant revision of the proposal would correct these areas of concern.

Unacceptable

The proposal fails to meet minimum TO requirements or contains one or more major deficiencies. The proposal is incomplete, vague, incompatible, incomprehensible, or so incorrect as to be unacceptable. The evaluator feels that the deficiency or deficiencies is/are uncorrectable without a major revision of the proposal. The deficiencies, weaknesses and/or significant weaknesses would seriously affect the Contractor's performance and represent a high risk that the Contractor will not be successful.

M.6 COST PROPOSAL EVALUATION

Cost proposal will be evaluated separately and overall costs are considered less important than the strengths of the technical proposal. However, where proposals are considered essentially equal, cost may be determining factor in selecting a Contractor for award.

The overall standard for judging cost proposals will be whether the cost proposal presents the best value to the government for the technical approach proposed. Each cost proposal eligible for consideration will be evaluated based on whether (i) it is realistic and consistent with the technical proposal; and (ii) individual costs are considered reasonable based on an analysis to identify salaries, home office visits, or other cost categories considered to be excessive.

END OF SECTION M

ATTACHMENT J.1 USAID FORM 1420-17 – CONTRACTOR BIOGRAPHICAL DATA SHEET

ATTACHMENT J.2 - PAST PERFORMANCE REPORT

ATTACHMENT J.3 – ACRONYM LIST

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)		2. Contractor's Name	
3. Employee's Address (include ZIP code)	4. Contract Number		5. Position Under Contract
	6. Proposed Salary		7. Duration of Assignment
8. Telephone Number (include area code)	9. Place of Birth	10. Citizenship (if non-U.S. citizen, give visa status)	

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment

12. EDUCATION (include all college or university degrees)				13. LANGUAGE PROFICIENCY (See Instructions on Reverse)		
NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

14. EMPLOYMENT HISTORY

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.

2. Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (M/D/Y)		Annual Salary
		From	To	Dollars

15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (M/D/Y)		Days at Rate	Daily Rate in Dollars
		From	To		

16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee	Date
-----------------------	------

17. CONTRACTOR'S CERTIFICATION (To be signed by responsible representative of Contractor)

Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that the USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.

Signature of Contractor's Representative	Date
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ATTACHMENT J.2 PAST PERFORMANCE INFORMATION SHORT FORM (OMB No. 9000-0142)

CONTRACTOR PERFORMANCE REPORT – SHORT FORM
PART I: Contractor Information (to be completed by Prime)
1. Name of Contracting Entity:
2. Contract Number:
3. Contract Type:
4. Contract Value (TEC): (if subcontract, subcontract value)
5. Problems: (if problems encountered on this contract, explain corrective action taken)
6. Contacts: (Name, Telephone Number and E-mail address)
6a. Contracting Officer:
6b. Contracting Officer Technical Representative (COTR):
6c. Other:
7. Contractor:
8. Information Provided in Response to RFP No.:
PART II: Performance Assessment (to be completed by Agency)
1. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime in fixing problems. Comment:
2. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:
3. Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
4. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
5. Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients were identified. Comment:

[Note: The actual dollar amount of subcontracts, if any, (awarded to the Prime) must be listed in Block 4 instead of the Total Estimated Cost (TEC) of the overall contract. In addition, a Prime may submit attachments to this past performance table if the spaces provided are inadequate; the evaluation factor(s) must be listed on any attachments.]

ATTACHMENT J.3 Social Marketing Task Order ACRONYM LIST

ABC and D	Abstinence, Be Faithful, Use Condoms, and Get Tested
ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
ASF	Association de Santé Familiale (local NGO)
BCC	Behavior Change Communication
CBO	Community-based Organization
CDR	Regional Distribution Center
CODESA	Health and Development Committee
COGE	Management Committee
COP	Country Operating Plan
COP	Chief of Party
COTR	Contracting Officer's Technical Representative
CREDES	Center for Health Economics Research and Documentation
CSW	Commercial Sex Worker
DFID	Department for International Development (Government of the United Kingdom)
DHS	Demographic and Health Survey
DRC	Democratic Republic of the Congo
EPP	Estimation and Projection Package (epidemiological software)
EOP	End of Project
FEDECAM	Federation of Medical Supply Centers
FP	Family Planning
FY	Fiscal Year
GBV	Gender-based Violence
GDRC	Government of the Democratic Republic of the Congo
GRH	General Reference Hospital
HC	Health Center
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HZ	Health Zone
HZMT	Health Zone Management Team
IUD	Interuterine Device
LOE	Level of Effort
MARP	Most At-risk Population
MCH	Maternal and Child Health
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MVU	Mobile Video Unit
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
OGAC	Office of the Global HIV/AIDS Coordinator
ORS	Oral Rehydration Salts
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLWHA	People Living with HIV and AIDS
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission

PNAM	National Drug Supply Program
PNSR	National Reproductive Health Program
PSI	Population Services International
PUR	Water Purification Product
QA	Quality Assurance
RAAAP	Rapid Assessment, Analysis, and Action Plan
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
SDM	Standard Days Method
SANRU	Rural Health (non-governmental organization)
SNAM E	National Drug Supply System
SNIS	National Health Information System
SRSS	Reinforcement of the Health Care System
STA	Senior Technical Advisor
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TO	Task Order
UNAIDS	Joint United Nations Programme on AIDS
U.S.	United States
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
USG	United States Government
VCT	Voluntary Counseling and Testing
WATSAN	Water and Sanitation

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