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Issuance Date: July 16, 2009

Closing Date: Electronic Submission : September 8, 2009

Closing Time: 5 p.m. Local Khartoum time

Subject: RFTOP 650-09-321 for:

SUDAN HIV AIDS PROGRAM (SHAP)

To: IQC Holders under AIDSTAR Section I

From: Patrick Kollars, Contracting Officer USAID Sudan

Subject: Request for Task Order Proposals (RFTOP)

Dear Sirs/Madams

Enclosed is a Statement of Work for a proposed Cost Plus Fixed Fee (CPFF) Task Order to be issued under the referenced Indefinite Quantity Contract (IQC) subject to the availability of funds. Appendices and reference materials related to this RFTOP are available for download at the AIDSTAR website.

Prospective Offerors are requested to confirm that they have received the RFTOP, and that all relevant appendices and reference material can be downloaded.

If your organization is interested in submitting a Proposal in response to this RFTOP, please carefully review this letter and the contents of this request for proposal.

It is anticipated that a Five year Task Order (TO) will be awarded for these services. This TO will be USAID/Sudan's primary mechanism to implement HIV AIDS programs in Southern Sudan.

Proposals should be prepared in accordance with Section L, **Instructions for Preparation of the Proposal.**

Technical questions and requests for clarifications should be sent via email to Johnny Damian: JoDamian@usaid.gov and will be accepted until **5:00 PM July 27th, 2009**. (Khartoum, Sudan local time). Responses to questions and requests for clarification will be returned to all IQC holders as quickly as possible to allow adequate time for final proposal preparation.

Final Electronic proposals should be submitted to JoDamian@usaid.gov Please see the RFTOP instructions for Preparation of the Proposal for specific instruction regarding electronic submission.

Proposals should be prepared in accordance with the Instructions contained in the RFTOP documents, and will be evaluated in accordance with Section M Evaluation Criteria. Prospective bidders should request confirmation that their final proposals have been received by the closing date and time specified. USAID shall not be held responsible for incomplete or partial submissions. Proposals received after the closing date and time specified will be considered late and shall not be evaluated (FAR 15.208)

Issuance of this RFTOP does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of Proposals. Further, the U.S. Government reserves the right to reject any or all Proposals received.

Award of the Task Order contemplated by this RFTOP cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. Proposals are submitted at the risk of the offeror.

Thank you for your consideration of this USAID initiative. We look forward to your organization's participation.

Sincerely,

Patrick Kollars
Contracting Officer

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

Sudan HIV/AIDS Program (SHAP)

1	RFTOP Number	650-09-321
2	Date RFTOP Issued	July 16, 2009
3	Issuing Office	USAID Sudan
4	Contracting Officer	<i>Patrick Kollars</i> Office: <i>USAID Sudan</i> Fax: E-mail: pkollars@usaid.gov
5	Proposals to be Submitted to	Johnny Damian Office USAID Sudan/Juba Fax: Email: JoDamian@usaid.gov
6	Proposals Due	September 8 2009
7	Payment Office	See Section G.4 Invoices
8	Name of Firm	
9	IQC Task Order Number	
10	DUNS number	
11	Tax Identification Number	
12	Address of Firm	
13	RFTOP Point of Contact	Name Phone: Fax: Email:
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), Sudan requires support to implement an HIV/AIDS program in Southern Sudan as detailed in Section C Description/Specifications/Statement of Work.

B.2 CONTRACT TYPE

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

B.3 BUDGET

The estimated range for this procurement is \$21 – 24 million.

The Total Estimated Cost of this acquisition is _____. The Fixed Fee is \$ _____. The Total Estimated Cost Plus Fixed Fee is _____. The contractor will not be paid any sum in excess of the ceiling price.

B.4 PAYMENT

The paying office is USAID Sudan (Khartoum)

B.5 INDIRECT COSTS

Pending the establishment of a revised provisional or final indirect cost rates, allowable indirect costs shall be reimbursed on the basis of the following negotiated provisional or predetermined rates and the appropriate bases:

Description* Period Rate Base*****

* Description or type of rate indicated as a percentage, e.g., G&A

** Period, e.g., CY 2009

*** Base, e.g., Direct Labor for Labor Overhead

B.6 COST REIMBURSABLE

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

B.7 OTHER RFTOP INFORMATION

The final statement of work for the task order that will result from this RFTOP will be incorporated at the time of award. Certain proposed activities in the successful offeror's proposal may be included as part of the final task order statement of work.

END OF SECTION B

SECTION C – DESCRIPTION / SPECIFICATIONS/STATEMENT OF WORK

C.1 BACKGROUND

A. Overview of Sudan

Sudan is geographically the largest country in Africa with a diverse population of approximately 40 million people. Seventy percent of Sudan's people are Arabic-speaking Muslims, identifying themselves as Arabs and residing primarily in the north. Other ethnic and linguistic groups who practice Christianity and traditional religions (animist) reside primarily in the south. It is important to note, that significant numbers of Christians live in the north, while smaller numbers of Muslims also live in the south. The majority of Sudanese, both African and Arab, value their tribal identity and affiliations.

Geographically the Nile River and its tributaries dominate Sudan's landscape, much of which is subject to dust storms and desertification. There are several distinct geographical regions of Sudan; much of southern Sudan consists of a well-watered plateau, providing cultivation but subject to erosion. Tropical rain forests extend along the southern border with Uganda, the Central African Republic (CAR) and the Democratic Republic of Congo (DRC). Mountains rise along the Sudan-Uganda border to more than 3,000 meters.

Shortly after Independence in 1956, the north and the south engaged in a prolonged civil war that caused over 2,000,000 deaths, displaced more than 4,000,000, and drove over 500,000 into refuge in other countries. The Civil war ended on January 9, 2005 when the Islamist-oriented government of the National Congress Party (NCP) and the Sudan People's Liberation Movement (SPLM) signed the Comprehensive Peace Agreement (CPA).

Sudan's only major commercial port is Port Sudan. Despite oil exports beginning in 2000, Sudan remains extremely poor, especially outside Khartoum, and development has been hampered by neglect, government mismanagement, and civil war. The war impaired social and economic development and left communities vulnerable to inadequate food supplies. Infrastructure (roads, communication, and transportation) is non-existent or in disrepair, trade linkages are severely constrained, and there is inadequate institutional capacity within the Government of Southern Sudan (GoSS) to manage the development process. With the help of foreign assistance, Southern Sudan continues to slowly rebuild from years of civil war that caused great damage to all sectors and infrastructure. Northern Sudan remains plagued with conflict and violence, resulting in extreme humanitarian needs, especially in the Darfur region.

B. Overview of the Southern Sudan Health Sector

The 2008 UNGASS report, using data from the GoSS 2006 Sudan Household Health Survey (SHHS-Southern Sudan Report) states that Southern Sudan has an estimated population of 10 million people. Children under 5 years constitute 21% while 53% of the population is under the age of 18. Southern Sudan has a natural population growth of 3%, and a total fertility rate of 6.7 children per woman. Neonatal mortality rate is 50.7 per 1,000 (for every 20 infants who are born, 1 dies during the first 28 days of life), while the infant and under five mortality rates stand at 101.4 and 134 per 1000 respectively. The Maternal Mortality Rate (MMR), 2037 women per 100,000, is the highest in the world. Access to formal ANC services is very limited with only 13.6% of mothers delivering in health facilities, while 30% of the deliveries are not assisted at

all. For education, only 6.6% of the primary age children are in school, and only 3% of secondary age children are in school. The adult literacy rate for women 15- 24 years is 2.5%.

With one of the world's youngest populations, Southern Sudan has a high proportion of people of reproductive age with many unmet health needs, reflecting the lack of essential services. In general, both the number of health service delivery points and the capacity of existing sites are deficient, and the pressure on health facilities is increasing with post-war returning populations and an apparent post-conflict increase in the birth rates. The vulnerable position of women in Southern Sudanese society creates additional barriers for them to receive reproductive services of any type.

Table 1: Southern Sudan Health and Demographic Data

Category	Indicator	Data/Source
Child Mortality	Under five mortality per 1,000 live births	250 (UNGASS 2008)
Maternal Mortality	Maternal Mortality per 100,000 live births	2037 (UNGASS 2008)
Fertility Rate	Average number of women per children	6.7 (UNGASS 2008)
Family Planning	Modern contraception prevalence rate	1% (UNFPA-Southern Sudan, 2007)
HIV Prevalence rate	HIV infection among the population aged 15-49 years	3.1% (CDC/UNGASS, 2008)
Malaria	New Malaria cases per 1,000	91.8 (WHO, 2005)

The health system in Southern Sudan was seriously compromised by decades of conflict and neglect. Prior to the war, isolation prevented the establishment of an effective, accessible health system and the recent two decades of conflict rendered the delivery of health services to the majority of the population almost impossible. According to a USAID-funded 2008 report on the health care services, the UN estimated that NGOs financed by international donors were responsible for 86% of all health care delivery in Southern Sudan. There were an estimated 750-800 functional health facilities in Southern Sudan, but approximately 25 to 30% of the population had even minimal access to health care. As a result, morbidity and mortality burdens are among the highest in the world throughout the 10 Southern Sudanese states. The signing of the CPA and the establishment of the GoSS is resulting in decreased humanitarian relief funding and increased development assistance funding. The transition from relief to development presents a challenge, as populations are suddenly faced with the potential for reduced access to vital health services that had previously been supported by humanitarian relief agencies. The MOH does not currently have the resources to support additional facility operations and in some cases, when NGOs have withdrawn, facilities have ceased to operate.

No recent population-based surveys have been conducted in Sudan, adding to the difficulty of assessing current population trends and health needs, and subsequently programming appropriately. In the absence of a functional, comprehensive health care system in Southern Sudan supported by the GoSS, there is a compelling need to work with existing international and NGO partners to strengthen health care service delivery and develop health policies, guidelines and standard packages of care.

C. Overview of the National AIDS Program

Southern Sudan is presumed to have a generalized HIV/AIDS epidemic with an estimated HIV prevalence of 3.1% (CDC/UNGASS 2008). All elements are present in Southern Sudan for the rapid spread of HIV. Refugees in large numbers are returning from neighboring higher prevalence countries such as Ethiopia, Kenya, Uganda and the DRC. Trade and transport are increasing exponentially with hundreds of truckers, a high risk group, arriving daily and often staying for days to weeks in major transport corridor hubs. A large population of the SPLA is stationed in these hubs, as are large numbers of jobless, demobilized former SPLA. Mobile populations are often away from their families for extended periods and may be vulnerable to engaging in risky sexual behavior. Vulnerable women and youth also flock to these transport hubs due to the promise of economic opportunity. Regionally, prevalence is often at least twice as high in such hubs as compared to national estimates. The combination of poverty, a concentration of truckers and other transient workers, sexual networking including polygamy and concurrent relationships, gender based violence (often related to widespread alcohol abuse), lack of recreational facilities, and a dearth of health services creates an environment of elevated risk. These hubs are, in effect, incubators of HIV, driving transmission in areas well beyond the geographic location of the hub. Without strong sexual prevention efforts linked to other services, this combination of factors is likely to continue to drive the epidemic.

Intensive and focused efforts in HIV prevention, care, and treatment are needed to ensure the HIV epidemic does not become a greater problem in this fragile society. The GoSS has exhibited a high level of political commitment and support by declaring HIV to be a national enemy and providing financial resources as well. According to the UNGASS 2006-2007 Southern Sudan HIV/AIDS Integrated Report published in January of 2008, Southern Sudan has now attained two of the "Three Ones Principles", one national coordinating body, and a national strategy. In addition to the Southern Sudan AIDS Commission (SSAC), a directorate of HIV/AIDS has been established in the MOH and in the Ministry of SPLA Affairs to implement HIV/AIDS activities in their respective sectors.

The SSAC was established in 2006 to coordinate the multi-sectoral response to HIV/AIDS. It is under the office of the President of the Government Southern Sudan, not the MOH, and works closely with international donors and partners, including the USG PEPFAR program. The SSAC has a board composed of members from government institutions, People Living with HIV/AIDS (PLWHA), SPLA and Civil Society Organizations and has a functional secretariat led by the Executive Director. There are SSAC Coordinators in each state and in some counties to manage the programs and efforts of the MOH and donors.

In support of its HIV programs, the GoSS has received an HIV/AIDS grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). While the round 3 and round 5 grants focused primarily on Northern Sudan, Round 4, approved up to \$28,435,365, focuses on Southern Sudan. The program goal is to "reduce HIV/AIDS transmission, reduce morbidity and mortality and minimize the personal and societal impacts HIV/AIDS. The Program aims to halt and begin to reverse the spread of HIV/AIDS in the Southern Sector of Sudan by 2015. The major objectives are to (i) improve knowledge and practice of HIV and STI preventative measures by the general adult population, youth and vulnerable population subgroups during 2005-2010 (ii) develop and expand treatment, and care and support services for people and families living with HIV/AIDS; and (iii) build the capacity of the New Sudan National AIDS Council, NGOs and local institutions to effectively manage and monitor HIV/AIDS programs."

Prevention:

The Southern Sudan GoSS-UNGASS Report states that the GoSS intensified HIV/AIDS awareness and education campaigns in 2008. The political leadership at the GoSS publicly speaks about HIV/AIDS during gatherings and national events in order to decrease stigma and increase awareness. As the campaign to increase knowledge and promotion of positive behaviors intensifies, a Behavior Change Communication (BCC) policy or strategy will be developed.

HIV Counseling and Testing (C&T) is a key element of the GoSS HIV program, and is an opportunity for individuals, couples, and groups to not only learn about their HIV status, but to establish personalized risk reduction plans. C&T is important for helping HIV negative persons remain HIV negative, and for linking HIV positive persons with care, treatment and support options. Efforts have been made to establish new HIV C&T services in Southern Sudan. There are currently 30 C&T sites in Southern Sudan located mainly in hospitals and Primary Health Care Centers (PHCC), mostly in Central Equatoria and Western Equatoria states. However, the states of Warrap and Upper Nile have a total of 2 available VCT sites. Established sites have at least two trained C&T counselors serving on average 70 clients per month. C&T is provided both in the facility (including ANC clinics) and community settings through mobile clinics. In 2007, a total of 12,328 people were tested for HIV, and 600 (4.9%) were HIV positive, of which 65% were women.

HIV is just one of numerous health threats to pregnant mothers and their children in Sudan, and approaches to strengthen Prevention of Mother to Child HIV transmission (PMTCT) takes this into account. With support from HHS/CDC, UNICEF launched a "Safe Motherhood" project in 2005 that provided a package of evidence-based antenatal and peri-partum interventions including routine HIV C&T and standard interventions recommended by WHO to decrease the chance of vertical HIV transmission. The pilot program, the first PMTCT experience in Southern Sudan, was encouraging, demonstrating high levels of interest in maternal health care and HIV, with generally excellent patient uptake of routine HIV testing. However, the pilot also highlighted the limited capacity of most MOH health facilities and personnel, the intensive demands of program support, and the need for integrated efforts to increase knowledge and decrease stigma in facilities and communities.

According to the Southern South Sudan GoSS-UNGASS Report from 2008, Sudan has eight centers (hospitals) which are managing and providing blood transfusion services. Blood services are financed as part of other laboratory services, and do not cover donor services or cost aspects of blood services. Southern Sudan has no stand-alone blood banks. With regard to regulatory mechanisms and quality systems, all the donated blood is screened for HIV and syphilis before transfusion. The HIV prevalence rate among blood donors based on findings from Juba Hospital is estimated to be 4.2%. However, there is no regular inspection of blood banks / services by the regulatory authority to ensure quality of blood services.

Treatment and Care

Care and support interventions, funded by international donors, are provided at no cost to families infected and affected by HIV. Program wrap-arounds promote synergy between primary care and existing partner activities, and include social marketing of bed nets, safe water interventions (such as point of use water treatment), and provision of condoms to the general population. Communication strategies built around these interventions incorporate the benefits of the products for PLWHA, but marketing strategies also emphasize benefits for other key population groups. Children are a focus of safe water campaigns and pregnant women are targeted for bed net distribution. It is expected that broadly promoting these proven public health interventions will prevent perceived associations between their use and HIV status.

The GoSS provides limited treatment for HIV infected individuals through Global Fund programs. Treatment on a limited scale began in 2005, and as of 2008, six sites were providing ART in Wau, Malakal, Juba, Yei, Kajokeji, and Bentiu.

Strategic Information

Currently, Southern Sudan has no functioning epidemiological, surveillance, monitoring and evaluation system for the HIV epidemic. The SSAC is tasked to lead the HIV monitoring and evaluation efforts. A Monitoring and Evaluation Working group constituted by the SSAC, GOSS Ministries, UN agencies, Bilateral agencies, Multilateral agencies and other partners has been established as the beginning of the process to develop a national M&E system for HIV/AIDS. There is extremely limited strategic information on HIV/AIDS in Sudan. The recently completed drafting of the “Southern Sudan HIV/AIDS Framework” (2008-2012) provides a basis for the implementation of a national monitoring and evaluation (M&E) framework which reportedly will be launched in 2009.

D. Overview of the HIV Response by the United States Government (USG) in Southern Sudan

Based on the low general prevalence rates estimated from primarily anecdotal evidence in 2007 and the limited resources available for HIV/AIDS activities, the Sudan PEPFAR team’s strategy has been to reach groups and geographical areas perceived to be at higher risk of HIV infection. These geographical areas include border areas with large numbers of returnees and transient groups, military facilities, and vulnerable resident populations, counties along the main transport corridors from neighboring countries with high HIV prevalence, and urban areas that have a large influx of new populations and returnees. The main urban areas are Juba, Wau and Malakal, and the counties along the transport corridor include Mundri, Mvolo, Rumbek, Aweil, and Kapoeta.

Many implementing partners promote comprehensive ABC interventions, and sexual prevention efforts are generally linked to other USG and GoSS services including C&T, PMTCT and home based care (HBC). In 2008, 492,105 individuals were reached with abstinence and being faithful (AB) messages; 163,134 with abstinence only messages; and 484,906 with other prevention interventions, including the establishment of 488 condom outlets. Other achievements included support to 35 community based organizations (CBOs) and to a national network of PLWHA to implement ABC programming.

The USAID-funded ROADS (Regional Outreach Addressing AIDS through Development Strategies) project in Sudan (2005 – 2008) followed a slightly different model than in other countries included in the regional activity: For example, rather than primarily building the capacity of indigenous volunteer groups for long term sustainability, ROADS provided sub-agreements to three international NGOs: American Refugee Committee (ARC) implemented HIV counseling and testing, ABC prevention interventions, and palliative care in Greater Yei; International Rescue Committee (IRC) implemented counseling and testing and ABC prevention interventions in Juba and Rumbek; and Population Services International (PSI) provided multi-media ABC approaches and capacity building of local institutions, in Juba, Mundri, and Tambura. International HIV/AIDS Alliance provided capacity building for Community Based Organizations in FY08; Family Health International (FHI) provided overall management and technical support and, in the latter months of the project, began adaptation of their ‘cluster’ approach for South Sudan and the creation of *Safe TStop* Recreation and Resource center in Juba.

Prevention

PEPFAR partners engaged in HIV sexual prevention education, stigma reduction and creation of demand for services continue emphasizing the importance of couples and partner testing, recognizing that discordant couples are relatively common and must be an important intervention target. The C&T program emphasizes the importance of mutual disclosure of HIV status among sex partners, and decision making based on each individual's status, through couples C&T. Emphasis is also placed on addressing barriers to females accessing C&T services. To further increase demand for the C&T services in static sites, strategies to improve client' perspectives of the sites are encouraged to attract more clients to the sites. Also, considering the low literacy rate in Southern Sudan, some of the IEC materials are translated to local languages at the very basic level, and an increased emphasis will be provided on community mobilization activities like theater and other drama based events. Efforts are being made to provide increased outreach/mobile C&T services to improve the uptake of the services.

PEPFAR Sudan is accelerating access to PMTCT through education and awareness of the benefits of C&T. The existence of routine HIV education and testing incorporated into Maternal and Child Health care services (MCH) has important prevention and entry to care benefits, and is likely to reduce stigma over time. In the last year, PEPFAR set up three PMTCT sites. Even in areas of great need, there is generally no infrastructure for antenatal care services. Many MCH Antenatal Clinic (ANC) staff are traditional birth attendants with no formal training or MCH workers with limited training. In USG-supported programs, HIV testing as a routine component of ANC with couple and family counseling is emphasized from the outset. The program has been successful in initiating follow up at clinics for post-natal clients and their infants. Apart from cotrimoxazole, HIV positive mothers and their families are provided with basic health package kits comprised of insecticide-treated bed nets, water treatment equipment, condoms and information materials. Service provision is supported by community mobilization efforts designed to increase demand and reduce stigma.

Care

The PEPFAR Sudan program, through its work and collaboration with the SSAC, MOH, and USG implementing partners, has introduced a model for preventive care based on the successful basic package of preventive/palliative care (PC) delivered in other sub-Saharan countries. With PEPFAR and GOSS leadership, PEPFAR partners have adapted training materials for lay counselors and community groups for use in Southern Sudan. The USG is supporting the delivery of basic HIV care through home-based care kits and referrals, including education of patients and family members on issues related to care. Efforts continue to reduce stigma and promote an open and supportive environment. PLWHA's are encouraged to participate, and in turn their participation has resulted in PLWHA becoming more engaged in the process.

Strategic Information and Lab

The PEPFAR Sudan program continues to provide technical assistance and training for laboratory activities related to surveillance, quality assurance, PMTCT, VCT, treatment monitoring and other areas as needed. With expansion of sentinel surveillance to cover eight out of ten states within Southern Sudan, the need for this support will greatly increase. PEPFAR Sudan, with support from CDC Headquarters, provides technical assistance to the MOH to conduct a comprehensive laboratory assessment that includes looking at the flow of laboratory services and capacity issues (i.e., infrastructure, equipment, trained personnel, etc) from all levels of service, i.e., Central, State, County and PHCCs. Laboratory capacity remains an

important constraint for HIV surveillance in Sudan. For example, there is no ELISA testing capacity in Southern Sudan. The USG PEPFAR team planned to support the development of laboratory capacity at the Juba Reference Laboratory for surveillance purposes; however, this has not progressed due to the slow pace of renovation.

PEPFAR Sudan has supported antenatal clinic sentinel surveillance activities both in the North and the South. In Southern Sudan, CDC established the basis of an ANC surveillance system, but due to lack of manpower and resources, surveillance activities are not taking place at this time. However, CDC actively participated in assessing additional sites throughout Southern Sudan for ANC surveillance. Although the GoSS is focusing more on the proposed Sudan AIDS Indicator Survey (AIS) compared to other surveillance activities, ANC surveillance is now slowly beginning.

Improved record keeping is crucial to providing better service delivery, and interim patient registers have been developed and staff trained in their use. However, due to low literacy levels and lack of record keeping skills, reporting faces ongoing challenges. The SSAC, MOH and USG are working on harmonizing record keeping and improving monitoring and evaluation tools. All PEPFAR programs collect and report data on standard indicators. The USG is also supporting efforts to collect and use data for program management and improvement.

C.2 OBJECTIVES

The proposed five year HIV/AIDS Task Order intends to improve access by vulnerable populations to quality HIV prevention and care services in geographic 'hot spots.' Based on the estimated low general prevalence rates and the limited resources available for HIV/AIDS activities, the new HIV activity will reach groups and geographical areas perceived to be at higher risk of HIV infection. These geographical areas include border areas where there are large numbers of returnees and transient people, military facilities, and vulnerable resident populations; counties along the main transport corridors from neighboring countries with high HIV prevalence; and urban areas that have a large influx of new populations and returnees. The main focal areas will be: Central Equatoria State (Juba, Yei, Morobo, Lainya), Western Bahr El-Ghazal State (Wau), and Western Equatoria State (Yambio, Nzara, Mundri), and Eastern Equatoria State.

In order to reach these vulnerable groups, the Contractor will focus on four key tasks:

1. To reduce HIV/AIDS transmission among the general population and key target groups who may engage in high-risk sexual activity through improved BCC strategies.
2. To improve the quality of life of PLWHA and their families by expanding access to and promoting Community and Home Based Care Services and by linking them closely with other non-HIV related services.
3. To expand and promote the utilization of quality Counseling and Testing (CT) services as an entry point to clinical and non-clinical HIV/AIDS services.
4. To build capacity in Southern Sudan for HIV policy development and implementation and to build systems that will provide for ongoing sustainability of activities.

C.3 SCOPE OF WORK

A. USAID Goals and Programs

Sudan is the U.S. government's highest priority country in Africa due to its importance for counterterrorism and regional stability, as well as the magnitude of human rights and humanitarian abuses. For two decades, the USG has supported health humanitarian relief activities; and since 2004, health development activities. In the 2009 GoSS budget, nearly \$300 million is budgeted for the health sector with both public and donor resources. The USG is the largest single donor in the health sector. Support for development of basic health services, including HIV, is an important complement to the many existing USAID programs. The USG also invests in natural resources management, economic growth, livelihoods, education, water, and democracy and governance. For more information on USAID/Sudan programs see: http://www.usaid.gov/locations/subsaharan_africa/countries/sudan/

This project will take into account existing policies and strategies of the GoSS as well as best practices taken from USAID and other donors and partners pursuing improvements in primary health care and in HIV/AIDS services in Southern Sudan. A full compendium of relevant documents is posted at <http://ghiqc.usaid.gov/tasc3/index.html>.

B. Geographic and Programmatic Scope

The Program shall support HIV/AIDS activities in four States:

Central Equatoria State: Juba, Yei, Morobo, Lainya

Western Bahr El- Ghazal State: Wau

Western Equatoria State: Yambio, Nzara, Mundri

Eastern Equatoria State: Nimule

The contractor should budget the maintenance of current sites and new sites shall be phased into the contractor's implementation plan, subject to funding availability, and in consultation with the Ministry of Health and SSAC, with approval from USAID/Sudan.

C. Intervention Areas

To implement activities specified under this Task Order, the contractor shall work with other USG and non-USG partners to deliver appropriately integrated HIV/AIDS services. Such integration shall have two key features that must be addressed in the proposal. 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 to the extent possible given the challenges of Sudan. Second, the management of appropriately integrated services shall reflect the coordinated use of resources with other non-health related programs to the extent possible to maximize the health benefit for communities.

Gender is an important consideration in this Task Order. Although data for Southern Sudan are scant, there is concern that years of war and displacement have increased the prevalence of gender-based violence. Attention will focus on the linkages between violence against women, maternal health, healthy pregnancy outcomes and HIV/AIDS. The Sudanese constitution has a provision requiring a minimum of 25% women in public sector positions at all levels, e.g. all the

way to the PHC. Partners will be encouraged to follow this provision in their implementation and to encourage women to step forward and participate in all project-supported fora.

The focus on gender must emphasize male involvement and male behaviors. Experience in other countries reveals that improving men's knowledge of family planning and reproductive health and of the benefits of preventive care for both men and women are important considerations in improving the health of women. Experience also suggests that in some areas, men are engaging in much higher levels of risky behavior than women, warranting a focus on male behavior in order to reduce multiple partnerships (e.g. Uganda's "zero grazing" program) and to reduce occurrence of high-risk sex. Using HIV/AIDS services to link men to family planning information can encourage faithfulness and the involvement of men in family planning decision making with their partners.

The list of Illustrative Activities presented below in each Task shall not preclude the offeror from proposing innovative approaches/activities.

Task 1: To reduce HIV/AIDS transmission among the general population and key target groups who may engage in high-risk sexual activity through improved BCC strategies.

Summary

Prevention of sexual transmission of HIV, including the promotion of abstinence, fidelity (including partner reduction), and other prevention interventions including correct and consistent use of condoms (ABC), is the highest USG program priority. Preliminary results of a Behavior Monitoring Survey in three transport corridor towns suggest the depth of the challenge. Knowledge levels of sexual transmission of HIV and of AIDS as a disease are among the lowest in Africa. Only 63% of women surveyed knew that HIV can be transmitted through sexual intercourse, 18% had never heard of AIDS, and 25% responded "no" or "don't know" respectively to the question "can people protect themselves from HIV?" Furthermore, only 15% of women surveyed reported "ever use" of condoms, and 43% or nearly half reported some form of gender based violence (GBV) or coercion. Studies from other countries suggest that since the delicate issue of GBV is often seriously underreported in surveys, the real percentage probably far exceeds this. There is also a need to improve strategic communications skills within the country, as expertise in state-of-the-art communications is limited.

The goal of the current prevention program is to reduce HIV/AIDS transmission among key target groups who may engage in high-risk sexual activities in the target area by increasing the correct and consistent use of methods and products to prevent HIV/AIDS transmission. The overall strategy includes emphasizing behavior change through inter-personal communications (IPC) by peer educators. The target groups vary by region, but include truck drivers, bar and guest house patrons, tea sellers and other male and female traders. An integrated behavior change campaign was developed to ensure that highly vulnerable populations have access to the information and services they need to adopt safer sexual behaviors.

The current prevention program empowers its target audiences to delay sexual debut, return to abstinence, remain faithful to one sexual partner (or partners in the case of polygamous relationship) and reduce risky sexual behavior. This includes the promotion of access to VCT and for treatment for sexually transmitted infections. The heart of this prevention strategy is a BCC campaign which delivers standard, concise and consistent messages through educational, yet entertaining methods across various IPC channels tailored for appropriate audiences.

USAID/Sudan's HIV Prevention Objectives:

- To enhance the target population's motivation to adopt safer sexual behaviors;
- To enhance the target population's ability to adopt safer sexual behaviors; and
- To enhance the target population's opportunity to adopt safer sexual behaviors.

Technical Approaches

- 1) Collect information and/or conduct rapid assessments to identify populations at risk in each of the target areas, as this may vary by region. Identify the behaviors or gaps in knowledge that put them at risk of infection.
- 2). Conduct evaluative research to assess the relevance, quality, and impact of existing communication strategies and materials (including social marketing systems and messages for condoms); 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. All prevention messages and activities should tie into a comprehensive BCC strategy for the project and be coordinated with the MOH and other prevention partners;
- 3). Identify local groups or peer networks that can partner in the prevention activities, and use existing and new capacity building tools and models to assess and improve the ability of local organizations to implement activities;
- 4). Develop and implement new prevention strategies and materials (as required by the program and informed by formative research) through a collaborative effort with the MOH, USAID/Sudan-supported programs, and other partners. All prevention messages and activities will tie into a comprehensive BCC strategy for the project and be coordinated with the MOH and other prevention partners.
- 5) Assess existing social marketing systems and messages for condoms and other HIV prevention products and services, and either utilize or adapt messages to fit within the overall project.

Illustrative Activities

1. **Strengthen a local response to HIV prevention through developing community BCC:** Peer educators are regarded as leaders by their peers and their community and should serve as role models for health issues affecting their communities. These activities will enhance the knowledge and skills base of current peer educators and train newly recruited peer educators to deliver prevention messages based on the current curriculum and IEC materials. Prevention strategies should include mass media, special events, drama, and group facilitated discussions. Systematic coverage of most-at-risk populations (MARPs), especially sex work and mobile populations must be appropriately included in the BCC approach.
2. **Capacity building for a Sustainable approach:** Efforts to mobilize national and local leadership to support prevention messages and activities are critical in securing buy-in from the community. It will be important to build the technical and organizational capacity of CBOs and FBOs to deliver accurate and appropriate ABC prevention messages to their target audiences. Organizational capacity building should focus on improving local capacity to manage USG finances, collect and report data, use data for decision making, and contingency planning for emergencies.
3. **Strengthen linkages with HIV/AIDS-related services and other health services:** Identify appropriate and viable systems between HIV/AIDS and other health services such as ante-natal care (ANC), malaria, maternal and child health (MCH), and family planning/reproductive health to maximize the health benefits from the delivery of

comprehensive services. The contractor shall propose and implement reasoned and practical strategies for the integration of service delivery.

4. **Improve and strengthen reporting, quality assurance, and data for improved programming:** Prior to beginning implementation, conduct a baseline mapping of existing prevention activities in urban and rural interventions areas. This will assess the current level and success of activities, identify gaps and underserved populations, and provide input for developing new and creative prevention methods and messages. Throughout the five year project period annual evaluations will be conducted to assess the impact and quality and to monitor the progress of BCC activities, messages, and indicators to improve program performance.

Indicators

The Contractor shall incorporate the national, international, and PEPFAR next generation performance indicators into its Performance Monitoring Plan (PMP). USAID shall work with the Contractor to determine additional indicators to be tracked alongside the proposed PMP. In addition, the PMP should include national and international service and quality indicators in each component area. USAID requires the Contractor to include a package of quality improvement indicators to be tracked at sites and reported on quarterly.

The Contractor shall outline and allocate funding for periodic local internal evaluations to support program implementation on specific technical topics.

Task 2: To improve the quality of life of PLWHA and their families by expanding access to and promoting Community and Home Based Care services and by linking them closely with other non-HIV related services.

Summary

The USG believes that care and support is an essential component of an integrated prevention-focused HIV program. Simple, basic care interventions, focused on the prevention and treatment of opportunistic infections (OIs), can prolong life and decrease morbidity. Beyond the immediate clinical benefits to those affected, the provision of HIV care has an important prevention potential due to the effect of decreased stigma created by the availability of care. Supporting systems to provide care and support sends the message that HIV-related illnesses can be prevented or treated, and that people infected with HIV deserve care and support. Although many basic care interventions can be effectively delivered outside health facilities, the USG strategy encourages a central healthcare worker role. Access to clinics for prevention, care and support services, through strengthening health facilities in the community, improves the quality of all health related services and builds on the foundational goals of establishing comprehensive care programs.

Home based and palliative care is an underdeveloped component of the HIV program in Southern Sudan. There are no standard policies or program guidelines developed for implementation of HBC or palliative care programs across Southern Sudan. Currently, no comprehensive GoSS-led HBC program exists, although some CBOs are conducting home visits and offering varying levels of support and services. Linkages to government medical services and to other income generating, household water treatment or economic assistance programs are key to successful HBC programs, but several factors complicate this. Government health workers are not always paid regularly and may not be trained in HIV care,

which limits the amount of medical support that is available for HBC programs. Although many NGO may be working in the area providing health and other humanitarian assistance to the population (e.g. education, water, agriculture), these efforts are not efficiently coordinated to maximize impact with limited funding. In general, there is relatively low capacity in terms of knowledge, language, technical and management skills among the CBOs implementing HBC and palliative care programs.

In 2007, USAID, in partnership with implementers and state and local government, carried out an assessment to identify appropriate ways of developing a community and HBC Program for PLWHA in Western Equatoria. A pilot HBC project to provide care and support to HIV-positive clients and their care providers was developed based on this assessment. HBC workers receive a monthly incentive and are provided with outreach materials such as soap, gloves and bags. Based on the pilot, HBC activities were expanded throughout the project area, training additional home based care workers, providing refresher training to the current HBC workers, and conducting a survey of ward nurses and patient caretakers in the hospitals to assess gaps in care.

Volunteers conducting home visits do not have sufficient training, supplies, and incentives to sustain them, which often results in caregiver burnout. The lack of transportation further complicates volunteers' ability to provide home visits, and to facilitate and refer people to the health facilities as needed. Furthermore, nutrition is a critical factor in improving the health of PLWHA, who are often ill and lack the strength to cultivate their land to grow food. There is not yet a culture of producing excess food for sale in the market, meaning even if the PLWHA had funds, there might not be food to purchase. This results in increased vulnerability due to malnutrition and starvation among PLWHA and their families.

Under the current HBC program being implemented in a few regions, care and support interventions are provided at no cost to families infected and affected by HIV. Program wrap-arounds promote synergy between palliative care and existing partner activities such as social marketing of bed nets focusing on pregnant women and children under five; safe water interventions focusing on children; and provision of condoms to the general population. Communication strategies built around these interventions incorporate the benefits for people living with HIV while marketing strategies emphasize the benefits for other key population groups.

Table 2: Ideal Basic Home-based and Palliative Care Packages Linked to ART Services when Possible

Type of Package	Contents
Home based care kit	<ul style="list-style-type: none"> • Disposable gloves • Disinfectant • Plastic sheeting • Bedpan • Plasters • Gauze • Condoms • Painkillers • Antibiotic – septrim/cotrimoxazole • Soap

Type of Package	Contents
Basic care package for PLWHA	<ul style="list-style-type: none"> • Mosquito net • Water container • Water purification tabs • IEC materials • Condoms • Cotrimoxazole

Technical Approaches

1). Strengthen the central response to improving community based HBC and palliative care: Provide technical assistance to the GoSS for the development of a comprehensive HBC program, to include guideline development, training programs for volunteers, supervisors and caregivers. Build the capacity of the national AIDS program to develop systems for consistently supplying HBC workers with home based care kits, medicine, and basic care packages. Provide technical assistance to the MOH for the consistent supply of medicines for HBC in accordance with the essential drug list. Ensure the dissemination of policies, guidelines, training curricula, and HBC kits to the local level to facilitate a scale up in HBC services at the community level.

2). Build capacity for a sustainable approach for the community-based delivery of HBC services: Strengthen institutional and organizational capacity of selected indigenous Sudanese NGOs, FBOs, CBOs, and associations of PLWHAs as well as government structures such as the County AIDS Commissions (CAC), to design, implement and manage HBC activities. Organizational capacity building should focus on improving local capacity to manage USG finances, to collect and report on data, use data for decision making, and contingency planning for emergencies. Support will be provided to CBOs to assess the feasibility and possibility of improving incentives for volunteers, addressing their training needs, providing supplies and transportation (bicycles or motorbikes), and accessing existing ambulance services. Build the capacity of CBO programs to provide comprehensive HBC and expand services if possible. CBO's with limited capacity to provide only home visits (not comprehensive care) should receive technical assistance and training to improve the quality of care delivered.

3). Strengthen linkages with other health and non-HIV related services: Strengthen linkages and improve coordination with other health and non-health sector development partners. Nutrition, food aid, income generation, family planning/reproductive health, and water and sanitation are important components of HBC programs, and linkages with WFP, Food for Peace, and other partners should be formalized if possible. Examples may include: 1) Exploring opportunities for projects such as community gardening and promoting linkages with agricultural, income generation, and water and sanitation programs for CBOs. 2) Communicating the dangers of drinking unclean water emphasizing the greater risk of diarrheal diseases among PLWHA and their children. 3) Promoting basic hygiene, correct dosage, and consistent use of home water purification solution, etc.

4). Improve and strengthen reporting, quality assurance, and data for improved programming: Prior to beginning implementation, conduct a mapping of HBC and palliative care activities in urban and rural communities. This will assess the current level and success of interventions, identify gaps and underserved populations, and provide input for developing new

and creative methods for delivering services. Throughout the five year project period, beginning with a baseline data assessment, annual evaluations will be conducted to assess the impact and quality, and to monitor the progress of home-based and palliative care activities against indicators to improve program performance.

Illustrative Activities

- 1) Conduct evaluative research to assess the scope, quality, and impact of existing HBC activities and materials; conduct baseline research to design new strategies for HBC tailored to the unique characteristics, interests, and needs of individuals, couples, families/households, and communities;
- 2) Develop systems to provide comprehensive home based care services and/or home visits to PLWHA and their families following national or international guidelines and recommendations. Systems will include involvement of community groups providing basic palliative care services including psychosocial counseling, under the supervision and involvement of nurses and social workers;
- 3) Develop procurement systems to ensure the ongoing and continuous availability of commodities for basic care kits for PLWHAs and home based care kits for caregivers;
- 4) Deliver low-cost, evidence-based palliative and preventive care to PLWHA and their families and provide linkages and referrals to other public health interventions, family planning/reproductive health, water and sanitation, social services, income generation activities, food and agriculture activities at the household and community level;
- 5) Ensure support to orphans and vulnerable children (OVC), both infected and affected by HIV and AIDS, in one or more of the six intervention areas identified in the PEPFAR OVC guidance (see Annex X for OVC guidance).
- 6) Regularly assess program progress and effectiveness, identify strengths and weaknesses, and continue to improve quality of HBC activities.

Indicators

The Contractor shall incorporate the national, international, and PEPFAR next generation performance indicators into its Performance Monitoring Plan (PMP). USAID shall work with the Contractor to determine additional indicators to be tracked alongside the proposed PMP. In addition, the PMP should include national and international service and quality indicators in each component area. USAID requires the Contractor to include a package of quality improvement indicators to be tracked at sites and reported on quarterly.

The Contractor shall outline and allocate funding for periodic local internal evaluations to support program implementation on specific technical topics

Task 3: To expand and promote the utilization of quality C&T services as an entry point to clinical and non-clinical HIV/AIDS services.

Summary

HIV Counseling and Testing is a key element of the PEPFAR Sudan HIV program. Comprehensive draft C&T guidelines incorporating Client-initiated Counseling and Testing (CICT) and Provider Initiated Testing and Counseling (PITC) was developed by the SSAC and the MOH in June 2008. This effort was supported by World Health Organization (WHO) with

assistance from PEPFAR partners and the USG PEPFAR team members. Once finalized and launched, the C&T guidelines will be implemented throughout Southern Sudan. In the interim, PEPFAR sites utilize a parallel testing algorithms using simple rapid HIV test kits, with a third kit available to resolve discordant results.

Client-initiated counseling and testing services continue to expand steadily with support from USG, UNICEF, and to a lesser extent, European donors. Most CICT currently occurs at fixed sites located at health facilities supported by the USG. In 2008, 28,386 people were counseled and tested and received their HIV test results in PEPFAR supported CICT sites. In 2008, PEPFAR introduced new mobile and outreach C&T services, which has significantly increased uptake of C&T services.

While couples HIV counseling and testing (CHCT) remains a priority for the USG, demand for couples testing remains low. Female involvement in C&T services has been limited by cultural barriers.

The PEPFAR team continues to support C&T training both for new lay counselors and refresher trainings for existing counselors. Currently there are 33 outlets supported by the USG team through NGOs, which conduct trainings along with an experienced trainer / technical advisor. The USG staff also offers general C&T technical assistance to PEPFAR implementing partners, the government, and other stakeholders. Leadership is provided in the area of C&T laboratory quality assurance (QA). QA for rapid HIV testing uses standardized dried blood spot (DBS) specimen collection techniques and centralized testing conducted at the CDC's laboratory in Kenya.

Logistics management remains a challenge in Southern Sudan due to low levels of infrastructure and high costs of transporting supplies and other items. Despite slow improvements on roads, Southern Sudan remains largely undeveloped and transporting goods by air remains the primary mode of moving supplies and people. Much effort is needed to support proper planning and logistics management, to ensure consistent availability of C&T supplies and services, given the intermittent insecurity constraints.

Technical Approaches

1). Strengthen the quality of facility referral linkages and expand C&T services: Establish new mobile and fixed VCT centers in high prevalence geographic areas (through NGOs) and improve referral linkages between C&T and palliative care including clinical and non-clinical services. Strengthen C&T in the GoSS clinical care setting for pregnant women, patients with STIs, TB patients, or those that present with any other HIV/AIDS related symptoms. Train health providers to discuss and promote C&T as part of general health education in clinical settings and to provide C&T as a routine part of medical care. For diagnostic and routine testing, health providers conducting C&T should also initiate care (provision of cotrimoxazole, referral for community services, etc.) for patients who test positive. Ensure high-quality VCT services are available that provide individual, couple and family-oriented counseling services with strong emphasis on HIV prevention counseling especially for discordant couples and prevention for positives;

2). Capacity building for a community based approach for the promotion of C&T services: Strengthen institutional and organizational capacity of selected indigenous Sudanese NGOs, FBOs, CBOs, and associations of PLWHAs as well as government structures such as the SSAC to design, implement and manage C&T promotion activities. Where appropriate, FBO/CBOs should train lay counselors in HIV/AIDS counseling that includes promotion of

testing for HIV, other STIs, and TB, prevention among positives, prevention among discordant couples, disclosure, and sexual behavior and pregnancy assessments for referral to ANC. Counselors/providers will promote testing of family members and partners of clients who test positive. Communities should be mobilized through various methods (peer education, community theatre, sporting events, etc.) to promote HIV testing and care-seeking behavior, linking individuals, couples and family members to facility and non-facility-based C&T and care and support to the extent possible.

3). Strengthen linkages with other health and non-HIV related services: Strengthen linkages with other health and non-health sector activities to promote getting tested and knowing one's status. Opportunities to integrate testing into maternal and child health and family planning/reproductive health programs as well as other sectors should be formalized if possible. Community mobilization events that involve C&T and prevention messages should be used to create a demand for services.

4). Improve and strengthen reporting, quality assurance, and data for improved programming: Prior to beginning implementation, conduct a mapping of C&T activities in urban and rural communities to assess the current level and success of interventions, identify gaps and underserved populations, and provide input for developing new and creative methods for delivering and promoting services. Throughout the five year project period, beginning with a baseline data assessment, annual evaluations will be conducted to assess the impact and quality, and to monitor the progress of C&T activities and indicators to improve program performance. Health providers, pharmacists, laboratory staff and departmental heads should be trained in basic test kits safety (including proper security and storage), tracking usage, forecasting needs and submitting timely orders to avoid stock outs or wastage. To improve reporting each site should have a specific number of dedicated and trained focal points who can review and track data, manage registry/reporting systems and strengthen and upgrade systems as necessary.

Illustrative Activities

- 1) Conduct evaluative research to assess the scope, quality, and impact of existing PEPFAR-funded VCT activities; conduct baseline research to design new strategies to expand VCT services in the project area;
- 2) Integrate C&T promotion and referral into interpersonal (peer led) HIV prevention programs for at-risk populations; include appropriate use of trained community-counselors (lay counselors);
- 3) Integrate family planning/reproductive health into VCT by providing information on the diverse family planning methods while addressing HIV/STI risk reduction and dual protection; (all family planning activities will be supported with Child Survival funds since PEPFAR funds cannot support these activities);
- 4). Strengthen referral mechanisms to community and facility services for HIV positive individuals and ensure access to basic care kits;
- 5) Develop procurement systems, in collaboration with the MOH and SSAC, to ensure the ongoing and continuous availability of commodities for C&T.
- 6) Regularly assess program progress and effectiveness, identify strengths and weaknesses, and continue to improve quality of C&T activities.

Indicators

The Contractor shall incorporate the national, international, and PEPFAR next generation performance indicators into its Performance Monitoring Plan (PMP). USAID shall work with the

Contractor to determine additional indicators to be tracked alongside the proposed PMP. In addition, the PMP should include national and international service and quality indicators in each component area. USAID requires the Contractor to include a package of quality improvement indicators to be tracked at sites and reported on quarterly.

The Contractor shall outline and allocate funding for periodic local internal evaluations to support program implementation on specific technical topics

Task 4: To build capacity in Southern Sudan for HIV policy development and implementation and to build systems that will provide for ongoing sustainability of activities.

Summary

Health Systems Strengthening is an important foundation for ensuring sustainability of services and interventions for HIV/AIDS in any country. The USG continues to support and strengthen the GoSS and Sudanese civil society in the fight against HIV/AIDS. This includes engagement and interaction with leadership at all levels, creating appropriate and conducive policy and regulatory environments, developing human capacity, strengthening systems, building local government and non-governmental institutions, and enhancing coordination and collaboration with other bilateral and multi-lateral cooperating partners, non-governmental organizations, faith-based organizations, the private sector, and civil society.

Starting in 2006, USG has worked closely with the SSAC and the MOH to build capacity and systems for HIV service delivery. The MOH received support for the establishment of the HIV/AIDS unit (now called the “Directorate of HIV/AIDS and STI”). The USG has also worked with the Global Fund and other partners to provide technical assistance to SSAC and the MOH to assess organizational and individual performance to improve service delivery. The USG will continue to work toward a stronger SSAC by assisting with recruitment and in adopting broad policy reforms to create enabling environments. At the same time, technical assistance will continue to be provided to the MOH for its implementation of HIV/AIDS activities in Southern Sudan.

Investment in systems strengthening and policy analysis will continue to focus upon efforts that have proven to be effective or demonstrate potential. The USG team will provide greater support to networks of PLWHA, including HIV-positive teachers, religious leaders, women and ART patients, in order to strengthen their networks so they can become effective participants in policy development and in promoting accountability, efficiency, and transparency in HIV/AIDS programs.

In collaboration with the Global Fund, USG will co-fund advisors at the MOH and SSAC to strengthen the capabilities of those institutions for M&E and Surveillance and Informatics. The USG will recruit a ‘Strategic Information Advisor’, who will be based in Juba, to assist the USG partners with data collection and analysis. To strengthen the GFATM management structure and to improve donor coordination, the USG will continue to support the CCM in maintaining an effective Secretariat, assisting the technical committees with progress evaluation and implementation of Global Fund supported projects, and supporting the Global Fund recipients in planning, procurement, and programming. The USG also works with the ‘Multi Donor Trust Fund’ (MDTF), which is providing millions of dollars over the next few years through SSAC to fight HIV/AIDS in Southern Sudan.

Technical Approaches

Strengthen the policy and donor environment by contributing to the development and implementation of policies, guidelines, and protocols, and to and the coordination of HIV programs: All project activities should be conducted within the existing structures and coordinating mechanisms of the SSAC and MOH, USG, and other partners. This will help minimize duplication of effort and confusion during program implementation. There are a number of national-level technical working committee/group and ad-hoc meetings convened by the MOH or SSAC to strengthen the policy environment and planning for HIV programming. Health care workers require training in the existing policies, protocols and guidelines, and will require training as new ones are developed. Work plans and QA/QI tools for appropriately integrated service delivery should be developed jointly with other partners and programs where applicable and appropriate

Illustrative Activities

- 1) Provide technical assistance and leadership in the development and/or technical review of relevant national policies, protocols, and guidelines for HIV programs, and in development of training programs and communication materials for HIV programs;
- 2) Provide technical assistance to the development and/or implementation of logistics management, M&E, and quality assurance/quality improvement (QA/QI) systems;
- 3) Train trainers on national policies, protocols, guidelines and will train health workers in skill areas necessary to delivery high-quality HIV services.
- 4) Attend and participate in relevant stakeholder meetings and regularly share technical information and lessons learned from program implementation with GOSS and other donors

Indicators

The Contractor shall incorporate the national, international, and PEPFAR next generation performance indicators into its Performance Monitoring Plan (PMP). USAID shall work with the Contractor to determine additional indicators to be tracked alongside the proposed PMP. In addition, the PMP should include national and international service and quality indicators in each component area. USAID requires the Contractor to include a package of quality improvement indicators to be tracked at sites and reported on quarterly.

The Contractor shall outline and allocate funding for periodic local internal evaluations to support program implementation on specific technical topics.

C. 4. IMPLEMENTATION AND MANAGEMENT PLAN

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

C.5. ADDITIONAL REQUIREMENTS

a. Branding Strategy

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

1. The **USAID/SUDAN HIV AND AIDS PROGRAM (SHAP)** is the project brand assigned to this contract.

2. PROJECT MATERIALS AND COMMUNICATIONS:

a. Audiences

The target audiences with whom the Sudan HIV and AIDS Program will promote and publicize USAID sponsorship include the following:

Primary audience: Host-country populations including government officials, policymakers, civil society, and private sector groups that are beneficiaries of the HIV and AIDS Program (e.g. general population educated on HIV and AIDS, VCT clients, clients receiving Home Based Care and other related services) or are involved in the fight against HIV and AIDS (e.g., Community Based Organization, faith-based organizations, women’s groups, the media, businesses, networks and groups of people living with HIV, etc.).

Secondary audience: Host-country clients of HIV/AIDS and tuberculosis programs and services, and other individuals who influence uptake of services; international donor agencies; other Bureau of Global Health cooperating agencies and contractors; and public health researchers.

The program will collaborate closely with the Southern Sudan HIV and AIDS Commission (SSAC), Directorate of HIV/AIDS in the Ministry of Health (MOH) Government of Southern Sudan (GOSS), the Sudan People’s Liberation Army, and other ministries and government bodies.

b. Messages

The Sudan HIV and AIDS Program focus is on providing appropriately integrated HIV/AIDS services through two key features. 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 management of appropriately integrated services shall reflect the coordinated use of resources with other non-health related programs to the extent possible to maximize the health benefit for communities.

Messages will typically focus on improving knowledge of communities on HIV/AIDS through interpersonal, mass media, other forms of communication and on educating clients receiving different services on relevant information.

Messages will vary depending on the particular audiences, which are noted in the detailed SOW.

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, press releases, etc.) and materials (e.g., success stories) the contractor will organize and produce to assist USAID in delivering the message that the assistance is from the American people. 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,
- Spotighting 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.

b. Marking Plan

A Marking Plan should be developed by offerors 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 considered by the Contracting Officer.

c. Grants Under Contract

Multiple grants to local organizations are anticipated during the period of performance. Proposals should include an annual plug figure of \$500,000 for year one, \$1,000,000 for each year 2-4, and \$500,000 for year 5 for grants to local organizations.

C.6. PERFORMANCE MONITORING PLAN

A variety of mechanisms will be used to monitor the progress/success of the activity and the Contractor's performance:

1. Monthly meetings with COTR
2. Review of contractor's scheduled reports
3. Feedback from GoSS, MOH, SSAC, NGO counterparts and collaborating donors
4. Site visits/TDYs by USAID personnel
5. Meetings to review and evaluate work plans, annual and semi-annual progress reports.
6. Periodic impact assessments or performance evaluations.

The COTR will conduct periodic performance reviews to monitor the progress of work and the achievement of required results under this task order. These reviews will form the basis of the contractor's performance record with regard to this task order.

C.7. DELIVERABLES

The contractor shall provide the following deliverables:

1. Workplans

The Work Plan/Performance Milestone Plan (PMP) is the key document for contract performance against which Contractor performance shall be monitored and evaluated by both USAID and the Contractor. The Contractor will propose the Work Plan/PMP as part of the technical proposal, and the final format will be agreed on during negotiation. During contract performance, the Work Plan will be up dated as required, subject to COTR approval. Contracting Officer approval of Work Plan updates shall be required if the proposed changes impact on the use of available contract funds. Such comments and changes, however, if accepted by the Contractor, shall not constitute a change from the terms of this contract. Annual Work Plans shall specify a time table for the implementation of planned activities and a summary program budget (by result category). The updates shall include a brief summary report on contract performance to date. The Work Plan is intended to be a working document for the use of the Contractor and USAID. Annual updates to the work plan will be discussed with USAID and adjusted accordingly. Much of the information may be presented in tabular format, and there is no expectation of widespread public dissemination.

The Work Plan should include, at a minimum:

- Proposed accomplishments and expected progress toward achieving the results and performance measures tied to the Monitoring and Evaluation Plan (M&E).
- A time line for implementation of the years proposed activities.
- Information on how activities will be implemented.
- Major equipment to be procured.
- Details of collaboration with MoH (central and department) and other USAID-funded partners

2. Monitoring and Evaluation Plan

The Contractor will be responsible for developing and executing a Monitoring and Evaluation (M&E) Plan, which includes the relevant indicators found in USAID/Sudan’s Performance Monitoring Plan (PMP) and the results indicated in each component area in this TO. Expected program results with illustrative indicators, mid-term benchmarks, end of project results provided partially in this document, should be further elaborated in the M&E plan. The M&E plan should be submitted to the USAID COTR within 60 days of the award of the contract. To the extent possible, the M&E plan will be integrated into, and enhance, existing MOH/SSAC management systems. The M&E plan will be updated and revised as appropriate in collaboration with USAID.

The successful bidder will be required to submit a branding and marking plan in accordance with the USAID Automated Directive System (ADS) 320 within 60 days of signing the award. See <http://www.usaid.gov/policy/ads/300/320.pdf> for details with particular attention to contracts.

3. Reports

All reports and other deliverables shall be in the English language. All work under this contract shall be completed by: TBD. During the duration of the contract the following reports are due in English according to the following schedule:

Type of Report	Date Due	Distribution
Annual Work Plan and Budget	60 days after signing of the award and a month before the ending of	3 copies COTR, CO, Task Order COTR

	the current work plan during the life of the project.	
Monitoring and Evaluation Plan	60 days after signing of the award	2 copies COTR, Task Order COTR
Branding and Marking Plan	60 days after signing of the award	2 copies-COTR, Task Order COTR
Financial Quarterly Reports	SF 296 30 days after end of the reporting period	3 copies COTR, FM/USAID Sudan, Task Order COTR
Performance Monitoring Reports	Quarterly for the first year and semi-annually thereafter; (January 30 and May 31), to coincide with the USAID annual reporting cycle; dates and format TBD within the first 30 days of the award	1 copy to COTR
Equipment Plan	Annually (as part of the work plan)	COTR, CO
Foreign Tax Reporting	TBD	2 copies COTR, FM
Final Financial Report	90 days after completion of contract	4 copies COTR, CO, Task Order COTR and CDIE
Final Performance Monitoring Report	90 days after completion of the contract; first draft is due 30 days after completion of the contract	Same as above
Success Stories (format will be provided)	Minimum of one per month with photographs	1 copy to COTR

N.B. Workshop/Conferences/Training reports will be included in the semi-annual reports.

The Monthly Meeting: The Contractor will meet on a monthly basis with the COTR and provide monthly summarized implementation and financial reports (NTE 5 pages) to the COTR.

Quarterly Financial Report: The quarterly financial report should contain at a minimum:

- 1) Total funds committed to date by USAID into the contract.
- 2) Total funds expended by the Contractor to date.
- 3) Pipe-line (committed funds-expended funds).
- 4) Funds and time remaining in the contract.

Semi-annual Performance Reports: every six calendar months, for the periods of October – December and January-March, to be provided within 30 days of the end of each period. At a minimum, semi-annual reports shall describe: current progress to date relative to the goals and objectives of the procurement’s activities, achievement of results, performance of requirements, and progress on result indicators, beneficiaries disaggregated by gender; identification of problems or delays; a proposal to remedy these problems or delays.

Success Stories: Once a month the Contractor will be required to submit success stories concerning the individual-level impact of their activities. These success stories should be accompanied by photographs of the activities described.

END OF SECTION C

SECTION D – PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

Markings under this task order shall comply with the USAID “Graphic Standards Manual” available at: www.usaid.gov/branding

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

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

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

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

D.2 BRANDING

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

END OF SECTION D

SECTION E - INSPECTION AND ACCEPTANCE

E.1 TASK ORDER PERFORMANCE EVALUATION

Task order performance evaluation shall be performed in accordance with Sector I HIV/AIDS Technical Services IQC, Section E.3.

Pursuant to FAR 52.252-2 "Clauses Incorporated by Reference" (FEB 1998) this Contract incorporates the following clauses by reference with the same force and effect as if it were given in full text. Upon request, the Contracting Office will make its full text available.

52.246-5 Inspection of Services Cost Reimbursement (Apr 1984)

END OF SECTION E

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The estimated period of performance for this task order 5 years.

F.2. DELIVERABLES

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

F.3 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS

Patrick Kollars
Contracting Officer
U.S. Agency for International Development
Juba, Sudan
Telephone:
Fax:
Email:pkollars@usaid.gov

The Contracting Officer's Technical Representative (COTR) will be designated separately.

F.4 PLACE OF PERFORMANCE

The place of performance under this Task Order is through out Southern Sudan, as specified in the Statement of Work.

F.5 AUTHORIZED WORK DAY / WEEK

No overtime or premium pay is authorized under this Task Order. 6 Day work weeks are authorized for short term technical assistance personnel including consultants.

F.6 REPORTS AND DELIVERABLES OR OUTPUTS

The requirements set forth for submission of reports in Sections C, I and J, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, outline the reports which shall be submitted to the COTR. All reports and other deliverables shall be in the English language, unless otherwise specified by the COTR. Additional reports may be required during the performance of the task order.

END OF SECTION F

SECTION G – TASK ORDER ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S AUTHORITY

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

G.2 TECHNICAL DIRECTION

The USAID Sudan Health Team 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.

G.3 ACCEPTANCE AND APPROVAL

In order 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 The Controller, USAID Sudan. One copy of the voucher and the invoice shall also be submitted to the Contracting Officer and the COTR.

Electronic submission of invoices is encouraged. Submit invoices to the Office of the Controller to this address: Sudanvouchers@usaid.gov

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

Paper Invoices shall be sent to the following address:

The Controller
USAID Sudan
2200 Khartoum Place
Washington DC 20521-2200

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

Alternative payments methods such as the Letter of Credit option (if applicable) may be negotiated prior to final award.

END OF SECTION G

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

The contractor shall provide at a minimum the following key personnel for the performance of this task order. The contractor may propose additional Key Personnel positions including those below not to exceed 5 in total.

- 1) Chief of Party
- 2) Financial Management Director
- 3) Monitoring and Evaluation (M&E) Specialist

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

H.2 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

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

H.4 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY

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

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

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

H.6 SPECIAL INSTRUCTIONS

1. The contractor shall not represent the USG with government entities or other donors. Reports (both verbal and written) from this program are not to be shared outside of USAID without prior approval from the Task Order COTR or designee. Before having interviews with the media, issuing press releases, holding news conferences, or otherwise communicating with the media

regarding activities under this Task Order, the Contractor will consult with the Task Order COTR or designee.

2. Before having interview with the media, issuing press releases, holding news conferences, or otherwise communicating with the media regarding activities under this Task Order, the Contractor will consult with the Task Order COTR or designee.

3. Given the fluid political environment and institutional setting in Sudan, the specific task and benchmarks may change. Any changes in the work plan must be approved by the Task Order COTR and changes in the Scope of Work approved by the Contracting Officer.

H.7 GRANTS UNDER CONTRACT

This contract provides in Section C that the Contractor may be required to execute grants on behalf of USAID. (Note: It is anticipated that prior approval will be provided by The Head of the Contracting Activity of this procedure for this contract, subject to the requirements below pursuant to ADS [the USAID Automated Directive System] 302.5.6 and E302.5.6.) The following requirements apply to any grant to be awarded by a Contractor under this contract: IQC NO. GHH-I-00-07-00062-00

a. USAID shall have substantial involvement in the establishment of selection criteria and shall approve the selection of grant recipients. Unless otherwise directed by the cognizant Contracting Officer, the COTR shall have authority to approve the grant recipient selection.

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

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

d. The Contractor is not authorized to execute or administer Cooperative Agreements on USAID's behalf.

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

f. The Contractor shall award such grants only to non-U.S., or U.S., non-governmental organizations. It is anticipated that the approved amount of such grants shall not exceed \$100,000 (for U.S.) unless an exception is provided in writing by the contracting officer (and further approved by the HCA).

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

H. 8 VOLUNTARY POPULATION PLANNING ACTIVITIES (JUNE 2008)

(a) Requirements for Voluntary Sterilization Program. None of the funds made available under this contract shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(b) Prohibition on Abortion-Related Activities.

(1) No funds made available under this contract will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this contract will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

(c) The contractor shall insert this provision in all subcontracts.

(d) Voluntary Participation and Family Planning Methods.

(1) The contractor agrees to take any steps necessary to ensure that funds made available under this contract will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the contractor agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this contract, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

(e) Requirements for Voluntary Family Planning Projects.

(1) A family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization or public international organization provides family planning services to people and for which funds obligated under this contract, or goods or services financed with such funds, are provided under this contract, AAPD 08-01 Voluntary Population Planning Activities – Updated Requirements and Clause 5 except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no sub-contract or grant under this contract, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9) (i) The contractor shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph; and

(ii) the contractor shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

(iii) The contractor shall provide USAID such additional information about violations as USAID may request.

(f) Additional Requirements for Voluntary Sterilization Programs.

(1) The contractor shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this contract are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(2) Further, the contractor shall document the patient's informed consent by

(i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or

(ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(3) The contractor must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

(g) The contractor shall insert this Alternate I in all subcontracts involving family planning activities.

(End of clause)

H.9 ENVIRONMENTAL COMPLIANCE

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 Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ads/200/>), 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.

Environmental Compliance Guidelines

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

- The offeror's approach to developing and implementing an Environmental Mitigation & Monitoring Plan that incorporates the guidance from the approved Regulation 216 environmental documentation (the IEE or EA for this program or USAID Environmental Review Process for a grant under an award).
- The offeror's approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities.
- The offeror's budget should reflect the costs of implementing the environmental compliance activities. For the purposes of this solicitation, offeror(s) should include costs for environmental compliance implementation and monitoring in the appropriate cost elements of their proposal.

The Contractor, in collaboration with the USAID Contracting Officer's Technical Representative and the Regional Environmental Advisor or Bureau Environmental Officer, as appropriate, shall periodically review all ongoing and planned activities under this contract to determine if they are within the scope of approved Regulation 216 environmental documentation. This review should occur at least annually and immediately upon evidence or concern of non-compliance. The results of a compliance self-assessment and any joint reviews should be summarized in corresponding periodic reporting (semi-annual and annual reports).

Reports shall consider implementation of USAID environmental mitigation measures, "Best Practices" for Environmental Management, and new issues or conditions that may impact environmental compliance measures, and recommendations when appropriate for improving the effectiveness of mitigation measures and compliance. The Contractor's final report will include a specific section on the implementation of the Agency's environmental regulations (22CFR216), mitigation actions and their effectiveness throughout the life of the program.

If the Contractor plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments. Any activities discovered that fall outside the scope of the approved Regulation 216 environmental documentation shall be

suspended until an amendment to the documentation is submitted and written approval is received from USAID.

Environmental Compliance Obligations

The contractor's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this Contract. In addition, the Contractor must comply with host country environmental regulations unless otherwise directed in writing by USAID.

No activity funded under this contract 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). Hereinafter, such documents are described as "approved Regulation 216 environmental documentation."

H.10 EXECUTIVE ORDER ON TERRORISM FINANCING (MAR 2002)

The Contractor/Recipient 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 legal the 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/agreement.

H.11 SALARY SUPPLEMENTS FOR HG EMPLOYEES, AIDAR 752.231-71 (OCT 1998)

(a) Salary supplements are payments made that augment an employee's base salary or premiums, overtime, extra payments, incentive payment and allowances for which the HG employee would qualify under HG rules or practice for the performance of his/her regular duties or work performed during his/hers regular office hours. Per diem, invitational travel, honoraria and payment for work carried out outside of normal working hours are not considered to be salary supplements.

(b) Salary supplements to HG Employees are not allowable without the written approval of the Contracting Officer.

H.12 TRAVEL AND TRANSPORTATION, AIDAR 752.7002, PERSONNEL, AIDAR 752.7027, AND INTERNATIONAL TRAVEL APPROVAL AND NOTIFICATION REQUIREMENTS, AIDAR 752.7032

In accordance with the above clauses, the Contracting Officer hereby grants authority to the COTR to provide written approval of international travel (excluding Business Class), provided that such concurrence is within the terms of this contract, is subject to the availability of funds, all applicable regulations and policies and is not construed as authorization either to increase the estimated cost or the obligated amount of the contract, nor shall it be construed as a determination that any costs are allowable, allocable or reasonable. The Contractor shall retain for audit purposes a copy of each travel concurrence.

H.13 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this solicitation is 935. As such, this procurement is open to all offers from USAID Geographic Code (Source, Origin and Nationality) 935 which include all countries, except for those designated by the US Government as foreign policy restricted countries. The current foreign policy restricted countries are as follows: Libya, Cuba, Iran, North Korea and Syria.

H.14 CONSENT TO SUBCONTRACT

Consent to subcontract to the organizations listed below that were proposed as part of the Contractor's management team will be deemed to be granted at the time of contract award, unless the Contractor is otherwise notified by the Contracting Officer in writing. Consent to subcontract will be required for all other subcontracts to the extent required by FAR Subpart 44.2. (to be completed at time of award)

H. 15 NONEXPENDABLE PROPERTY PURCHASES AND INFORMATION TECHNOLOGY RESOURCES

The Contractor is hereby authorized to purchase the following equipment and/or resources:
[to be completed at time of award]

H. 16 AIDAR 752.7013 CONTRACTOR-MISSION RELATIONSHIPS (OCT 1989)

(a) The Contractor acknowledges that this contract is an important part of the United States Foreign Assistance Program and agrees that its operations and those of its employees in the Cooperating Country will be carried out in such a manner as to be fully commensurate with the responsibility, which this entails.

(b) The Mission Director is the chief representative of USAID in the Cooperating Country. In this capacity, he/she is responsible for the total USAID program in the cooperating country including certain administrative responsibilities set forth in this contract and for advising USAID regarding the performance of the work under the contract and its effect on the United States Foreign Assistance Program. Although the Contractor will be responsible for all professional, technical, and administrative details of the work called for by the contract, it shall be under the guidance of the Mission Director in matters relating to foreign policy. The Chief of Party shall keep the Mission Director currently informed of the progress of the work under the contract.

(c) In the event the conduct of any Contractor employee is not in accordance with the preceding paragraphs, the contractor's Chief of Party shall consult with the Mission Director and the employee involved and shall recommend to the Contractor a course of action with regard to such employee.

(d) The parties recognize the right of the U.S. Ambassador to direct the removal from a country of any U.S. citizen or the discharge from this contract of any third country national or cooperating country national when, at the discretion of the Ambassador, the interests of the United States so require. Under these circumstances termination of an employee and replacement by an acceptable substitute shall be at no cost to USAID.

(e) If it is determined that the services of such employee shall be terminated, the Contractor shall use its best efforts to cause the return of such employee to the United States or point of origin as appropriate.

(The following paragraph (f) is applicable if the contract is with an educational institution:)

(f) It is understood by the parties that the Contractor's responsibilities shall not be restrictive of academic freedom. Notwithstanding these academic freedoms, the Contractor's employees, while in the Cooperating Country, are expected to show respect for its conventions, customs, and institutions, to abide by applicable laws and regulations, and not to interfere in its internal political affairs.

H.17 "PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ACQUISITION) (October 2007)"

(a) This contract is authorized under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (P.L. 108-25). This Act enunciates that the U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. The Contractor shall not use any of the funds made available under this contract to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b)(1) Except as provided in (b)(2) and (b)(3), as a condition of being awarded USAID funds for HIV/AIDS activities under this contract or subcontract, a non-governmental organization or public international organization the contractor/subcontractor must have a policy explicitly opposing prostitution and sex trafficking.

(b)(2) The following organizations are exempt from (b)(1): the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(b)(3) Contractors and subcontractors are exempt from (b)(1) if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(b)(4) Notwithstanding section (b)(3), not exempt from (b)(1) are contractors and subcontractors that implement HIV/AIDS programs under this contract or subcontract by:

- (i) providing supplies or services directly to the final populations receiving such supplies or services in host countries;
- (ii) providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or
- (iii) providing the types of services listed in FAR 37.203(b)(1)-(6) that involve giving advice about substantive policies of a recipient, giving advice regarding the activities referenced in (i) and (ii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

(c) The following definition applies for purposes of this provision:

“Sex trafficking” means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

- (d) The Contractor shall insert this clause in all subcontracts.
- (e) Any violation of this clause will result in the immediate termination of this contract by USAID.
- (f) This clause does not affect the applicability of FAR 52.222-50 to this contract.”

H.18 DISCLOSURE OF INFORMATION

(a) Contractors are reminded that information furnished under this solicitation may be subject to disclosure under the Freedom of Information Act (FOIA). Therefore, all items that are confidential to business, or contain trade secrets, proprietary, or personnel information must be clearly marked. Marking of items will not necessarily preclude disclosure when the U.S. Office of Personnel Management (OPM or The Government) determines disclosure is warranted by FOIA. However, if such items are not marked, all information contained within the submitted documents will be deemed to be releasable.

(b) Any information made available to the Contractor by the Government must be used only for the purpose of carrying out the provisions of this contract and must not be divulged or made known in any manner to any person except as may be necessary in the performance of the contract.

(c) In performance of this contract, the Contractor assumes responsibility for protection of the confidentiality of Government records and must ensure that all work performed by its subcontractors shall be under the supervision of the Contractor or the Contractor's responsible employees.

(d) Each officer or employee of the Contractor or any of its subcontractors to whom any Government record may be made available or disclosed must be notified in writing by the Contractor that information disclosed to such officer or employee can be used only for a purpose and to the extent authorized herein, and that further disclosure of any such information, by any means, for a purpose or to an extent unauthorized herein, may subject the offender to criminal sanctions imposed by 19 U.S.C. 641. That section provides, in pertinent part, that whoever knowingly converts to their use or the use of another, or without authority, sells, conveys, or disposes of any record of the United States or whoever receives the same with intent to convert it to their use or gain, knowing it to have been converted, shall be guilty of a crime punishable by a fine of up to \$10,000, or imprisoned up to ten years, or both.

H.19 SPECIAL PROVISIONS

1. U.S. Export Restrictions

Unless otherwise approved in advance by the Contracting Officer, funds provided hereunder may not be expended by the Contractor in violation of the U.S Government's Export Administration Regulations (EAR) found in 15 CFR 730, et seq.1

¹ Further information about export restrictions may be found on the internet at: <http://www.gpo.gov/bis/index.html> and http://www.gpo.gov/bis/ear/ear_data.html.

2. U.S. Economic Sanctions

Unless otherwise approved in advance by the Contracting Officer, funds provided hereunder may not be expended by the Contractor in violation of any U.S. Government Economic Sanctions and/or any License related thereto issued by the U.S. Department of the Treasury's office of Foreign Assets Control (OFAC).

3. Special Provision for Sudan

(1) In accordance with a General License issued by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) on October 31, 2007 (31 CFR 538.531), a Specific OFAC License is not required for the work conducted under this Award (transactions and activities that are not for the conduct of this Award are not authorized under the General License). This General License authorizes the Contractor to engage in all transactions and activities (including Contractor dealings with the Government of Sudan, e.g., procuring telephone services from Sudatel) that are ordinarily incident to the work conducted under this Award and that are otherwise prohibited under the Sudanese Sanctions Regulations ("SSR") (31 CFR 538), subject to the following conditions:

(a) The Contractor must provide a copy of this Award to any U.S. person (such as a U.S. financial institution, freight forwarder, etc.) before that U.S. person engages in or facilitates any transaction or activity prohibited by the SSR.

(b) If this Award contains any sensitive or proprietary information, such information may be redacted or removed from the copy given to the U.S. person, provided that the information is not necessary to demonstrate that the transaction is authorized pursuant to paragraph (a) above.

(c) Notwithstanding 22 CFR 226.53, U.S. persons engaging in or facilitating transactions authorized pursuant to the general license shall keep a full and accurate record of each such transaction, including a copy of the contract or grant, and such records shall be available for examination for at least five (5) years after the date of the transaction.

(d) No payment may involve a debit to an account blocked pursuant to the SSR.

(2) The general license does not relieve the Contractor from compliance with other provisions of U.S. law, specifically the Export Administration Regulations (15 CFR parts 730, et seq.) administered by the U.S. Bureau of Industry and Security in the U.S. Department of Commerce ("BIS") (<http://www.bis.doc.gov/>) and the International Traffic in Arms Regulations (22 CFR 120-130) administered by the U.S. Department of State (<http://www.pmdtc.state.gov/>). This means that exporting items on the Commerce Control List (e.g., computers, satellite phones, etc.) from the U.S. for import into Sudan may require a BIS license. The Contractor is responsible for obtaining such a BIS license.

(3) For any questions about the SSR or the general license, the Contractor should refer to <http://www.treas.gov/offices/enforcement/ofac/programs/sudan/sudan.pdf>, or contact Peter

Chessick or Laura Black, OFAC Chief Counsel's Office at (202) 622-2410 or the OFAC Licensing Division at (202) 622-2480.

H.20 U.S. SANCTIONS & LICENSING

U.S. Sanctions and Licensing

Activities and transactions carried out under this award are authorized by a general license from the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC). The Contractor will comply with OFAC regulations as set forth in the attached OFAC Case No. SU-2799. In addition, the export of certain equipment or supplies may be subject to licensing requirements from the U.S. Department of Commerce, Bureau of Industry and Security (BIS). It is the responsibility of the Contractor to determine whether it must apply BIS licenses. Guidance on BIS licensing may be found at www.bis.doc.gov.

END OF SECTION H

SECTION I – CONTRACT CLAUSES

I.1 All clauses contained in the Basic Sector I AIDSTAR IQC as modified are applicable to this task order.

END OF SECTION I

SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS

SECTION J - LIST OF ATTACHMENTS –

The referenced source documents can be accessed electronically on the website:

Attachment Number	Title
J.1	OFAC SU 2799 Sudan
J.2	
J.3	
J.4	
J.5	

An electronic version of USAID FORM 1420-17 Contractor Biographical Data Sheet can be located at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/ .

END OF SECTION J

SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

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

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 GENERAL

The Government anticipates the award of one (1) Cost Plus Fixed Fee type 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:

	<u>Date</u>
RFTOP issued	July 16, 2009
Questions due	July 27, 2009 10:00 AM EST
Answers to questions disseminated	July 31, 2009
Proposals due	September 8, 2009 10:00 AM EST
Technical evaluation	September
Award of task order	October 1, 2009
Performance begins	October 15, 2009

All Questions relating to this RFTOP must be submitted to Johnny Damian at JoDamian@usaid.gov via email no later than July 27, 2009 by 10:00 AM EST. 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

USAID will entertain proposals only from the entities under the AIDSTAR-Sector I IQC.

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

Offerors must submit their technical proposals in PDF or MS Word format to the email address above by the date and time indicated in the cover letter that accompanies this RFTOP. The cost proposal should be Excel Worksheet with accompanying notes in PDF or MS Word. After electronic submission, offerors should request confirmation that the number of emails submitted and the related attachments contained with each were received and can be opened. Attachment size should not exceed 5MB per email. USAID accepts no responsibility for incomplete submissions due to electronic transmission errors or delivery failures due to attachment size.

USAID/Sudan will review all proposals received by the deadline for responsiveness to the general, technical, and cost proposal instructions. USAID/Sudan 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

RFTOP Instructions: If an Offeror does not follow the instructions set forth herein, the Offeror's proposal may be eliminated from further consideration or the proposal may be down-graded and not receive full or partial credit under the applicable evaluation criteria.

Accurate and Complete Information: Offerors must set forth full, accurate and complete information as required by this RFTOP. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.

Offer Acceptability: The Government may determine an offer to be unacceptable if the offer does not comply with all of the terms and conditions of the RFTOP.

Proposal Preparation Costs: The U.S. Government will not pay for any proposal preparation costs.

L.5 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

All materials submitted must be in English. Applicants must supply an electronic copy of their cost and technical proposals by the time and date specified on the cover sheet via e-mail to: JoDamian@usaid.gov

The technical proposal should be formatted in a PDF file. Each technical proposal should be written by project components and results to be achieved under each component. Technical Proposals must not make reference to specific costs or detailed pricing data in order that the technical evaluation may be made strictly on the basis of technical merit. The technical proposal shall not refer to information contained in the cost proposal.

All electronic submissions of the Technical and Cost Proposals should have in the subject line of the email: "**RFTOP No. 650-09-321** "Technical" or "Cost/Business Proposal".

(1) TECHNICAL APPROACH

A. Proposed Technical Approach: Methodology and Content

Applicants should submit a Technical Proposal, not exceeding 40 pages, which is directly responsive to the terms, conditions, specifications and clauses of this RFTOP. Technical Proposals should be single spaced, have a font size of Times New Roman 12 and have one inch margins. The cover page, table of contents, Executive Summary (not to exceed two pages) and section dividers will not count against the 50 page limit. Pages exceeding the 40 page limit will not be evaluated.

The evaluation of the offeror's technical approach will focus on the following:

- The proposal expresses a clear understanding of the purpose of the activity
- The proposal reflects a clear understanding of the development context in Sudan, including intercultural and gender issues as related to health sector activities
- The description of how the Scope of Work will be accomplished is clear, practical, and results-oriented, and it adequately addresses all of the technical requirements specified by USAID/Sudan in the SOW. Proposals with activities that reflect realistic, imaginative and innovative approaches to achieving the objectives are encouraged in addition to addressing gender.
- The proposed work plan and timeline clearly describe how the activities will be conducted.

(B) Key Personnel

The Key Personnel listed below are suggested; offerors are free to propose up to five (5) positions. Resumes of proposed Key Personnel (limit four (4) pages per position) shall be included as part of the technical proposal but will not count against the 50 page limit

Chief of Party (COP)

The Chief of Party will provide overall leadership and management for the planning, implementation and management of the project and to establish the administrative framework to monitor and assure progress toward the achievement of the goals and objectives of the project.

Financial Management Director

The Financial Management Director will provide management support and oversight in the implementation of program activities. Management support areas/functions may include finance, human resources, information technology, and procurement.

The incumbent will oversee the development, monitoring and evaluation of the proposals submitted to the offeror under for subcontracts and for quick disbursing Grants Under Contract components of the Task Order. The incumbent will serve as the principal point of contact with prospective recipients.

Monitoring and Evaluation (M&E) Advisor

The M&E Advisor will work with the Chief of Party on assessments and other routine program monitoring and evaluation activities. The M&E 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 GoSS and USG reporting requirements. In conjunction with both sets of responsibilities, the M&E Advisor will oversee the dissemination of assessments as well as monitoring and evaluation data for intra- and inter-organizational learning.

Offerors proposing more than the three (3) Key Personnel listed above shall identify the position title(s) and a brief description of the purpose of the position as well as the proposed skills and experience required for the position.

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

(C) Past Performance

Evaluation under this factor will be based on the following:

- Quality of product or service, including consistency in meeting goals and targets;
- Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks;
- Business relations, addressing the history of professional behavior and overall business-like concern for the interests of the customer, including coordination among subcontractors and developing country partners, cooperative attitude in remedying problems, and timely completion of all administrative requirements;
- Customer satisfaction with performance, including end user or beneficiary wherever possible;
- Effectiveness of key personnel, including appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients were identified; and
- Cost control, including forecasting costs as well as accuracy in financial reporting, ensuring that unnecessarily expensive technical assistance is not used when lower cost advisors are adequate, and pacing the expenditure of level of effort such that contract deliverables and outputs can be produced within budget.

(D) Branding Implementation Plan

As required by ADS 320.2.2 offerors shall submit a Branding Implementation Plan (BIP) as an annex to the technical proposal which addresses the Branding Strategy (BS) contained in the Statement of Work Section **C.5.a**. The BIP shall address the relevant areas as outlined in ADS 320.2.2. The contents of the BIP shall not be scored nor will it count against the page limit of the technical proposal.

(E) Marking Plan

A Marking Plan should be developed by offerors 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

The contents of the Branding Implementation and Marking Plans shall not exceed 5 pages in total.

(F) ENVIRONMENTAL COMPLIANCE

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 Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ads/200/>), 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.

USAID anticipates that achieving environmental compliance and optimal development outcomes for the proposed activities will require environmental management expertise. Offerors to the RFTOP should therefore include their proposed approach to achieving environmental compliance and management as described in **Section H. Environmental Compliance**

Technical Proposal Contents Summary

Technical Proposal NTE 40 pages as described above;

And:

Not counted against the Technical Proposal 40 page limit:

- CVs of Key Personnel NTE 4 pages per individual
- Past Performance References (see required format Section M.5)
- Branding Implementation and Marking Plan NTE 5 pages
- Environmental Compliance Discussion NTE 3 pages

L.6 COST PROPOSALS

The cost proposal should be in Excel spreadsheet format with the detailed supporting narrative in either MS Word or PDF format. Any graphics/tables must be drafted in or converted to MS Word PDF or Excel.

Detailed cost estimates and supporting budget notes should be included in order to determine whether proposed costs are fair and reasonable to the US Government.

All electronic submissions of the Cost/Business Proposals should have in the subject line of the email: **"RFP No. 650-09-321 "Cost/Business Proposal"**.

The format for the overall budget shall be as follows:

COST-PLUS-FIXED-FEE BUDGET

Total Direct Labor	
Salary and Wages	\$ _____
Fringe Benefits	\$ _____
Consultants	\$ _____
Travel, Transportation, and Per Diem	\$ _____
Equipment and Supplies	\$ _____
Subcontracts (see note below)	\$ _____
Allowances	\$ _____
Participant Training	\$ _____
Other Direct Cost	\$ _____
Overhead	\$ _____
G&A	\$ _____
Material Overhead	\$ _____
Total Estimated Cost	\$ _____
Fixed Fee	\$ _____
Total Est. Cost Plus Fixed Fee	\$ _____

Total Cost-Plus-Fixed-Fee \$

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

END OF SECTION L

SECTION M – EVALUATION FACTORS FOR AWARD

M.1 GENERAL INFORMATION

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

M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

The specific evaluation criteria are as follows:

Technical Evaluation Criteria	Weight
Technical Approach	50 points
Key Personnel	30 points
Corporate Capability	10 Points
Past Performance	10 points
Total Possible Technical Evaluation Points	100 points

M.3 TECHNICAL APPROACH (50 POINTS)

Evaluation of the technical proposal will focus on the soundness, realism and innovativeness of the overall technical approach and implementation plan presented in the technical proposal. The following considerations may be, but are not required to be, considered in the evaluation of this sub-factor.:

- The extent to which the technical approach fulfills the technical requirements of the task order based on the Scope of Work;
- The effectiveness of the approach to phasing of individual outputs and developing an efficient reporting systems to keep USAID and the Government of Southern Sudan informed of project progress;
- The feasibility, innovation, pragmatism and soundness of overall strategy, methodologies and approach to mobilize, implement, and achieve immediate and long term sustainable results within the given timeframe;
- The feasibility and realism of the sequence and timing of activities will also be evaluated;
- The degree to which activities are integrated with existing Southern Sudan health services, particularly public health services, with an important aspect of integration of

activities with existing Southern Sudan health services being building the capacity of counterparts to continue relevant activities after the completion of this contract;

The sub-factors below are presented by major category, with relative weights identified, so that Offerors will know which areas require emphasis in the preparation of proposals. The factors below reflect the requirements of this particular solicitation. Offerors must note that these factors: (1) serve as the standard against which all proposals will be evaluated, and (2) serve to identify the significant matters which Offerors must address in their proposals.

- The proposal expresses a clear understanding of the purpose of the activity **(5 points)**
- The proposal reflects a clear understanding of the development context in Sudan, including intercultural and gender issues as related to health sector activities **(5 points)**
- The description of how the Scope of Work will be accomplished is clear, practical, and results-oriented, and it adequately addresses all of the technical requirements specified by USAID/Sudan in the SOW. Proposals with activities that reflect realistic, imaginative and innovative approaches to achieving the objectives are encouraged in addition to addressing gender issues. **(30 points)**
- The proposed work plan and timeline clearly describe how the activities will be conducted. **(10 points)**

M.4 KEY PERSONNEL (30 POINTS)

Chief of Party

The Chief of Party will provide overall leadership and management for the planning, implementation and management of the project and to establish the administrative framework to monitor and assure progress toward the achievement of the goals and objectives of the project. The incumbent is expected to have:

- A minimum of a Masters Degree in Public Health or related area.
- 10 years experience in the field of primary health care with an emphasis managing a team of highly successful performers.
- A minimum of 5 years experience in managing donor funded projects and in the design and implementation of overseas health projects; preferably in East Africa or the Horn of Africa.
- The ability to perform at a senior policy level, demonstrated by previous experience in leading the development and implementation of international primary health care programs.
- Proven ability to manage a team, foster team work and to work as a team member.
- Strong oral and written communication and presentation skills in English.
- Computer skills (word processing, graphic programs and excel spread sheets).
- Be familiar with USAID or other USG administrative, management and reporting procedures and systems.

Financial Management Director

The incumbent will oversee the development, monitoring and evaluation of the proposals submitted to the offeror under for subcontracts and for quick disbursing Grants Under Contract components of the Task Order. The incumbent will serve as the principal point of contact with prospective recipients and is expected to have:

- At a minimum a Bachelors Degree in Business Administration, Finance Commerce or related field. Extensive experience in managing grants or contracts for NGOs may be substituted in lieu of a degree in business, administration or commerce.
- Strong oral and written communication and presentation skills in English.
- Seven years of progressively responsible work experience in managing small grants or sub-contracts with international health NGOs and/or other civil society organizations preferably in the Africa.
- Knowledge of USAID or other USG assistance policies and procedures.
- Skill in organizing resources and establishing priorities.
- Ability to gather data, compile information and prepare reports.
- Strong Computer skills (word processing, graphic programs and excel spread sheets)

Monitoring and Evaluation (M&E) Advisor

The M&E Advisor will work with the Chief of Party on assessments and other routine program monitoring and evaluation activities. The M&E 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 GoSS and USG reporting requirements. In conjunction with both sets of responsibilities, the M&E 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 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; A master'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;

M.5 CORPORATE CAPABILITY (10 Points)

The Corporate Capabilities and Experience Section focuses on the existing capabilities of the Offeror and its actual experience in providing similar services to those required under the SOW. The following considerations may be, but are not required to be, considered in the evaluation of this factor.:

- Capability and experience in terms of working on relevant efforts in Africa;

- Demonstrated performance in planning, scheduling and monitoring relevant projects/programs;
- Demonstrated experience using management tools (e.g. cost/schedule, task management tools);
- Capability and experience coordinating implementation activities with host country entities and coordinating activities with multiple stakeholders;
- Capability and experience in terms of the relevant technical services and program areas required under the task order;
- Experience with respect to efforts where host country partners, subcontractors, local NGOs, and/or host country government counterparts participated and where capacity was built in the host country by these partnerships and/or on-the-job training opportunities; and
- Capability and experience in managing and administering contracts or other programs of the size and breadth required by the Contract, including, but not limited to managing sub-contract and managing multiple and diverse projects/tasks from planning through execution.

M.6 PAST PERFORMANCE (10 POINTS)

(a) Performance information will be used for both scoring and a best value decision. USAID may use performance information obtained from other than the sources identified by the Offeror/Subcontractor. USAID will utilize existing databases of Contractor performance information and solicit additional information from the references provided by the offeror and from other sources if and when the Contracting Officer finds the existing databases to be insufficient for evaluating an Offeror's performance.

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

(c) USAID will initially determine the relevance of similar performance information as a predictor of probable performance under the subject requirement. USAID may give more weight to performance information that is considered more relevant and/or more current.

(d) The Contractor's performance information determined to be relevant will be evaluated in accordance with the elements below:

In the Technical Proposal, the Offeror should provide an information sheet for all contracts, orders or other programs that are similar to the monetary value and scope of work in this solicitation that are currently being or have been performed by the offeror or by a subcontractor within the last three (3) years. The five (5) most recent, relevant contracts, orders and programs shall be summarized

For each contract, order or program listed, please provide the following information:

- Contract, Order or other identifying number;
- Agency or entity providing the contract or funding;

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)	2. Contractor's Name
3. Employee's Address (include ZIP code)	5. Position Under Contract
4. City of work; <ul style="list-style-type: none"> • Description of the scope of work, including, but not limited to a brief discussion of the complexity/diversity of tasks; • Primary location(s) of work; • Term of performance; • Skills/expertise required; • Dollar value; 	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 persons to whom you intend to refer for assignment
 (USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed contracts if and when USAID requests it.)

12. EDUCATION (include all college or university degrees)
 when USAID requests it. (See Instructions on Reverse)

NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading
M.7 COST PROPOSAL EVALUATION						
Proposed costs shall be evaluated for cost realism, completeness, reasonableness, allowability, allocability and the competitiveness of the fee proposed. This analysis is intended to determine the degree to which the costs included in the cost/price proposal are fair and reasonable. Fee levels and indirect cost ceilings will be of particular importance. An overall evaluated cost will be determined and will be used as part of the tradeoff analysis in determining source selection.						

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 details - base pay, bonuses, allowances, professional fee arrangements, or dependent education allowances.

M.8 DETERMINATION OF THE COMPETITIVE RANGE AND TASK ORDER AWARD

(a) Competitive Range: If the Contracting Officer determines that discussions are necessary, he/she will establish a Competitive Range composed of only the most highly rated proposals. In certain circumstances the Contracting Officer may determine that the number of most highly rated proposals that might otherwise be included in the competitive range exceeds the number at which an efficient competition can be conducted. Should that be the case, the Contracting Officer may then limit offers in the competitive range to the greatest number that will permit an efficient competition among the most highly rated offers.

15. SPECIFIC CONSULTATION SERVICES provided under FAR 52.215-1(f), the Government intends to award a Contract.

(b) Award in accordance with FAR 52.215-1(f), the Government intends to award a Contract from this solicitation to the responsible Offeror(s) whose proposal(s) represent the best value after evaluation in accordance with the factors and sub-factors as set forth in this solicitation. This procurement also utilizes the tradeoff process set forth in FAR 15.101-1. If the Contracting Officer determines that competing technical proposals are essentially equal, cost/price factors may become the determining factor in source selection. Conversely, if the Contracting Officer determines that competing cost/price proposals are essentially equal, technical factors may become the determining factor in source selection. Further, the Contracting Officer may award to a higher priced Offeror if a determination is made that the higher technical evaluation of that Offeror merits the additional cost/price.

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

Signature of Employee _____ Date _____

END OF SECTION M

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

Signature of Contractor's Representative _____ Date _____

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