

**IQC TITLE: AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES –  
SECTOR I (AIDSTAR I) PROGRAM**

**SECTION A - REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**

**ACTIVITY TITLE: *PRIVATE SECTOR SOCIAL MARKETING PROGRAM***

1	RFTOP Number	611-2009-01
2	Date of RFTOP	March 11, 2009
3	Issuing Office	USAID/Zambia
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5	Proposals to be submitted to	Mr. Joseph C. Tembo USAID/Zambia Acquisition and Assistance Office (AAO) Fax: 260-211-254532 E-mail: <a href="mailto:aao-solicit-lusaka@usaid.gov">aao-solicit-lusaka@usaid.gov</a>
6	Proposals due	April 22, 2009
7	Payment Office	See Section G.5
8	Name of Firm	
9	IQC Task Order Number	
10	DUNS Number	
11	Tax Identification Number	
12	Address of Firm	
13	RFTOP Point of Contact	Name: Phone: Fax: E-mail:
14	Person Authorized to sign RFTOP	
15	Signature	
16	Date	

## **SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS**

### **B.1 PURPOSE**

The United States Agency for International Development (USAID) to Lusaka requires support to implement the private/commercial sector for greater access to health products and services among Zambians as detailed in Section C.

### **B.2 CONTRACT TYPE**

This is a Cost Plus Fixed Fee (CPFF) Contract. The Contractor must perform the services set forth in the task order at prices consistent with Section B.

### **B.3 BUDGET**

The Total Estimated Cost of this acquisition is \$76,000,000 with fixed fee. The fixed fee for the task order shall not exceed the ceilings set forth in Section B.7 and B.8 of the IQC. The U.S. dollar costs must be limited to reasonable, allocable, and allowable costs determined in accordance with FAR 52.216-7, Allowable Cost and Payment, and FAR 52.216-8, Fixed Fee, A-21 (for universities), and A-122 (non-profit).

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

### **B.4. ESTIMATED COST AND FIXED FEE**

The Total Estimated Cost of this acquisition is \$76,000,000 with fixed fee. The fixed fee for the task order shall not exceed the ceilings set forth in Section B.7 and B.8 of the IQC. The U.S. dollar costs must be limited to reasonable, allocable, and allowable costs determined in accordance with FAR 52.216-7, Allowable Cost and Payment, and FAR 52.216-8, Fixed Fee, A-21 (for universities), and A-122 (non-profit).

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

### **B.5. INDIRECT COSTS**

The contract clause entitled “Allowable Cost and Payment”, 52.216-7, specifies that the indirect cost rates shall be established for each of the Contractor’s accounting periods which apply to the resulting Task Order.

**[END OF SECTION B]**

## SECTION C – STATEMENT OF WORK

### C.1 BACKGROUND/CONTEXT

#### A. Overview of Zambia’s Achievements and Needs in the Health Sector

Between 2002 and 2007, Zambia has achieved progress toward its health targets established for the UN Millennium Development Goals (MDGs) and 2006-2010 National Health Strategic Plan (NHSP). The country must sustain such progress, especially to reach the MDG targets by 2015 (Table 1).

**Table 1.** Progress and remaining work toward the MDG and NHSP targets (sources: Central Statistical Office and Ministry of Health, Government of the Republic of Zambia)

Category	Indicator	Target	2001/02	2006/07
Child mortality	Under-five mortality rate per 1,000 live births	63	168	119
Maternal mortality	Maternal mortality per 100,000 live births	162	729	449
Family planning	Modern contraceptive prevalence rate	35%	22.6%	32.7%
HIV/AIDS	HIV infection among pregnant women	12%	19%	16.5%
Malaria	New malaria cases per 1,000	121	377	358

#### B. Overview of the Health Sector Response by the Government of the Republic of Zambia (GRZ)

##### I. Ministry of Health (MOH)

The NHSP identifies child health, integrated reproductive health, HIV/AIDS and sexually transmitted infections (STIs), and malaria as four of the major public health priorities. For these priorities, the MOH aims to:

- Reduce the under-five mortality rate from 168 per 1,000 live births to 134 by 2011 and 63 by 2015;
- Increase access to integrated reproductive health and family planning services that reduce the maternal mortality ratio from 729 per 100,000 live births to 547 by 2011 and 162 by 2015;
- Halt and begin to reduce the spread of HIV/AIDS and STIs by increasing access to quality HIV/AIDS and STI interventions; and
- Halt and reduce the incidence of malaria by 75 percent and mortality due to malaria in children under five by 20 percent.

In conjunction with the development of the NHSP, the MOH restructured the organization of the health sector to support the decentralization of planning and service delivery (Table 2), including authority delegated for key management tasks, and approximately 60% of resources sent to the district level.

**Table 2. Organization of the health sector in Zambia**

Level	Entity	Major role
Central	Ministry of Health (MOH)	Develops national policies, protocols, and guidelines
Provincial	Provincial Health Offices (PHOs)	Oversees public health facilities and services
District	District Health Management Teams (DHMTs) and Hospital Management Teams (HMTs)	Implement health services conforming to national standards
Community	Neighborhood Health Committees and Health Center Committees	Mobilize communities to identify health needs and use health services

## II. National HIV/AIDS/STI/TB Council (NAC)

The GRZ created the NAC through an Act of Parliament in 2002. With a multi-sectoral mandate, the NAC includes representatives from four line ministries (Community Development and Social Services; Education; Health; and Sports, Youth, and Child Development) and civil society, as appointed by the Minister of Health.

Linked with the NHSP, the 2006-2010 National HIV/AIDS/STI/TB Strategic Framework (NASF) specifies six priority action areas:

- Intensifying prevention of HIV
- Expanding treatment, care, and support for people affected by HIV/AIDS
- Mitigating the socioeconomic impact of HIV/AIDS
- Strengthening the decentralized response by mainstreaming HIV/AIDS
- Improving the capacity for monitoring by all partners
- Integrating advocacy and coordination of the multi-sectoral response

Guiding principles for programming in all priority action areas under the NASF include:

- Adoption of a human rights, pro-poor, sustainable, and evidence-based approach
- Greater involvement of people living with HIV/AIDS
- Commitment to gender considerations
- Implementation of the “Three Ones” principles (i.e., one national coordinating authority, one strategic framework, and one monitoring and evaluation framework)

As one priority action area in the NASF, the NAC established entities to support the decentralization of the multi-sectoral HIV/AIDS response (Table 3).

**Table 3. Organization of the multi-sectoral HIV/AIDS response in Zambia**

Level	Entity	Major role
Central	National HIV/AIDS/STI/TB Council Secretariat	Develops national technical guidelines to coordinate the multi-sectoral HIV/AIDS response
Provincial	Provincial AIDS Task Forces (PATFs)	Integrates HIV/AIDS activities into multi-sectoral planning efforts by the

		Provincial Development Coordinating Committees
District	District HIV/AIDS Task Forces (DATFs)	Integrates HIV/AIDS activities into multi-sectoral planning efforts by the District Development Coordinating Committees
Community	Community HIV/AIDS Task Forces	Mobilize communities to identify health needs and use health services

## C. Overview of the Health Sector Response by the United States Government (USG) in Zambia

### C.1 USAID/Zambia's Current Health Programs

USAID/Zambia's health sector response aligns with the NHSP and NASF through a strategic approach focused on three key areas:

- Zambians taking action for health
- Achievement and maintenance of high coverage for key health interventions
- Health services strengthened

Current USAID/Zambia-supported health programs include the:

- *Health Services and Systems Program* integrates maternal, newborn, child, and reproductive health services into appropriate HIV services supported by other USAID and CDC partners in public sector facilities across Zambia. Additionally, it implements technical assistance, training, and community mobilization activities for key primary health care and malaria interventions.
- *Zambia Prevention, Care, and Treatment Partnership* works with the MOH to strengthen and expand HIV/AIDS service delivery in five of Zambia's nine provinces (Central, Copperbelt, Luapula, Northern, and North Western) while CDC programs cover the remaining four provinces. Key intervention areas include HIV counseling and testing (CT), prevention of mother-to-child-transmission (PMTCT), as well as antiretroviral (ARV) treatment and clinical care for HIV/AIDS.
- *Health Communications Partnership* conducts mass media campaigns and develops health promotion materials on family planning/reproductive health, HIV/AIDS, malaria, and maternal, neonatal, and child health at the national level. Additionally, it mobilizes communities in selected districts to adopt healthy behaviors and use health services.
- *Public Sector Logistics and Commodity Procurement Program* works with the MOH and Medical Stores Limited (MSL), a parastatal company based in Lusaka, to operate an integrated supply chain management system and procure health-related commodities, such as test kits, laboratory supplies, artemisinin combination therapies, ARV drugs, and essential medicines.

## C.2 USAID/Zambia's Current Social Marketing Program

The current program, known as Better Health for Zambians through Social Marketing, is a \$34 million cooperative agreement between USAID/Zambia and the Society for Family Health (SFH) Zambia and its parent organization, Population Services International (PSI). Launched in 2004, the current program is scheduled to end in 2009. It supports the empowerment of Zambians to lead healthier lives through social marketing that promote adoption of healthy behaviors and access to quality health products and services.

### a. Overall Approach

In alignment with the NHSP and NASF, the current social marketing program promotes equitable access to essential health products and services through private sector involvement. The overall approach of the current program has been to develop a base of consumers who acknowledge their health needs and are willing to pay and use health products and services. In particular, the program uses the following social marketing techniques:

- *Provision of health products and services:* The current social marketing program provides affordable and quality health products and services by specifying the following four Ps of the marketing mix, strategically positioning these products and services in the private sector:
  - *Product:* Based on formative research, the current program has determined and designed the health products and services to be produced and provided on a large scale.
  - *Price:* Based on market research and complying with relevant national policies, the current program has established affordable prices for nearly all of the health products and services that it provides through private sector facilities. While these prices may not even reflect the full cost, they attract consumers who are willing to pay and use the products and services based on perceived value.
  - *Place:* The current program provides health products and services through multiple distribution channels to broaden access by consumers. It focuses on the private sector to develop retail and wholesale outlets, private sector facilities, institutional networks, and community/faith-based organizations as distribution channels. Additionally, the current program distributes selected health products and services through public sector facilities.
  - *Promotion:* The current program promotes health products and services through branding, advertising, public relations, and word of mouth, in conjunction with the health education campaigns.
- *Campaigns for health education and consumer orientation:* The current social marketing program works with the Health Communications Partnership to develop and implement interpersonal and mass media communication campaigns. These campaigns orient consumers to adopt health behaviors and to purchase health products and services.

- *Training for product vendors and service providers:* The current social marketing program trains pharmacy and clinical staff on the proper use of the health products and services offered by the program.
- *Partnerships with the public sector and civil society:* The current social marketing program complements the public sector programs supported by USAID/Zambia, the MOH, and civil society organizations to increase the coverage of health education campaigns, product distribution, and service delivery.
- *Applied research:* The current social marketing program conducts formative research to develop messages, products, and services as well as population-based surveys and qualitative studies to evaluate strategies.

## **b. Intervention Areas**

The current social marketing program applies social marketing concepts and techniques to address child health, integrated reproductive health, HIV/AIDS and STIs, and malaria, as prioritized by the MOH and USAID/Zambia.

### **i. Child Health**

The current social marketing program encourages family use of home water chlorination solution to prevent diarrhea, especially among children. It has been supporting the marketing of *Clorin*, a USAID/Zambia-branded solution produced by Pharmanova, a Zambian pharmaceutical manufacturing company. In 2008, Zambian households (both rural and urban) treated 2.1 billion liters of water with *Clorin*.

### **ii. Integrated Reproductive Health**

The current social marketing program encourages women and couples to use modern contraceptive methods to space births, prevent unplanned pregnancies, and determine family size. In particular, it has been supporting the marketing of USAID/Zambia-branded *SafePlan* oral contraceptives. The program distributes approximately 300,000 cycles of oral contraceptives nationwide per month. USAID/Zambia procures these contraceptives directly through the Central Contraceptive Procurement Project (CCP).

### **iii. HIV/AIDS and STIs**

The current social marketing program encourages sexually active individuals to practice protected sex to prevent the transmission of STIs, including HIV. It has been supporting the marketing of USAID/Zambia-branded *Maximum Classic* and *Scented* male condoms and *care* female condoms as part of a balanced approach that promotes abstinence and mutual fidelity in addition to correct and consistent condom use. The current program has established 2,060 condom outlets and distributes up to 1.3 million pieces of male condoms and 30,000 female condoms per month throughout Zambia. In 2008, it distributed approximately 15 million male condoms, representing 62.5 percent of all condoms in Zambia.

The current social marketing program encourages sexually active individuals to know where to seek voluntary counseling and testing (CT) services to learn about their HIV status and to obtain follow-up care and support. It has been supporting 17 USAID/Zambia-branded *New Start* centers, consisting of eight fixed sites (two in Lusaka and one in each of the following towns: Chipata, Kitwe, Livingstone, Mansa, Ndola, and Solwezi) and nine mobile sites. Between 2006 and 2008, the client load in these centers increased from 1,200 to 14,000 clients per month. Of the 400,000 people that received CT in 2008, in Zambia, 35 percent received it from the *New Start* network, making it the largest single CT service provider in the country.

In addition to CT services, *New Start* has introduced male circumcision (MC) services in its Lusaka facilities. MC constitutes part of a comprehensive package of interventions including CT, STI management, and post-surgical care. Currently, the *New Start* facilities perform approximately 125 procedures per month.

#### **iv. Malaria**

The current social marketing program encourages pregnant women and children under five to sleep under insecticide-treated mosquito nets (ITNs) to prevent malaria. As a key implementing partner in the U.S. President's Malaria Initiative and Zambia's Malaria in Pregnancy Initiative, the current program has supported the marketing of USAID/Zambia-branded *Mama Safenite* ITNs in public sector antenatal clinics (ANCs) and child health facilities. The current program distributes approximately 300,000 ITNs per year. A recent change in national policy called for universal access to health products and services in all public sector facilities. However, the current program has continued to provide ITNs to ANCs and child health facilities (which give the nets to pregnant women and mothers for free), to assist the MOH in maximizing coverage with the nationwide distribution network established by the program.

#### **c. Sustainability**

The current social marketing program contributes to the sustainability of the public and private health sector response in three ways. First, in working with existing structures in the health system and civil society, the current program developed agreements with public and private sector institutions to strengthen ownership of and participation in health product distribution and service delivery. For example, the current program has supported a local firm to manufacture *Clorin*. Second, by building technical and management competencies and developing networks and linkages within and between the public and private sectors, the current program strengthens the abilities of the health system to assume greater responsibility and to improve management of health product distribution and service delivery. For example, the current program has assisted the MOH in the procurement and distribution of *Clorin* for the control and prevention of cholera. Third, by solidifying the linkage between the community and formal health system, the current program expands access to and use of health products and services. For example, the current program has worked with public and private sector health facilities to raise awareness and generate adequate demand of select family planning commodities such that the commercial/private sector has begun to sell these products at full prices in addition to those offered by the public health system.

## **D. Additional References**

Available from the USAID/Zambia website ([www.usaid.gov/zm/](http://www.usaid.gov/zm/)):

- Situation Analysis: Population, Health, and Nutrition
- Situation Analysis: HIV/AIDS
- Annual and quarterly reports
- Gender policies and guidelines

Available on the MOH website ([www.moh.gov.zm/](http://www.moh.gov.zm/)):

- Selected national health policies, protocols, and guidelines, including the NHSP

Available on the NAC website ([www.nac.org.zm/resources.php](http://www.nac.org.zm/resources.php)):

- Selected national HIV/AIDS policies, protocols, and guidelines, including the NASF

Available on the Environmental Council of Zambia website ([www.necz.org.zm/](http://www.necz.org.zm/)):

- Environmental protection policies and guidelines

## **C.3 SCOPE OF WORK**

### **A. Vision Statement**

The Private Sector Social Marketing Program (the Program) shall support the GRZ's vision of "equity of access to assured quality, cost-effective and affordable health services as close to the family as possible."<sup>1</sup>

### **B. Program Objectives and Tasks**

The Program has four main objectives, described as tasks for this Request for Task Order Proposal (RFTOP) under the AIDS Support and Technical Assistance Resources (AIDSTAR) Sector I Indefinite Quantity Contract (IQC):

1. Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase the awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.
3. Develop the ability of a commercial/private sector entity to produce and market at least one currently socially marketed health product or service in a sustainable, self-sufficient manner.

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<sup>21</sup>NHSP 2006-2011

4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.

Additionally, the Program has two optional tasks, subject to further consultation with the MOH and approval by USAID/Zambia:

5. Increase the awareness of, demand for, and use of misoprostol through the private sector, in conjunction with the public sector, primarily in the prevention of post-partum hemorrhage.
6. Increase the awareness of, demand for, and use of zinc complementing oral rehydration therapy through the private sector, in conjunction with the public sector, in the management of acute diarrheal diseases among children.

To complete the tasks, the contractor shall fulfill the **key principles and requirements**, as delineated in section F. In particular, the contractor shall:

- Focus on the **prevention** of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria, in **alignment** with the public health priorities supported by the GRZ and USG;
- Build **sustainability** in all interventions, as proposed in a coherent plan, grounded in a sustainability framework or model (with illustrative indicators), to develop local capacity and processes to enable continuity of health benefits; and,
- Support increasing **local responsibility and “ownership”** for operation of activities, through local **partnerships, linkages, leadership development, and human resource support**.

Over the course of the task order, the GRZ and USG will develop new policy frameworks and strategic plans. Hence, the tasks and other requirements of the Program may change to reflect the priorities and resources associated with these new frameworks/plans.

### **C. Resource Integration**

Given the diversity of health products and services for distribution and delivery through social marketing, the Program will be funded from multiple USG sources [e.g., President’s Emergency Plan for AIDS Relief (PEPFAR), President’s Malaria Initiative (PMI), family planning/reproductive health, and maternal, newborn, and child health]. The contractor shall develop mechanisms to coordinate, track, and report the appropriate use of funding from each source. As a key principle/requirement (see section F), the contractor shall comply with the restrictions and other conditions associated with each source, while maximizing the achievement of results with integrated funding and programming.

### **D. Geographic and Programmatic Scope**

The new Program shall distribute health products and deliver services across Zambia, targeting all sub-populations, including underserved communities. The contractor shall propose product

distribution and service delivery sites and networks as part of the implementation plan, in consultation with the MOH as well as with the approval of USAID/Zambia.

The contractor shall propose an appropriate organizational structure to complete the tasks and to work closely with the MOH and NAC entities at the national, provincial, district, and community levels.

The contractor shall work with the current implementing partner to use all relevant USAID-supported trademarks and service marks in Zambia via royalty-free license agreements, in consultation with the MOH as well as with the approval of USAID/Zambia.

## **E. Intervention Areas**

***Task 1: Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.***

Based on the established demand for the current socially marketed health products and services, as well as the shared priorities of the GRZ and USAID/Zambia, the Program shall work to advance the gains made through the current social marketing program. The Program shall position products and services to address the health needs of males and females equally.

This task will not be limited to the current products, services, and strategies. USAID/Zambia will also support the development and introduction of:

- New products and/or services in child health, integrated reproductive health, HIV/AIDS and STIs, and malaria; and
- New social marketing strategies for current products and/or services.

The contractor shall work closely with the GRZ and USAID/Zambia to introduce these new products, services, and/or strategies that address the health needs of Zambians based on the socio-demographic and epidemiologic profiles (refer to the illustrative activities under each sub-task as well as optional tasks 5 and 6). The introduction of new products, services, and/or strategies shall consider the differing needs, experiences, and access by males and females. As part of providing any new product or service, the Program shall annually estimate the demand needed for each type of product or service.

The Program shall develop and implement a package of mutually reinforcing, prioritized, and phased interventions to expand the social marketing of health products and services targeted at males and females as needed. The Program shall include interventions in socio-demographic and epidemiologic “hot spots” in rural, urban, and peri-urban areas across Zambia, as defined by high rates of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria, among other indicators. The package of interventions shall constitute a part of a coherent social marketing strategy targeting different sub-populations for child health, integrated reproductive health, HIV/AIDS and STIs, and malaria. Characteristics and behaviors of adults and youth and males and females differ markedly, and differential targeting and approaches shall be included in all proposals for different target populations.

**1.1. Increase the supply and diversity of *child health* products and services to distribute and deliver through the private sector, in conjunction with the public sector, for the prevention and control of early childhood diseases as well as delivery of integrated health services.**

**Summary**

The major causes of childhood morbidity and mortality include anemia, diarrhea, malaria, malnutrition, and respiratory infections. Prevention interventions include micronutrient supplementation, clean water supplies, and immunizations.

In addition to USAID/Zambia, the main funding sources for child health and survival include the European Commission (EC), Global Alliance for Vaccines and Immunizations (GAVI), Japan International Cooperation Agency (JICA), and United Nations Children's Education Fund (UNICEF). The Health Services and Systems Program and other activities supported by USAID/Zambia promote child health and survival through the implementation of prevention interventions, national and local health campaigns, and applied research.

The current social marketing program promotes child health and survival through home-based water purification. The current program has been socially marketing *Clorin*, a point-of-use home water purification solution to treat drinking water. *Clorin* is an inexpensive formulation based on sodium hypochlorite and was developed by the U.S. Centers for Disease Control and Prevention (CDC) and Pan American Health Organization. The current social marketing program for *Clorin* has two components:

- Distribution of *Clorin*, which is produced locally by Pharmanova, a Zambian pharmaceutical manufacturing firm; and
- Community education about the causes and prevention of diarrhea and the proper use *Clorin* through interpersonal communication, radio and television broadcasts, drama shows, and print media.

The target populations for *Clorin* distribution are households with children under the age of five years to prevent childhood diarrhea and people living with HIV/AIDS (PLWHA) to prevent diarrhea caused by opportunistic infections (OIs). The current social marketing program distributes *Clorin* through a variety of channels, such as retail and wholesale outlets, public sector health facilities, and non-governmental organizations (NGOs), including home-based care programs and post-test clubs.

The distribution of *Clorin* has increased from a few thousand bottles per month in 1998, to an average of 230,000 bottles per month in 2008. In 2007 and 2008, the current social marketing program distributed *Clorin* to treat 2.3 and 2.1 billion liters of drinking water, respectively.

The contractor shall develop and implement strategies to introduce, as appropriate, an essential child health package of products and services, such as water purification and nutrition, for distribution and delivery through a social marketing approach.

### **Technical Approaches**

The Program shall support the health system to design, distribute, and deliver the home water purification solution and other child health products and services to appropriate target populations through the following technical approaches:

1. Conduct formative research to design products for distribution, services for delivery, and messages for dissemination, as part of an essential child health package;
2. Develop and implement strategies/interventions for expanding the introduction of an essential child health package of products and services that specifically includes the home water purification solution;
3. Design effective standards, guidelines, job aids, and promotional materials on the implementation of strategies/interventions for child health product distribution and service delivery in the private sector, in conjunction with national policies and public sector practices; and,
4. Conduct evaluative research to assess the impact of child health products and services on early childhood diseases.

### **Illustrative Activities**

- Design and distribute child health products to appropriate target populations through social marketing techniques;
- Design and deliver child health services, coupled with product distribution and appropriately integrated with other health services, to appropriate target populations through social marketing techniques;
- Train service providers and retailers on the proper use of socially marketed child health products and services;
- Work with the GRZ, USAID/Zambia-supported programs, and other partners to promote the use of child health products and services through health education campaigns; and,
- Develop and implement research methods and tools to evaluate the effectiveness of child health products and services.

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

**1.2. Increase the supply and diversity of *integrated reproductive health* products and services to distribute and deliver through the private sector, in conjunction with the public sector.**

## Summary

Erratic supplies and a limited method mix constrains consumer choice of modern contraceptive methods. Additionally, disparities in access to and use of contraception still remain among Zambian women: rural and less educated women are less likely to use modern contraceptive methods, compared with urban and more educated women.

The GRZ has demonstrated a strong commitment to integrated reproductive health through several actions. First, the GRZ formed a national reproductive health commodity security committee, with a wide mandate, including the identification, quantification, and forecasting of reproductive health commodity needs. Second, the GRZ has created a budget line item specifically dedicated to oral contraceptive procurement and has conducted its first set of procurements using those funds. Finally, in 2008, the MOH co-funded provider training sessions on long-term family planning methods, focusing on IUDs.

In addition to USAID/Zambia, the main funding sources for family planning and reproductive health include the United Nations Fund for Population Activities (UNFPA), which disburses its resources directly to the GRZ.

The current social marketing program has been distributing *SafePlan*, a branded oral contraceptive procured by USAID/Zambia through the Central Contraceptive Procurement (CCP) Project since 1997. The oral contraceptive comes into Zambia under the brand name of *Duofem* and is repackaged by the current program and socially marketed as *SafePlan* through a variety of channels, such as retail and wholesale outlets, public sector health facilities, and NGOs.

The current social marketing program has positioned *SafePlan* to meet the unique needs of individuals, couples, families/households, communities, and sub-populations based on their unique characteristics, interests, and needs, with greater emphasis on increasing the availability and use of oral contraceptives by young, unmarried, and rural women.

The distribution of *SafePlan* has increased from approximately 200,000 cycles per year in 1997 to 3.6 million cycles per year in 2008. Three reasons account for the rise in the distribution of *SafePlan*. First, the public sector oral contraceptive supply has been erratic, thereby making the social marketing program as the only reliable source of oral contraceptives. Second, health-seeking behaviors among women of reproductive age have improved. Third, *SafePlan* is largely accessible, affordable, and acceptable.

## Technical Approaches

The Program shall support the health system to design, distribute, and deliver oral contraceptives and other integrated reproductive health products and services to appropriate target populations through the following technical approaches:

1. Conduct needs assessments to identify barriers to universal access to family planning and reproductive health services;

2. Conduct formative research to design products and services to target individuals, couples, families/households, communities, and sub-populations according to their different characteristics, interests, and needs, with special attention to increasing the availability and use of oral contraceptives by youth and unmarried women;
3. Develop and implement strategies/interventions for socially marketing oral contraceptives and other integrated reproductive health products and services, while taking into consideration the risk of HIV infection and STIs as well as the need for dual protection;
4. Work with the GRZ through the national reproductive health commodity security committee to improve the availability of essential family planning products and services;
5. Design effective standards, guidelines, job aids, and promotional materials on the implementation of strategies/interventions for integrated reproductive health product distribution and service delivery in the private sector, in conjunction with the public sector; and,
6. Conduct evaluative research to assess the impact of integrated reproductive health products and services on the use of modern contraceptive methods as well as trends in population.

### **Illustrative Activities**

- Design and distribute integrated reproductive health products to appropriate target populations through social marketing techniques and customized strategies based on the unique characteristics, interests, and needs of each population;
- Design and deliver integrated reproductive health services, coupled with product distribution and appropriately integrated with other health services, to appropriate target populations through social marketing techniques and customized strategies based on the unique characteristics, interests, and needs of each population;
- Train service providers and retailers on the proper use of socially marketed integrated reproductive health products and services;
- Work with the GRZ, USAID/Zambia-supported programs, and other partners to expand the method mix of family planning/reproductive health products and to promote the use of such products and services through health education campaigns; and,
- Develop and implement research methods and tools to evaluate the effectiveness of integrated reproductive health products and services.

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

### **1.3. Increase the supply and diversity of products and services *to prevent and manage HIV infection and STIs* for distribution and delivery through the private sector, in conjunction with the public sector.**

#### **Summary**

In response to the high prevalence of HIV infection and STIs, the GRZ has designated the MOH as the coordinator for HIV prevention, treatment, care, and support in clinical interventions and the NAC as the coordinator for socio-economic impact mitigation through multisectoral activities.

Zambia is one of the 15 focus countries under the President's Emergency Plan for AIDS Relief (PEPFAR), implemented as an integrated response by USAID/Zambia and four other departments and agencies of the USG: U.S. Centers for Disease Control and Prevention (CDC), U.S. Department of Defense, U.S. Department of State, and Peace Corps. The PEPFAR team is led by the U.S. Ambassador. In addition to the USG, other funding sources for HIV/AIDS include the Global Fund, JICA, Swedish International Development Agency, UK Department for International Development, UNFPA, UNICEF, and the Bill and Melinda Gates Foundation.

The current social marketing program has been implementing four sets of activities to prevent and manage HIV infection and STIs:

- *Condom distribution and promotion:* The current social marketing program has been supporting the marketing of *Maximum Classic* and *Scented* male condoms and *care* female condoms as part of a balanced approach that promotes abstinence and mutual fidelity in addition to correct and consistent condom use. The current program has established 2,060 condom outlets and distributes up to 1.3 million pieces of male condoms and 30,000 female condoms per month throughout Zambia. In 2008, it distributed approximately 15 million male condoms. Additionally, the current program reaches approximately 80,000 people per year with HIV/STI prevention communication campaigns and other activities.
- *Clorin distribution and promotion:* The current social marketing program has been supporting the marketing of *Clorin* for PLWHA, in addition to households with children under the age of five years, to prevent diarrhea caused by OIs. Between October 2007 and September 2008, the current program distributed approximately one million bottles of *Clorin* to PLWHA.
- *Counseling and testing (CT):* The current social marketing program has been supporting 17 *New Start* centers, consisting of eight fixed sites (two in Lusaka and one in each of the following towns: Chipata, Kitwe, Livingstone, Mansa, Ndola, and Solwezi) and nine mobile units. The SFH operates three of the eight fixed sites and all mobile units. Franchisees operate the remaining five fixed sites with the *New Start* brand, offering CT services that meet standards established by the MOH and SFH. Between 2006 and 2008, the client load in these centers has increased from 1,200 clients per month to 14,000 clients per month. Of the 400,000 people that received CT in 2008, in Zambia, 35 percent received it from the *New Start* network, making it the largest single CT service provider in the country.
- *Male circumcision (MC):* In addition to CT services, *New Start* has introduced MC services, partly funded by USAID/Zambia, in its Lusaka facilities. MC constitutes a part of a comprehensive package of interventions including CT, STI management, and post-surgical care. Currently, the *New Start* facilities perform approximately 125 procedures per month.

## **Technical Approaches**

The Program shall support the health system to design, distribute, and deliver male and female condoms, the home water purification solution, CT, MC, as well as other products and services to prevent and manage HIV infection and STIs through the following technical approaches:

1. Conduct formative research to position the distribution of condoms and the home water purification solution in response to studies of youth and adult male and female consumer preferences, pricing, packaging, messages, advertising, and appropriate media;
2. Conduct formative research to develop CT and MC services in response to studies of youth and adult male and female consumer preferences, pricing, messages, advertising, and appropriate media;
3. Conduct formative research to select and design additional products for distribution, services for delivery, and messages for dissemination to prevent and manage HIV infection and STIs;
4. Develop and implement strategies/interventions for socially marketing male and female condoms, while taking into consideration the risk of unplanned pregnancies as well as the need for dual protection;
5. Work with the GRZ and other partners through the national reproductive health commodity security committee and/or other similar bodies to improve the availability of condoms;
6. Develop and implement strategies/interventions for socially marketing the home water purification solution based on the unique characteristics, interests, and needs of PLWHA;
7. Develop and implement strategies/interventions for socially marketing CT and MC services in response to studies of youth and adult male and female consumer preferences and to the unique characteristics, interests, and needs of individuals, couples, families/households, communities, and sub-populations;
8. Establish CT and MC services as entry points for HIV prevention, treatment, care, and support as well as STI management;
9. Strengthen linkages and referral networks within and between the private and public sectors for HIV prevention, treatment, care, and support as well as STI management;
10. Work with the GRZ, USG-supported programs (especially the new Public Sector HIV/AIDS Service Delivery Support Program), and other partners to develop and implement standards, guidelines, job aids/tools, and promotional materials for products and services to prevent and manage HIV infection and STIs (e.g., training manuals and surgical packs for MC service providers);
11. Conduct evaluative research to assess the impact of the products and services on the prevalence of HIV infection and STIs; and,
12. Build the technical capacity of local organizations to prevent and manage HIV infection and STIs among their constituencies.

## **Illustrative activities**

- Design and distribute condoms to appropriate target populations through social marketing techniques, emphasizing their effectiveness for HIV/STI prevention and as options in a comprehensive family planning/reproductive health product package;

- Design and distribute *Clorin* to appropriate target populations through social marketing techniques, emphasizing the importance of clean water supplies for diarrheal disease prevention as part of an overall care and support package for PLWHA;
- Design and deliver CT and MC services, coupled with product distribution and appropriately integrated with other health services, to appropriate target populations through social marketing techniques;
- Train service providers and retailers on the proper use of socially marketed products and services to prevent HIV infections and STIs;
- Work with the GRZ, USAID/Zambia-supported programs (especially the new Public Sector HIV/AIDS Service Delivery Support Program), and other partners to promote consistent and correct use of male condoms through health education, including solutions for irregular and/or improper use, awareness of community-based sales and distribution channels, and use of health products and services by the opposite sex/partner;
- Work with the GRZ, USAID/Zambia-supported programs (especially the new Public Sector HIV/AIDS Service Delivery Support Program), and other partners to promote consistent and correct use of female condoms, including those with multiple concurrent partners and/or who engage in other risky sexual behaviors for HIV/STI transmission; and,
- Develop and implement research methods and tools to evaluate the effectiveness of products and services to prevent and manage HIV infection and STIs.

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

**1.4. Increase the supply and diversity of products and services *to prevent and control malaria* for distribution and delivery through the private sector, in conjunction with the public sector.**

**Summary**

Malaria is a leading cause of morbidity and mortality among pregnant women and children below the age of five years in Zambia. Malaria transmission in Zambia occurs throughout the year with the peak during the rainy season, which occurs between November and April. All nine provinces of Zambia are endemic for malaria, with approximately 95 percent of the population at risk.

In response to the high risk and prevalence of malaria, the MOH established the National Malaria Control Center (NMCC) under the Directorate of Public Health and Research. The NMCC implements four major interventions to control malaria: artemisinin-based combination therapies (ACTs), indoor residual spraying (IRS), insecticide-treated bednets (ITNs), and intermittent preventive treatment of pregnant women (IPTp).

Zambia is one of the 15 focus countries under the President's Malaria Initiative (PMI), implemented as an integrated response by USAID/Zambia and the U.S. Centers for Disease Control and Prevention (CDC). In addition to the PMI, other funding sources for malaria include the Bill and Melinda Gates Foundation, Global Fund, JICA, and World Bank.

The current social marketing program has been supporting the marketing of *Mama Safenite*, a branded ITN procured by the PMI for distribution to pregnant women through public sector antenatal clinics (ANCs) and child health facilities across Zambia. In 2007, the current program distributed more than 300,000 ITNs. In the same year, the MOH eliminated user fees for health products and services in public sector facilities to promote universal access. Hence, the current program has been distributing *Mama Safenite* ITNs, free of charge to pregnant women and other clients in ANCs and child health facilities. The contractor shall assess the utility of maintaining the brand for future distribution under the new MOH policy.

USAID/Zambia anticipates that within the life of the program, the public sector will assume full responsibility to distribute ITNs to ANCs and child health facilities.

### **Technical Approaches**

The Program shall support the health system to design, distribute, and deliver ITNs and other products and services to prevent and control malaria among pregnant women and children under the age of five years through the following technical approaches:

1. Conduct formative research to design ITNs and related messages that address barriers to ITN use, especially among pregnant women and children under the age of five years;
2. Conduct formative research to select and design additional products for distribution, services for delivery, and messages for dissemination to prevent and control malaria, especially among pregnant women and children under the age of five years;
3. Develop and implement strategies/interventions for expanding the prevention of malaria in pregnancy through the distribution of ITNs as part of integrated vector management; and,
4. Conduct evaluative research to assess the impact of products, services, and messages on the prevention and control of malaria, especially among pregnant women and children under the age of five years, and their contributions to trends in maternal and early childhood morbidity and mortality.

### **Illustrative Activities**

- Design and distribute products for malaria prevention and control to pregnant women and children under the age of five years through social marketing techniques;
- Design and deliver services for malaria prevention and control, coupled with product distribution and appropriately integrated with other health services, to pregnant women and children under the age of five years through social marketing techniques;
- Train service providers and retailers on the proper use of socially marketed ITNs as well as other socially marketed products and services for malaria prevention and control;
- Work with the GRZ, USAID/Zambia-supported programs, and other partners to promote the use of ITNs and other socially marketed products and services through health education campaigns for malaria prevention and control; and,
- Develop and implement research methods and tools to evaluate the effectiveness of products, services, and messages.

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

The following table presents the details of the performance indicators for task 1:

**Table 4.** Illustrative annual milestones and end-of-program (EOP) targets for task 1

	<b>Y 1</b>	<b>Y 2</b>	<b>Y 3</b>	<b>Y 4</b>	<b>Y 5</b>	<b>EOP</b>
<b>Task 1: Increase supply and diversity of health services and products</b>						
<b>Indicator A:</b> Liters of water disinfected with point-of-use home water treatment solution	2 bil	<b>10 bil</b>				
<b>Indicator B:</b> Number of cycles of oral contraceptives procured and distributed with USG funding	4.2 mil	4.6 mil	5.1 mil	5.6 mil	6.1 mil	<b>25.6 mil</b>
<b>Indicator C:</b> Number of male condoms procured and distributed with USG funding	15 mil	16.5 mil	18.2 mil	20.0 mil	22.0 mil	<b>91.7 mil</b>
<b>Indicator D:</b> Number of female condoms procured and distributed with USG funding	300,000	330,000	363,000	400,000	440,000	<b>1,833,000</b>
<b>Indicator E:</b> Number of individuals who received CT, with their results	168,000	185,000	203,000	224,000	246,000	<b>1,026,000</b>
<b>Indicator F:</b> Number of males who were circumcised	1,500	2,500	3,500	4,500	5,500	<b>17,500</b>
<b>Indicator G:</b> Number of ITNs procured and distributed with USG funding	400,000	400,000	400,000	400,000	400,000	<b>2,000,000</b>

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

### Summary

The current social marketing program has been working with the MOH, Health Communications Partnership, and other partners to develop and implement health education strategies and materials that promote healthy behaviors, focusing on the use of health products distributed and services delivered by the program. These products and services include *Clorin* to purify household water supplies, *SafePlan* to prevent unintended pregnancies, condoms, CT, and MC

services at *New Start* sites to prevent and manage HIV infection and STIs, and *Mama Safenite* ITNs to prevent malaria. The health education strategies focus on increasing knowledge about the socially marketed products and services, stimulating community dialogue, changing attitudes and behaviors, and generating demand for relevant health information, products, and services among different segments of consumers. As part of these strategies, the current social marketing program has been working with partners to develop materials and interventions such as training manuals, job aids, posters, interpersonal communication activities, radio and television broadcasts, and drama shows.

### Technical Approaches

The Program shall support the health system to implement the following technical approaches:

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

### Illustrative Activities/Themes

- *Child health*: Communicate the dangers of drinking unclean water, emphasizing the greater risk of diarrheal diseases among children and PLWHA and promoting basic hygiene, correct dosage, and consistent use of the home water purification solution;
- *Integrated reproductive health*: Provide information on diverse family planning methods while addressing HIV/STI risk reduction and dual protection;
- *HIV/AIDS and STIs*: Promote behaviors to seek services for CT and MC and to link the use of these services with other health services; and,
- *Malaria*: Educate individuals, families/households, and communities about the causes of malaria and the methods currently available for prevention and control, including the proper use of ITNs.

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

The following table presents the details of the performance indicators for task 2:

**Table 5.** Illustrative annual milestones and end-of-program (EOP) targets for task 2

	Y 1	Y 2	Y 3	Y 4	Y 5	EOP
<b>Indicator H:</b> Number of	25,000	30,000	36,000	43,200	51,840	<b>186,040</b>

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people who have heard  
and/or seen a RH/FP message  
with USG assistance

**Indicator I:** Number of  
counseling visits for RH/FP  
as a result of USG assistance

4,000	4,000	4,000	4,000	4,000	<b>20,000</b>
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**Indicator J:** Number of  
individuals reached through  
community-based condom  
promotion and other HIV  
prevention activities beyond  
AB

80,000	96,000	115,200	138,240	165,888	<b>595,328</b>
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**Task 3: Develop the ability of a commercial/private sector entity to produce and market at least one currently socially marketed health product or service in a sustainable, self-sufficient manner.**

### Summary

The current social marketing program contributes to the sustainability of the public and private health sector response in three ways: operational partnerships with the health system and civil society, capacity building of staff and partner organizations, and linkages between the community and formal health system.

Building on these three ways, the Program shall also contribute to the sustainability of the socio-demographic and health gains by transferring the responsibility of producing and distributing/delivering at least one health product/service from a social marketing modality to a commercial/private sector entity. As a concept, social marketing assumes a two-way relationship between payment/price and consumption: only the individuals who intend to use a product or service will pay for it, and those who pay higher prices may be more willing to use it.<sup>2</sup> The current social marketing program has been building a base of consumers who demonstrate their intent to use a product or service by paying an affordable price. While this price may not reflect the full cost of production, distribution, etc. (the rest of which is covered through a subsidy provided by the current program), it nonetheless feeds into consumer perceptions of quality and value, shaping their preferences for the product or service. As the demand for the product or service shifts to a higher level because of greater preferences, changing market expectations, and/or a larger consumer base, consumers would be willing to pay a higher price. Such an increase in price would enable a gradual reduction of the subsidy and increase the incentive for investment by a commercial/private sector entity to provide the product or service as a viable source of revenue.

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<sup>2</sup> Shapiro JM. Should clean water have a price? *Forbes* April 16, 2007 issue, page 50.

## Technical Approaches

The Program shall support the health system as well as the commercial/private sector to implement the following technical approaches:

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

## Illustrative Activities

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

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

The following table presents the details of the performance indicators for task 3:

**Table 6.** Illustrative annual milestones and end-of-program (EOP) targets for task 3

	Y 1	Y 2	Y 3	Y 4	Y 5	EOP
<b>Indicator K:</b> Number of products successfully transferred to the commercial/private sector						At least one

**Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.**

## Summary

In addition to the current social marketing program, USAID/Zambia supports the public health system through its health programs (described in the background/context section) as well as its multisectoral HIV/AIDS programs with focused prevention, community/home-based care, and advocacy activities. In addition to USAID/Zambia, other USG agencies and departments support the health system in Zambia. The CDC works in tandem with USAID/Zambia to support HIV/AIDS service delivery in the Eastern, Lusaka, Southern, and Western provinces under PEPFAR as well as malaria prevention and control across the country under PMI. The U.S. Department of Defense, represented by the U.S. Embassy's Office of the Defense Attaché, works with the Zambian Ministry of Defense to support HIV/AIDS service delivery in the Zambian Defense Force, consisting of the army, air force, and Zambian National Service. The U.S. Department of State, through the Office of the PEPFAR Coordinator, supports community-based organizations to deliver HIV/AIDS services primarily in refugee populations. The Peace Corps assigns volunteers from the U.S. to sites in eight of the nine provinces to provide health-related technical assistance to governmental and non-governmental entities.

In addition to the USG, the Global Fund has provided large-scale assistance to support the GRZ's comprehensive HIV/AIDS, malaria, and health systems strengthening programming. Other cooperating partners (CPs) have supported the health system in Zambia through general/sectoral budget support and/or NGOs:

- The UK Department for International Development has provided an average of £20 million per year since 2005 in general budget support and over £10 million between 2004 and 2008 for NGO projects on youth peer education and OVC programming.
- The Swedish International Development Agency has provided \$3 million between 2007 and 2010 in sectoral budget support and nearly \$1 million between 2003 and 2008 for NGO projects on HIV prevention and institutional capacity building.
- The Japan International Cooperation Agency has implemented the HIV/AIDS and Tuberculosis Control Project (\$4.8 million between 2006 and 2010).
- UNICEF has contributed \$2 million in 2006 for PMTCT and pediatric treatment.
- The UN Fund for Population Activities has contributed \$2 million between 2007 and 2010 for HIV prevention, including condom procurement.

As part of the Program, the contractor shall work with other USG and non-USG partners to deliver appropriately integrated HIV/AIDS, health, and related social services. Such integration shall have three key features, among others. First, the package of appropriately integrated services shall link HIV/AIDS, health, and related social services at all levels (e.g., home, community, health facilities, etc.) by diverse providers (e.g., family/community members, community/faith-based groups, governmental entities, etc.) in logical and feasible ways. Second, the implementation of appropriately integrated services shall feature systems and networks for coordination and referrals within and between the community, district, and provincial levels of the health system. Third, the management of appropriately integrated services shall reflect coordinated use of resources to maximize the health benefit for communities.

## Technical Approaches

1. Work within the existing structures and coordinating mechanisms of the GRZ, USG, and other CPs;
2. Develop and maintain partnerships with other partners to implement joint activities while meeting funding specifications;
3. Contribute to the development and/or review of national policies, protocols, guidelines, and training and information, education, and communication materials;
4. Contribute to the development and implementation of logistics management, monitoring and evaluation (M&E), and quality assurance/quality improvement (QA/QI) systems;
5. Share technical information and lessons learned from program implementation;
6. Contribute to national reviews and evaluations;
7. Work with the DHMTs to integrate program activities into their work plans and budgets to the fullest extent possible; and
8. Work with other HIV/AIDS and health programs in the same locations to eliminate duplication of efforts.

## Illustrative Activities

- Participate in national-level technical working committee/group and ad-hoc meetings convened by the GRZ;
- Participate in the training of trainers on national policies, protocols, and guidelines and train local-level health workers, as necessary;
- Participate in stakeholder meetings;
- Jointly develop annual work plans with the PHOs/PATFs and DHMTs/DATFs; and
- Jointly develop and adapt QA/QI tools for appropriately integrated service delivery.

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

***Optional Task 5: Increase the awareness of, demand for, and use of misoprostol through the private sector, in conjunction with the public sector, primarily in the prevention of post-partum hemorrhage.***

## Summary

Post-partum hemorrhage (PPH), or excessive bleeding following birth, is the single most significant and direct cause of maternal mortality in developing countries, including Zambia. PPH occurs most often when the muscles of the uterus fail to contract adequately (known as an atonic uterus or uterine atony), limiting the natural processes to control bleeding upon separation of the placenta. Key practices to prevent PPH include active management of the third stage of labor (AMTSL), which begins with the completion of the birth of the baby. AMTSL consists of three components to facilitate uterine contractions and minimize blood loss:

- Administering a drug that stimulates the uterus to contract (known as an uterotonic);
- Delivering the placenta; and,
- Massaging the uterus through the abdomen to maintain the contraction.

Three kinds of uterotonic drugs exist: oxytocin, ergometrine, and misoprostol. Despite the effectiveness of oxytocin and ergometrine, the typical conditions and settings of childbirth in Zambia and other developing countries present two challenges in the proper administration of both drugs. First, both drugs must be injected, requiring a cadre of skilled health workers to give injections safely as well as supplies of sterile needles and syringes. Second, to maintain their potency, both drugs must be refrigerated. Unlike oxytocin and ergometrine, misoprostol can be administered orally (as a tablet) and does not require refrigeration.

At the end of 2006, the current social marketing program began to work with Venture Strategies Innovations to facilitate the registration of misoprostol in Zambia. Through this partnership, Zambia's Pharmaceutical Regulatory Authority (PRA) approved this drug for PPH in May 2008. The MOH is developing technical guidelines on the proper administration of misoprostol for PPH. In support of this effort, the current social marketing program contributed to the design of a field study that the MOH will carry out, with technical assistance from Venture Strategies Innovations, to determine the feasibility of administering misoprostol by trained traditional birth attendants (TBAs) to prevent PPH among women delivering in community-based settings.

When and if the operational environment allows, USAID/Zambia will exercise this optional task.

### **Technical Approaches**

The Program shall support the health system to design, distribute, and deliver misoprostol and other maternal health products and services to appropriate target populations through the following technical approaches:

1. Conduct formative research to design products for distribution, services for delivery, and messages for dissemination, as part of a maternal health package;
2. Develop and implement strategies/interventions for introducing the maternal health package of products and services that specifically includes misoprostol;
3. Design effective standards, guidelines, job aids, and promotional materials on the implementation of strategies/interventions for maternal health product distribution and service delivery in the private sector, in conjunction with national policies and public sector practices; and,
4. Conduct evaluative research to assess the impact of maternal health products and services on PPH and other pregnancy/childbirth-related complications.

### **Illustrative Activities**

- Design and distribute maternal health products to appropriate target populations through social marketing techniques;
- Design and deliver maternal health services, coupled with product distribution and appropriately integrated with other health services, to appropriate target populations through social marketing techniques;
- Train service providers (including TBAs and other community-based health workers) and retailers on the proper use of socially marketed maternal health products and services;

- Work with the GRZ, USAID/Zambia-supported programs, and other partners to determine an implementation plan, build local capacity in packaging misoprostol that incorporate appropriate messaging, develop a cadre of trainers, promote the appropriate use of misoprostol through health education campaigns, and establish quality assurance mechanisms and tools; and,
- Develop and implement research methods and tools to evaluate the effectiveness of maternal health products and services.

This shall not preclude the offeror from proposing innovative approaches/activities or introducing new products/services, in addition to misoprostol as part of AMTSL.

The following table presents the details of the performance indicators for optional task 5:

**Table 7.** Illustrative annual milestones and end-of-program (EOP) targets for optional task 5

	Y 1	Y 2	Y 3	Y 4	Y 5	EOP
<b>Indicator L:</b> Doses of misoprostol procured and distributed with USG funding	500,000	525,000	551,000	579,000	608,000	<b>2,763,000</b>

**Optional Task 6: Increase the awareness of, demand for, and use of zinc complementing oral rehydration therapy through the private sector, in conjunction with the public sector, in the management of acute diarrheal diseases among children.**

### Summary

Acute diarrhea is among the top three causes of death among children in Zambia and other developing countries. One set of studies showed that supplementation with zinc during and until the cessation of diarrhea decreased both stool output and frequency. Another set of studies demonstrated its preventative effects: zinc reduced the occurrence of diarrhea up to three months after the supplementation regime. Based on both sets of studies, the World Health Organization (WHO) and United Nations Children’s Education Fund (UNICEF), with technical input from USAID, issued the *Joint Statement on the Clinical Management of Acute Diarrhea* in 2004. As part of this statement, the WHO and UNICEF recommended the administration of zinc supplementation, in conjunction with an improved formulation of oral rehydration therapy (ORT), as routine practice in homes and health facilities to manage acute diarrhea among children.

The GRZ endorsed the recommendations as a signatory to the statement. Additionally, the MOH revised the national guidelines for the integrated management of childhood illness (IMCI) to include zinc and the improved ORT. This revision constitutes the basis for requesting the addition of zinc and the improved ORT onto the national list of essential medicines, registration and approval of both products by the Pharmaceutical Regulatory Authority, and subsequent development of plans and tools for implementation.

When and if the operational environment allows, USAID/Zambia will exercise this optional task.

### **Technical Approaches**

The Program shall support the health system to design, distribute, and deliver zinc supplements and other child health products and services to appropriate target populations through the following technical approaches:

1. Conduct formative research to design products for distribution, services for delivery, and messages for dissemination, as part of an expanded health package for the management of acute diarrhea among children;
2. Develop and implement strategies/interventions for introducing the package of products and services on the clinical and community management of acute diarrhea that specifically includes zinc supplements;
3. Design effective standards, guidelines, job aids, and promotional materials on the implementation of strategies/interventions for product distribution and service delivery in the private sector, in conjunction with national policies and public sector practices; and,
4. Conduct evaluative research to assess the impact of the package of products and services that includes zinc supplements on diarrheal diseases among children.

### **Illustrative Activities**

- Conduct an assessment on the need and feasibility of marketing zinc supplements as a stand-alone product and/or packaged together with ORT (as a diarrhea treatment kit) and/or the home water purification solution;
- Design and distribute zinc supplements and other child health products to appropriate target populations through social marketing techniques;
- Design and deliver child health services, coupled with product distribution and appropriately integrated with other health services, to appropriate target populations through social marketing techniques;
- Train mothers and caregivers on the proper use of socially marketed zinc supplements, emphasizing recognition of dehydration and symptoms requiring medical attention (e.g., bloody diarrhea), increased administration of appropriate fluids, continuation of feeding (or breastfeeding), and adherence to the supplementation regimen, especially in combination with ORT (i.e., 10 – 14 days versus two days for ORT);
- Train service providers and retailers on the proper use of socially marketed zinc supplements, emphasizing advice to be given to mothers and caregivers and appropriate situations to provide antibiotics (e.g., in the presence of bloody diarrhea or shigellosis);
- Work with the GRZ, USAID/Zambia-supported programs, and other partners to determine an implementation plan, build local capacity in packaging zinc supplements that incorporate appropriate messaging, develop a cadre of trainers, promote the use of zinc supplements through health education campaigns, and to establish quality assurance mechanisms and tools; and,
- Develop and implement research methods and tools to evaluate the effectiveness of zinc supplements on the management of acute diarrhea among children.

This shall not preclude the offeror from proposing innovative approaches/activities or introducing new products/services, in addition to zinc supplements.

The following table presents the details of the performance indicators for optional task 6:

**Table 8.** Illustrative annual milestones and end-of-program (EOP) targets for optional task 6

	<b>Y 1</b>	<b>Y 2</b>	<b>Y 3</b>	<b>Y 4</b>	<b>Y 5</b>	<b>EOP</b>
<b>Indicator M:</b> Packages of zinc supplements procured and distributed with USG funding	1 mil	1.05 mil	1.1 mil	1.16 mil	1.22 mil	<b>5.53 mil</b>

## **F. Key Principles and Requirements**

The following key principles and requirements shall guide the development and implementation of the program:

### **1. Alignment**

In contributing to the overall HIV/AIDS response in Zambia, the Program shall align with the current and future strategic and policy frameworks developed by the GRZ and USG. In particular, the program’s alignment with the NHSP must support the MOH’s efforts in making progress toward the Health Millennium Development Goals. Additionally, the Program’s technical approaches must reflect the promising practices as compiled in national and international policies, protocols, guidelines, and standards for prevention, care, and treatment.

Over the course of the task order, the GRZ and USG will develop new strategic and policy frameworks. Hence, the tasks, milestones/targets, indicators, and other requirements of the Program may change to reflect the priorities and resources associated with the new frameworks.

### **2. Partnerships**

The Program must consult the PHOs, DHMTs, other relevant government structures, and private sector facilities to assess the needs and to determine the coverage of existing health services. As part of its partnerships with the PHOs and DHMTs, the Program must ensure that its activities figure into the annual work plans of these governmental entities. Additionally, the Program should propose organizational sub-partners, including community/faith-based groups, to provide support in particular intervention areas, such as promoting health-seeking behaviors.

### **3. Continuum of Care (CoC)**

The Program shall support the delivery of health services based on the CoC framework. This framework entails linkages between different types of health services (e.g., preventive, curative, etc.) delivered at all levels (home, community, health facilities, etc.) by diverse providers (e.g.,

family/community members, community/faith-based groups, governmental entities, etc.). Implementation of the CoC occurs through the development of networks, led by governmental entities or community/faith-based groups, for seamless service delivery through coordinated planning, programmatic consolidation, and/or referrals within and between the different levels of the health system. For example, the CoC for HIV/STI service delivery features condom distribution and CT and MC services as the entry points for health as well as community/home-based care. Hence, continuous improvement in and increased uptake of products and services to prevent and manage HIV infection and STIs are essential to increase client awareness and use of the broad range of prevention, care, treatment, and support services for HIV/AIDS and STI management.

#### **4. Innovations**

The Program shall feature innovations in intervention areas to address the health needs and encourage health-seeking behaviors among diverse client populations. Examples of innovations include activities for clients who test negative to reduce their risk of infection and incentives for men to seek HIV/AIDS services without decreasing the quality of care for women.

The Program shall also introduce new health products and services, based on formative research and in consultation with the MOH, USAID/Zambia, Pharmaceutical Regulatory Authority of Zambia (for health products), and Medical Council of Zambia (for health services).

#### **5. Linkages**

To avoid missed opportunities in providing related health services attributable to the vertical nature of externally supported health and development programming, the Program shall pursue linkages with other programs managed by USAID/Zambia and those supported by other agencies/organizations. Examples of linkages include the development of joint implementation plans and agreements with the DHMTs and HMTs that reflect a coordinated set of activities implemented by multiple programs in the same locations.

#### **6. Zambian Leadership Development and Human Resource Support**

The contractor shall hire Zambian personnel, *excluding* active service employees of the GRZ, to implement the program (refer to the key personnel section for more information).

Additionally, the Program shall build the competencies among Zambian staff at all levels through professional development activities, preparing them to assume senior technical and management roles and responsibilities for HIV/AIDS and health programs. Examples of professional development activities could include training, mentorship, field trips, and appropriate management opportunities.

In line with the GRZ and USG policies, the Program shall implement plans and procedures on remuneration and other human resource issues to retain and support staff. In particular, it should provide staff living with HIV/AIDS with ARV treatment and support those affected by HIV/AIDS with counseling services and appropriate leave policies.

## **7. Gender Integration**

USAID/Zambia expects program activities will fully support the GRZ's National Gender Policy, which requires all policies, programs, plans, projects, and national budgets to integrate gender considerations in the pursuit of sustainable economic growth, job creation, better household security, and poverty reduction. USAID/Zambia identifies gender as a program quality issue by supporting the implementation of activities to reduce disparities in access to and use of health products, services, and information by males and females as well as by collecting and reporting sex-disaggregated data to track progress in achieving these reductions. As part of their proposals, offerors must delineate key gender factors that influence access to and use of health products, services, and information by both male and female clients based on measurable indices, devise specific interventions with which to resolve the issues/problems, and put in place the appropriate means to track and report progress. As offerors develop their proposals, they shall take into account PEPFAR's five priority gender strategies:

- Increase gender equity in HIV/AIDS activities and services;
- Reduce violence and coercion;
- Address male norms and behaviors;
- Increase women's legal protection; and,
- Increase women's access to income and productive resources.

USAID/Zambia expects that the contractor to strive for equity in access to, control over, and management of resources – as influenced by gender considerations – by introducing appropriate organizational structures and personnel processes.

## **8. Resource Integration**

Given the diversity of health products and services for distribution and delivery through social marketing, the contractor will receive funding from multiple USG sources [e.g., President's Emergency Plan for AIDS Relief (PEPFAR), President's Malaria Initiative (PMI), family planning/reproductive health, and maternal, newborn, and child health]. While maximizing the achievement of results with integrated funding and programming, the contractor shall comply with the restrictions and other conditions associated with each source. For example, the contractor shall use PEPFAR funding only for HIV/AIDS-specific activities under this RFTOP, such as the social marketing of male and female condoms as well as CT and MC services.

The contractor shall develop mechanisms to coordinate, track, and report the appropriate use of funding from multiple USG sources. Additionally, the contractor shall plan with other implementing partners that receive USG funding to coordinate the distribution of products, delivery of services, and dissemination of associated health education messages in the public and private sectors. USAID/Zambia will work with the contractor and all other implementing partners to ensure compliance with existing and evolving funding requirements. Flexibility and accountability will be important during implementation.

## **9. Environmental Considerations**

Annex B spells out the requirements on environmental considerations, and USAID/Zambia expects that the contractor shall in addition to these requirements, conduct an early evaluation of the environmental concerns and lay out an acceptable mitigation plan.

## **10. Sustainability**

The Program shall enable stakeholders at all levels to determine and carry out their respective roles in the overall health sector response, sustaining the socio-demographic and health gains in the long term. Increasing access to and use of health products and services, organized on a continuum of care and integrated with other health services, shall improve the functionality of public and private sector health facilities. Linkages between governmental entities, organizational partners, community/faith-based groups, and other stakeholders shall operationalize inter-dependency for technical, human, and other resources. Mobilization of communities shall foster mutual relationships of support and accountability between client populations and service providers. Alignment of the Program with the GRZ's strategic and policy frameworks as well as Program-supported development of technical, management, and leadership competencies among Zambians shall reinforce indigenous ownership and responsibility of the overall health sector response.

Offerors must propose strategies, as part of their technical approaches and activities, which contribute to the coordinated efforts and interactions between stakeholders leading to sustained achievements in child health, integrated reproductive health, HIV/AIDS and STIs, and malaria. Examples of strategies include capacity building of staff in health facilities as well as institutionalization of Program-supported activities by governmental and/or commercial/private sector entities.

## **G. Transition Assumptions**

The current and new implementing partners (IPs) will create the strategic space necessary to preserve the long-term viability of the program without creating any gaps in service provision, by allowing the current program to run through July 31, 2009, and the new program to start by July 1, 2009. During the overlap period, the current IP shall allow and facilitate the new IP to assume management control over the activities and appropriate assets to the extent possible. Additionally, the current IP shall work with the new IP to use all relevant USAID-supported trademarks and service marks in Zambia via royalty-free license agreements, in consultation with the MOH as well as with the approval of USAID/Zambia. USAID/Zambia anticipates that this process will be labor- and time-intensive, necessitating the overlap period. The new IP will be expected to resume full responsibility of all program activities by July 31, 2009.

## **C. 4. PERFORMANCE MONITORING PLAN**

### **A. Magnitude and Nature of Expected Results**

By providing needed products and services in child health, integrated reproductive health, HIV/AIDS and STIs, and malaria, the program will improve the health status of Zambians. In order to measure the outputs and outcomes of program activities, the USG has developed

indicators and results. The contractor will use the indicators to propose targets in line with the USG guidelines. National-level results are not USAID/Zambia's sole responsibility, but can only be achieved in collaboration with the GRZ and other CPs. The contractor will ensure early and efficient program start-up and include meaningful baseline management indicators and targets for the national, provincial, and district levels. Sources of baseline data include the 2007 Demographic and Health Survey, 2005 Service Provision Assessment Survey, program reports, and other ad-hoc studies. The data will allow USAID/Zambia to track progress in meeting targets.

The illustrative PEPFAR indicators, of which some will be disaggregated by sex, include the following:

1. Individuals reached through community outreach that promotes HIV prevention beyond AB (condoms, male circumcision, etc)
2. Individuals trained to promote HIV prevention beyond AB
3. Targeted condom outlets
4. Service outlets providing counseling and testing (CT)
5. Individuals who underwent CT and received results
6. Individuals trained in counseling and testing
7. Number of individual outlets providing HIV-related palliative care excluding TB
8. Number of individuals trained to provide HIV-related palliative care excluding TB
9. Number of service outlets providing male circumcision services
10. Number of individuals who underwent the male circumcision procedure

The illustrative indicators in the Foreign Assistance Framework, of which some will be disaggregated by sex, include the following:

*Child health*

1. Number of liters of water disinfected with point-of-use treatment products
2. Number of information gathering or research activities conducted by the USG

*Family planning/reproductive health*

1. Number of people trained in family planning/reproductive health (FP/RH) using USG funds
2. Number of counseling visits for FP/RH as a result of USG assistance
3. Number of service delivery points providing FP/RH
4. Number of people trained in research with USG assistance
5. Number of people that have heard and/or seen a FP/RH message with USG assistance
6. Number of information gathering or research activities conducted by the USG

*Malaria, including illustrative PMI indicators*

1. ITNs procured and distributed with USG funding
2. Number of people trained in research using USG assistance
3. Number of information gathering or research activities conducted by USG
4. Percent of children under five who slept under an ITN in the previous night
5. Percent of households with at least one ITN
6. Percent of households with a pregnant woman or children under five who own at least one ITN
7. Percent of pregnant women who slept under an ITN in the previous night

In addition to the above indicators, the partner will be expected to develop indicators for and report on service integration, gender considerations, environmental protection, sustainability, and other Program activities. The illustrative indicators may change during the life of the Program.

## **B. Performance Indicators, Reporting Progress, and Requirements**

Offerors shall propose a performance management and evaluation (M&E) plan to track and report on progress in achieving results (refer to Table 9 for illustrative annual milestones and end-of-program targets for program outcomes). Offerors may propose additional illustrative indicators, milestones, and targets for measuring results in their technical proposals.

**Table 9.** Illustrative annual milestones and end-of-program (EOP) targets for program outcomes

<b>Task/Indicator</b>	<b>Y 1</b>	<b>Y 2</b>	<b>Y 3</b>	<b>Y 4</b>	<b>Y 5</b>	<b>EOP</b>
<b>Task 1:</b> Increase supply and diversity of health services and products						
<b>Indicator A:</b> Liters of water disinfected with point-of use home water treatment solution	2 bil	<b>10 bil</b>				
<b>Indicator B:</b> Number of cycles of oral contraceptives procured and distributed with USG funding	4.2 mil	4.6 mil	5.1 mil	5.6 mil	6.1 mil	<b>25.6 mil</b>
<b>Indicator C:</b> Number of male condoms procured and distributed with USG funding	15 mil	16.5 mil	18.2 mil	20.0 mil	22.0 mil	<b>91.7 mil</b>
<b>Indicator D:</b> Number of female condoms procured and distributed with USG funding	300,000	330,000	363,000	400,000	440,000	<b>1,833,000</b>
<b>Indicator E:</b> Number of individuals who received CT, with their results	168,000	185,000	203,000	224,000	246,000	<b>1,026,000</b>
<b>Indicator F:</b> Number of males who were circumcised	1,500	2,500	3,500	4,500	5,500	<b>17,500</b>
<b>Indicator G:</b> Number of ITNs procured and distributed with USG funding	300,000	300,000	300,000	300,000	300,000	<b>1,500,000</b>
<b>Task 2:</b> Increase awareness of and demand for health services and products						
<b>Indicator H:</b> Number of people who have heard and/or seen a RH/FP message with USG assistance	25,000	30,000	36,000	43,200	51,840	<b>186,040</b>
<b>Indicator I:</b> Number of	5,000	5,500	6,050	6,655	7,321	<b>30,526</b>

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counseling visits for RH/FP as a result of USG assistance

**Indicator J:** Number of individuals reached through community-based condom promotion and other HIV prevention activities beyond AB

	80,000	96,000	115,200	138,240	165,888	<b>595,328</b>
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**Task 3:** Transfer selected services/products

**Indicator K:** Number of products successfully transferred to the commercial/private sector

**At least one**

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**Table 10.** Illustrative annual milestones and end-of-program (EOP) targets for program outcomes (continued)

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**Optional task 5:** Increase the awareness of, demand for, and use of misoprostol

**Indicator L:** Doses of misoprostol procured and distributed with USG funding

	500,000	525,000	551,000	579,000	608,000	<b>2,763,000</b>
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**Optional task 6:** Increase the awareness of, demand for, and use of zinc

**Indicator M:** Packages of zinc supplements procured and distributed with USG funding

	1 mil	1.05 mil	1.1 mil	1.16 mil	1.22 mil	<b>5.53 mil</b>
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As part of the performance M&E process, the contractor shall participate in joint planning, implementation, and evaluation exercises with other implementing partners, GRZ, USAID/Zambia, and other CPs at the national, provincial, and district levels. These exercises will enable stakeholders to track progress against milestones/ targets, identify barriers to implementation, and develop solutions to these obstacles. The contractor shall contribute to the Health Management Information System (HMIS) and National HIV/AIDS/STI/TB Monitoring and Evaluation System, among information systems operated by the GRZ. The contractor shall also participate in mid-term and end-of-program evaluations, funded separately by USAID.

Additionally, the contractor shall have performance M&E reporting requirements, as noted in section F.6

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 Cognizant Technical Officer (CTO).

**[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 semi-finished 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.

**A Marking Plan must be developed as part of the contractor's proposal** to enumerate the public communications, commodities, and program materials and other items that visibly bear or will be marked with the USAID Identity. As stated in ADS 320.3.2, USAID's policy is that programs, projects, activities, public communications, or commodities implemented or delivered under contracts and subcontracts exclusively funded by USAID are marked exclusively with the USAID Identity. Where applicable, a host-country symbol or ministry logo, or another U.S. Government logo may be added.

Except for the manufacturer's trademark on a commercial item, the corporate identities or logos of contractors or subcontractors are not permitted on USAID-funded program materials and communications, unless specified in the [USAID Graphic Standards Manual](#) or approved in advance by the Principal Officer. The Principal Officer must obtain clearance from the Senior Advisor for Brand Management (LPA) before approving the use of the contractor's logo.

The Marking Plan may include requests for exceptions to marking requirements, to be approved by the CO. ADS 320.3.2.4 describes what the Marking Plan must address while ADS 320.3.2.5 lists the exceptions to Marking Plan requirements.

To ensure that all items are appropriately marked in accordance with this policy, all USAID direct contracts must incorporate a Marking Plan that details the public communications, commodities, and program materials and other items that will bear visibly the USAID Identity.

Specific procedures for developing the Marking Plan are in [Branding and Marking in USAID Direct Contracting](#).

Contract deliverables to be marked with the USAID Identity must follow design guidance for color, type, and layout in the [Graphic Standards Manual](#). Marking Plans should specifically address the following specific contract deliverables or performance requirements:

**a.** Commodities or equipment provided under humanitarian assistance, disaster relief or development programs, and all other program commodities and equipment funded by USAID contracts, and their export packaging, must prominently display the USAID Identity.

**b.** Program, project, or activity sites financed by USAID contracts, including visible infrastructure projects (roads, bridges, buildings, etc.) or others that are physical in nature (agriculture, forestry, water management, etc.), must prominently display the USAID Identity. Temporary signs must be erected early in the construction or implementation phase. When construction or implementation is complete, the contractor must install a permanent, durable and visible sign, plaque, or other marking.

**c.** Public communications financed by USAID contracts that are print products must prominently display the USAID Identity. These communications include, but are not limited to, the following:

- Publications;
- Reports;
- Research results, studies, and evaluations;
- Brochures, leaflets, informational, and promotional materials;
- Folders;
- Success stories;
- Posters;
- Banners and Signs;
- Print PSAs, newspaper supplements and other paid placements such as advertorials;
- (Non-administrative) advertisements about program events/activities;
- Training manuals, workbooks, and guides;
- Press releases, fact sheets, media advisories (*note: the U.S. Ambassador or Public Affairs Officer may request these materials to be distributed on U.S. Embassy letterhead*); and
- Letterhead used for program-related purposes (invitations to events, etc.), as opposed to contractor administrative purposes.

**d.** Public communications financed by USAID contracts that are audio, visual, or electronic must prominently display the USAID Identity. Such communications include, but are not limited to, the following:

- Web sites;
- Videos;
- CDs and DVDs;
- TV PSAs;
- PowerPoint and other program-related presentations;
- Mass distribution electronic mail sent for program purposes, such as invitations to training events or other widely attended program-related gatherings; and
- Radio PSAs, which must include an audio tag, such as, “made possible by USAID: From the American people.”

e. Studies, reports, publications, Web sites, and all informational and promotional products not authored, reviewed, or edited by USAID must contain a provision substantially as follows:

*This study/report/Web site (specify) is made possible by the support of the American People through the United States Agency for International Development (USAID.) The contents of this (specify) are the sole responsibility of (name of organization) and do not necessarily reflect the views of USAID or the United States Government.*

f. Events financed by USAID contracts must prominently display the USAID Identity. Such events include, but are not limited to, the following:

- Training courses;
- Conferences;
- Seminars;
- Briefings;
- Exhibitions;
- Fairs;
- Workshops;
- Press conferences;
- Other public meetings and activities; and
- Invitations, press releases, publicity, and media materials, presentations and handouts associated with these events that are produced under a USAID direct contract.

## **D.2 BRANDING**

The Contractor shall comply with the requirements of the USAID “Graphic Standards Manual” available at [www.usaid.gov/branding](http://www.usaid.gov/branding) , or any successor branding policy.

A Branding Implementation Plan (BIP) must be developed which should describe how the program will be promoted to beneficiaries and host-country citizens. It outlines the events (press conferences, site visits, etc.) and materials (success stories, Public Service Announcements [PSAs], etc.) the contractor will organize and produce to assist USAID in delivering the message that the assistance is from the American people.

As stated in ADS 320.3.2.1, the BS is part of the contract requirements, and the offeror must prepare a BIP to implement the BS with the proposal. The BIPs should specifically address the following:

- How to incorporate the message, “This assistance is from the American people,” in communications and materials directed to beneficiaries, or provide an explanation if this message is not appropriate or possible.
- How to publicize the program, project, or activity in the host-country and a description of the communications tools to be used. Such tools may include the following:
  - Press releases,
  - Press conferences,

- Media interviews,
  - Site visits,
  - Success stories,
  - Beneficiary testimonials,
  - Professional photography,
  - PSAs,
  - Videos, and
  - Webcasts, e-invitations, or other e-mails sent to group lists, such as participants for a training session blast e-mails or other Internet activities, etc.
- The key milestones or opportunities anticipated to generate awareness that the program, project, or activity is from the American people, or an explanation if this is not appropriate or possible. Such milestones may be linked to specific points in time, such as the beginning or end of a program, or to an opportunity to showcase publications or other materials, research findings, or program success. These include, but are not limited to, the following:
    - Launching the program,
    - Announcing research findings,
    - Publishing reports or studies,
    - Spotlighting trends,
    - Highlighting success stories,
    - Featuring beneficiaries as spokespeople,
    - Showcasing before-and-after photographs,
    - Marketing agricultural products or locally-produced crafts or goods,
    - Securing endorsements from ministry or local organizations,
    - Promoting final or interim reports, and
    - Communicating program impact/overall results.

Specific procedures for including BIP requirements are in the mandatory internal reference, [Branding and Marking in USAID Direct Contracting](#).

**[END OF SECTION D]**

## **SECTION E - INSPECTION AND ACCEPTANCE**

### **E.1. NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE**

Same requirement as in the AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES – SECTOR I (AIDSTAR I) IQC

### **E.2. INSPECTION AND ACCEPTANCE**

USAID inspection and acceptance of services, reports and other required deliverables or outputs shall take place at:

USAID/Zambia  
Population, Health and Nutrition Office  
351 Independence Avenue

### **E.3. MONITORING AND EVALUATION**

Task order performance evaluation shall be performed in accordance with the performance standards/indicators established under Section C of this task order.

**[END OF SECTION E]**

## SECTION F – DELIVERIES OR PERFORMANCE

### F.1 PLACE OF PERFORMANCE

The place of performance under this Task Order is as specified in Section C.

### F.2 PERIOD OF PERFORMANCE

The estimated period of performance for this task order is five (05) years from the date of award.

### F.3 KEY PERSONNEL

USAID/Zambia directs offerors to implement the mission's priority to build sustained indigenous technical and management capacity for the social and economic development of Zambia. Offerors shall therefore strive to hire Zambians, *excluding* active service employees of the GRZ, in key and non-key positions who demonstrate familiarity with the country's demographic and health profile as well as language and cultural expertise. Offerors may propose an expatriate/international candidate for one of the four key personnel positions. If more than one expatriate/international candidate is proposed, then offerors shall provide full and appropriate justification. After award, the Contracting Officer must approve the replacement of any key personnel.

The following five positions are designated as key personnel for the successful completion of the tasks in this RFTOP. However, offerors may propose other staffing configurations, with full and appropriate justification.

#### 1. Chief of Party

The *Chief of Party* will provide overall leadership and management for the TO. The Chief of Party will liaise with the CTO as well as with counterparts from other implementing partners, agencies, and organizations to coordinate activities. The Chief of Party will act as the official point-of-contact for the program. The Chief of Party shall have:

- A master's degree in business administration, public health, or a related professional advanced degree;
- At least 10 years of experience in business development, including at least five years of experience in social marketing in developing and/or transitional countries;
- At least three years of experience as a country/project director in a public health and/or international development project;
- Demonstrated skills, abilities, and experiences to:
  - Lead and manage a program of similar magnitude and complexity;
  - Work collaboratively across technical disciplines;
  - Communicate effectively orally and in writing;
  - Integrate gender considerations in programming;

- Develop and maintain working relationships with US and foreign governments, development partners, and civil society; and
- Develop and implement effective partnerships with private sector entities.
- The ability to travel extensively to program locations within Zambia and to other places, as required.

## **2. Deputy Chief of Party**

The *Deputy Chief of Party* will oversee the implementation of activities in a national program involving public and private sector entities. The Deputy Chief of Party shall have:

- A master's degree in business administration, public health, or a related professional advanced degree;
- At least eight years of experience in business development, including at least three years of experience in social marketing in developing and/or transitional countries;
- At least two years of experience in a management position for a public health and/or international development project;
- Demonstrated skills, abilities, and experiences to:
  - Manage a program of similar magnitude and complexity;
  - Work collaboratively across technical disciplines;
  - Communicate effectively orally and in writing; and
  - Develop and implement effective partnerships with private sector entities.
- The ability to travel extensively to program locations within Zambia and to other places, as required.

## **3. Director of Finance and Administration**

The *Director of Finance and Administration* will provide management support and oversight in the implementation of program activities. Management support areas/functions include finance, human resources, information technology, and procurement. The Director of Finance and Administration shall have:

- A bachelor's degree in business administration, organizational management, or a related field;
- At least five years of experience in a management position in the public or private sector (knowledge of and experience in public health and/or international development are desirable) in developing and/or transitional countries;
- Demonstrated knowledge, skills, and/or experiences in accounting, financial planning and management, and procurement, among other management support areas/functions, as required;
- Demonstrated knowledge in and experience with USAID procedures;
- Demonstrated skills, abilities, and experiences to:
  - Manage a program of similar magnitude and complexity;
  - Work collaboratively across technical disciplines; and
  - Communicate effectively orally and in writing;

- The ability to travel extensively to program locations within Zambia and to other places, as required.

#### **4. Monitoring and Evaluation Advisor**

The *Monitoring and Evaluation Advisor* will work with the Chief of Party on assessments and other routine program monitoring and evaluation activities. The Monitoring and Evaluation Advisor will also work with the Chief of Party to develop and operate systems and processes for the timely collection, management, analysis, and reporting of valid and reliable data that meet the GRZ and USG reporting requirements. In conjunction with both sets of responsibilities, the Monitoring and Evaluation Advisor will oversee the dissemination of assessments as well as monitoring and evaluation data for intra- and inter-organizational learning. The Monitoring and Evaluation Advisor shall have:

- A bachelor's degree in a social science field;
- At least five years of experience in a research or another technical position in the public or private sector (knowledge of and experience in public health and/or international development are desirable) in developing and/or transitional countries;
- Demonstrated knowledge, skills, and/or experiences in descriptive and analytical study designs, qualitative and quantitative research methods, sampling techniques, and statistical analyses;
- Demonstrated knowledge in and experience with USAID reporting requirements;
- Demonstrated skills, abilities, and experiences to communicate effectively orally and in writing; and
- The ability to travel extensively to program locations within Zambia and to other places, as required.

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

#### **F.4 DELIVERABLES**

The contractor shall:

1. Conduct an early evaluation of the environmental concerns and lay out an acceptable mitigation plan for approval by the COTR and mission Environmental Officer.
2. Provide sustainability plan to ensure activities continue after project ends.

The contractor is expected to propose additional deliverables that link the expected results and activities described in section C.

All written deliverables shall also be submitted electronically to the COTR. Bound/color printed deliverables may also be required, as directed by the COTR.

## **F.5 AUTHORIZED WORK DAY / WEEK**

The contractor is authorized up to a six day workweek under this Task Order. Under no circumstance will such approval constitute approval for premium overtime pay, or approval to exceed the total price of the Task Order.

## **F.6 REPORTS**

In addition to the requirements set forth for submission of reports in Sections I and J, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, the Contractor shall submit reports, deliverables or outputs as further described below to the COTR (referenced in Sections F.2 and G). All reports and other deliverables shall be in the English language, unless otherwise specified by the COTR.

### **(a) PEPFAR Country Operational Plans (COPs) Reporting**

- a. Activity narratives and targets
- b. Semi-Annual and Annual Progress Reports (SAPRs and APRs)

### **(b) Performance Management Plan (PMP)**

- a. Data collection methodology for data quality assessments
- b. Semi-annual and annual portfolio review presentations

(c) Ad-hoc analyses, evaluations, studies, Operational research and other reports as requested

(d) Grants manual for the sub-granting process (within three months of award)

(e) Quarterly Reports: Quarterly Financial and Progress Reports shall be submitted no later than one month after the end of the quarter. The scope and format of the quarterly reports will be determined in consultation with the COTR.

(f) Workplans:

(1) Transition period work plan: The contractor shall be required to submit upon award a transition work plan to ensure that there is no disruption with the current program.

(2) Annual Workplans shall detail the work to be accomplished during the upcoming year. The scope and format of the Annual Work plan will be agreed to between the Contractor and the COTR during the first thirty days after the award of the contract. These Annual Workplans may be revised on an occasional basis, as needed, to reflect changes on the ground and with the concurrence of the COTR.

The first Annual Workplan shall be submitted within one month of award of the contract. The workplan should include the estimated monthly funding requirements during the upcoming year of program implementation, necessary to meet all program objectives within the contract. USAID will respond to the workplan within five calendar days.

(g) Final Report: The Contractor shall prepare a final report that matches accomplishments to the specific paragraphs of the Scope of Work. The final report will be drafted to allow for incremental improvements in the process, both generally within USAID and specifically with respect to this contract.

The contractor must note that requirements may change over the course of the task order.

**[END OF SECTION F]**

## **SECTION G – TASK ORDER ADMINISTRATION DATA**

### **G.1 ADMINISTRATIVE CONTRACTING OFFICER**

The Administrative Contracting Office is:

USAID/Zambia  
Acquisition and Assistance Office (AAO)  
351 Independence Avenue  
Lusaka 10101  
Zambia

### **G.2 CONTRACTING OFFICER’S TECHNICAL REPRESENTATIVE (COTR)**

USAID Population, Health and Nutrition (PHN) office shall provide technical oversight to the Contractor through the designated COTR. The contracting officer shall issue a letter appointing the COTR for the task order and provide a copy of the designation letter to the contractor.

Population, Health and Nutrition (PHN) Office  
U.S. Agency for International Development (USAID)/ Zambia  
*351 Independence Avenue*  
*Lusaka 10101*  
*Zambia*

The Contracting Officer’s Technical Representative (COTR) will be designated separately by the Contracting Officer.

### **G.3 ACCEPTANCE AND APPROVAL**

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

### **G.4 INVOICES**

One (1) original of each invoice shall be submitted on an SF-1034 Public Voucher for Purchases and Services Other Than Personal to the USAID/Zambia controller’s office. One copy of the voucher and the invoice shall also be submitted to the Contracting Officer and the CTO. 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.

Paper Invoices shall be sent to the following address:

USAID/Zambia  
Controller’s Office  
351 Independence Avenue  
Lusaka 10101  
Zambia

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

#### **G.5. PAYING OFFICE**

The paying office under this RFTOP will be specified in the task order.

#### **G.6. ACCOUNTING AND APPROPRIATION DATA**

The continuation of the activities under this task order is authorized through the estimated completion date of this Task Order subject to the availability of funds, approval of any new USAID strategy documents, approval of any new strategic and policy frameworks developed between the U.S. Government (USG) and the Government of the Republic of Zambia (GRZ), and the successful performance of the Contractor.

Funds will be obligated on an incremental basis and appropriate fund cites provided.

**[END OF SECTION G]**

## SECTION H – SPECIAL TASK ORDER REQUIREMENTS

### H.1. NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE

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

NUMBER	TITLE	DATE
	FEDERAL ACQUISITION REGULATION (48 CFR Chapter 1)	
752.7027	AIDAR 48 CFR Chapter 7 PERSONNEL	DEC 1990

### H.2 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services (for other than commodity related services) under this RFTOP is 935 (Special Free World). Pursuant to AIDAR clause 752.225-70, "Source Origin and Nationality," The Contractor must comply with the following descending order of preference, regarding the source and origin of such goods or commodities:

#### a) Order of Preference

Purchases of goods or services (other than commodity-related services) must follow the following descending order of preference:

- 1) The United States (USAID Geographical Code 000);
- 2) The Cooperating Country;
- 3) "Selected Free World" Countries (USAID Geographical Code 941);
- 4) "Special Free World" Countries (USAID Geographical Code 935).

#### b) Justifications and Documentation Requirements

When the Contractor purchases goods or services (other than commodity-related services) which are not of U.S. source and/or origin and/or from suppliers of non-U.S. nationality, the Contractor must document its files to justify each such instance. The documentation must set forth the circumstances surrounding the purchase, and must be based on one or more of the following reasons, which must be set forth in the Contractor's documentation:

- 1) The purchase was of an emergency nature, which would not allow for the delay in meeting the U.S. or other source, origin, and/or nationality preferences which are higher than the USAID geographic code applicable to the particular purchase;

2) The price differential for purchase of goods or services (other than commodity-related services) meeting U.S. or other source, origin, and/or nationality preferences which are higher than the USAID geographic code applicable to the particular purchase exceeded by more than 50% or more the delivered price of goods or services (other than commodity-related services) meeting U.S. or higher source, origin, and/or nationality preferences;

3) Compelling local political considerations precluded consideration of goods or services (other than commodity-related services) meeting U.S. or other source, origin, and/or nationality preferences, which are higher than the USAID geographic code applicable to the particular purchase;

4) Goods or services (other than commodity-related services) not meeting U.S. or other source, origin, and/or nationality preferences which are higher than the USAID geographic code applicable to the particular purchase were not available; or

5) Purchase of locally available goods or services (other than commodity-related services) not meeting U.S. or other source, origin, and/or nationality preferences which are higher than the USAID geographic code applicable to the particular purchase, as opposed to purchase of goods or services (other than commodity-related services) which met U.S. or other source, origin, and/or nationality preferences which are higher than the USAID geographic code applicable to the particular purchase, would best promote the objectives of the Foreign Assistance program under the Task Order.

### **H.3. COMMODITIES/NONEXPENDABLE PROPERTY (EQUIPMENT)**

In furtherance of the foregoing, the Contracting Officer shall provide approval for the purchases of non expendable equipment. Offerors are requested to provide quotations for equipment that require prior CO's approval.

### **H4. 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.

(d) The Contractor shall be provided with computers, furniture and office equipment from the current Social Marketing Project.

## **H.5 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.6 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.7 PERIODIC PROGRESS REPORTS (July 1998) (CIB 98- 21)**

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

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

## **H.8 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.9 REPORTING ON TAXATION OF U.S. FOREIGN ASSISTANCE**

(a) Reporting of Foreign Taxes. The contractor must annually submit a report by November 17 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: The Contracting Officer’s Technical Representative with a copy to the Controller at:

USAID/Zambia  
351 Independence Avenue  
P.O. Box 32481  
Lusaka 10101, Zambia

(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>.

## **H.10 INTERNATIONAL TRAVEL APPROVAL**

In accordance with the clearance/approval requirements in paragraph (a) of AIDAR 752.7027 PERSONNEL (DEC 1990) (incorporated by reference above) and AIDAR 752.7032 INTERNATIONAL TRAVEL APPROVAL AND NOTIFICATION REQUIREMENTS (JAN 1990) (incorporated in Section I), the

Contracting Officer shall provide prior written approval but the Contractor shall be required to obtain the CTO’s written concurrence 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 cost or to exceed the obligated amount. The Contractor shall retain for audit purposes a copy of each travel concurrence.

**[END OF SECTION H]**

## **SECTION I – CONTRACT CLAUSES**

### **I.1 NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE**

Reference: AIDS Support and Technical Assistance Resources (AIDSTAR) IQC

### **I.2 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)**

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address (es):

<http://arnet.gov/far/>

<http://www.usaid.gov/policy/ads/300/aidar.pdf>

### **1.3 SPECIAL PROVISIONS**

#### **a) Directing and re-directing during implementation**

(i). Activities under this Task Order forms part of USG/Zambia program under President Bush's Emergency Plan for AIDS Relief. Funding levels, guidance, and parameters for [Emergency Plan] priorities and management are evolving and will continue to evolve over the life of the award. The contractor is expected to maintain a degree of flexibility, and to work with USAID in designing, prioritizing, implementing and evaluating [Emergency Plan] activities.

(ii). USAID/Zambia is required to develop specific activities and funding requests each year for Emergency Plan Country Operational Plan (COP). Once the activities and associated funding levels shown in each fiscal year COP are approved by the Office of the Global AIDS Coordinator (OGAC), the contractor will be required to implement them and this will be reflected as an attachment through subsequent modifications to the Task Order.

**[END OF SECTION I]**

## **SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS**

<b>Attachment Number</b>	<b>Title</b>
J.1	Acronyms
J.2	Environmental Compliance Guidelines
J.3	USAID FORM 1420-17 Contractor Biographical Data Sheet*

\* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at <http://www.usaid.gov/forms/>. The copy of the form is being provided herewith for reference purpose only.

**[END OF SECTION J]**

**SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS**

Offerors must certify that the representations and certifications submitted under the basic IQC still apply.

**[END OF SECTION K]**

## SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

### L.1 GENERAL

The Government anticipates the award of one (1) Cost Plus Fixed Fee (CPFF) task order as a result of this RFTOP; however, it reserves the right to make multiple awards or no award.

### L.2 ACQUISITION SCHEDULE

The schedule for this acquisition is anticipated to be as follows:

Stage	Date
RFTOP issued	March 11, 2009
Questions due	March 31, 2009
Answers to questions disseminated	April 7, 2009
Proposals due	April 22, 2009
Technical evaluation and negotiations	July 26, 2009
Award of task order	July 31, 2009
Performance begins	August 3, 2009
Debriefings begin (if required)	August 10, 2009

**All Questions relating to this RFTOP must be submitted to Joseph Tembo at [aao-solict-lusaka@usaid.gov](mailto:aao-solict-lusaka@usaid.gov) via email no later than March 31, 2009 17:00 hrs Zambia time.** Unless otherwise notified by an amendment to the RFTOP, no questions will be accepted after this date. Offerors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.

### L.3 PROPOSAL INSTRUCTIONS

Each offeror must submit a full proposal consisting of a technical proposal and a cost proposal. Both proposals must include a table of contents facilitating access to sections and ensuring ease of review.

Offerors must submit their full proposals to the location(s) by the date and time indicated in the cover letter that accompanies this RFTOP. USAID/Zambia will review all proposals received by the deadline for responsiveness to the general, technical, and cost proposal instructions. USAID/Zambia will not review late, incomplete, or faxed proposals.

Each offeror should retain one copy of the full proposal. The individual signing the proposal must initial erasures and/or other changes.

### L.4 GENERAL INSTRUCTIONS TO OFFERORS

Each offeror must submit a full proposal consisting of a technical proposal and a cost proposal. Both proposals must include a table of contents facilitating access to sections and ensuring ease of review.

Offerors must submit their full proposals to the location(s) by the date and time indicated in the cover letter that accompanies this RFTOP. USAID/Zambia will review all proposals received by the deadline for responsiveness to the general, technical, and cost proposal instructions. USAID/Zambia will not review late, incomplete, or faxed proposals.

Each offeror should retain one copy of the full proposal. The individual signing the proposal must initial erasures and/or other changes.

## **I. TECHNICAL PROPOSAL INSTRUCTIONS**

### **A. Format**

Type the technical proposal in English, with one-inch (2.54 cm) margins on all sides, in a single column. Use Times New Roman (12 points or larger); figures and tables may feature different fonts in smaller font sizes (e.g., Arial, 10 points) but must be easily readable.

The narrative body may include text boxes, but type all text in Times New Roman (12 points or larger) and format these boxes such that they do not interfere with readability.

Do not exceed 30 pages, excluding the cover, table of contents, and attachments. Insert page numbers on all pages. Avoid any excessively elaborate formatting/presentation to facilitate duplication and readability. Anything over 30 pages may not be reviewed.

For the attachments, label each one, list them in the table of contents, and include them at the end of the technical proposal. An English translation must accompany any attachment not originally prepared in English. Do not submit superfluous materials as attachments that will detract from the technical proposal. Insert page numbers on all pages.

Submit the entire technical proposal (including the cover, table of contents, and attachments) both in hard copy and by e-mail.

### **B. Content**

Offerors should demonstrate their technical expertise and management capabilities to undertake the activities described in the statement of work. Technical proposals must include the following six sections regardless of how they conform to the 30-page limit: executive summary; strategic and technical approach; performance monitoring and evaluation plan; management plan; staffing and key personnel; and organizational mission, capacity, and past performance, with the appropriate attachments.

#### **1. Executive Summary**

This section must not exceed three pages and should contain the following information:

- Statement of the goal, purpose, and objectives and brief descriptions of the strategic approaches;
- Brief descriptions of the technical approaches for the major activities under the key intervention areas;
- Brief descriptions of strategic approaches to sustain the positive health impacts through coordinated efforts and interactions between stakeholders;
- Identification of major outcome indicators, specifying end-of-program targets as well as data collection and reporting methods;
- Identification of sub-partners in Zambia, including their names, type of relationship (e.g., sub-contract or strategic/technical collaborator), and level of program funding to be expended;

- Level of USAID funding requested and cost-share amount (if applicable);
- Proposed start and end dates; and,
- Main authors of the application/proposal and responsible representative(s) from the headquarters, regional, and/or in-country office(s).

## **2. Strategic and Technical Approach**

Offerors must propose how to carry out the statement of work. They must demonstrate a clear understanding of the work to be undertaken and the responsibilities of all parties involved. Offerors must describe a clear and comprehensive plan and rationale on the technical approaches and activities to complete the tasks in the statement of work. They must depict the linkages between the tasks, activities, and outcomes in a program components flow chart (see annex A for a standard format) as an attachment. Additionally, offerors must submit a work plan matrix for the first year of program implementation as an attachment.

Offerors must describe a clear and comprehensive strategic approach to engage governmental entities, organizational sub-partners, community/faith-based groups, and other stakeholders to complete the tasks in the statement of work. As part of this description, they must discuss the main roles and responsibilities, including the technical approaches/activities, which partners/stakeholders shall undertake.

Offerors must describe a clear and comprehensive strategic approach to work with stakeholders in the organization, integration, management, and support of health product provision and service delivery that will sustain the positive health impacts (e.g., reductions in morbidities and mortalities associated with early childhood diseases, HIV/AIDS, STIs, and malaria or a reduction in the total fertility rate).

As part of this approach, offerors must propose a coherent plan, grounded in a sustainability framework or model (with illustrative indicators), which: (a) develops local capacity and processes to enable continuity of health benefits and (b) supports increasing local responsibility and “ownership” for operation of activities.

Offerors are encouraged to propose innovative approaches/activities, as part of a clear and comprehensive plan and rationale, to complete the tasks in the statement of work.

## **3. Performance Management and Evaluation Plan**

Offerors must describe a plan to manage governmental entities, organizational sub-partners, community/faith-based groups, and other stakeholders to complete the tasks in the statement of work. As part of this description, they must discuss the assignment of management and decision-making authorities to partners/stakeholders and their relationships with the offeror, distinguishing between entities with whom they intend to enter into an implementing agreement and others with whom they intend to collaborate, but not transfer program funds. Additionally, offerors must discuss how to coordinate and oversee the work of these partnerships, including components to build the capacity for program implementation. They must also discuss ways to solicit active involvement by USAID/Zambia, GRZ, and other stakeholders in Zambia who will guide program planning, decision-making, implementation, monitoring, and evaluation.

Offerors must discuss their ability and experience in rapid development of partnerships with governmental entities, organizational sub-partners, and community/faith-based groups to facilitate uninterrupted delivery of health services in one or more Southern African countries.

Offerors must identify the output indicators that correspond to the major activities as well as the outcome indicators that correspond to the tasks. This section should specify the end-of-program targets and year-to-year milestones for the output and outcome indicators. Offerors must ensure that all indicators meet USAID/Zambia's reporting needs for the OP, PMP, and PEPFAR.

Offerors must identify the information sources, data collection and reporting methods, and assumptions for each output and outcome indicator. This section should: (a) identify the kinds of data collection and reporting systems that already exist; (b) describe how the proposed performance monitoring and evaluation plan will leverage these systems; (c) describe the kinds of assessments, studies, or surveys that the offeror will carry out to complement these systems while meeting the reporting needs for the program and USAID/Zambia.

Offerors must propose a plan to communicate success and share lessons within their organizations and with relevant in-country stakeholders.

#### **4. Staffing and Key Personnel**

Offerors must propose an organizational structure by: identifying the key positions; describing their main technical and/or administrative functions; and specifying their locations, authorities, reporting relationships, and lines of communication within the organization and with sub-partners and stakeholders, as appropriate. Additionally, they must identify headquarters and/or regional staff who will backstop the program. For these staff members, offerors must: (a) specify the percent of effort devoted to the program; (b) describe their roles and responsibilities; and (c) discuss their linkages with in-country program staff. Offerors must depict the organizational structure in an organogram format, showing the program, headquarters, and regional linkages.

Offerors must identify candidates to fill the key positions and include their CVs as attachments. Each CV must detail the requisite qualifications and experience of the candidate. References with contact information are also required. Each CV must not exceed five pages in length. Qualifications, experience, and skills must be placed in chronological order starting with the most recent information.

A list of all proposed key personnel candidates, descriptions of the relevant skills they bring to the performance of this program, their CVs, and letters of commitment must be included as attachments. The signed letters of commitment from each candidate must indicate his/her: (a) availability to serve in the stated position, in regular terms of days after award; (b) intention to serve for a stated term of service; (c) agreement to the compensation levels which corresponds to the levels set forth in the cost proposal; and (d) prior work experience. For each key personnel candidate, the offeror must submit at least three references from professional contacts over the past three years, in addition to each candidate's current and complete contact information (including an e-mail address).

#### **5. Organizational Mission, Capacity, and Past Performance**

Offerors must state their general purpose and annual budget, including funding sources.

Offerors must discuss their experience in designing, implementing, monitoring, and evaluating similar health programs. As evidence of such experience, at least three references should be included in an attachment. Each reference must describe any contract, cooperative agreement, and/or grant on a similar health program that the offeror has executed over the past three years. As part of the description, each reference must include the following information:

- Name and address of the organization for which the work was performed;

- Name, current telephone number, and current e-mail address of a responsible representative from the organization for which the work was performed;
- Contract/grant name and number (if any);
- Beginning and end dates;
- Total and annual amounts received;
- Brief descriptions of activities; and
- Brief descriptions of results achieved to date.

Reference letters from the organization(s) for which the work was performed are not required.

## 6. Attachments

Offerors must include the following attachments at the end of their technical proposals:

- Program components flow chart;
- Work plan matrix for the first year of program implementation;
- Organogram;
- CVs of candidates filling the key positions; and,
- At least three references of previous and/or current experiences in designing, implementing, and evaluating similar health programs over the past three years.

### L.6 INSTRUCTIONS FOR THE PREPARATION OF COST PROPOSAL

(a) Offerors shall submit the cost/business management proposal in sealed envelopes clearly marked on the outside with the following information:

"Cost/Business Management Proposal - Private Sector Social Marketing Program"

(b) Offeror shall submit a budget with two costed options as follows:

Total Base Contract (without optional products)	\$66m
Optional 1 (Misoprostol)	\$6m
Optional 2 (Zinc)	\$4m
Total with options	\$76m

(c) For budgeting purposes salary rates (i.e., the employee's base annual salary plus overseas recruitment incentive, if any) shall not exceed the maximum rate for agencies without a certified SES performance appraisal system, as published in the Federal Register, for US employees; and the Local Employee Compensation Plan (LECP) for CCN employees.

The basic daily salary/fee rates for each U.S. or expatriate employee shall be escalated at the ceiling rate proposed by the offeror or identified/definite subcontractor(s) but shall not exceed the maximum rate for agencies without a certified SES performance appraisal system, as published in the Federal Register.

The basic daily salary/fee rates for each Cooperating Country National (CCN) employee shall be escalated at not more than 5% per year for estimating purposes. Actual CCN employee salary shall not exceed the following salary range for various CCN staff positions:

<u>CCN Grades</u>	<u>Position</u>
FSN1-FSN5: \$ 5,174 - \$7,634	Clerk, Driver, Janitor
FSN6-FSN8: \$9,732 - \$15,292	Administrative & Support staff
FSN9-FSN10: \$17,776 - \$23,781	Junior Professional staff
FSN11-FSN13 \$32,065 - \$48,386	Senior Professional & Specialist staff

For the above salary figures the following exchange rate was used:

*Exchange rate used: \$1 = K5, 600 as of February 26, 2009*

**Please note:**

(a) The above exchange rate is NOT to be considered an official rate for purpose of this RFTOP.

(b) Third Country Nationals (TCNs) are subject to the same restrictions as CCN's. Therefore, if offerors propose to hire a TCN at a higher level of skill than CCNs, where proposed salaries and salary escalation is expected to be on the same basis as US employees, the offeror shall seek Mission Director's approval for those TCNs in accordance with USAID policies on compensation as set forth in AIDAR 722.170. Budget approval, in this case, shall not be deemed a sufficient substitute for Mission Director's approval. Therefore, any desired waivers will have to be explicitly approved after award by the Mission Director.

**(ii) Fringe Benefit Information**

Unless the offeror's Negotiated Indirect Cost Rate Agreement contains a fringe benefit rate(s), the rate(s)/factor(s) proposed shall be supported by a detailed breakdown comprising each item of fringe benefits (e.g. unemployment insurance, workers compensation, health and life insurance, retirement, severance pay, FICA, etc.) and the costs of each, expressed in U.S. dollars for both US and CCN employees. Each page shall have the prime contractor's (or identified/definite subcontractor's) name clearly marked. A tab or colored divider page shall separate the prime contractor's and each identified/definite subcontractor's fringe benefit information.

**(iii) Direct Costs**

The proposal shall contain a complete cost breakdown as described below. The costs should be allocated separately, as appropriate, to the offeror (prime contractor) and each identified/definite subcontractor, with each such subcontractor specifically identified. This would include:

**(a) Travel, Transportation, and Per Diem**

Estimated travel and transportation costs shall be in accordance with the clause entitled "Travel and Transportation" (AIDAR 752.7002) and shall be base on estimated travel and transportation costs, indicated by the number of trips, domestic and international, duration of travel, the number of individuals traveling, mode of transportation, and unit prices, and the subtotal of all travel and transportation costs. Estimated per diem cost

must be in accordance with Section 925 of the Standardized Regulations (Government civilians, Foreign Areas). The breakdown of per diem costs will be tied to the travel itinerary and work-days, and must specify, location(s), number of days in each location, the per diem rate for each location, and the subtotal for all per diem costs.

(b) Purchases of Nonexpendable Personal Property

The detailed budget breakdown for purchases of nonexpendable personal property and long-term lease of motor vehicles shall include the types and quantities of nonexpendable personal property to be purchased, the unit prices, and the total costs. The types and quantities of nonexpendable personal property must be consistent with the information provided in the technical proposal.

(c) Other Direct Costs (ODCs)

The detailed budget breakdown shall present the basis for all other items of direct cost. ODCs include costs such as allowances, communications, passports/visas, medical exams/inoculations (for international travel), DBA insurance, medical evacuation services, purchase of expendable property), lease/rentals of nonexpendable property, report preparation/reproduction, publications, office rent, etc.

(iv) Indirect Cost Information

The detailed budget breakdown must be structured in such a way as to clearly and easily identify the rate(s) being used, the base(s) to which the rate(s) is (are) applied, and the resulting amount of dollars. The indirect cost rate must be in compliance with ceilings rates set forth in Section B.7 of the basic contract.

(v) Fixed Fee

The detailed budget breakdown must indicate the fixed fee (if applicable) in dollars, and indicate the percentage that the base fee dollars is to the total estimated costs. The fixed fee proposed must be in compliance with the fixed fee limitations (if any) set forth in the Basic Contract.

(vi) In addition the Offeror shall provide the following:

(a) Ceiling Rate on Annual Non-CCN Employee Salary Increases

The offeror shall propose a ceiling rate on annual non-CCN salary increases for its employees and employees of identified/definite subcontractors. The ceiling rates on annual non-CCN employee salary increases must be the same for each year of the task order and must apply to non-CCN employees regardless of whether the non-CCN employee is an employee of the offeror (prime contractor) or an identified/definite subcontractor. Offerors are cautioned against proposing a ceiling rate on annual non-CCN employee salary increases which is too low to attract and retain qualified personnel. Use of "average" ceiling rates, ceilings on non-CCN salary increase dollars, or ceiling rates which vary from year-to-year, are not acceptable.

(b) Purchasing/Leasing Information

The offeror shall include documentation to demonstrate the basis for the unit price(s), such as suppliers' quotes, *pro forma* invoices, catalog excerpts, etc., for all purchases or leases/rentals of nonexpendable personal property to be acquired. The offeror shall also provide a lease vs. purchase analysis for each item of nonexpendable personal property.

(c) Contractor Employee Biographical Data Sheets

The offeror shall submit completed Contractor Employee Biographical Data Sheets for each individual whose salary/consulting fee will be charged as a direct cost to the Task Order. The offeror shall propose which

positions/ individuals are considered key/essential to the work to be performed. The form must be signed by the individual and the offeror (or subcontractor) in the appropriate spaces with all blocks completed. Consulting fees must clearly specify the number of days for each consultancy. If the individual is on an appointment of less than 12 months (*e.g.*, an academic year appointment for a university faculty member), the form must indicate the number of months in the appointment period. Use of Biographical Data Sheets which are more than three months old is not acceptable. Biographical Data Sheets must be presented in alphabetical order, by the individual's last name, regardless of whether the individual is to be furnished by the prime contractor or a subcontractor. The form must reflect the earnings for the three preceding years, and the date when salary increases went into effect must be indicated. If the form reflects only the highest salary of the most recent employer, the date when such salary went into effect must be indicated. If continuation sheets are used, each must contain the individual's name, signature, and date.

(d) If the offeror proposes to purchase any restricted goods AIDAR 752.225.70 under the Task order, the offeror shall identify, for each restricted good, the types of goods, the number of units, the unit price(s), the total costs, and the expected source, origin, and supplier nationality.

(e) The same information must be provided for any subcontractor. A tab or colored divider page shall separate the prime contractor's and each subcontractor's purchasing/leasing information. The offeror's (or subcontractor's) name must be indicated on each page.

(f) Costs of Communications Products

The proposal must, to the maximum practicable extent, include the estimated costs, with a complete cost breakdown, for each communications product for which USAID approval is required.

(g) Evidence of Subcontractors' Agreements

The proposal must include a letter, on subcontractor letterhead, and signed by an authorized representative of each subcontractor, which specifically states the following:

(A) The subcontractor's agreement to be included in the offeror's proposed teaming arrangement;

(B) A discussion and agreement on whether the prime contractor or the subcontractor will finance the subcontractor's performance;

(C) The subcontractor's agreement with the proposed ceiling rate for annual non-CCN salary increase; and

(D) A discussion and agreement on type(s) of subcontract(s) to be used, and applicable terms and conditions, unless the subcontract(s) will be essentially the same as the prime contract (with appropriate alterations to reflect the difference in the parties, and to reflect the fact that USAID will not have privity of contract with any subcontractor). Included in the discussion of applicable terms and conditions shall be the agreed-upon method of resolving any disputes which may arise between the prime contractor and the subcontractor. The clause entitled "Disputes" (FAR 52.233-01) may not be used in subcontracts.

(h) A tab or colored divider page shall separate the prime contractor's and each identified/definite subcontractor's indirect cost information. The offeror's (or subcontractor's) name must be indicated on each page. For subcontracts not included in the Basic IQC the offeror shall submit the following:

(A) The most current Negotiated Indirect Cost Rate Agreement (NICRA) or other documentation from the subcontractor's cognizant U.S. Government Audit Agency, if any, stating the most recent final indirect cost rates and/or the current provisional or predetermined rates accepted by the cognizant U.S. Government Audit Agency, and the subcontractor's fiscal year (*e.g.*, October 1 through September 30).

(B) Each subcontractor's representations and certifications, as required.

(C) Evidence regarding responsibility of the subcontractor. Each subcontractor must be responsible in order to receive a subcontract.

(i) U.S. Small Business Subcontracting Plan

The proposal must include a U.S. small business subcontracting plan as required by the clause of the contract entitled "Small Business Subcontracting Plan". The plans are required even if the offeror does not plan to subcontract any performance, and the subcontracting goals would then be nil. The plans must follow the format and contain all of the information required by paragraph (d) of said clause. If any subcontractor will perform under the Task Order and the subcontract will exceed US\$500,000, and was not identified in the basic IQC, the subcontractor, if it is a U.S. organization and is not a U.S. small business, must submit a U.S. small business subcontracting plan.

**[END OF SECTION L]**

## SECTION M – EVALUATION FACTORS FOR AWARD

### M.1 GENERAL INFORMATION

(a) The Government may award a task order without discussions with offerors.

(b) The Government intends to evaluate task order proposals in accordance with Section M of this RFTOP and award to the responsible contractor(s) whose task order proposal(s) represents the best value to the U.S. Government. “Best value” is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.

(c) The submitted technical information will be scored by a technical evaluation committee using the technical criteria shown below. The evaluation committee may include industry experts who are not employees of the Federal Government. When evaluating the competing Offerors, the Government will consider the written qualifications and capability information provided by the Offerors, and any other information obtained by the Government through its own research.

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

### M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

The evaluation criteria establish the standards against which all technical proposals will be assessed. The percentage of total points indicates the relative importance of the criterion. To facilitate the review of proposals, offerors should develop the narrative body with the same sections in the same order as specified in the content section of the technical proposal instructions. While close adherence to these guidelines are necessary, it does not guarantee a successful review.

The specific evaluation criteria are as follows:

<b>Technical Evaluation Criteria</b>	<b>Weight</b>
<b>Strategic and Technical Approach</b>	<b>30 points</b>
<b>Performance Management and evaluation Plan</b>	<b>20 points</b>
<b>Staffing and Key Personnel</b>	<b>35 points</b>
<b>Organization, capacity and past performance</b>	<b>15 points</b>
<b>Total Possible Technical Evaluation Points</b>	<b>100</b>

#### M.2.1 STRATEGIC AND TECHNICAL APPROACH (30 POINTS) [SEE SECTION L.5 (1)]

- Demonstrates a thorough understanding of Zambia’s socio-demographic and epidemiological profile, especially as it pertains to childhood illnesses, unintended and unsafe pregnancies, HIV/AIDS and STIs, and malaria
- Proposes well conceived, well substantiated, and realistic technical approaches and activities to complete the tasks in the statement of work and to build on Zambia’s achievements to date

- Describes strategic approaches to work with governmental entities, organizational sub-partners, community/faith-based groups, and other stakeholders to complete the tasks in the statement of work and to build on Zambia's achievements to date
- Proposes a coherent plan, grounded in a sustainability framework or model (with illustrative indicators), which: (1) develops local capacity and processes to enable continuity of health benefits and (2) supports increasing local responsibility and "ownership" for operation of activities

### **M.2.2 PERFORMANCE MANAGEMENT AND EVALUATION PLAN (20 POINTS)**

- Proposes a plan to manage the relationships with governmental entities, organizational sub-partners, community/faith-based groups, and other stakeholders
- Demonstrates the ability and experience in rapid development and effective management of partnerships with diverse entities to facilitate uninterrupted delivery of health services in one or more Southern African countries
- Identifies output and outcome indicators, end-of-program targets, and year-to-year milestones with appropriate linkages to the major activities and tasks
- Describes systematic interventions to collect and report data
- Describes approaches to communicate success and share lessons learned

### **M.2.3 STAFFING AND KEY PERSONNEL (35 POINTS)**

- Describes the main technical and administrative functions and human resource structures to carry out these functions, with a depiction in an organogram and further explanation in the job descriptions of the key positions
- Identifies and justifies the selection of qualified candidates to fill the key positions and appropriate headquarters and/or regional staff to backstop the program

### **M.2.4 ORGANIZATIONAL MISSION, CAPACITY, AND PAST PERFORMANCE (15 POINTS)**

- Clear statement of the general purpose and annual budget, including funding sources
- Clear discussion of experience in designing, implementing, monitoring, and evaluating similar health programs, with evidence of such experience in at least three references

## **M.3 COST PROPOSALS**

The cost evaluation will include: (1) a cost reasonableness analysis and (2) a cost realism analysis to determine what the USG should realistically expect to pay for the proposed effort, the offeror's understanding of the work, and the offeror's ability to perform the contract.

Price has not been assigned a numerical weight. Offerors are reminded that the USG is not obligated to award a negotiated contract on the basis of the lowest proposed cost (see FAR 15.101-1) or to the offeror with the highest technical evaluation score. Although for this procurement, technical proposal merits are considered significantly more important than cost relative to deciding which offeror might best perform the work, price and

other factors are also considered. Therefore, after the final evaluation of the proposals, the Contracting Officer will make the award to the offeror whose proposal offers the best value to the USG, considering both technical and cost factors. It should be noted that estimated cost is an important factor and its importance as an evaluation factor will increase as the degree of equality of technical competence between proposals increases.

**[END OF SECTION M]**

## ATTACHMENT J.1 - ACRONYMS

ADS	Automated Directives System
AIDS	Acquired Immune Deficiency Syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources Program
ANC	Antenatal care
APR	Annual Progress Report
ART	Antiretroviral treatment
BEO	Bureau Environmental Officer
CCP	Central Contraceptive Procurement Project
CDC	U.S. Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CoC	Continuum of care
COP	Country Operational Plan
COTR	Contracting Officer's Technical Representative
CP	Cooperating Partner
CT	Counseling and testing
CV	Curriculum vitae
DATF	District AIDS Task Force
DHMT	District Health Management Team
EA	Environmental Assessment
EC	European Commission
FAR	Federal Acquisition Regulations
FP/RH	Family planning/reproductive health
GDA	Global Development Alliance
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HMT	Hospital Management Team
IEE	Initial Environmental Examination
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide-treated bednet
IPTp	Intermittent preventive treatment of pregnant women
IP	Implementing partner
IQC	Indefinite quantity contract
IRS	Indoor residual spraying
IUD	Intrauterine device
JICA	Japan International Cooperation Agency
M&E	Management/monitoring and evaluation
M&M	Mitigation and monitoring
MC	Male circumcision
MDG	Millennium Development Goal
MOH	Ministry of Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NASF	National HIV/AIDS Strategic Framework
NGO	Non-governmental organization
NHSP	National Health Strategic Plan
NMCC	National Malaria Control Center
OI	Opportunistic infection
ORT	Oral rehydration therapy

PATF	Provincial AIDS Task Force
PEPFAR	President's Emergency Plan for AIDS Relief
PHN	Population, Health, and Nutrition
PHO	Provincial Health Office
PLWHA	People living with HIV/AIDS
PMI	President's Malaria Initiative
PMP	Performance Management Plan

## **ATTACHMENT J.2 - ENVIRONMENTAL PROTECTION GUIDELINES**

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Title 22 of the Code of Federal Regulations, Part 216 (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204, which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The offeror's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this Request for Task Order Proposals (RFTOP).

In addition, the offeror must comply with Zambia's environmental policies, regulations, protocols, and guidelines unless otherwise directed in writing by USAID. These include the Technical Guidelines on Sound Management of Health Care Waste, issued by the Environmental Council of Zambia in 2007, which call for improvements in occupational health and safety for workers and clients in the health system. Such improvements include minimization of client contact with infectious waste and environmentally sound treatment of waste generated by health workers. In case of conflict between Zambian and USAID regulations, the latter shall govern.

No activity funded under this RFTOP will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO).

The IEE covers activities expected to be implemented under this RFTOP. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The offeror shall be responsible for implementing all IEE conditions pertaining to tasks to be funded under this RFTOP. Additionally, before the expiration of the current IEE, the offeror will assist the PHN Office to develop a new version that will ensure environmental compliance for the program described in this RFTOP.

As part of its initial Work Plan, and all Annual Work Plans thereafter, the contractor, in collaboration with the Cognizant Technical Officer (CTO) and Mission Environmental Officer or BEO, as appropriate, shall review all ongoing and planned activities under this RFTOP to determine if they are within the scope of the approved IEE. If the contractor plans any new activities outside the scope of the approved IEE, it shall prepare an amendment for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments. Any ongoing activities found to be outside the scope of the approved IEE shall be halted until an amendment is submitted and written approval is received from USAID.

Because the approved IEE contains one or more Negative Determinations with conditions applying to one or more of the proposed activities in the program described in this RFTOP, the contractor shall:

- Prepare a project mitigation and monitoring (M&M) plan describing how the contractor will, in specific terms, implement all IEE conditions that apply to proposed program activities within the scope of the award. The M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

- Integrate a completed M&M Plan into the initial Work Plan.
- Integrate the M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

A provision for sub-grants is included under this award; therefore, the contractor will be required to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist using impact assessment tools to screen grant proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by USAID. The contractor is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented. The contractor is also responsible for periodic reporting to the CTO regarding environmental compliance in sub-grantee activities.

22 CFR 216 also applies to all GDA programs, exemplified by task 4 in this RFTOP. Before entering into a GDA partnership, the contractor shall assist the PHN Office in conducting a due diligence investigation of the private sector entity. Such an investigation will determine whether the prospective partner meets the “triple bottom line” – i.e., socially responsible, environmentally acceptable, and financially sound. The PHN Office will develop criteria in assessing the prospective partner’s operational practices, such as commitment to human rights, provision of decent work conditions, involvement in communities, in addition to environmental protection.

USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise. Offerors should therefore include, as part of their proposal, their approach to achieving environmental compliance and management, to include:

- The offeror’s approach to developing and implementing the approved IEE through an M&M Plan
- The offeror’s approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities
- The offeror’s illustrative budget for implementing the environmental compliance activities (for the purposes of this RFTOP, offerors should reflect illustrative costs for environmental compliance implementation and monitoring in their cost proposal)

**ATTACHMENT J.3 – USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA SHEET**

**CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET**

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

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

**12. EDUCATION** (include all college or university degrees)

**13. LANGUAGE PROFICIENCY** (see Instruction on Page 2)

NAME AND LOCATION OF INSTITUTION	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

**14. EMPLOYMENT HISTORY**

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.
2. Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.

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

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

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

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

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

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

Signature of Contractor's Representative	Date
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[END OF RFTOP]

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