

**HIV/AIDS – AIDSTAR SECTOR I – TECHNICAL ASSISTANCE
SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**

PAKISTAN HIV/AIDS PREVENTION PROGRAM

1	RFTOP Number	391-09-024
2	Date RFTOP Issued	July 6, 2009
3	Issuing Office	Office of Acquisition and Assistance, USAID/Pakistan
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5	Proposals to be Submitted to	Email: Nataliya A. Holl at nholl@usaid.gov and Nadeem Yusuf at nyusuf@usaid.gov
6	Proposals Due	August 6, 2009 (COB Washington DC time)
7	Payment Office	See Section B.6 – Payments and Paying Office
8	Name of Firm	HIV/AIDS – AIDSTAR SECTOR I – TECHNICAL ASSISTANCE IQC holders
9	IQC Task Orders Holders and Numbers	1. Family Health International (GHH-I-00-07-00043-00) 2. JHPIEGO Corporation (GHH-I-00-07-00055-00) 3. Management Sciences for Health (GHH-I-00-07-00058-00) 4. John Snow, Inc. (GHH-I-00-07-00059-00) 5. PATH (GHH-I-00-07-00061-00) 6. Population Services International (GHH-I-00-07-00062-00) 7. Research Triangle Institute (GHH-I-00-07-00063-00)
10	RFTOP Point of Contact	Nataliya A. Holl Contracting Officer U.S. Agency for International Development (USAID) Ramna-5, Diplomatic Enclave Islamabad, Pakistan Email: NHoll@usaid.gov
11	Person Authorized to Sign RFTOP	Nataliya A. Holl, Contracting Officer
12	Signature	
13	Date	

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 TITLE:

Pakistan HIV/AIDS Prevention Program.

B.2 PURPOSE:

The purpose of this activity is to build capacity for strengthening the response to the HIV/AIDS epidemic in Pakistan by implementing prevention, care and treatment services and planning for scale up.

B.3 CONTRACT TYPE

This is a Cost Plus Fixed Fee (CPFF) task order. For the consideration set forth in the Task Order, the Contractor shall provide the deliverables or outputs described in Section C and comply with all Task Order requirements. The Contractor must complete this project within established Task Order Ceiling Price and performance period.

B.4 BUDGET and CEILING PRICE

Budget information will be incorporated at the time of award.

Direct Costs	\$ _____
Other Direct Costs	\$ _____
Subgrants	\$ _____
Indirect Costs	\$ _____
Fee	\$ _____
Ceiling Price	\$ _____

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

B.5 PAYMENT AND PAYING OFFICE

The paying office is in the USAID/Manila, and a copy of the invoice should be submitted to the Controller, USAID/Pakistan.

Regional Controller
USAID/Philippines
8th Floor, PNB Financial Center
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1308 Pasav City, Philippines
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Islamabad, Pakistan
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B.6 SECURITY COSTS

As offerors prepare proposals, USAID requests all offerors not to address a security plan in their technical and cost proposals. Upon review of all technical proposals, and selection of a firm, USAID will then request the successful offeror to prepare 60-day interim security plan, and after the award, the final comprehensive security plan accompanied by the budget for review by USAID. Once a security plan and budget is prepared to USAID's satisfaction, additional funding will be provided to the successful offeror for that purpose.

END OF SECTION B

SECTION C - SCOPE OF WORK

C.1 Purpose

The purpose of this activity is to build capacity for strengthening the response to the HIV/AIDS epidemic in Pakistan by implementing prevention, care and treatment services and planning for scale up of technical assistance for HIV prevention services for most at risk populations in prioritized geographical areas in Pakistan.

C.2 Background of the HIV/AIDS Epidemic and Response in Pakistan

Pakistan is currently categorized as a concentrated epidemic country with HIV prevalence among the general population at less than 1%, while prevalence rates among sub-populations have reached over 5%. HIV infection among injecting drug users (IDU) is reported at a level of 15.8% from surveillance in 12 major cities in 2007. In addition to IDU, levels of HIV among male sex workers (MSW) and hijra (transgender) sex workers (HSW) are increasing rapidly while female sex worker (FSW) prevalence is still low but their behavioral risk is high.

Pakistan has moved from low level to concentrated epidemic status. It is expected to closely follow the Asian Epidemic Model of an initial IDU epidemic followed by epidemics in other associated most at risk populations (MARPs),¹ with a time lag of 2-3 years between shifts from one group to another. In line with the epidemic trend, there has been a renewed focus by the Government of Pakistan (GOP) and development partners towards rapidly scaling up prevention and service delivery programs for MARPs. Nevertheless, adequate coverage is a major challenge facing the AIDS control program.²

(a) History and Current Situation of HIV Infection and Risks in Pakistan

Currently classified by UNAIDS as a high-risk country for the spread of HIV infection, Pakistan has recently witnessed changes in the epidemiological trends of the disease owing particularly to a rapid rise in infection among injecting drug users. According to UNAIDS estimates, 70,000 to 80,000 persons, less than 0.1 percent of the adult population in Pakistan is HIV positive. As in many countries, the numbers may be underreported, mainly due to the social stigma attached to politically undesirable risk groups (UNAIDS, 2007). The size of the high-risk groups differs widely in different studies from different sources.

During 2003, an “outbreak” of HIV was reported among injecting drug users in Larkana, Sindh, where out of 170 IDUs, 23 IDUs (13.5%) tested HIV positive (Shah et al, 2004). In Karachi, a 2004 survey of Reproductive Tract / Sexually Transmitted Infections among high risk groups (National AIDS Control Program (NACP), Family Health International (FHI), 2005) found that 23% IDUs were infected with HIV. In 2008, a large proportion of people (88 out of 256)

¹MARPs in Pakistan include injecting drug users, female and male sex workers, men who have sex with men, and hijra sex workers.

²All data cited in this paragraph is from UNAIDS 2008 . (Is this correct?)

attending a VCT were found HIV positive in a small village in District Gujrat of Punjab province.

The most recent data have come from Round – II of HIV Second Generation Surveillance for 2006-2007 (NACP, 2007). According to this report, overall sero-prevalence of HIV among 4,039 IDUs was 15.8%, with high variability between cities. The highest prevalence was in Sargodha (51.3%), followed by Karachi (30.1%). The report collected data from 2,289 MSW and 2,143 hijras. Among MSWs, HIV sero-prevalence was 1.5% and 1.8% among hijras. HIV sero-positive results were highest among MSWs in Karachi (7.5%), followed by Bannu (4%), Larkana and Faisalabad (2.5% each). For hijras, the highest prevalence was recorded in Larkana (14%). Out of 4,639 FSWs tested in 12 major cities of the country, only one tested positive for HIV.

Consistent and correct condom use is the cornerstone of all HIV prevention efforts. Behavioral surveillance data from the same report, i.e. HIV Second Generation Surveillance for 2006-2007 (NACP, 2007), indicates very low levels of condom use among all high risk groups in all cities surveyed. Consistent and correct condom use was 42% among brothel based FSWs, 19% among street-based FSWs and 23% among FSWs from kothi khanna (temporary brothels established in residential areas). Consistent and correct condom use during the previous month by MSWs and hijras varied substantially across cities, with the highest reported consistent condom use among MSWs in Karachi and Lahore (22% for both cities). Hijras in Quetta reported the highest consistent use (20%). Condom use ranged from 1 - 22% among MSWs and 3 - 22% among hijras. Eighty-seven percent of truckers had not used condoms during last sex with a FSW and 94% had not used a condom during last sex with an MSW/hijra. According to the National Study of Reproductive Tract / Sexually Transmitted Infections among high risk groups (NACP, 2005), out of 778 truckers from Lahore and Karachi, only four cases (0.5%) of these truckers were HIV positive.

Data from the behavioral survey conducted by Family Health International in 2006 indicate that the vast majority of truckers and cleaners (the young boys who ride along with the truckers during the long hauls around the country) buy sex from FSWs (86% during the past year) while only 8 percent reported using a condom at last sex with a FSW. Fifty-five percent reported sex with men during the last year and 30% reported buying sex from a male sex worker. Only 6 percent used a condom at last male sex act.

Large numbers of workers leave their villages to seek work in larger cities, in the armed forces, or on industrial sites. A significant number (around four million) are employed overseas. Away from their homes for extended periods of time, these workers may be at increased risk for exposure to HIV, however their risk behaviors and STI rates are considerably lower than the MARPs or truckers (who include many MSM).

A study of 590 men, working in different business and industry in Lahore was conducted in 2005. Only slightly more than half of single men (55 percent) were ever sexually active. Signs and symptoms of STIs in the past three months were reported by just 8 percent. The prevalence of STI infection was only 3.2 percent (Faisel & Cleland, 2006).

(b) National Response

The NACP was established in 1990 with the objectives of prevention of HIV transmission, safe blood transfusions, reduction of STI transmission, establishment of surveillance, training of health staff, research and behavioral studies, and development of program management.

In 1999 - 2000, the GOP, with the assistance of UNAIDS and other development partners, undertook a strategic planning exercise with input from all stakeholders. The framework outlined a multi-sectoral response and development of partnerships with “The Enhanced HIV & AIDS Control Program,” implemented at the federal level under NACP and at the provincial level through the Provincial AIDS Control Programs (PACP). The GOP expanded its response to HIV/AIDS by adopting the National Strategic Framework (NSF) through this donor-financed enhanced program. The NSF established fundamental principles for guiding the national response to HIV/AIDS in the country. It identified priority areas where increased attention was likely to have the greatest impact on preventing the further spread of HIV/AIDS in Pakistan and on reducing the impact of the epidemic for those already infected and affected by HIV/AIDS.

In 2003 the enhanced HIV/AIDS program was launched with the following components:

Component 1: Expansion of Interventions for Vulnerable Populations. This component aimed to increase prevalence of safe behaviors among vulnerable populations (sex workers, hijras, MSM, injecting drug users and long distance truck drivers) and improved availability of STI services.

Component 2: Improved HIV Prevention by the General Public. This component aimed to improve knowledge and practice of HIV preventive measures, including use of high quality STI services by the general population. The project, “Delivery of Behavior Change Communication (BCC) Services through TV and Radio Channels, Print Media and Interpersonal Communication (IPC) Interventions” was implemented by a local media firm MIDAS to achieve this objective.

Component 3: Prevention of Transmission through Transfusion of Blood and Blood Products. The aim of this component was to reduce the transmission of HIV through the safe transfusion of blood and blood products.

Component 4: Capacity Building and Program Management. This component aimed to effectively manage the services to enhance the capacity of the public and private sector through strengthening program management, NGO capacity development, second generation HIV surveillance and operational research and strengthening management and care for people living with HIV and AIDS (PLWHA).

Harm reduction in Pakistan was started in 2002-2003 as part of services to IDUs in seven cities of the country with financial assistance from the Department for International Development (DfID). Pakistan is planning to pilot drug substitution among drug users in joint partnership program involving the National/Provincial AIDS Control Programs, Anti Narcotics Force, Ministry of Narcotics Control and the United Nations Office of Drugs and Crime (UNODC.) Harm reduction services are being implemented by NGOs. Although coverage of these programs is still low compared to requirements as per targets, biological and behavioral surveillance studies have shown an increase in knowledge regarding HIV/AIDS, increase in

condom use and decrease in sharing of needles for injecting among IDUs exposed to the program activities. There has been a decrease in unsafe practices and increase in risk perception among IDUs. More harm reduction services are available and programs being implemented in cities where such services were not available previously.

In addition, country-specific second generation surveillance interventions for tracking trends in the epidemic were instituted in Pakistan. This three year project includes biological and behavioral surveillance with financing from the Canadian International Development Agency (CIDA). The project developed country specific methodology for surveillance with mapping of high risk groups in the first phase and collection of behavioral and biological data after mapping has been completed. As a result of the exercise, size estimates are available with the program regarding major high risk groups in the country within the 12 cities included. The National Program has been able to use the data to direct its response for service delivery and effective outcomes. The project has also been able to provide data related to program activities and coverage of services.

In 2006, the government of Pakistan undertook a detailed situation and response analysis followed by a mid-term review of the national HIV response by engaging a team of independent experts. The team reviewed available data, ongoing interventions and undertook broad based consultations with UN system, bilateral donors, NGOs, PLWHA, and other public and private sector stakeholders. Based on the constraints and gaps identified in the Situation and Response analysis and Mid-Term Review of the National Response, the following strategies have been proposed in the revised National Strategic Framework for expanding the scope of services and scaling up HIV/AIDS interventions in Pakistan: 1) Scale up program delivery, 2) Create an enabling environment, 3) Build the right capacity, and 4) Strengthen institutional framework.

Based on the recommendations of this review, NACP developed a Second National HIV/AIDS Strategic Framework (2007– 2012). The national HIV/AIDS strategic framework for 2007-2012 articulates a vision for Pakistan in line with the recently formulated national policy on HIV/AIDS and elaborates through goals and guiding principles, strategic objectives and priority areas, the direction for the future national response against the emerging HIV/AIDS epidemic.

In the **National HIV/AIDS Strategic Framework (2007– 2012)** the number of areas covered has been increased to the following twelve areas.

1. Expanded response
2. Vulnerable, target and bridging populations
3. Women, children and youth
4. Surveillance and research
5. Sexually transmitted infections
6. General awareness
7. Blood and blood product safety
8. Infection control
9. Care and support
10. Institutional arrangements
11. Commodities and procurement

12. Management information systems

To achieve these objectives, NACP has prepared a new PC-1³ for 2008 – 2013 amounting to \$120 million. The anticipation for funding, although the final budget and planning is still underway, is that the World Bank will provide \$65 million.

(c) USAID Activities in Pakistan

In May 2003, the USAID/Pakistan Mission approved an Interim Strategic Plan for fiscal years (FY) 2004 - 2006, with the overall goal to “promote equality, stability, economic growth and improved well-being of Pakistani families.” Strategic Objectives (SO) relates to Education (SO3); Democracy & Governance (SO4); Economic Growth (SO6), and Health (SO7). USAID/Pakistan signed a new Strategic Objective Agreement (SOAG) contract for Earthquake Reconstruction with the GOP in 2006 to strengthen Health and Education systems and restore livelihoods for communities and individuals affected by the October 8, 2005 earthquake in selected areas of Pakistan’s Northwest Frontier Province (NWFP) and Azad Jammu and Kashmir (AJK). In 2007, the USAID/Pakistan Mission signed a Program Assistance Contract for the Federally Administered Tribal Areas (FATA) to work on development activities in FATA in the following areas: Good Governance, Civil Society, Health, Education, Infrastructure, Agriculture, and Private Sector Competitiveness. The Strategic Objective and SOAG were amended to extend through September 2008 and are expected to be extended through September 2009, where appropriate.

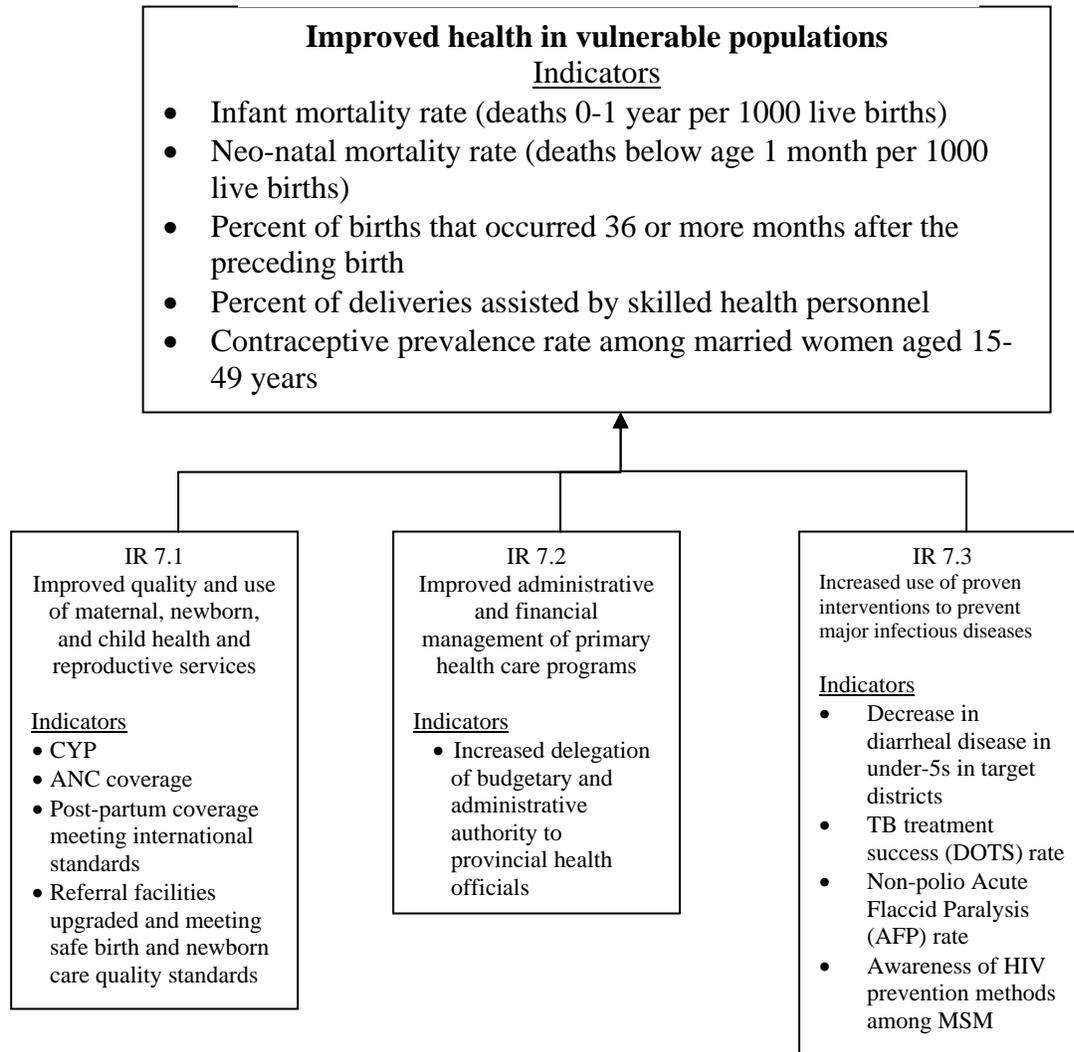
USAID’s Strategic Objective 7 (SO7) aims “to improve health in vulnerable populations in Pakistan.” Intermediate Results (IR) include the following:

- IR 7.1 Improved quality and use of maternal, newborn, and child health and reproductive services
- IR 7.2 Improved administrative and financial management of primary health care programs
- IR 7.3 Improved use of proven interventions to prevent major infectious diseases

The following figure depicts the Results Framework for SO7:

³ The “PC-1” is a planning and budgeting document that is required by the federal Planning Commission for development projects in Pakistan.

USAID/Pakistan SO 7 Results Framework



Illustrative indicators in support of IR 7.3 include: Awareness of HIV prevention methods among men who have sex with men (MSM).

USAID Assistance in Health

The health program began in 2003 and includes activities to improve maternal and newborn health services, promote family planning, prevent major infectious diseases, and increase access to clean drinking water. The program is nationally focused, working in underserved rural and urban districts in Sindh, Balochistan, Punjab, NWFP, and the FATA.

Current health program areas include but not limited to:

- **Health Systems Strengthening:** The program supports the Midwifery Association of Pakistan (MAP) and the Pakistan Nursing Council (PNC) in strengthening the community midwifery program; targeting health information by disseminating the Pakistan Demographic and Health Survey (PDHS) for raising citizen's awareness and to hold government accountable; addressing health system challenges through grant assistance; and improving essential drugs and contraceptive logistics management system. (Implementing Partner: ABT Associates)
- **Family Advancement for Life and Health (FALAH):** The project addresses the need to increase and improve family planning services including capacity building, monitoring and evaluation, and project management. (Implementing Partner: The Population Council)
- **Maternal and Newborn Health:** The Pakistan Initiative for Mothers and Newborns (PAIMAN) is USAID's flagship project designed to reduce maternal and neonatal mortality. The project is being implemented in 10 districts of all the four provinces of Pakistan, and in portions of FATA. (Implementing Partner: John Snow Incorporated)
- **Strengthening TB Control:** USAID assists the GOP to consolidate and accelerate complete treatment of TB patients. (Implementing Partner: WHO)
- **Polio Eradication:** USAID provides assistance to national polio immunization campaigns and surveillance to eliminate polio from Pakistan. (Implementing Partners: WHO and UNICEF)
- **Pakistan Demographic and Health Survey (PDHS):** USAID provides funding and technical assistance for the PDHS and Maternal Mortality Study. (Implementing Partners: Macro International and National Institute of Population Studies)
- **Disease Surveillance and Response:** USAID supports the design of a National Integrated Disease Surveillance and Response Program and a Field Epidemiology and Laboratory Training Program. (Implementing Partner: U.S. Centers for Disease Control)
- **Child Health in the FATA:** USAID is working to improve the availability, quality and demand for child health services throughout the FATA. (Implementing Partner: Save the Children, USA)
- **Safe Drinking Water and Hygiene Promotion:** USAID is providing technical assistance in hygiene and sanitation promotion and community mobilization along with extensive capacity building in order to complement the GOP's installation of water treatment facilities nationwide. (Implementing Partner: ABT Associates)
- **Pakistan HIV/AIDS Prevention and Care Project**

The HIV/AIDS Program

The current program, "Pakistan HIV/AIDS Prevention and Care Project (PHAPCP) 2006-2009" – implemented by Research Triangle Institute (RTI) and Family Health International (FHI) was designed in order to support USAID Strategic Objective 7, "improved health in vulnerable

populations in Pakistan.” Specifically, PHAPCP addresses the USAID Mission’s Intermediate Result 7.3, “improved use of proven interventions to prevent major infectious diseases.”

The project’s objectives are to:

- i. Increase the involvement of NGOs and other institutions in the provision of targeted HIV prevention interventions among MARPs including high-risk youth.
- ii. Increase the capacity of NGOs, the NACP and PACPs in implementing quality HIV/AIDS programming.
- iii. Strengthen the care and support activities for PLWHA.

Over the course of the three-year project, the PHAPCP has been working to:

- i. Strengthen the technical and organizational capacity of NGOs in implementing effective targeted interventions for MARPs and high-risk youth. In this population, PHAPCP is focusing on MSM, MSW, FSW, and HSW are also provided with programs and services.
- ii. Develop effective and efficient models of behavior change interventions, early diagnosis and management of sexually transmitted infections, and voluntary counseling and testing services (VCT).
- iii. Build the technical and organizational capacity of PLWHA support and community organizations and assist in their development of networks.
- iv. Develop an effective model of home-based care for PLWHA.
- v. Develop an effective and efficient monitoring and evaluation system for reporting on the achievement of program objectives, consistent with USAID’s Results Framework.

Currently, PHAPCP is providing HIV prevention services to most-at-risk groups in Peshawar in NWFP; Rawalpindi and Multan in Punjab; and Larkana and Karachi in Sindh. All these project sites have well established drop-in centers and integrated centers for STIs and VCT. The project relies heavily on its outreach peer education program for effective utilization of all the services. Outreach workers at each site work to establish linkages with target communities and involve them in communicating HIV prevention messages. They repeatedly contact individuals to work through the behavior change model in order to produce adoption of safe behaviors. They also create demand for STI and VCT services.

PHAPCP also supports care and support activities for PLWHA in Turbat, Balochistan; Rawalpindi, Lahore and Multan in Punjab; and Karachi in Sindh through local nongovernmental organizations. By using the continuum of care model, the project is providing home and community based care through trained home based care providers and community workers. In addition, referral linkages are established for treatment and hospital care.

The Implementing Agencies for the RTI/FHI are:

- ASEER Foundation – All About Social Economic Education Rights (Multan)
- MWT – Mehran Welfare Trust (Larkana)
- OSD – Organization for Social Development (Rawalpindi)
- NLACS – New Light AIDS Control Society (Lahore)
- SALBWS – Shah Abdul Latif Bhitai Welfare Society (Karachi)
- YWA – Youth Welfare Association (Karachi)
- SARHAD / HDRS – Support Agency for Rural & Human Association’s Development (Peshawar)/ Human Development and Relief Society

C.3 SCOPE OF WORK

The USAID Mission seeks to support the Government of Pakistan’s response to the HIV/AIDS epidemic by strengthening the models of prevention and care services and building the technical and managerial capacity of national and provincial AIDS control programs and civil society organizations.

(a) Results

The program will focus on the following four results:

1. Establishing model HIV prevention services for most at risk populations (MARPs)
2. Developing care and support model for people living with HIV and AIDS
3. Capacity building of National and Provincial AIDS Control Programs in key technical areas
4. Support FATA (Federally administered tribal areas) Health Directorate in HIV programming

(b) Geographic Coverage

The HIV/AIDS Project will be available to work in the following geographic areas:

Lahore, Multan, Rawalpindi, Gujrat, Sargodha and Faislabad in Punjab; Karachi, Hyderabad and Larkana in Sindh; Peshawar and Bannu in the North West Frontier Province; Quetta, Turbat and Gawadar in Balochistan; and some selective agencies in the FATA.

(c) Results and Activities

A cross-cutting requirement of this activity will be effective coordination with other agencies and donors active in the HIV/AIDS arena, including activities funded by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). See sub-heading VI below for more detail about cross-cutting issues.

Result 1: Establishing a Model HIV Prevention Services for MARPs

In line with the national strategic framework and USAID’s Strategic Objective 7, “improved health in vulnerable populations in Pakistan,” and Intermediate Result 7.3, “improved use of proven interventions to prevent major infectious diseases,” the HIV/AIDS Prevention and Care program introduced a model for prevention which includes the integration of STI and VCT using rapid testing within the core package of services for MARPs. This packaged approach includes peer outreach for strategic behavior change (SBC), tailored IEC materials, condom and lubricant distribution, as well as STI services and VCT. It is a comprehensive model which is in line with international best practices. The SBC curricula and materials have expanded beyond the program and are being considered for national use. The introduction of this model, addressing

highly stigmatized and marginalized populations within a challenging socio-cultural environment, is a positive achievement of the existing USAID program.

These activities need to be evaluated and documented systematically with a goal toward packaging tools and materials for scale-up, which will not necessarily be funded by the program for the implementation of services for the national program. Models may be modified to accommodate different contexts, levels of resources, changing directions of the epidemic, or varying government structures. During adaptation, core technical elements are retained but inputs and infrastructure may differ. The program should assess whether a model works on its own, but also tests its adaptability and provides technical assistance to determine how to roll out, scale-up and monitor adequate quality.

Suggested Activities

- Continue supporting existing HIV prevention services for MSWs and transgenders (hijras) in Rawalpindi, Multan, Karachi, Peshawar and Larkana focusing on strategic behavior communication, condom and lubricant promotion, management of sexually transmitted infections and voluntary counseling and testing
- Consider Emerging Epidemiologic Hot Spots for MSM (including MSW and HSW)
 - Bannu (NWFP) - MSW 4%; HSW 5.7%
 - Faisalabad (Punjab) - MSW 2.5%; HSW 0.5%
 - Hyderabad (Sindh) - MSW 0.0%; HSW 2.0%
- Consider development of a model which links projects targeting different MARPs (IDU, MSM, and FSW) within a transmission hot spot. This could be done in a smaller city like Hyderabad or Rawalpindi
- Increase update (goal of 100%) of VCT among those receiving STI services
- Consider innovative targeted approaches to social marketing for improved access and use of condoms and lubricant
- Consider targeting services for the sexual partners of MSM and FSWs (i.e., both male and female partners of sex workers), particularly the long distance truck and bus drivers
- Evaluate the current approach of population-specific days (HSW, MSM and FSW have different days of the week for services using same drop in center (DIC) site for STI and VCT)
- Expand approaches for engaging and entertaining target population within community networks (in an environment which provides access to STI and VCT services)
- Strengthen linkages with community-based care organizations and referrals to community and clinical care
- Improve Quality Assurance monitoring and routine program evaluation
- Consider developing a national or provincial network of MSM
- Enhance policy and advocacy work targeting NACP and government stakeholders
- Design rigorous operations research designs (i.e., quasi-experimental, phased approach) to document the relationship between key components and approaches of MARP interventions with behavior change outcomes
- Develop satellite sites for STI and VCT mobile unit approaches building on and expanding the effectiveness of reaching MARPs within existing hot spots

- Provide enhanced technical assistance (TA) to PACPs and NACP beyond current levels (i.e., recruit program staff with scope of work (SOW) emphasizing this TA, or placement with PACPs) to assist with coordination of state-of-the-art approaches to prevention among MARP and M&E tools and systems
- Support of NACP and PACPs with epidemiologic modeling and projections
- Evaluation of training and capacity building activities – what is working?

Result 2: Developing care and support model for PLWHA

A major achievement within care and support interventions under the existing program has been the identification of new HIV infected individuals (partners, spouses and children) increasing access to care and treatment. In order to accomplish this, the implementing agency New Light links with and provides services (including VCT) and prevention programs. They report a lack of clinical options for PLWHA, which led the group to construct an alternative model of care using private clinical services and their own provision of drugs (opportunistic infections (OI), STI, etc.) and home-based care. The group has a majority of their members now on antiretroviral therapy. The group reports coordination with the NACP and PACPs in order to ensure access to clinical care from the general hospitals.

Suggested Activities

- Develop model home-based care approaches considering both those on anti-retroviral therapy (ART) i.e., adherence support vs. others at earlier disease staging and targeted and innovative approach for family members (VCT, STI, etc.)
- Continue supporting existing home-based care activities in Lahore, Karachi, Multan and Turbat and expand it to other hotspots, e.g. Larkana, Gujrat and Sargodha
- Scale up programs for PLWHA within emerging epidemiologic hot spots where USAID is targeting MARP in order to create continuum of prevention and care model
- Expand and assess Prevention with Positives (PWP) approaches
- Strengthen existing linkages with MARP networks and prevention programs including participation in trainings
- Explore income generating activities including public private partnerships (addressing unemployment related to stigma and discrimination)
- Review care and treatment guidelines and play a greater advocacy role for treatment including addressing eligibility criteria for IDU to access ART
- Strengthen through training and additional resources the associations and networks of PLWHA, so that they can coordinate in policy development and strategic planning for service delivery in provincial and national forums
- Consider developing a model which targets HIV-positive Pakistani external migrants and their family and partners after being deported home
- Evaluate the targeted and innovative approach for family members (VCT, STI, etc.)
- Design rigorous operations research in order to better assess outcomes and effectiveness of care and support interventions
- Enhance stigma reduction programs at community and facility levels
- Develop approaches for linking to people leaving IDU drug treatment sites in order to link them into care and treatment

- Support the assessment of clinical treatment sites in order to track capacity of trained staff, drugs, services, lab and equipment in order to meet minimum standards
- Provide enhanced TA to PACPs and NACP beyond current levels (i.e., recruit program staff with SOW emphasizing this TA, or placement with PACPs) to assist with coordination of state-of-the-art approaches to community-based care for PLWHA and M&E tools and systems for community-based care

Result 3: Capacity building of national and provincial AIDS control programs and civil society organizations in key technical areas

The achievements of the existing USAID program demonstrate that the program has broadly increased involvement of NGOs for prevention and strengthened care and support programs. The program has provided training on STI, M&E, VCT, SBC, and care and support. The SBC curricula and materials have expanded beyond the program and are being considered for national use. However, it is not possible to assess whether the program has built the capacity beyond the NGOs (to NACP or PACPs). No formal assessment of any technical models for prevention and care and support projects has been conducted.

The Government of Pakistan has committed funds for providing HIV prevention and care services for MARPs. However, the National and Provincial AIDS Control Programs need support in developing capacity in key technical areas, especially monitoring and evaluation.

Suggested Activities

- Strengthen the use of program data for program improvement and strategic planning by the implementing agencies
- Develop memorandum of understanding (MOUs) between the Prime with PACPs (covering all subs) and coordinate with PACPs for strategic planning
- Strengthen the use of evidence from evaluation and assessments of program models and approaches for strategic planning by stakeholders with a focus on feasibility for scale-up (leverage funding)
- Develop periodic client level assessment of satisfaction with services, challenges and barriers to access, knowledge improvement and behavior change
- Continue to participate in national M&E efforts with NACP and the National M&E Subcommittee of the Technical Advisory Committee for AIDS (TACA), putting emphasis on their becoming functional and sustainable
- Provide enhanced TA to PACPs and NACP beyond current levels (i.e., recruit program staff with SOW emphasizing this TA, or placement with PACPs) to assist with coordination of state-of-the-art approaches to prevention among MARP and M&E tools and systems
- Assist with mapping of HIV/AIDS activities with PACPs
- Assist care programs with client-level logs and records to track individual PLWHA over time
- Enhance data quality assessment and supervision TA to the national and provincial levels in order to build capacity to implement these models

- Support further analysis of surveillance data and conduct special studies to understand the complex sexual transmission dynamics within target populations (sex work, MSM, migrant labor and immigration, forced sex, and gender roles)
- Evaluation of training and capacity building activities – what is working?

Result 4: Support FATA (Federally administered tribal areas) Health Directorate in HIV programming

USAID is providing support to Government of Pakistan for improving the lives of people living in the federally administered tribal areas (FATA). Support to all health programs is being provided through health Directorate at FATA. Through this RFA, USAID aims to strengthen the capacity of the FATA Health Directorate for implementing quality HIV/AIDS programming by provision of technical assistance and training on HIV prevention, care and support, as well as on monitoring and evaluation (M&E).

The program will provide technical assistance and include the staff from FATA health directorate in the training workshops conducted on various technical areas like SBC, STI, VCT, M&E and CHBC.

Suggested activities

- Training of staff from FATA health directorate, agency headquarters hospitals and other health outlets in FATA in project management, monitoring and evaluation
- Training of the above mentioned staff in blood and injection safety
- Supporting FATA health directorate staff to participate in national and/or regional trainings and consultative meetings
- Replicated prevention and care & support models of services for key populations in the selected areas in FATA

(d) Monitoring & Evaluation

Robust monitoring & evaluation system helps in identifying program strengths, weaknesses, successes, and obstacles of program activities. Monitoring and evaluation is a critical piece of this contract. Recipients should be clearly monitoring the activities and initiatives contained in this Contract so as to allow quarterly desk reviews of their results.

Overall, the M&E plan in the existing project is sufficient in tracking the outputs of the program's service delivery and for required reporting to USAID. However, there are no indicators in the M&E plan that measure overall outcomes, impacts, or effectiveness of the program.

National M&E activities including surveillance are coordinated by NACP through the Monitoring & Evaluation Subcommittee of TACA that includes representation from public and private sectors including PLWHA, and developmental partners. NACP works with CIDA on second generation surveillance activities. In 2005, a comprehensive National Monitoring and Evaluation Framework was developed. The National M&E Framework outlines a comprehensive

system that will collect and collate information related to the epidemic and performance indicators of the national response from all relevant sources including: service delivery projects; sentinel surveillance sites; donor supported projects being implemented in the private sector; HIV/AIDS surveillance activities in MARP; small operations research projects; and any national studies.

Through this contract USAID support should focus on continuing to participate in national M&E efforts and specifically, continue to develop and refine the partner monitoring forms and systems (for prevention and care & support) that can be assessed and evaluated and then packaged and shared with the NACP and the M&E Subcommittee (should it become functional again) to help inform specific components in the development of the national M&E system.

Formal mid-term and end-point evaluations will be financed and implemented by USAID. The Recipient's monitoring system will be crucial in conducting the mid-term evaluation that will be undertaken and by which USAID will base its programming decisions for the final two years of activity.

Monitoring and Evaluation (M&E) Indicators

The following indicators are being collected in the existing program and USAID expects that these would be included in this contract as well.

Result 1: Establishing model HIV prevention services for MARPs

- 1.1. Number of MSM receiving community outreach not focused on abstinence or being faithful
- 1.2. Number of female sex workers receiving community outreach not focused on abstinence or being faithful
- 1.3. Number of MSM receiving STI services
- 1.4. Number of female sex workers receiving STI services
- 1.6. Number of MSM receiving counseling, testing, and results
- 1.7. Number of female sex workers receiving counseling, testing, and results
- 1.8. Satisfaction of clients using these prevention services
- 1.9. Increased number/attendance of clients
- 1.10. Number and percentage of the clients who received services have brought their partners for treatment to the established facility

Result 2: Developing care and support model for PLWHA

- 2.1 Number of PLWHA provided with HIV-related palliative care (including TB/HIV)
- 2.2 Percentage of PLWHA continuing to participate in care & support services at least three months after care & support services referral/intake
- 2.3 Number of individuals trained to provide HIV-related palliative care (including TB/HIV)
- 2.4 Number of individuals trained in HIV-related stigma and discrimination reduction
- 2.5 Satisfaction level of individuals using these services
- 2.6 Increased number/attendance of clients

Result 3: Capacity building of national and provincial AIDS control programs and civil society organizations in key technical areas

- 3.1 Number of individuals trained to provide HIV prevention through other behavior change beyond abstinence and/or being faithful
- 3.2 Number of governmental/non-governmental organizations receiving technical assistance for HIV-related institution capacity building
- 3.3 Number of individuals trained in HIV-related institutional capacity building
- 3.4 Number of individuals trained in HIV-related policy development
- 3.5 Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment
- 3.6 Annual index of opinion by 20 leaders in the field of HIV/AIDS in Pakistan

Result 4: Support FATA (Federally administered tribal areas) Health Directorate in HIV programming

4. 1. Number of individuals trained to provide HIV prevention through other behavior change beyond abstinence and/or being faithful
- 4.2. Number of individuals reached by community outreach that promotes abstinence and/or being faithful
4. 3. Number of clients served through VCT centers receiving USAID assistance.
4. 4. Satisfaction level of individuals using these services
- 4.5. Number of PLWHA provided with HIV-related palliative care (including TB/HIV)

(e) Cross Cutting Issues

Partnering, Linkages, and Coordination: Fostering collaborative linkages and partnerships among USAID-funded implementing partners and within the wider health sector community, especially with the Pakistan MOH, and the AIDS Control Programs will be an important principle throughout the award period. Support and commitment from the GOP is essential to the success of this program and the recipient shall develop and maintain collaborative relationships to ensure ownership and support throughout all phases of program planning, implementation and monitoring and evaluation. Effective linkages/partnerships leading to closer coordination and collaboration among parties working in community health in Pakistan are intended to avoid duplication of efforts, and to increase and improve the government's ownership and accountability. Carefully planned and soundly designed program activities which foster linkages/partnerships are intended to lead to long term programmatic sustainability of health interventions.

Building Human Resources and Sustainability: The Recipient shall implement measures to develop competencies for decision-making among an increased number of Pakistani counterparts at all levels to develop long-term sustainability. The Recipient shall ensure that counterparts will increasingly be in a position to take senior management and technical roles, authorities and responsibilities in the area of health. The Recipient's own human resource base, particularly Pakistani, at senior, middle and entry level should be developed through specific planning and professional development activities.

Gender: Gender differences and discrimination play a significant role in determining the health status of women and girls in Pakistan, making them much more vulnerable. The recipient shall take into consideration the impact of gender and ensure that equity concerns, with a focus HIV/AIDS prevention and care interventions that focus on women and girls, will be an integral element of all program activities. Appropriate internal and external management structures and personnel processes are required to demonstrate that issues of gender are incorporated into all program interventions.

(f) Publications

The successful offeror of this project will be expected to produce and disseminate a number of project-related publications and reports. All publications will be in the public domain. The contractor will not have copyright on these products.

C.4 Staffing and Management Plan

Offerors are requested to develop a comprehensive staffing plan (see details below) to accomplish the Statement of Work and the plan should demonstrate an appropriate balance of skills, expertise and efficiency. The key qualifications for this RFTOP include skills and experience in applied program areas of HIV/AIDS, management of USAID contracts, translation of innovations into practice/policy, monitoring and evaluation, and overseas experience. Offerors must specify the positions designated as Key Personnel and provide resumes of the candidates proposed for such positions. In addition, offerors should specify the qualifications and abilities of proposed key personnel relevant to successful implementation of proposed technical approach.

Resumes for all key personnel (limited to three pages) and any additional information for all other proposed personnel should be included in an annex. Three references should be provided in an annex for each of the proposed key personnel with the name, title/position, telephone and email contact information. In each case, at least one reference should be a developing country work contact. Resumes for key personnel should contain contact information (e-mail and phone number) of supervisors for the four most recent positions over a timeframe of at least three past years that the candidate has held. In addition, for all key personnel, please include a letter of commitment from each candidate indicating her/his: a) availability to serve in the stated position for a minimum of two years; b) intention to serve for a stated task order term; and c) agreement to the compensation levels which correspond to the levels set forth in the cost proposal.

All key personnel positions should be filled at the time the organization submit its proposal. Key personnel should be in-country within 20 working days of the signing of the task order.

Offerors should: 1) provide a full staffing management plan, including support staff, with underlying rationale, an organizational chart indicating lines of authority and staff roles and responsibility, technical qualifications/expertise and estimated amount of time each will devote to the program, accompanied by position descriptions for each position proposed; 2) if being proposed, provide the rationale for the use of consultants and/or locally-hired, long-term resident advisors; 3) propose and justify the configuration of proposed key staff positions in addition to or in substitution of those described below; and 4) provide a matrix of all personnel that is linked to

the project activities indicating the relevant skills they bring to the performance of this program and the percent time they will work on this activity. The management plan should demonstrate the Contractor's understanding of efficient management practices, including approaches to cost containment, avoidance of duplicative effort, and use of technology. The plan should also demonstrate how the Contractor will use the country partners and in-country technical resources to build capacity for the subgrantees and reduce costs. This plan should describe lines of authority and reporting, and how the Chief of Party will liaise with the USAID/Pakistan COTR, international donors in Pakistan, and other in-country entities. Recognizing the complex array of stakeholders, including partners, sub-partners, and USG in-country and headquarters personnel, the Contractor should clearly address communication flows in the management plan.

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

The Key Personnel positions under this program shall include the following and should be the full time positions:

1. Chief of Party (US)
2. Director of Administration and Financial Management (US)
3. HIV/AIDS Expert – Senior technical Advisor (US/Pakistan)
4. Monitoring and Evaluation Advisor with experience in multiple aspects of HIV/AIDS programming (US/Pakistan)

Required qualifications and functions for Key Personnel include the following:

Chief of Party (US)

The Chief of Party shall be responsible for the overall management and implementation of the program and report directly to the designated USAID Contracting Officers's Technical Representative (COTR). The Chief of Party will provide vision, direction, leadership and management to the project. S/he shall supervise project implementation, serve as the principle interlocutor with USAID and the GOP and ensure the program meets stated goals and reporting requirements. The Chief of Party should have the following qualifications:

- advanced degree (master's degree or equivalent) in a relevant field, preferably in public health, medicine, social sciences and/or management from an accredited university is required
- at least ten years of senior experience in managing and implementing health programs in developing countries and specifically in the areas outlined above. Demonstrated international credibility as a leader on matters of program research, analysis, use and dissemination in developing countries
- proven record of excellent management, leadership, decision making skills
- demonstrated success managing international development projects of this scope and complexity for at least 5 years
- demonstrated exemplary diplomatic and interpersonal skills to ensure internal coherence amongst diverse team members as well as relations with the GOP, donors and the international community

- excellent English oral and written communications skills are required

The Chief of Party serves as the representative of the Program including any sub-Grantees, if any, and will be the point of contact in Pakistan for all purposes of this project, unless delegations of authority are presented to and agreed by the Mission COTR.

Director of Administration and Financial Management/Deputy Chief of Party (US)

The Director of Administration and Financial Management shall be responsible for overseeing the administrative and financial management and accountability requirements of the program. S/he should have the following qualifications:

- graduate degree in accounting or business administration from an accredited university is required
- at least five years relevant professional experience in project administration and financial management
- proven record of excellent management, leadership, decision-making and interpersonal skills
- extensive overseas experience (minimum of five years) in developing countries
- effective English oral and written communications skills
- ability and proven working record with diverse international teams and overseas operations

Monitoring and Evaluation Advisor with HIV/AIDS experience (US/Pakistan)

The Monitoring and Evaluation Advisor shall be responsible for coordinating the development of a performance management plan for the project, including performance monitoring criteria. The Advisor is required to hold:

- degree from an accredited university in a relevant field
- extensive experience (at least five years) working in developing countries on activities focused on the demand for and use of data, information, and tools for policy development, program planning, management, monitoring and evaluation, preferably including experience in capacity building in monitoring and evaluation of health programs
- demonstrated experience with and understanding of HIV/AIDS monitoring and evaluation requirements
- demonstrated ability and experience in training and capacity building of individuals from developing countries in improving relevance and use of health data.
- experience in the successful use of methods for communicating scientific data to stakeholders and non-professional advocacy groups
- experience interacting with developing country government, international organization, other bilateral donor and civil society representatives, and senior level government officials is required
- ability to work with diverse international teams
- effective English oral and written communications skills

HIV/AIDS Expert - Senior Technical Advisor (US/Pakistan)

Senior technical advisor will be responsible to lead the technical team comprising of technical officers for sexually transmitted infections, counseling and testing, strategic behavior communication and reproductive health/ family planning. The person is required to hold:

- an advanced degree in public health or related fields, with specialization in HIV/AIDS issues is required
- extensive experience (at least seven years) working on HIV/AIDS programs in developing countries that includes significant responsibility for data collection and analysis, monitoring and evaluation, with total of 10 plus years of professional experience is required
- demonstrated experience with and understanding of HIV/AIDS strategies. implementation requirements, demonstrated experience with and understanding of HIV/AIDS monitoring and evaluation requirements
- strong understanding and experience in the data issues, including issues of privacy and ethics in data collection and use, for programs related to HIV/AIDS care, treatment and prevention services
- experience interacting with major multi-lateral donors is preferred
- excellent leadership, communications and interpersonal skills
- excellent English language oral and written skills

C. 5 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.6 Performance Monitoring

The COTR for this Task Order will be responsible for the overall performance of the entire task order. The applicant should propose a simple Performance-Monitoring Plan (PMP) for monitoring and evaluating the performance of the key results required under this Task Order.

The Task Order COTR will conduct yearly performance reviews of the contractor by using the PMP proposed by the Offeror (above), and other indicators mutually agreed upon by the Task Order COTR, and the Applicant in the first 45 days of the contract. A final performance review of Task Order will be scheduled for the final year of the Task Order. An external evaluation of the Task Order may be held in conjunction with any evaluations scheduled for other programs.

All reports will be submitted to the following addresses (in addition to the hard copies, an electronic copy will be provided for all reports):

Health Office
USAID/Pakistan
c/o American Embassy
Diplomatic Enclave, Ramna 5

Islamabad, Pakistan.

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 Task Order COTR.

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 BRANDING POLICY

The program will be known as the Pakistan HIV/AIDS Prevention Program. Marking under this Task Order shall comply with the policies found at Automated Directives System (ADS) Chapter 320. The Contractor shall comply with the requirements of the USAID “Graphic Standards Manual” available at www.usaid.gov/branding, or any successor branding policy.

No other organizations are required to be acknowledged. The presence of any logo or symbol belonging to the Contractor must conform to the policy in ADS 320 and is subject to negotiation with USAID/Pakistan.

The successful offeror will submit Branding Implementation Plan (BIP) to USAID within 30 days of the award of this task order.

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 the HIV/AIDS – AIDSTAR Sector I – Technical Assistance IQCs contracts and terms of the Task Order.

END OF SECTION E

SECTION F – DELIVERIES OR PERFORMANCE

F.1 DURATION, TIMING AND SCHEDULE

(a) The estimated period of performance for this task order is three (3) years from the date of award as stated on the cover page, subject to the contractor's performance and availability of funds.

(b) Subject to the cost plus fixed fee amount of this task order, the TOCTO may extend the estimated completion date, provided that the extension does not cause the elapsed time for completion of the work, including the furnishing of all deliverables, to extend beyond 90 calendar days from the original estimated completion date. Prior to the original estimated completion date, the contractor shall provide a copy of the TOCTO's written approval for any extension of the term of this task order to the Contracting Officer; in addition, the contractor shall attach a copy of the TOCTO's approval to the final voucher submitted for payment.

(c) It is the contractor's responsibility to ensure that the TOCTO-approved adjustments to the original estimated completion date do not result in costs incurred that exceed the ceiling price of this task order. Under no circumstances shall such adjustments authorize the contractor to be paid any sum in excess of the task order amount.

(d) Adjustments that will cause the elapsed time for completion of the work to exceed the original estimated completion date by more than 90 calendar days must be approved in advance by the Task Order Contracting Officer (TOCO).

F.2 DELIVERABLES AND PROJECT MEASURES

(i) Project Deliverables

The HIV/AIDS Project Task Order deliverables will include:

- A compendium of promising practices and findings from HIV/AIDS research studies and evaluations, with periodic dissemination of findings in interim reports, at a frequency to be determined in consultation with the COTR.
- A final Task Order report, highlighting achievements with reference to established work plans and objectives and discussion of challenges.
- Training curricula and manuals developed during the process of capacity building activities for National and Provincial AIDS Control Programs and non-governmental organizations (NGOs)
- Periodic submission of data for USAID portfolio reviews annually, including results, challenges/issues, and pipeline information at a date to be determined by USAID

All products and deliverables will be in the public domain. The contractor will not have copyright on these products.

(ii) Monitoring and Evaluation

Offerors should propose a monitoring and evaluation plan for assessing progress towards annual and end of strategy targets per determined indicators listed in Section V. The plan will identify the source and frequency of data to ensure USAID has data available for the Annual Report and other reporting requirements. The plan should also describe how the offeror will assess and guarantee data quality and accuracy. In addition, the offeror should be able to provide data in the format and timing required for USAID. The baseline and results reports for annual USAID portfolio reviews will be submitted to the COTR.

(iii) Periodic Reporting

The successful offeror will be required to submit reports stated in this section. All Contractor reports must be submitted to the USAID/Pakistan Contracting Officer Technical Representative (COTR) and the USAID/Pakistan Health Officer. All reports and work plans must be in English with one electronic and a soft copies provided. USAID will distribute these reports and plans, as it deems appropriate. In addition, all reports, work plans and monitoring data must be submitted to any research, monitoring, and evaluation unit that may be established by USAID/Pakistan.

Reports include annual work plans, quarterly and annual program reports, and quarterly financial reports. A final report that synthesizes the work, deliverables and results of the project over the entire Task Order duration will be due after the Task Order ends. In addition to regularly scheduled meetings with the Task Order COTR, the offeror should provide regular, informal briefings to USAID/Pakistan and USG in-country contacts on the principal activities and accomplishments throughout the implementation period.

The offeror will be required to submit the following periodic reports:

1) Annual Work Plan and projected expenditures (one electronic copy):

The offeror should include in the proposal a work plan for the first year of implementation. The plan should include a rapid start up. Within 45 days after the award of the Task Order, the offeror will submit a final work plan and projected expenditures broken down by quarter for the first year.

The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending upon the start date of the task order. The exact length of the first work plan will be determined in consultation with the COTR. The implementer will follow the work plan year of July 1st to June 30th, unless specifically changed by the COTR in writing. Each year, a draft of the work plan will be submitted to the COTR for review and comments in March. The implementer will incorporate revisions to the draft work plan based upon the recommendations generated during the review process and submit a final work plan to the COTR for approval by June 1st

2) Monitoring and Evaluation Plan (one electronic copy):

The applicant will submit a final monitoring and evaluation plan within 45 days after the award of the Task Order.

3) Quarterly Progress Reports (one electronic copy):

The applicant will provide quarterly reports. The report should cover all activities proposed in the work plan and should report on progress made and on plans for the next reporting period. The quarterly progress reports shall contain the following information at a minimum:

- a) A summary of activities undertaken under the task order, progress made, results achieved and trends noticed during the reporting period;
- b) Data on all indicators established in the monitoring and evaluation plan for the core and field activities;
- c) A comparison of actual accomplishments with the goals and objectives established for the period, the findings of the investigators or both;
- d) An explanation of problems encountered, reasons why established goals were not met, if appropriate, and how challenges or problems will be overcome during the next reporting period;
- e) A comparison of actual expenditures with budget estimates, including analysis and explanation of high unit costs, and any other pertinent information;
- f) Priorities and schedule for programming during the next reporting period accompanied by proposed expenditures.

The reports should include financial reports that should contain, at a minimum, the following: a) total funds awarded to date by USAID into the task order; b) total funds previously reported as expended by contractor by major and sub-major line items; c) total funds expended in the current quarter by major line items; d) total un-liquidated obligations by major line items; and e) un-obligated balance of USAID funds; and e) proposed expenditures for the next quarter.

4. Final Report (three hard copies, one electronic copy and one CD):

The final report should highlight accomplishments against annual work plans and provide the final status of Benchmarks and Tangible Results. The draft final report should be submitted to COTR one month before the end of the task order. The report should include: an executive summary of the project's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the project's activities and attainment of results by provinces, as appropriate; an assessment of progress made toward accomplishing the expected Results; significance of these activities; comments and recommendations; address lessons learned, best practices, comments and other findings during implementation. The report should also include an annex of lessons learned and recommendations for follow activities.

5. GIS Report

In support of USAID/Pakistan's GIS initiative, the Contractor may be requested to report and provide GIS related information on all USAID-funded activities upon USAID/Pakistan's

implementation of the GIS program. Following notification by USAID of the commencement of this GIS program, the Contractor will:

- Submit an initial GIS report within 45 days from notification with follow-on reports following every thirty (45) days (monthly) thereafter. Reports will be recorded in the GIS based on sector and subsector, or program area and program element.
- The Contractor will be required to report on a number of fields of data. Data will include, as a minimum, for all locations for each program/project: the GPS coordinates (longitude, latitude and elevation) of each program/project activity, the activity type and location, and the related performance indicators. Reports are to be provided in the form and format outlined by USAID/Pakistan/PRM and, as well, will be available at the internet portal once the portal is established. Registration for access to the portal and questions regarding the use of the GIS web site and reporting are to be directed to USAID/Pakistan/PRM.
- Upon establishment of access for Contractor staff to the GIS portal, the staff will be provided GIS training by USAID/Pakistan. This training will be directed toward basic functions of the GIS and enabling the Contractor to add/update activities on the GIS system. The Contractor will appoint a member of its staff for training, as responsible for executing the GIS reports, to serve as liaison with USAID, and participate in GIS working groups.
- The Final Report will reflect that all activities have been fully GIS reported. Close out actions will not be concluded until such reporting has been completed. GIS reports will be submitted in the form and format prescribed by USAID/Pakistan through the Contracting Officer Technical Representative or, if available, the cited internet portal.

All reports must be submitted to the COTR for this Task Order and final report to the Contracting Officer (CO).

F.3 PLACE OF PERFORMANCE

The places of performance for this Task Order are United States and Pakistan

F.4 AUTHORIZED WORK DAY / WEEK

No overtime or premium pay is authorized under this Task Order. The contractor is authorized up to a 6-day workweek in the field for Short Term Technical Assistance with no overtime or premium pay.

F.5 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

F.6 UNACCOMPANIED POST

At this time, Pakistan is an unaccompanied post for US direct hire employees; for security reasons, family members of US direct hire employees are not permitted to travel to or reside at post with the employee. The same conditions apply on Contractor employees.

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 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/Pakistan Health Office shall provide technical oversight to the Contractor through the designated COTR. USAID/Pakistan Contracting Officer will designate Contracting Officer Technical Representative (COTR) through a separate letter.

The COTR will introduce the Contractor to relevant implementing partners, government officials and other individuals key to the accomplishment of this evaluation through introductory letters or advance phone calls.

- USAID/Pakistan will be responsible for providing security notices issued by the American Embassy in Pakistan to which the Contractor must adhere to.
- The Contractor will be responsible for coordinating and facilitating evaluation-related field trips, interviews, and meetings. USAID will review and approve the schedule.
- The Contractor will be responsible for making all logistical arrangements.
- The Contractor will be responsible for all costs incurred in carrying out this review. The proposed cost may include, but not be limited to: (1) regional travel; (2) lodging; (3) M&IE; (4) in-country transportation; and (5) other office supplies and logistical support services (i.e., laptop, battery pack, paper, communication costs and teleconferencing cost, if needed, due to current travel restrictions).

G.3 INTERNATIONAL TRAVEL APPROVAL

In accordance with the requirements in AIDAR 752.7027 Personnel and 752.7032 International Travel Approval and Notification Requirements, the COTR hereby provides prior written approval with the assignment of individuals outside the United States before the assignment abroad, which must be within the terms of this task order, is subject to availability of funds, and should not be construed as authorization either to increase the estimated costs or to exceed the obligated amount. The Contractor should retain for audit purposes a copy of each travel concurrence.

G.4 ACCEPTANCE AND APPROVAL

The COTR must accept and approve deliverables before payment may be made.

G.5 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 paying office. One copy of the voucher and the invoice shall also be submitted to the COTR. Electronic submission of invoices is encouraged.

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

Invoice will be submitted to the Regional Controller, USAID/Manila, with a copy to the Controller, USAID/Pakistan. If invoices are submitted electronically, a paper copy is not required.

Regional Controller
USAID/Philippines
8th Floor, PNB Financial Center
Roxax Blvd.
1308 Pasav City, Philippines
Tel: +63-2-552-9800 or 9900
Fax: +63-2-551-9297 or 9999
Email: aidmnlrfsc@usaid.gov

Controller
USAID/Pakistan
C/O U.S. Embassy
Diplomatic Enclave, Ramna 5
Islamabad, Pakistan
Tel: +92-51 208-2029
Fax: +92-51 2870310
Email: aidisvoc@usaid.gov

END OF SECTION G

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this order is 000 and 935 subject to the HIV/AIDS blanket waiver conditions, dated December 29, 2007. All other waiver requests under this task order will be approved on case to case basis. Local procurement is authorized within the parameters specified in 752.225-71, “Local Procurement.”

H.2 KEY PERSONNEL

The contractor shall provide the following key personnel for the performance of this task order:

1. Chief of Party (US)
2. Director of Administration and Financial Management (US)
3. HIV/AIDS Expert – Senior technical Advisor (US/Pakistan)
4. Monitoring and Evaluation Advisor with experience in multiple aspects of HIV/AIDS programming (US/Pakistan)

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

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

(a) 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 CO.

(b) If at any time it is determined that the contractor, or any of its employees or consultants, have used U.S. Government facilities or personnel either in performance of the contract itself, or in advance, without authorization in, in writing, by the Contracting Officer, then the amount payable under the contract shall be reduced by an amount equal to the value of the U.S. Government facilities or personnel used by the contractor, as determined by the contracting officer.

(c) If the parties fail to agree on an adjustment made pursuant to this clause it shall be considered a "dispute" and shall be dealt with under the terms of the "Disputes" clauses of the contract.

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 SUBCONTRACTING CONSENT

Approved Subcontractors: The following list constitutes the approved subcontractors under this contract:

TBD at time of award

H.7 EXECUTIVE ORDER ON TERRORISM FINANCING

The Contractor is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract.

H.8 REPORTING ON TAXATION OF U.S. FOREIGN ASSISTANCE

(a) Reporting of Foreign Taxes. The contractor must annually submit a final report by April 16 of the next year.

(b) Contents of Report. The reports must contain:

(i) Contractor name.

(ii) Contact name with phone, fax and e-mail.

(iii) Agreement number(s).

(iv) Amount of foreign taxes assessed by a foreign government [each foreign government must be listed separately] on commodity purchase transactions valued at \$500 or more financed with U.S. foreign assistance funds under this agreement during the prior U.S. fiscal year.

(v) Only foreign taxes assessed by the foreign government in the country receiving U.S. assistance is to be reported. Foreign taxes by a third party foreign government are not to be

reported. For example, if an assistance program for Lesotho involves the purchase of commodities in South Africa using foreign assistance funds, any taxes imposed by South Africa would not be reported in the report for Lesotho (or South Africa).

(vi) Any reimbursements received by the Contractor during the period in (iv) regardless of when the foreign tax was assessed plus, for the interim report, any reimbursements on the taxes reported in (iv) received by the contractor through October 31 and for the final report, any reimbursements on the taxes reported in (iv) received through March 31.

(vii) The final report is an updated cumulative report of the interim report.

(viii) Reports are required even if the contractor did not pay any taxes during the report period.

(ix) Cumulative reports may be provided if the contractor is implementing more than one program in a foreign country.

(c) Definitions. For purposes of this clause:

(i) "Agreement" includes USAID direct and country contracts, grants, cooperative agreements and interagency agreements.

(ii) "Commodity" means any material, article, supply, goods, or equipment.

(iii) "Foreign government" includes any foreign governmental entity.

(iv) "Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

(d) Where. Submit the reports to: USAID/Pakistan/FM.

(e) Subagreements. The contractor must include this reporting requirement in all applicable subcontracts, subgrants and other subagreements.

(f) For further information see <http://www.state.gov/m/rm/c10443.htm>.

END OF SECTION H

SECTION I – CONTRACT CLAUSES

I.1 Reference Support for HIV/AIDS – AIDSTAR Sector I – Technical Assistance IQCs IQCs.

FAR 52.252.2 CLAUSES INCORPORATED BY REFERENCE

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text, in accordance with the clause at FAR 52.252-2, "CLAUSES INCORPORATED BY REFERENCE" below. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://acquisition.gov/comp/far/index.html> or for USAID specific clauses at <http://www.usaid.gov/policy/ads/300/aidar.doc>.

52.204-9	Personal Identity Verification of Contractor Personnel	NOV 2006
52.225-19	Contractor Personnel in a Designated Operational Area or Supporting a Diplomatic or Consular Mission Outside the United States	
52.233-2	Service of Protest	
52.242-15	Stop Work Order	AUG 1989
52.243-7	Notification of Changes	APR 1987
52.246-6	Inspection of Services – Time and Material and Labor Hour	MAY 2001
52-249-4	Termination for Convenience of the Government (Services) (Short Form)	APR 1984

USAID Acquisition Regulations (48 CFR Chapter 7) Clauses

752.7032	International Travel Approval and Notification Requirements	JAN 1990
752.225-9	Buy American Act--Trade Agreements Act--Balance of Payments Program	OCT 2005
752.225-70	Source, Origin and Nationality Requirements	OCT 2005
752.7003	Submission Requirements for Development Experience Documents	OCT 2005
752.242-70	Periodic Progress Reports	OCT 2007
752.7005	Submission Requirements for Development Experience Documents	JAN 2004

END OF SECTION I

Section L

PROPOSAL PREPARATION INSTRUCTIONS

A. Technical Proposal

Technical proposal must be specific, complete and presented concisely. The offerors must demonstrate their capabilities and expertise with respect to achieving the goals of this project. The proposals must take into account the technical selection criteria and evaluation procedures described below. The technical portion of the proposal must not exceed **25 pages**, excluding attachments. Proposals must be on pages of 8-1/2 inch by 11-inch paper, single-spaced, 12-point or larger type in a single column, with one-inch margins on all sides, with tabs to distinguish each section. An outline format using lists and/or matrices, whenever possible, is recommended. Applicants must include resumes of proposed key personnel (three pages maximum per resume, see instructions above) and other proposed technical staff (two pages maximum per resume) in an annex. Cover pages, dividers, table of contents, and attachments (i.e., key personnel resumes, and letters of commitment) do not count against the 25-page limitation.

The offeror should submit **one original and three hard copies** of the technical proposal with the DHL submission. Please also submit on CD an electronic copy of the technical proposal in Microsoft Word 2003 format. Offerors should index sections in a Table of Contents. USAID must receive both the electronic copy (CD) and the hard copies by the submission deadline for the proposal to be eligible for consideration.

Hard copies and CDs of both the technical and cost proposals must be submitted to the location indicated in the cover letter accompanying this RFTOP and by the date and time specified.

The technical proposal must demonstrate the offeror's capabilities and expertise with respect to achieving the goals of the task order. To facilitate efficient review of proposals, offerors must organize the technical proposal in the format specified below.

Technical Proposal Format

Cover Page – Title, names of organization(s) submitting proposal, contact person, telephone and fax numbers, address and email

Executive Summary (not to exceed 3 pages) – Briefly describe the proposed activities, goals, purpose, technical strategies and methodologies, and anticipated results. Briefly describe technical and managerial resources of your organization. Describe how the overall program will be managed.

Narrative (not to exceed 22 pages): The narrative section of the proposal should address the task order results and activities outlined in Section C.3 Scope of Work and contain the following elements:

A. Technical Approach (not to exceed 14 pages)

A1. Overall Technical Approach

Offerors should provide a comprehensive discussion of HIV/AIDS programming challenges, technical approaches and strategies in Pakistan to achieve the overall goals and objectives of the task order. Offerors may propose insightful, technically sound activities to identify, develop, and test solutions to HIV/AIDS issues in Pakistan. The technical approach should demonstrate offeror's potential ability to increase efficiency of applied HIV/AIDS techniques through the development and use of a range of methodologies. The overall technical approach should include a brief description of procedures to uphold ethical standards and deal with gender-specific HIV/AIDS issues while planning and implementing data collection and other task order activities.

A2. Technical Proposal

Offerors should provide a discussion of efficient strategies and lines of work for advancing global technical leadership in addressing HIV/AIDS issues. The discussion may include, but is not limited to: describing the characteristics of the Asian epidemic model, trends of concentrated epidemic, risk behaviors for acquiring HIV infection and the population groups most affected by the epidemic. It should also address gender-specific approach to the HIV/AIDS issues in Pakistan.

B. Staffing, Management, Collaboration, and Past Performance (not to exceed 8 pages)

B1. Staffing

Offerors should provide a summary description of roles, responsibilities and qualifications of all key personnel, headquarters and in-country, to be funded under the task order. Offerors should specify qualifications and abilities of proposed Key personnel relevant to successful implementation and include resumes for key candidates. Resumes should not exceed three pages in length and should be in chronological order starting with most recent experience. Offerors may provide, as an annex, a matrix charting skills and expertise of proposed staff that meet the requirements of the tasks in the SOW. Offerors should include a list of the key personnel proposed for this SOW, as well as their time commitment to the project specified in Section C.4 Staffing and Management Plan..

A list of key personnel positions is shown below (offerors shall choose a staffing structure and determine additional qualifications of in-country staff based on their proposed technical and management approach):

1. Chief of Party (US)
2. Director of Administration and Financial Management (US)
3. HIV/AIDS Expert – Senior technical Advisor (US/Pakistan)
4. Monitoring and Evaluation Advisor with experience in multiple aspects of HIV/AIDS programming (US/Pakistan)

Offerors may include in their proposal a roster of short-term HIV/AIDS technical assistance specialists. Offerors may propose a combination of headquarters, regional and/or international

staff and consultants. The use of local field staff is strongly encouraged, offerors should make maximum use of local consultants, as appropriate.

B2. Management and Collaboration

Management: Offerors should demonstrate their organizational ability to plan, implement and support programming in the range of activities outlined in the RFTOP. They should propose an organizational structure to address the breadth, depth and technical areas required to successfully undertake HIV/AIDS activities. The management plan should describe the management and administrative arrangements for implementation of the task order, including organizational structure, personnel management, and timely institutional review for the protection of human subjects. Offerors should describe how tasks will be organized and managed and how the offeror will utilize complementary capabilities of any proposed sub-contractors most effectively and efficiently. Offerors should describe how lines of authority will be managed within their own organization and between the prime contractor and any sub-contractors. Offerors are encouraged to include an organizational chart in an annex.

Collaboration: Offerors should demonstrate the ability to form partnerships with a range of existing Health activities and programs in Pakistan and international and local organizations in the country. They should describe plans for collaboration with USAID/Pakistan staff with partners implementing Health, Economic Growth and Democracy programs, with host country government, and with other donors. In particular, describe collaboration with local partners in the context of capacity building.

B3. Past Performance

Offerors should provide a self-assessment of their demonstrated institutional ability to plan, implement and support proposed activities citing past performance examples. The examples must be for the past five years for efforts similar to the technical requirements of this RFTOP. Offerors should demonstrate technical accomplishments in applied research on HIV/AIDS service delivery and/or related policy improvement in developing countries, dissemination and utilization of research results, and capacity building of host-country organizations to produce and utilize applied research results. Include past performance forming collaborative partnerships with research and policy/advocacy organizations. Please include related program descriptions, list of tools/peer-reviewed publications/monographs, other knowledge management efforts, and any other relevant information in an appendix.

C. Cost Proposal

The Cost Proposal must be completely separate from the applicant's technical proposal. There is no page limitation on the Cost Proposal. Offerors shall submit a cost proposal for a three year task order operating period (starting o/a September 1, 2009). Offerors shall submit their cost proposal in Microsoft Excel format with full access to all formulas.

The following minimum cost breakdown should be provided: Salary and wages, Fringe Benefits, Consultants, Travel, Transportation and Per Diem, Equipment and Supplies, Subcontracts, Grants under Contract, Other Direct Costs, Overhead, G&A, Material Overhead, Fee and any

other Indirect Cost. Offerors must propose costs that are realistic and reasonable for the work in accordance with their respective technical proposals. The Cost Proposals should have a cover page with the title of the program, name of the organization(s) submitting the Proposal, contact person, telephone numbers, address, and e-mail. Cost proposal must be accompanied by detailed and comprehensive budget notes.

Budget Format

Offerors should submit two (2) hard copies, and an electronic copy on CD in Microsoft Word 2003 for the narrative and budget notes, and in Microsoft Excel 2003 for the budget tables with the DHL submission. Adobe Acrobat files for tables will not be accepted.

To support the proposed costs, please provide detailed and comprehensive budget notes or a budget narrative for all costs that explains how the costs were derived as a word document. 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 and services being procured through a contract mechanism;
- g. Grants under Contracts. The amount for grants under contracts is fixed for this task order - \$4,660,000 total for three years of implementation. The total value of any individual grant to any US Organization must not exceed \$100,000. This limitation does not apply to grant awards to non-US Organizations. The anticipated amounts of grants will range approximately from \$50,000 to \$350,000 each;
- 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), post allowances, 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 (if applicable) Please include the fee calculation table in the cost proposal.

Separately should be submitted:

- a. Summary of a breakdown of the anticipated costs of performing the work by four result area plus monitoring and evaluation.
- b) A current resume, in sufficient detail to support the proposed personnel, for all U.S. and professional non-U.S. personnel;
- c) A certification of salary for all proposed CCN Direct Labor;
- 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.

Section M

EVALUATION CRITERIA

The task order proposal will be evaluated in relation to the evaluation criteria set forth below. 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. Sub-criteria have been assigned specific weights. The proposal will be evaluated for two major criteria: A) technical approach and B) staffing, management and collaboration, and past performance. Sub-criteria within each primary criterion will be evaluated according to respective points shown in parenthesis.

Proposed costs shall be evaluated for reasonableness and consistency with the technical proposal. This analysis is intended to determine the degree to which the costs included in the cost proposal are fair and reasonable; and reasonableness of proposed labor rates and fee.

Technical evaluation factors are more important than cost factors in determining the award. Cost may be the determining factor where proposals are essentially of equal technical merit. The overall standard for judging cost will be whether the proposal presents the best value for the cost. The cost proposal will be judged on: a) whether it is realistic and consistent with the technical proposal; b) overall costs control; and c) amount of proposed fee (if applicable).

The Government may award a task order without discussions with offerors in accordance with FAR 52.215-1 f(1), and FAR 15.306 (a) to the responsible applicant whose proposal conforms to this RFTOP and offers the best value. However, the Government reserves the right to conduct discussions in accordance with FAR 52.215-1 f(4), and FAR 15.306 (c) (d) (e), 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 government may utilize FAR 52.215-1 f(6), if later determined by the Contracting Officer as necessary.

Source Selection

(a) The overall evaluation methodology set forth above will be used by the contracting officer as a guide in determining which proposal(s) offer the best value to the U.S. Government. In accordance with FAR 52.215-1, award will be made by the contracting officer to the responsible offeror(s) whose proposal(s) represents the best value to the U.S. Government after evaluation in accordance with all factors and sub-factors in this solicitation.

(b) This procurement utilizes the tradeoff process set forth in FAR 15.101-1. If the contracting officer determines that competing technical proposals are essentially equal, cost/price factors may become the determining factor in source selection. Conversely, if the contracting officer determines that competing cost/price proposals are essentially equal, technical factors may become the determining factor in source selection. Further, the contracting officer may award to

a higher priced offeror if a determination is made that the higher technical evaluation of that offeror merits the additional cost/price.

A. Technical Approach (50 points)

A.1. Overall Technical Approach (20 points)

- Extent of understanding of the overall goals and objectives of the task order; technical aspects of applied HIV/AIDS program research; results dissemination and utilization; and local capacity building (5 points)
- Analysis of current HIV epidemic situation in Pakistan and identifying most appropriate approaches to addressing them (5 points)
- Technical approaches and strategies for identifying HIV/AIDS program needs; and performing the technical leadership and program activities described in the Statement of Work (5 points)
- Overall technical merits (clarity, analytic depth, technical knowledge, program relevance, and feasibility) of approaches and strategies to achieve the goals and objectives of the task order (5 points)

A.2. Technical Proposal (30 points)

- Overall global technical leadership vision including HIV/AIDS priorities and expected results throughout the program and at the end of three years (10 points)
- Approaches and methodologies for capturing, synthesizing and promoting lessons learned in the field (10 points)
- Overall feasibility and technical merits of the proposed activities and strategies for achieving the following technical results under this task order: (10 points)
Result 1: Establishing model HIV prevention services for MARPs
Result 2: Developing care and support model for PLWHA
Result 3: Capacity building of national and provincial AIDS control programs and civil society organizations in key technical areas
Result 4: Support FATA (Federally administered tribal areas) Health Directorate in HIV programming, and
Cross Cutting Issues approach
Monitoring & Evaluation approach

B. Staffing, Management, Collaboration, and Past Performance (50 points)

B.1. Staffing (30 points)

- Demonstrated technical experience and expertise of key staff in HIV/AIDS program approach; project management; and design and implementation of complex international research and programs including Pakistan experience (7.5 points)
- Ability of key staff to assume HIV/AIDS technical leadership roles and effectively manage program activities and efforts in-country, including coordination with USG team and other implementing partners and donors (7.5 points)
- Extent to which the staffing structure (number and type of positions proposed) is technically strong, has the required skill sets, and aligns with technical requirements of the task order (7.5 points)

- Optimal mix and configuration of required skills (demonstrated in organizational chart) for a functional team approach and for maximizing efficiency and minimizing cost (7.5 points)

B.2. Management and Collaboration and Past Performance (20 points)

Management (6 points):

- Feasibility of management structure for implementation of task order requirements, including technical oversight, personnel management, financial management, and logistic support (3 points)
- Offerors' existing and/or proposed organizational presence in Pakistan for rapid start up of task order activities (3 points)

Collaboration (6 points):

- Merit of proposed plans for collaboration with USAID/Pakistan staff, as well as with other implementing partners, host country governments, other donors, and international normative bodies (3 points)
- Plans for collaborations for dissemination and utilization of program's results, knowledge management and other policy communication; and plans for involvement of local partners and organizations in the implementation of HIV/AIDS and potential capacity building efforts (3 points)

Past Performance (8 points)

- Past performance of the offeror in planning, implementing and supporting operational and applied research activities of similar scope as specified in the RFTOP and forming collaborative partnerships with other organizations (4 points)
- Demonstrated technical accomplishments in applied research on HIV/AIDS service delivery and/or related policy improvement in developing countries, dissemination and utilization of research results, and capacity building of host-country organizations to produce and utilize applied research results (4 points)

Note: Any offeror lacking relevant past performance history (e.g., a sub-partner taking the lead on this task order) shall be given a "neutral" past performance rating that neither rewards nor penalizes that offeror.

Annex A

PAST PERFORMANCE INFORMATION

PERFORMANCE REPORT - SHORT FORM
PART I: Award Information (to be completed by Prime)
1. Name of Awarding Entity:
2. Award Number:
3. Award Type:
4. Award Value (TEC): (if sub-agreement, sub-agreement value)
5. Problems: (if problems encountered on this award, explain corrective action taken)
6. Contacts: (Name, Telephone Number and E-mail address)
6.a. Agreement Officer:
6.b. Contracting Officer Technical Representative (COTR):
6.c. Other:
7. Recipient:
8. Title/Brief Description of Product/Service Provided:
9. 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 the sub-agreement, 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.]