

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

### **B.1 PURPOSE**

The United States Agency for International Development (USAID), Regional HIV/AIDS Program in Southern Africa requires support to PEPFAR/Lesotho in Strengthening Clinical Services (SCS) Program to ensure a comprehensive family-centered HIV/AIDS clinical care and treatment program and will contribute to the Government of Lesotho's goal to HIV/AIDS prevention and the creation of universal access to standardize and equitable comprehensive HIV/AIDS care and treatment as detailed in Section C.1 Background.

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

This is a Cost-Plus-Fixed-Fee (CPFF) term contract. For the consideration set forth below, the Contractor shall provide the deliverables and results described in Section C, including, but not limited to the results specified in Section C.3(b), and comply with all contract requirements.

### **B.3 ESTIMATED COST, FIXED FEE, AND OBLIGATED AMOUNT**

(a) The estimated cost for the performance of the work required hereunder, exclusive of fixed fee, if any, is \$\_\_\_\_\_. The fixed fee, if any, is \$\_\_\_\_\_. The estimated cost plus fixed fee, if any, is \$\_\_\_\_\_.

(b) Within the estimated cost plus fixed fee (if any) specified in paragraph (a) above, the amount currently obligated and available for reimbursement of allowable costs incurred by the Contractor (and payment of fee, if any) for performance hereunder is \$\_\_\_\_\_. The Contractor shall not exceed the aforesaid obligated amount.

(c) Funds obligated hereunder are anticipated to be sufficient through \_\_\_\_\_.

### **B.4 PAYMENT**

The paying office is specified in Section *G.4*.

### **B.5 OTHER RFTOP INFORMATION**

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

### **B.6 COST REIMBURSABLE**

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

**B.7 PAYMENT OF FIXED FEE**

Payment of fixed fee, subject to FAR 52.216-8, may be made upon receipt of a proper invoice. Payment of the first 75% of the fixed fee amount specified in Section B.3(a) above shall be allocated based upon the proportion of the total estimated cost stated in Section B.3 above billed in the invoice in question. Subject to the withholding limitations in FAR 52.216-8, the remaining 25% of the specified fixed fee shall be paid upon completion of all contract requirements as stated in Section B.2 above.

**END OF SECTION B**

## **SECTION C – DESCRIPTION / SPECIFICATIONS/STATEMENT OF WORK**

### **C.1 OBJECTIVES**

The Task Order is to provide state-of-the-art technical expertise in effective and tested approaches to providing comprehensive and integrated HIV/AIDS care and treatment, and including activities being provided under the current prevention of mother to child transmission (PMTCT) programs. The objectives to be achieved are:

- 1) Help to scale-up and sustain high level quality Comprehensive, Integrated Client-centered HIV/AIDS Clinical Care and Treatment services at hospitals and clinic level.
- 2) Strengthen and Roll-out Family-Centered HIV/AIDS care and treatment services at all points of contact.
- 3) Scale up universal access to PMTCT and support expanded delivery of services
- 4) Contribute to Ministry of Health and Social Welfare (MOHSW) plan for strengthening the national health system
- 5) Assist MOHSW in policy formulation and development of protocols and guidelines in clinical areas.

### **C.2 BACKGROUND**

A small mountainous and landlocked country of approximately 1.8 million people, the Kingdom of Lesotho has the third highest adult HIV seroprevalence rate in the world. At 23.2% prevalence rate of adult Basotho ages 15 to 49, the estimated number of HIV-infected persons living in Lesotho is 273,000. HIV prevalence is highest among women at 57% versus 43% for men, while it is estimated that around 22,000 children are HIV infected.

The Government of Lesotho responded vigorously to this situation, establishing a National AIDS Commission in 2005 which consequently developed a National HIV and AIDS Strategic Plan (2006-2011), currently being revised. The burden of service delivery fell upon the Ministry of Health and Social Welfare which responded by initiating an ART program in major hospitals throughout Lesotho. They also developed and are executing a National Strategy for Scaling up the Response to HIV since 2006. The strategy targets the goal of a nation free from new HIV infections and the provision of universal and equitable access to quality care, treatment and support for the HIV infected as well as the HIV affected<sup>1</sup> by 2010. At the start of the strategy,

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<sup>1</sup> Lesotho National Strategic Plan for HIV/AIDS

the number of Basotho receiving ART in 2006 was approximately 18,000.<sup>2</sup> By September, 2008, more than 150,000 Basotho were receiving HIV care and services while the number receiving ART doubled to approximately 36,000 people.<sup>3</sup> This reflects very rapid program scale up during the past 3 years. The Government of Lesotho efforts have resulted in a unified and standardized public national ART program, based on a successful public health approach, provider-initiated HIV testing, CD4 testing at the district level, standardized ART regimens, non-physician care, and community linkages. The Government of Lesotho has accomplished this with support from the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), the World Health Organization (WHO), the Clinton HIV/AIDS Initiative (CHAI), Irish Aid, UK Department of International Development (DFID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and other stakeholders.

The prevention of mother to child transmission (PMTCT) of HIV was initiated in 2003 and has been one of the Lesotho Ministry of Health and Social Welfare's (MOHSW) primary focal and entry point into prevention, care and treatment of HIV/AIDS. The program has been based on client-initiated counseling and testing and the provision of single-dose Nevirapine (NVP) prophylaxis to mother and child at birth. There are approximately 50,000 deliveries annually in Lesotho, and HIV prevalence among ante-natal clinic (ANC) attendees was reported to be 27%. With the high level of HIV infected children and HIV orphans and the high rates of maternal, infant and under five child mortality rates from other causes, MOHSW has taken an integrated, family centered approach to HIV and AIDS care and treatment through PMTCT. From 2006 to 2008, the number of health facilities providing PMTCT services increased from 35 to 136 of 193 functioning health facilities nationwide.<sup>4</sup> In 2007, MOHSW, through an inter-agency task force, assessed the status of PMTCT and developed a scale up plan in line with the national objective of achieving universal access by 2010.

The overarching goal of the PEPFAR program in Lesotho is to expand access to HIV-related services to large numbers of Basotho, in support of the Lesotho Government's HIV/AIDS Strategic Plan, 2006-2011. The program targets six areas: (1) prevention of HIV transmission; (2) the provision of quality comprehensive evidence-based HIV disease management services for Basotho through private and/or public sector providers, including as provision of ARV drugs, treatment counseling, laboratory support and other related service; (3) improved quality comprehensive and compassionate care for AIDS orphans and other vulnerable children; (4) improved quality of life of HIV-infected individuals and their families through community-based care and support, including psycho-social and spiritual problems associated with life-threatening illness; (5) increased capacity and improved skills of government personnel working in HIV/AIDS, especially in clinical care and treatment, policy development, health information management; and (6) health systems strengthening and improved institutional capacity of civil society groups to take a more active leadership role in providing HIV/AIDS services.

Since its inception in 2004, the PEPFAR program in Lesotho has used PMTCT as the entry point for HIV/AIDS care and treatment, operating through maternal child health (MCH) clinics. As such, the PEPFAR/Lesotho program has grown beyond the usual stand alone PMTCT program

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<sup>2</sup> Working draft, Lesotho National ART Guidelines, p. 9

<sup>3</sup> PEPFAR Lesotho APR, November 2008

<sup>4</sup> PEPFAR Lesotho Country Operational Plan 2008

envisioned under the Office of Global AIDS Coordination (OGAC), in response to MOHSW public health approach and strategic priority to provide integrated family care. At the request of MOHSW in 2005, PEPFAR initiated a five-year program, Lesotho Partnership for Family-Centered HIV Services. The objective of the program is to prevent pediatric HIV infections and to reduce HIV-related morbidity and mortality among women, children and their families. The three PEPFAR-supported implementing partners were Columbia University's Center for AIDS Care and Treatment Program (ICAP), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Young Child Nutrition Project (IYCN). In addition, two non-PEPFAR funded partners also provide PMTCT services: Partners in Health works in the mountainous areas across three districts and MSF supports Scott Hospital and 15 clinics at in Maseru and Mafeteng. In FY 2008, due to coordination challenges, the MOHSW reorganized the PMTCT programs by district for a more efficient response. Thus, both of the PEPFAR-supported partners assumed responsibility for comprehensive PMTCT services in an entire district; ICAP in the southern districts (Mafeteng, Mohale's Hoek and Quthing) and EGPAF in the northern districts ((Berea, Leribe, Butha-Buthe, Mokhotlong). Both partners have designated responsibility in the Maseru District, and collaborate at Queen Elizabeth II hospital. To date, EGPAF has extended coverage to major clinical sites in all of its designated districts while ICAP is now extending to the fourth southern district. PIH is expected to continue their program in the mountainous regions, while MSF is phasing out of the Maseru District in 2009 and from Mafeteng in 2010.

The current PEPFAR-supported PMTCT partners are supporting integrated family-centered HIV services which comprise HIV specific care, including access to a number of standardized antiretroviral options to HIV infected women and children identified in PMTCT programs and for their HIV infected partners and other family members. Implementing partners are providing technical assistance and training of health care workers, TB screening, community-based care, and supporting drug management and procurement assistance to improve regular drug and consumables supplies to the health supply chain.

During 2010, the cooperative agreements of both ICAP and EGPAF are coming to an end. The MOHSW has requested that PEPFAR contract with one prime partner that can manage a consistent program across all districts, and continue to expand from the traditional PMTCT program to a broadened, comprehensive care and treatment service delivery program. Thus, this next phase of PEPFAR/Lesotho activities, from October 2009 to Sept 2014, will further develop, reinforce and standardize quality, comprehensive and integrated care and treatment programs and services, including PMTCT, across the health system in line with MOHSW priorities, objectives and guidelines. The prime partner will be expected to have state of the art technical expertise in comprehensive care and treatment service delivery along with professional managerial experience and skills in managing a country wide HIV/AIDS care and treatment program. This will require effective coordination and collaboration between government, donor and NGO stakeholders and implementing partners vertically and horizontally across the health system to sustain a high level of HIV/AIDS services throughout Lesotho. Sustaining quality and broadening clinical services will present particular challenges to a new prime partner due to the decentralized of health system management currently being undertaken in Lesotho. Under this new government structure, district governments are expected to take on responsibility for all clinics, including primary health care and MCH in the 10 districts while the central MOHSW will continue to oversee all hospitals in the 10 districts and Queen Elizabeth II, the main referral

hospital located in Maseru. To sustain quality care as well as increase access, the prime partner will need to manage priorities across several MOHSW directorates, namely STI and HIV, Family Health, Pediatrics, Human Resources and potentially other directorates and other key ministries and agencies, and within districts and through the health system. This integrated approach, while challenging, is providing an opportunity to reinforce care and treatment activities in several programmatic areas, resulting on a far reaching impact on HIV patients and their families.

Coordination and collaboration is also expected to occur between other supportive program in HIV/AIDS, both PEPFAR supported and non-PEPFAR supported. These include ART drugs for adults and pediatrics, supply chain management, prevention programs, TB/HIV, labs, pharmacy, community-based care, OVC and others. The USAID program in Lesotho does not receive funding to support general reproductive health or TB; USG support through the Millennium Challenge Corporation (MCC) will provide various aspects of improved infrastructure. Lesotho is the only country where MCC is supporting health and the only country receiving both MCC and PEPFAR funding. Thus close attention and collaboration is needed when MCC rehabilitates health clinics, PEPFAR needs to ensure full HIV/AIDS care and treatment services, adequate staffing and commodities are available to all clients.

Two other activities are currently on-going which might affect this TO in the medium term: First, PEPFAR Lesotho is currently engaged in developing a Partnership Framework with the GOL, which is expected to be finalized by July 1, 2009. This TO was written in light of the MOHSW's current priorities, and is expected to become part of the Partnership Framework. However, PEPFAR implementing partners must always be prepared for changes in GOL priorities and be willing to react accordingly. Secondly, the Demographic Health Survey is expected to be conducted starting in September, 2009. The results of the analysis will be available around June 2010. Results from the DHS may influence the GOL priorities, thus also having an effect on the implementation of the TO.

### **C.3 TASKS AND SERVICES REQUIRED**

USAID/Lesotho seeks effective and tested approaches to providing comprehensive and integrated HIV/AIDS care and treatment, to include activities being provided under the current PMTCT programs. USAID/Lesotho wishes to build and capitalize on the accomplishments, experience and on lessons learned from phase one of the PMTCT program (2004-2009) and thereby facilitate a smooth transition to the new phase (2010-2014) and program continuity with MOHSW and other key HIV/AIDS partners and stakeholders. This next phase of activity, detailed in this TO, will require demonstration of an effective level of collaboration, coordination and integration of policy, technical approaches, programs and stakeholder and partner relationships in accordance with the Government of Lesotho's HIV/AIDS strategy and USG program priorities for Lesotho. The activity should also remain flexible in light of GOL on-going decentralization process and the development of the Partnership Framework by PEPFAR Lesotho and the GOL.

Activities under this TO will include on-going discussions, priority setting and reporting to various directorates, departments and units in the MOHSW, primarily the Directorate of STI and HIV (including HIV prevention, care and treatment), Directorate of Primary Health, Department of Family Health, Directorate of Clinical Services, Pediatrics, Directorate of Human Resources and potentially other directorates, departments and units, and other ministries. Regular planning, policy review and revision and quarterly reporting are required by the MOHSW, NAC and PEPFAR. Coordination and collaboration with other program areas, in particular community-based care (TBD), prevention (TBD), TB/HIV, MCC and others will be important linkages to ensure congruent messages around care, treatment and prevention are provided to clients serviced in clinical settings. The TO will assist the MOHSW in a standardized, integrated approach of clinical services which include provider-initiated opt-out HIV testing and counseling at all clinical entry points and in the continuous decentralization process Lesotho is carrying out over the next five years.

The Contractor will provide all services necessary to achieve the results specified below in Section C.3(b). Section C.3(a) provides guidance on the tasks and services that are expected to be required to achieve those results. In addition, the work plan process set forth in Section C.4 below will be one method that technical direction will be provided.

*C.3(a) Summary Description of Task Order Requirements*

The basic requirement of this task order is for an effective state of the art approach for carrying out the following tasks and services in support of the Strengthening Clinical Services (SCS) Program:

- 1) Help to scale-up and sustain high level quality Comprehensive, Integrated Client-centered HIV/AIDS Clinical Care and Treatment services at hospital and clinic level
  - a. Provide a sound, innovative approach for providing support to full HIV/AIDS clinical services which supports the MOHSW Strategic Plan.
  - b. Improve and strengthen two-way referral systems for quality clinical care, treatment and follow up within hospitals and between clinics and hospitals.
  - c. Develop and standardize criteria for addressing and improving “quality of care” for all clinical services.
  - d. Develop/improve systems for retaining clients in clinical/community-based care and reduce loss-to-follow-up for reporting clinical results and for adults and children on treatment.
  - e. Train and mentor clinical staff working in clinical services as requested and as needed.
  - f. Provide technical and managerial training and mentorship to headquarters staff as requested.
  - g. Develop effective links with community-based care and support partner (TBD) for holistic and integrated services for the purpose of treatment adherence (ART and TB), functional support groups, such as mother to mother groups, groups that target men and mother-in-laws, etc. and for two-way clinic/community referrals.

- h. Collaborate and cooperate with other development partners who provide support services and training to clinical programs through MOHSW.
  - i. Improve and strengthen pediatric care, support and treatment; coordinate activities with the Baylor Center of Excellence in Maseru and at district hospitals, which are in the process of being developed.
    - i. Test all infants and children who present signs or symptoms of HIV
    - ii. Provide comprehensive care and treatment services including referrals to psychological and social support.
- 2) Strengthen and Roll-out Family-Centered HIV/AIDS care and treatment services at all points of contact.
- a. Strengthen the MOHSW family centered approach through innovative family-centered services which encourage family members to attend clinics on regular basis. Encourage families to attend clinics as a family unit.
  - b. Increase counseling and testing for HIV/AIDS and TB/HIV at maternity wards, gynecology wards and during regular care and treatment services.
  - c. Improve referrals for family planning, family health care, immunizations, etc.
  - d. Improve screening, testing, diagnosis and treatment for OIs, STIs, TB/HIV and cervical cancer for all clients.
  - e. Implement components of Prevention with Positives in the clinical setting.
- 3) Scale up universal access to PMTCT and support expanded delivery of services.
- a. Align PMTCT program with Government of Lesotho National Scale Up Plan including the 4-prong approach for PMTCT, e.g. 1) Primary prevention via the MCH including counseling and testing at facility and community; 2) Prevention of unintended pregnancies; 3) Prevention of HIV from mother to child; and 4) Care and treatment of all family members.
  - b. Ensure program elements are comprehensive and integrated according to MOHSW guidelines.
  - c. Provision of HAART for women who require it for their own health based on their CD4 count or for those who don't require HAART, effective combination prophylaxis, in line with MOHSW guidelines.
  - d. Establish functioning outreach system to mothers delivering at home, (estimated to be 50% of all births) and increase skilled attendance at delivery to a level of 80% by 2014.
  - e. Strengthen M&E systems including HIV-exposed status and related interventions on both the mother's health card (ANC/MCH card) and the child's well-child card (Road to Health)
  - f. Active case management with maternal/infant tracking and follow-up to ensure continuity of care and provision of necessary services.
  - g. Expand services for pregnant women who test negative at early ANC visits, including on-going prevention education, partner testing with PwP interventions in cases of discordance and re-test during subsequent ANC visits, during labor and delivery and while breastfeeding.

- h. Increase provider initiated early infant HIV testing for HIV exposed or suspected children using PCR testing at 4-6 weeks of age with immediate referral to care and treatment for positives and ongoing prevention education and confirmatory antibody test for negatives at 18 months or after cessation of breastfeeding.
- i. Assess and counsel mothers on maternal nutrition and exclusive breastfeeding practices in support of MOHSW HIV/AIDS guidelines.
- j. Intensify efforts to implement essential nutrition actions (ENA) and strengthen and provide therapeutic and prescriptive foods to malnourished and underweight mothers and infant feeding up to six months, as necessary.
- k. Screen for OIs, STIs, TB and cervical cancer in accordance with MOHSW guidelines.
- l. Develop effective links with community-based care and support partner (TBD) for holistic and integrated services for the purpose of treatment adherence, functional support groups, such as mother to mother groups, groups that target men and mother-in-laws, etc. and for two-way clinic/community referrals.

4) Contribute to MOHSW's plan for strengthening the national health system.

- a. Assist in revising and strengthening training curriculum for cadres of clinical workers as requested by MOHSW.
- b. Support and improve the MOHSW system for monitoring and evaluation for sustained high level clinical services and assess performance of health management information system and address data management, analysis, and utilization requirements for improved performance (HMIS).
- c. Support and improve logistics and quality assurance for clinical services.
- d. Prepare clinic staff for projected changes anticipated over the next five years as result of decentralization.
- e. Support and improve social and psychological services for children and families with HIV infected children as they develop and age.
- f. Provide technical assistance for MOHSW and short-term clinical staff for emergency coverage as requested by MOHSW.
- g. Assist MOHSW with coordination and supervision of clinical HIV services by providing training and technical/logistical support as needed at headquarters level and to the District Health Management teams.

5) Assist MOHSW in policy formulation and development of protocols and guidelines in clinical areas.

- a. Participate in relevant Technical Working Groups to review and up-date policies, guidelines, and protocols and ensure policies, guidelines and protocols reflect state of the art practices.
- b. Consolidate guideline, tools and data collection forms for equitable effective service delivery at all hospitals and clinics.
- c. Collaborate with other GOL key ministries and technical working groups at the national and district level to ensure coordination of plans for decentralization and to ensure the effective implementation of the National Scale-up Plan for HIV/AIDS.

*C.3(a) Required Results*

As stated above, subject to technical direction as specified in Section G.2 and the work plan requirements specified in Section C.4(a) below, the Contractor will provide the services and perform the tasks necessary to achieve the following results:

<b>Indicator/Category</b>	<b>Results (end of order)</b>
<b><i>PMTCT:</i></b>	
1. Number of pregnant women who were tested for HIV and who know their results	85,000
2. Number of HIV-Positive pregnant women who received antiretrovirals to reduce risk of mother to child transmission.	20,000
3. Number of PEPFAR-supported health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site.	150/236
<b><i>Clinical Care:</i></b>	
1. Number of HIV-Positive adults and children receiving a minimum of one clinical service	210,000 of 258,472 or 81%
2. Number of HIV-positive clinically malnourished clients who receive therapeutic or supplementary food	30%
3. Number of infants born to HIV-positive women who received HIV test within 12 months of birth.	150
<b><i>Treatment:</i></b>	
1. Number of adults and children with advance HIV infection newly enrolled on ART	15,000
2. Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART).	45,000 of 60,000 or 75%
3. Number of health facilities that offer ART.	150/236
4. Percent of adults and children with advanced HIV infection receiving antiretroviral therapy.	210,000 of 258,472 or 81%
<b><i>TB/HIV:</i></b>	
1. Percent of HIV-positive patients in HIV care or treatment (pre-Art or ART) who started TB treatment (Linking with TB partner)	80%
2. Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings (Linking with TB partner)	80%
<b><i>Health Systems Strengthening:</i></b>	
1. Number of health care workers who successfully completed an in-service training program in clinical care and management	1,400
<b><i>Community care and support:</i></b>	
1. Percent of clinical patients who are referred to CBC or OVC support(Linking with other partners)	50%

**C.4 REPORTS AND DELIVERABLES**

The contractor shall comply with all PEPFAR/Lesotho reporting requirements, including, but not limited to, *timely* Annual and Semi-Annual Performance Reports, Annual Country Operational Plan, and quarterly reporting submissions. The contractor will be responsible for ensuring that all of the country-specific USG reporting requirements and deadlines are met. In addition, the reports, plans and other deliverables are required under the Task Order, subject to the deadlines

specified in Section F.3, or in the case of ad hoc reports, deadlines provided by the COTR (referenced in Sections F.2 and G).

#### *C.4(a) Work Plans*

The contractor will develop annual work plans in concert with other PEPFAR/Lesotho partners, keyed into each US fiscal year of the contract. The contractor will provide an illustrative annual work plan for the first fiscal year of the task order, which will be finalized in consultation with USAID. Annual work plans will be required for each subsequent fiscal year.

The work plan should include, at a minimum:

- Proposed accomplishments and expected progress towards achieving task order results;
- Timeline for implementation of the year's proposed activities, including target completion dates;
- Information on how activities will be implemented;
- Personnel requirements to achieve expected outcomes;
- Major procurements, including sub-contracts;
- Anticipated international travel;
- Details of collaboration with other major partners;
- Detailed budget; and,
- Targets and anticipated results and milestone indicators against which the contractor will be evaluated (jointly established with the COTR and in line with the M&E plan).

#### *C.4(b) Monitoring and Evaluation Plan*

A monitoring and evaluation (M&E) plan is required. This plan shall identify preliminary indicators and targets which support and contribute to the MOHSW strategy and OGAC/PEPFAR Lesotho standard indicators. The M&E plan must demonstrate familiarity with OGAC indicators appropriate to the program areas and demonstrate how each task relates to indicators and targets. During the initial planning period, the contractor will work closely with the COTR, and in cooperation with other PEPFAR Lesotho staff, to develop the M&E plan, including establishing a final list of indicators, baseline data and performance targets for each indicator.

The M&E plan should include the expected program results with illustrative indicators, mid-term milestones/benchmarks, and end-of-project results. For each indicator, the M&E plan shall provide interim and final targets, data sources, collection methods and baseline information or a timeline for collecting baseline information. Routine data quality assessments are also required. The M&E plan should provide for a mid-term, external program assessment and describe how the assessment's results will be used to make program improvements. The plan should address how the M&E plan will contribute to evidence-based decision making and programming

As PEPFAR is currently undergoing a Next Generation Indicators exercise, the contractor should be flexible in adapting its M&E efforts based on the results of the Next Generation Indicators

exercise ([http://www.pepfar.gov/implementer\\_resources/index.htm](http://www.pepfar.gov/implementer_resources/index.htm)), which are expected to be released in June 2009. This work may include modifying indicators and/or targets and data collection plans, accordingly. The M&E plan will be revised as appropriate on an ongoing basis subject to the technical direction of the COTR and in collaboration with USAID and the PEPFAR/Lesotho team.

*C.4(c) Quarterly Progress Reports*

The contractor shall prepare and submit to the COTR quarterly progress reports. These reports will be used to fulfill electronic reporting requirements to MOHSW, USAID/Washington and the Office of the Global AIDS Coordinator (OGAC); consequently, they need to conform to certain requirements.

Quarterly reports should contain, at a minimum, subject to technical direction of the COTR:

- Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by TO Objectives;
- Problems encountered and whether they were solved or are still outstanding;
- Proposed solutions to new or ongoing problems;
- Success stories;
- Documentation of best practices that can be taken to scale; and,
- List of upcoming events with dates.

*C.4(d) Quarterly Financial Reports*

The contractor will prepare and submit to the COTR quarterly financial reports. Quarterly financial reports should contain, at a minimum:

- Total funds awarded to date by USAID/Lesotho into the task order;
- Total funds previously reported as expended by contractor main line items;
- Total funds expended in the current quarter by the contractor by the main line items;
- Total un-liquidated obligations by main line items; and,
- Unobligated balance of USAID/Lesotho funds.

*C.4(e) Annual/Semi-Annual Performance Reports (APR & S/APR)*

Twice yearly, the contractor will be required to prepare and submit performance reports reflecting more detailed data on achievements and targets. PEPFAR/Lesotho will provide an electronic formats in order to access data needed and provide additional guidance on the information required.

*C.4(f) Consultant Reports*

Scopes of work, costs, and CVs for proposed short-term consultants shall be submitted to the COTR for review and approval. Additionally, consultants' reports shall be sent to the COTR in a mutually agreed upon format and time frame. Subcontracts will also need to be approved by the COTR.

*C.4(g) Special Reports*

From time to time, the COTR will direct the contractor to prepare and submit to USAID special reports concerning specific activities and topics. Periodically, the contractor will be requested to update budget and pipeline information to conform to PEPFAR/Lesotho requests.

*C.4(h) Final Report*

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

**C. 5. 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. The following specific guidance regarding management of the task order is provided.

*C.5(a) Technical Direction and Coordination*

As specified in Section G.2 below, the COTR will be responsible for oversight and technical direction of the contractor, both in writing and verbally. The contractor will be expected to meet regularly (via phone, email or in person) with the COTR or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to PEPFAR/Lesotho as appropriate.

*C.5(b) Sub-Partners*

The use of sub-grants to achieve the objectives of this task order are authorized. All such grants shall be consistent with the requirements of Section H.\_\_\_\_ herein. The contractor is responsible for the administration of all such grants under this order.

*C.5(c) Personnel Requirements*

The contractor is required to provide the technical, managerial and other personnel necessary to implement the tasks and provide the services described above. Key Personnel for this Task Order are specified in Section H.1. The Chief of Party will act as the principle managerial contact with the Office of the Director General, MOHSW.

## **C.6. RESOURCE LEVERAGING**

Official U.S. Government assistance now accounts for only a minority share of the flow of resources from the United States to developing countries. Foundations, private companies, non-governmental organizations and other entities have become increasingly active in financial development efforts in Southern Africa and elsewhere, and they are often looking for synergies with other similar programs. The contractor will provide its best efforts to propose possible partnerships that could leverage private resources in their proposed technical sector and targeted geographic area. Priority will be given to responses where USG funds leverage funding at a ratio of greater than 1:1 and that meet the criteria for “Global Development Alliance” (GDA) activities. The USAID web site ([www.usaid.gov](http://www.usaid.gov)) provides more information on GDAs.

**END OF SECTION C**

## **SECTION D – PACKAGING AND MARKING**

### **D.1 AIDAR 752.7009 MARKING (JAN 1993)**

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

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

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

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

### **D.2 BRANDING AND MARKING**

The Contractor shall comply with the requirements of the policy directives and required procedures outlined in USAID Automated Directive System (ADS) 320.3.2 “Branding and Marking in USAID Direct Contracting” (version from January 8, 2007) at <http://www.usaid.gov/policy/ads/300/320.pdf>; and USAID "Graphic Standards Manual" available at [www.usaid.gov/branding](http://www.usaid.gov/branding), or any successor branding policy.

The Branding Strategy for this contract is attached hereto as Attachment J.3.

**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 TASC3 – GLOBAL HEALTH IQC, Section E.2.

**END OF SECTION E**

## **SECTION F – DELIVERIES OR PERFORMANCE**

### **F.1 PERIOD OF PERFORMANCE**

The estimated period of performance for this task order is October 01, 2009 to September 30, 2014.

### **F.2 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS.**

Charles Signer  
Regional Contracting Officer  
USAID/Southern Africa  
Telephone: +27 12 452 2000  
Fax: +27 12 460 3177  
Email: mfischer@usaid.gov

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

### **F.3 PLACE OF PERFORMANCE**

The place of performance under this Task Order is Lesotho, as specified in the Statement of Work.

### **F.4 AUTHORIZED WORK DAY / WEEK**

No overtime or premium pay is authorized under this Task Order. USAID authorizes a 5-day workweek for full time personnel and 6-day workweek for short term consultants.

### **F.5 REPORTS AND DELIVERABLES**

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

The contractor will also be responsible for submitting the following deliverables:

#### *F.6(a) Annual Work Plan*

Work plans are required and shall contain the information specified in Section C.4(a) above. The initial annual work plan for the first fiscal year of the task order, which will be finalized in consultation with USAID and PEPFAR/Lesotho during the first 30 days following the task order award. Subsequent 12-month work plans through the end of the task order will be prepared on a

12-month fiscal year basis (October 1 – September 30) and submitted to the COTR not later than 30 days before the close of each preceding fiscal year, e.g. September 1.

*F.6(b) Monitoring and Evaluation Plan*

A monitoring and evaluation plan is required as specified in Section C.4(b) above. The contractor shall provide to the USAID/Lesotho COTR a monitoring and evaluation plan, within 60 days of the start of the award.

*F.6(c) Quarterly Progress Reports*

The contractor shall prepare and submit a quarterly progress report to the COTR within 30 days after each of the contractor's fiscal year quarter, that is, within 30 days following Dec 31, March 31, June 30, and September 30. The quarterly progress reports shall contain the information specified in Section C.4(c) above.

*F.6(d) Quarterly Financial Reports*

The contractor shall prepare and submit to quarterly financial reports within 30 days after the end of the contractor's first fiscal year quarter, that is, within 30 days following Dec 31, March 31, June 30, and September 30. The quarterly financial reports shall contain the information specified in Section C.4(d) above.

*F.6(e) Annual/Semi-Annual Performance Reports (APR & S/APR)*

As set forth in Section C.4(e) above, PEPFAR/Lesotho will require detailed semi-annual and annual reports. Due dates for these reports are on or about May 1st and October 31<sup>st</sup> of each year during the period of performance.

*F.6(f) Final Report*

The final report discussed in Section C.4(h) above is due at the end 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 PEPFAR team in Lesotho shall provide technical oversight to the Contractor through the designated Contracting Officer's Technical Representative (COTR). The contracting officer shall issue a letter appointing the COTR for the task order and provide a copy of the designation letter to the contractor.

### **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 Regional Financial Management Office, USAID/Southern Africa. 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 Regional Financial Management Office to this address: [invoice@usaid.gov](mailto:invoice@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:

Regional Financial Management Office, USAID/Southern Africa, P.O. Box 43, Groenkloof, Pretoria 0027 or via courier to 100 Totius Street, Groenkloof, Pretoria

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

**END OF SECTION G**

## **SECTION H – SPECIAL TASK ORDER REQUIREMENTS**

### **H.1 KEY PERSONNEL**

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

*{Positions to be specified by the offeror and incorporated into the contract at time of award, but will be consistent with the requirements in Section C.5(c).}*

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

### **H.2 AUTHORIZED GEOGRAPHIC CODE**

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

### **H.3 LANGUAGE REQUIREMENTS**

All deliverables shall be produced in English.

### **H.4 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.5 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY**

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

### **H.6 CONTRACTOR'S STAFF SUPPORT, AND ADMINISTRATIVE AND LOGISTICS ARRANGEMENTS**

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

**H.7 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, 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.8 PERSONNEL COMPENSATION, AIDAR 752.7007 (APR 2006) (pursuant to class deviation no. OAA-DEV-2006-02c)**

(a) Limitations

(1) The Contractor shall be responsible for managing staff levels and salaries for performance of this contract. All salaries and wages shall be commensurate with the position to be filled and may not exceed the Contractor's established policies, procedures and practices and the cost principles applicable to this contract. All changes and updates to the Contractor's personnel policies shall be submitted to the Contracting Officer.

(2) No salaries or wages reimbursed under this contract may exceed the maximum salary rate (annual, daily or hourly) of the USAID established rate for agencies without a certified SES performance appraisal system (AWCPAS)(also referred to as USAID Contractor Salary Threshold (USAID CST)) published at <http://www.opm.gov/oca/08tables/html/es.asp>, as amended from time to time, without prior written authorization of the Contracting Officer. The Contractor shall certify that the compensation for consultants, intermittent employees or other such individuals who are not full time employees of the Contractor or subcontractors, regardless of nationality, charged as direct cost to this contract is consistent with 1) individual's own established rates, stripped of benefits such as per diem and travel if packaged in the rate, as USAID generally pays these separately and 2) the market value of the position. The certification shall be supported with documentation to include AID form 1420, Biographical Data sheet. The Contractor shall retain a copy of each 1420 form for audit purposes and for periodic review by the Contracting Officer.

(b) Salaries and Wages for Third Country Nationals (TCNs) and Cooperating Country Nationals (CCNs)

(1) Reimbursable salaries and wages for TCNs and CCNs for employees shall not exceed, without specific approval by the Contracting Officer, the prevailing grade under the U.S. Government's Local Employee Compensation Plan (LECP) for CCNs of equivalent qualifications employed by the USAID/Southern Africa. Consistent with AIDAR 722.170, it is USAID policy that TCN/CCNs who are hired as local employees be compensated in the

currency of the cooperating country, unless a Mission waiver has been obtained permitting compensation in dollars.

(c) Annual Salary Increases

Annual Salary increases, which include Cost of Living Adjustments, for Contractor's U.S. and TCN employees may not exceed those provided by the Contractor's established policy and practice. With respect to such employees performing work directly under this contract, USAID shall reimburse the Contractor for one annual salary increase of not more than 5% of the employee's base salary, subject to the Contractor's established policy and practice, either (1) after the employee's completion of each twelve-month period of satisfactory services under this contract (if the individual was not an employee of the Contractor prior to award of contract); or (ii) after the employee's completion of each twelve-month period of satisfactory job performance as an employee of the Contractor (if the individual was an employee of the Contractor prior to award of this contract) or (iii) at the regular time (not to exceed once per year) that the Contractor conducts employee performance reviews and provides salary increases.

Reimbursement for annual salary increases of any kind for U.S and TCN employees which exceed these limitations or which cause the employee to exceed the maximum rate for agencies without a certified SES Performance Appraisal system (AWCPAS) must have prior written approval of the Contracting Officer. Reimbursement for annual salary increases for subcontractor employees shall be in accordance with the Contractor's original proposal and final revisions which were accepted by USAID through the award of this contract.

(d) Work Week

The work week for overseas personnel shall not be less than the established practice of the Contractor. The work week for the Contractor's overseas employees shall not be less than 40 hours and shall be scheduled to coincide with the work week for those employees of the USAID Mission and the Cooperating Country associated with the work of this contract.

## **H.9 GRANTS UNDER USAID CONTRACTS**

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

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

- a. The total value of any individual grant to any US non-governmental organization shall not exceed \$100,000.00
- 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 shall be substantially involved in establishing selection factors and shall approve the selection of grant recipients. Unless otherwise directed by the Contracting Officer, the COTR shall have authority to approve the grant recipient selection.
- d. Requirements which apply to USAID-executed grants shall also apply to grants executed by the Contractor.
- e. USAID retains the right to terminate the grant activity (activities) unilaterally in extraordinary circumstances.
- f. The Contractor shall not execute or administer Cooperative Agreements on USAID's behalf.
- g. The Contractor shall close out all grants prior to the estimated completion date of this contract. The Contractor shall comply in all material respects with Contract Information Bulletin (CIB) 90-12 regarding grant close-out.

**END OF SECTION H**

**SECTION I – CONTRACT CLAUSES**

**I.1 Reference *AIDSTAR SECTOR I – HIV/AIDS TECHNICAL SERVICES***

**END OF SECTION I**

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

### SECTION J - LIST OF ATTACHMENTS

Attachment Number	Title
J.1	Cost Proposal Illustrative Budget Worksheet
J.2	USAID FORM 1420-17 Contractor Biographical Data Sheet*
J.3	Branding Stratetgy

\* No hard copy is attached to this document; however, for an electronic version, please locate the form at <http://www.usaid.gov/forms/AID1420-17.doc> .

END OF SECTION J

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

Not required.

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

### L.1 GENERAL

The Government anticipates the award of one (1) Cost Plus Fixed Fee term task orders 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	June 10, 2009
Questions due	June 23, 2009
Answers to questions disseminated	July 01, 2009
Proposals due	July 30, 2009
Technical evaluation	August 04, 2009
Award of task order	September 23, 2009
Performance begins	October 01, 2009
Debriefings begin (if required)	September 28, 2009

**All Questions relating to this RFTOP must be submitted to (Francinah Hlatshwayo) at ([fhlatshwayo@usaid.gov](mailto:fhlatshwayo@usaid.gov)) via email no later than *June 23, 2009*. 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 GENERAL INSTRUCTIONS TO OFFERORS

#### *(a) Separate Technical and Cost Proposals*

Regardless of the method used to submit proposals, the Technical Proposal and Cost Proposal must be kept separate from each other. Technical Proposals must not make reference to pricing or cost data in order that the technical evaluation may be made strictly on the basis of technical merit.

#### *(b) Government Obligation*

The US Government is not obligated to make an award or to pay for any costs incurred by the Offeror in preparation of a proposal in response hereto.

#### *(c) RFTOP Instructions*

If an offeror does not follow the instructions set forth herein, that Offeror's proposal may be eliminated from further consideration or the proposal may be down-graded and not receive full credit under the applicable evaluation factor. 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 and prospective contract:

*(d) 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.

**L.4 DELIVERY INSTRUCTIONS**

*(a) Submission, Marking and Copies*

The Offeror should submit the proposal through one of two following methods:

(i) electronically - internet email with up to 10 attachments (5MB limit) per email compatible with Microsoft Office 2003 compatible ( MS WORD or Excel) in a MS Windows environment. Multiple emails may be sent to accommodate the proposal size and content, but each must contain very clear identification of the attachment and instructions for assembling the proposal. Up to 10 attachments (5MB limit) per email compatible with Microsoft Office 2003 or sent in a MS Windows environment. Offerors may also send an Adobe Acrobat portable document format (.pdf) for electronic submission; however, zipped files attachments are not allowed. The subject line for every such email must include the following: "Lesotho Strengthening Clinical Services RFTOP." Offerors shall provide seven hard copies of the original technical proposal and three copies of the cost proposal, with the goal that they will be received within one week of the closing date for receipt of proposal if the proposal is submitted electronically. (facsimile of the entire proposal is not authorized, though pages with original signatures may be sent by facsimile if the Offeror chooses not to use a electronic scan of the original signature); or

(ii) hand delivery (including commercial courier) – sending an original and six (6) copies of the technical proposal and one original and two (2) copies of the cost proposal. A standard diskette(s) or CD(s) containing one complete copy of the entire proposal compatible in a MS Windows environment must also be submitted to the issuing office. The information requested below must be placed in sealed envelopes clearly marked on the outside with the following information:

RFTOP No.: 674-09-0047  
(Title) Lesotho Integrated HIV/AIDS Care and Treatment RFTOP

*(b) Closing Date and Time*

All proposals in response to this RFTOP shall be due at the below address, not later than 4:00 p.m. Pretoria Time on the date indicated on the cover page to this RFTOP.

*(c) Addresses*

Proposals shall be delivered to the following addresses:

- (i) Electronically– to [proposals@usaid.gov](mailto:proposals@usaid.gov).

If Hand-Carried, or via Courier Service:

U.S. Agency for International Development  
Attn: Francinah Hlatshwayo, A&A Specialist  
Regional Office of Acquisition and Assistance  
100 Totius Street  
Groenkloof 0027  
Pretoria, South Africa  
+27 12 452 2000

**L.5 GENERAL INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL**

*(a) General*

The Technical Proposal in response to this solicitation should address and follow the technical evaluation factors listed in Section M. The technical proposal shall consist of the technical proposal itself and an annex. These two parts together will constitute the Offeror's technical proposal (and be physically bound together if possible for any hard copies). The proposal must be well organized, complete, clear, and succinctly presented.

*(b) Page Limitation*

Proposals will be concise, specific and complete and detailed information should be presented only when required by specific RFTOP instructions. The technical proposal itself shall not exceed 30 pages, excluding the Annex. Any additional pages will not be evaluated. Proposals shall be written in English and typed on standard 8 1/2" x 11" paper (210mm by 297mm paper) or A4 paper, single spaced, 12 characters per inch with each page numbered consecutively. Font size of less than 12 characters per inch may be used only in tables, charts and footnotes, and abuse of such exceptions may be a basis for a reduction in the evaluation score of any such offeror, at the Contracting Officer's discretion. Margin should normally be 1". Items such as cover pages, dividers and the table of contents are not included in the 30-page limitation.

*(c) Organization*

The technical proposal should be organized into the following sections as follows:

**Table of Contents**

***Cover Page***

***Executive Summary***

***Technical Proposal Body***

1. Technical Approach
  - A. Technical Soundness
  - B. Implementation Effectiveness
  - C. Gender
2. Monitoring and Evaluation Plan
3. Management and Staffing Plan
4. Institutional Capacity/Experience
5. Contractor Performance Information
  - a) Past Performance
  - b) Use of Small Business Concerns

### ***Annexes***

These sections, including the annex where relevant, should include all information required to fairly evaluate the Offeror under the applicable evaluation factor. Specific guidance on the content of each of these sections is set forth below in Sections L.6 through L.9

#### *(d) Introductory Materials*

As stated above, a cover page and executive summary are required at the beginning of the technical proposal. The offeror may also want to include other introductory materials such as a table of contents at the beginning of the technical proposal.

The Cover Page should be the first page of the proposal and include the names of the organization proposed as the prime partner involved in the proposed program. Major sub-contractors (those with over 5% of the total estimated amount) should also be listed separately. The Cover Page should include the name of the proposed Task Order, Project Director, her/his institutional affiliation, and the name of a contact person for the prime offeror and her/his contact information.

The Executive Summary should summarize the key elements of the offeror's technical strategy, management approach, implementation plan, expected results and M&E plan. No cover letter from the offeror should be provided; any information normally included in the cover letter can be included in the Executive Summary. The Executive Summary should be no more than two (2) pages long.

#### *(e) Technical Proposal Annex*

The technical proposal annex shall contain position descriptions, resumes, letters of commitment from personnel or partners, teaming agreements, letters of support, experience/performance references and any other supporting documentation requested by the RFTOP.

### **L.6 TECHNICAL APPROACH (see Section M.3)**

The purpose of the Technical Approach Section of the Technical Proposal is to provide enough information to permit a fair and complete evaluation of the proposal pursuant to the criteria described in Section M.3. The suggested page limit for this Section is 12 pages.

The Technical Approach Section should describe in detail the proposed technical strategy and approach and comprehensively address how the offeror will achieve the objectives outlined in the Statement of Work over the 5 years life of project. This Section must also set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation and evaluation of program activities and should demonstrate responsiveness to the Lesotho context.

An implementation plan for achieving the expected program results. The implementation plan should clearly outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the program results.

Offerors will be expected to reflect its understanding of the health and HIV/AIDS initiatives already being conducted in-country by the USG, other implementing partners, other donors, and the host country government in this Section. Offerors are expected to show how they will move from a number of fragmented care and treatment services provided by numerous implementation partners to a unified and standardized program aligned with the MOHSW guidelines. Offerors will also describe a plan for promoting sustainability through capacity building and hand-over of decision making to MOHSW clinical staff. Offerors will be expected to describe how they will work with Technical Officers at the MOHSW and in district hospital and health clinics.

#### **L.7 MANAGEMENT AND STAFFING (See Section M.5)**

This Section will provide the information necessary for the evaluation of the proposal pursuant to the evaluation factors described in Section M.5, "Management & Staffing." The suggested length of this section is five pages.

Offerors should provide summary descriptions of roles, responsibilities and qualifications of all key personnel, local and expatriate, to be funded under the task order. Resumes of these staff, not to exceed 3 pages each and biodata sheets (AID 1420-17) should be provided in the appendix. Letters of commitment from all key personnel to the effect that they will be available for the period of the task order, should the offeror receive an award, should also be included in the appendix.

Offerors should provide a clear description of how the task order will be managed, including the approach to addressing potential problems. Offerors shall outline which organization/subcontractor will carry out the various tasks specified in the technical approach and evaluation plan. Offerors shall specify the composition and organizational structure of the entire project team (including home office support and any sub-partners and/or sub-grantees) and describe each staff member's role, technical expertise, and estimated amount of time each will devote to the project. Offerors may propose a mix of international and domestic advisors and specialists to cover the full range of objectives and activities. The management plan should also demonstrate how the offeror will use in-country staff and resources and provide a smooth transition from current activities to phase II activities under this TO. A functional organizational chart of the proposed SCS program should be included in the appendix.

If the offeror plans to collaborate with other organizations, government agencies or indigenous organizations for the implementation of the task order, the services to be provided by each agency or organization shall be described. Offerors that intend to utilize subcontractors shall indicate the extent intended, the method of identifying subpartners, and the tasks/functions they will be performing. Offerors shall state whether or not they have existing relationships with these other organizations and the nature of the relationship, and should include MOA/MOUs with proposed collaborators in the appendix.

#### **L.8 MONITORING AND EVALAUTION (See Section M.7)**

This Section will provide the information necessary for the evaluation of the proposal pursuant to the evaluation factors described in Section M.4, "Monitoring and Evaluation." In this Section of the Technical Proposal, offerors should address how the will monitor and evaluate the achievement of measurable results under the Order. The suggested length of this Section is four pages.

This section should describe how the program will measure PEPFAR standard indicators, propose supplemental indicators and targets (due out ~ June, 2009), and outline an approach for developing an M&E plan. The M&E section should demonstrate the offeror's ability to reach stated project objectives within the required time of performance (including a plan for rapid launch of project activities) through the inclusion of illustrative timelines for the effective implementation of project components. This Section should also identify expected interim and final results of the program and a plan for collecting baseline and follow-on data.

#### **L.9 INSTITUTIONAL CAPACITY & EXPERIENCE (See Section M.7)**

The offeror should describe its organizational knowledge, capability and experience in managing similar programs. This includes activities in institutional capacity building, HIV/AIDS policy development, delivery of an integrated set of HIV/AIDS care and treatment services, including PMTCT at the clinic level, collaborations with donors, host country governments, and NGOs to strengthen health and HIV/AIDS systems, and to improve the quality and use of data for decision making and to advance organizational capacity building.

The offeror should also describe the organizational knowledge, capability, and past performance of the other proposed team members (proposed sub-contractors and/or grantees) in successfully managing similar programs.

#### **L.10 CONTRACTOR PERFORMANCE INFORMATION (See Section M. 8)**

- (a) In the Annex, the Offeror should provide an information sheet for all contracts, orders or other programs that are similar to the scope of work in this solicitation that have been performed by the offeror or by a major subcontractor. The ten (10) most 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;
- 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;
- Contract or order type, e.g. fixed-price or cost; and
- Contact information for two persons, including name, job title, mailing address, phone numbers and e-mail addresses.

(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).

- (b) If extraordinary problems impacted any of the referenced contracts, provide a short explanation and the corrective action taken in this section of the Technical Proposal.<sup>5</sup>
- (c) Describe any quality awards or certifications that indicate exceptional capacity to provide the service or product described in the statement of work. This information is not included in the page limitation.
- (d) Performance in Using Small Business (SB) Concerns (as defined in FAR 19.001)<sup>6</sup>. This section (d) is not applicable to offers from small business concerns. As part of the evaluation of performance in Section M.6 of this solicitation, USAID will evaluate the extent you used and promoted the use of small business concerns under current and prior contracts. The evaluation will assess the extent small business concerns participated in these contracts relative to the size/value of the contracts, the complexity and variety of the work small business concerns performed, and compliance with your SB subcontracting plan or other similar small business incentive programs set out in your contract(s).

In order for USAID to fully and fairly evaluate performance in this area, all Offerors who are not small business concerns must do the following:

- (i) Provide a narrative summary of your organization's use of small business concerns over the past three years. Describe how you actually use small businesses--as subcontractors, as joint venture partners, through other teaming arrangements, etc. Explain the nature of the work small businesses performed--substantive technical professional services, administrative

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<sup>5</sup> Required by FAR 15.305(a)(2).

<sup>6</sup> Required for all USAID solicitations other than personal services contracts, 100 per cent small business set asides, and those for which a justification for other than full and open competition has been approved.

support, logistics support, etc. Describe the extent of your compliance with your SB subcontracting plan(s) or other similar SB incentive programs set out in your contract(s) and explain any mitigating circumstances if goals were not achieved.

- (ii) To supplement the narrative summary in (A), provide with your summary, a copy of the most recent SF 294 "Subcontracting Report for Individual Contracts" for each contract against which you were required to report for the past two years.
- (iii) Provide the names and addresses of three SB concerns for us to contact for their assessment of your performance in using SB concerns. Provide a brief summary of the type of work each SB concern provided to your organization, and the name of a contact person, his/her title, phone number, and e-mail address for each.

#### **L.11 INSTRUCTIONS FOR THE PREPARATION OF THE COST PROPOSAL**

Offerors must submit a separate Cost Proposal and include the following information. All pages must be sequentially numbered, and each part must be separated by a tab or colored divider page. Failure to include all information, or to organize the proposal in the manner prescribed, may result in rejection of the proposal as being unacceptable. The following guidance is provided with respect to the organization of the cost proposal.

(a) *Part 1 - Section B*

This Section of the Cost Proposal should also contain a completed Section B with costs, fee, and rate information provided.

(b) *Part 2 - Proposed Costs/Prices*

This part of the Cost Proposal should include the following information: Detailed budgets (preferably in spreadsheet format), budget notes and supporting documents (*e.g.* documents that support the calculation of costs included in the spreadsheets such as Negotiated Indirect Cost Rate Agreements, Bio Data Sheets, Cost Agreements with subcontractors, *etc.*).

##### 1. Detailed Budget Preparation Guidance

All budgets should be organized based on types of costs as set forth in the section immediately below. An overall detailed budget should be provided for all CLINs and the total 5 years of performance. In addition to the overall detailed budget, breakdowns should be provided for each year of performance and for each CLIN set forth in Section B.4 of the contract. In summary, the following budgets should be provided:

- A. Overall Budget (all CLINs for all five years);
- B. Annual Budgets (all CLINs for each of the five years of performances);
- C. Overall CLIN budgets (five-year budgets for each CLIN); and
- D. Annual CLIN budgets (each year for each CLIN).

Budget details and supporting information must be provided in sufficient detail to allow a complete and fair analysis of cost. The budget shall be divided by the seven (7) program area as approximated in the chart below and shall be supported by information in sufficient detail to allow a complete analysis of cost; specifically, a budget narrative must be included which discusses, by cost element, the basis of estimate for the budget line item. Offerors must propose costs that are realistic and reasonable, and propose an efficient and effective budget to achieve the program objectives and targets. A general five year budget should be proposed, with a detailed one year budget.

Budget Table by Line Items and Program Areas

Type of Cost	MTCT	HBHC	HTXS	PDCS	PDXT	HVTB	OHSS
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
<i>See L.10(b)(2) &amp; J.1</i>							
Total							

2. Budget Line Item Headings

In order to undertake a meaningful comparison of cost, Offerors shall use the following standard cost elements organized generally as presented below.

**Direct Costs**

*Labor Costs*

- Salary and Wages
- Fringe Benefits
- Overhead
- Consultants

*Travel & Allowances*

- Travel, Transportation, Per Diem and Miscellaneous (Visas, Inoculations, etc.),
- Allowances

*Other Direct Costs*

- Equipment and Supplies

Subcontract Costs (for major subcontracts as defined in L.12 above, ancillary budgets should be provided that include the same cost element, line item and annual breakdowns as required for the prime's budget, as applicable)

Training (includes all types of training costs)

Facilities Costs

Direct Grant Costs

Any Other Direct Costs

**Indirect Costs**

*Material Handling*

*Overhead*

*G&A*

**Total Estimated Cost**

**Fixed Fee**

***Total Est. Cost Plus Fixed Fee***

3. Budget Line Item Definitions

Salary and Wages: FAR 31.205-6, AIDAR 732.205-46 and AIDAR 752.7007 provides for compensation for personal services. Direct salary and wages should be proposed in accordance with the Offeror's personnel policies and meet the regulatory requirements. For example, costs of long-term and short-term personnel should be broken down by person years, months, days or hours.

Fringe Benefits: FAR 31.205-6 provides for allowances and services provided by the Contractor to its employees as compensation in addition to regular wages and salaries. If fringe benefits are provided for as part of a firm's indirect cost rate structure, see FAR 42.700. If not part of an indirect cost rate, a detailed cost breakdown by benefits types should be provided.

Consultants: FAR 31.205-33 provides for services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the Contractor. For example, costs of consultants should be broken down by person years, months, days or hours.

Travel, Transportation, and Per Diem: FAR 31.205-46, AIDAR 731.205-46 and AIDAR 752-7032 provide for costs for transportation, lodging, meals and incidental expenses. For example, costs should be broken down by the number of trips, domestic and international, cost per trip, per diem and other related travel costs.

Equipment and Supplies: FAR 2.101 provides for supplies as all property except land or interest in land, FAR 31.205-26 provides for material costs, and FAR 45 prescribes policies and procedures for providing Government property to Contractors, Contractors' use and management of Government property, and reporting, redistributing, and disposing of Contractor inventory. For example, costs should be broken down by types and units, and include an analysis that it is more advantageous to purchase than lease.

Subcontracts: FAR 44.101 provides for any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract. Cost element breakdowns should include the same budget items as the prime as applicable.

Allowances: AIDAR 752.7028 provides for differentials and allowances with further references to Standardized Regulations. For example, allowances should be broken down by specific type and by person, and should be in accordance with Offeror's policies and these regulations.

Participant Training: AIDAR 752.7019 and ADS 253 provides for participant training and training in development. For example, costs should be broken down by types and participants.

Other Direct Costs: FAR 31.202 and FAR 31.205 provides for the allowability of direct costs and many cost elements. For example, costs should be broken down by types and units.

Overhead, G&A and Material Overhead: FAR 31.203 and FAR 42.700 provides for those remaining costs (indirect) that are to be allocated to intermediate or two or more final cost objectives. For example, the indirect costs and bases as provided for in an Offeror's indirect cost rate agreement with the Government, or if approved rates have not been previously established with the Government, a breakdown of bases, pools, method of determining the rates and description of costs.

Fixed Fee: FAR 15.404-4 provides for establishing the profit or fee portion of the Government pre-negotiation objective, and provides profit-analysis factors for analyzing profit or fee. For example, proposed fee with rationale supported by application of the profit-analysis factors.

#### 4. Fixed Amounts For the Cost Proposal

Due to the uncertain context surrounding the contemplated task order, USAID recognizes that the Offerors lack sufficient information to adequately estimate certain costs required to perform the contract. As a result, the total cost plus fixed fee for this effort is estimated as being between \$23 and \$25 million for the period of performance specified in Section F.1.

Additionally, for the purposes of preparing the cost proposal, the Offerors **must** include an amount of \$1.5 million per year (\$7.5 million total) under the "Other Direct Cost" budget line item identified in Attachment J.3.

#### 5. Indirect Costs

Some Offerors may not have indirect pools, which allocate costs in the manner identified above. For those items which the Offeror does not utilize to allocate indirect costs, please identify in the proposal that these categories are not applicable.

#### 6. Budget Notes

Budget notes are required. While the Offeror has discretion to tailor the budget notes to its approach, between the detailed budgets and the budget notes, sufficient information must be

provided to allow a thorough, complete and fair analysis of the costs proposed. For example, for salaries, the Offeror must demonstrate the calculations and the rationale for the rates for the base daily labor rate utilized in calculating labor cost. No unburdened base daily rate may exceed the USAID Contractor Salary Threshold as defined in Automated Directive System 302.3.6.10...

### 7. Supporting Documents

The Offeror shall provide additional supporting budget documentation to substantiate all proposed costs. Negotiated Indirect Cost Rate Agreements should be included in the Cost Proposal. In addition, AID Form 1420-17 - Contractor Employee Biographical Data Sheets, should be submitted for each position other than those for the To Be Determined (TBD). Other supporting documentation should be submitted if the Offeror believes that it is necessary to substantiate or support costs proposed by the Offeror.

### **L. 12 INSTRUCTIONS FOR THE PREPARATION OF BRANDING AND MARKING PLANS:**

In ADS 320, Branding and Marking, offeror(s) are requested to prepare concurrently a Branding Implementation Plan (BIP) and Marking Plan (MP). **Offeror(s) shall submit a BIP and MP as a separate annex to the technical proposal; they are evaluated for sufficiency, not competitively.** The BIP and MP combined should not exceed 5 pages. The BIP and MP will not be a part of the technical evaluation. Offeror(s) will be required to submit formal and detailed Branding and Marking plans for final review before award or in the competitive range.

As part of USAID's branding initiative and to insure that our implementing partners communicate that the assistance is from the American People, the New Marking and Branding Policy Requirements for USAID direct acquisitions were issued on January 08, 2007 per the revised ADS 320 – Branding and Marking that can be found at:  
[http://www.usaid.gov/branding/ADS\\_320.pdf](http://www.usaid.gov/branding/ADS_320.pdf)

The Branding Strategy (BS) concepts will support USAID's and State's strategic goals appropriate for this activity and are found at: <http://www.state.gov/s/d/rm/rls/dosstrat/2004>  
Costs of Branding and Marking (ADS 320.3.6.3) should be included in the total estimated cost of the Offeror; these costs are eligible for financing if reasonable, allocable, and allowable in accordance with the applicable cost principles.

#### **Branding Implementation Plan (BIP):**

The BIP, developed by the Offeror(s), describes how the program will be communicated to the beneficiaries and promoted to host-country citizens. It outlines the events (press conferences, site visits, etc.) and materials (success stories, Public Service Announcements [PSAs] etc.) the Contractor will organize and produce to assist USAID deliver the message that the assistance is from the American people. The BIP (see ADS 320.3.2.2) 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,
  - VIP 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.

### **Marking Plan (MP):**

The MP developed by the Offereor(s), to enumerate the public communications, commodities, and program materials and other items that visibly bear or will be marked with USAID Identity (see ADS 320.3.2.3). 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 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*. Please refer to section 320.3.2.3 that describes what the Marking Plan must address and 320.3.2.4 Marking Requirements for Specific Contract Deliverables. Note that marking is not required for Contractor's offices, vehicles, and non-deliverable items, such as office supplies used primarily for administration of USAID funded program (ADS 320.3.5).

**END OF SECTION L**

## SECTION M – EVALUATION FACTORS FOR AWARD

### M.1 GENERAL INFORMATION

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

For overall evaluation purposes, technical factors are considered equal to cost/price factors.

### M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

The specific evaluation criteria are as follows:

Technical Evaluation Criteria	Weight
Technical Approach	30 points
Monitoring & Evaluation	15 points
Management and Staffing	30 points
Institutional Capacity/Experience	10 points
Contractor Performance Information	15 points
<b>Total Possible Technical Evaluation Points</b>	<b>100</b>

### M.3 TECHNICAL APPROACH (50 POINTS) [SEE SECTION L.6]

The Technical Approach factor will be scored based on the following sub-factors:

- (a) *Technical Soundness (20 points)*

Evaluation under this sub-factor will focus on the soundness of the overall technical approach. 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 is logical, well-conceived, and technically appropriate for the Lesotho context;

- The demonstrated understanding and consistency with the MOHSW HIV/AIDS strategy and priorities, USG program objectives in Lesotho and OGAC technical guidelines;
- The extent to which the technical proposal demonstrates integrated service delivery of comprehensive family-centered HIV/AIDS clinical care and treatment services;
- The extent to which the proposed approach accords with the MOHSW's objective of equitable and consistent methodology across the entire health system and in all health facilities, and demonstrates a preliminary plan for transitioning from phase 1 to phase 2;
- The level of demonstrated support to MOHSW for policy reform, decentralization strategies, improved training and retention of clinical staff, assistance with social welfare reform needed for comprehensive clinical care; and
- Drawing from lessons learned elsewhere, especially in the Southern African region, but also sets forth an innovative approach for the situation in Lesotho.

*(b) Implementation Effectiveness (8 points)*

Evaluation under this sub-factor will focus on the effectiveness of the proposed plan to implement the activities and the ability to achieve sustainable results. The following considerations may be, but are not required to be, considered in the evaluation of this sub-factor:

- Illustrates timelines that demonstrate effective implementation of project components and the offeror's ability to reach stated project objectives within the required time period of performance, including a front-loaded plan for rapid launch of project activities;
- The extent to which the implementation plan demonstrates that the proposed start-up activities take into account the transition from the current PMTCT program to a comprehensive, integrated approach in family-centered HIV/AIDS clinical care and treatment without loss of services to clients; and
- The ability to achieve meaningful, sustained results beyond the life of the project.

*(c) Gender (2 points)*

The extent to which the proposal demonstrates that all relevant gender and gender issues are identified and addressed will be evaluated. Evaluation under this sub-factor will also focus on the strength of the analysis of gender issues presented in the technical proposal and also the extent to which disadvantaged gender groups will be integrated into the activities proposed and supported.

**M.4 MANAGEMENT & STAFFING (30 POINTS) [SEE SECTION L.7]**

Evaluation under this factor will consider the experience and qualifications of project team with respect to the services and tasks required under the proposed Task Order, as well as the effectiveness of the overall management plan. The following considerations may be, but are not required to be, considered in the evaluation of this sub-factor:

- The extent to which the long-term and short-term personnel plan is composed of a project team and key personnel with appropriate technical and managerial expertise and experience to provide technical direction, management and oversight to meet program goals and results; demonstrates appropriateness and relevance of expertise and experience of key personnel in a general pandemic environment;
- Demonstrated ability of the Chief of Party to manage a complex program in an integrated HIV/AIDS service delivery setting, coordinate with multiple ministry directorates, international donors and local and international NGO partners and the technical experience of the Chief of Party in the relevant technical areas and the Chief of Party's demonstrated ability and past experience to work with diverse implementation methodologies and merging them to align with approved ministry methodology;
- Demonstrated appropriateness and effectiveness of staffing pattern, including limited home office support, use of international, regional and local professionals and appropriate organizational structure for the program. Also the appropriateness of the alignment of personnel (short and long-term as well as home office support) with each program component and the effectiveness of the plan for technical and other support from short-term, local, international and regional experts; and
- The effectiveness of the proposed transition plan, including an efficient approach to achieve a smooth continuation of comprehensive care and treatment activities and builds on and captures experience and lessons learned from phase one of the PEPFAR Lesotho PMTCT program.

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**M.5 MONITORING & EVALUATION (15 POINTS) [SEE SECTION L.8]**

The monitoring and evaluation plan factor relates to the Offeror's plan to monitor and evaluate the results achieved. The following considerations may be, but are not required to be, considered in the evaluation of this factor:

- The extent to which the proposal identifies preliminary indicators and targets which are in accordance with and support achievement of GOL objectives and OGAC/PEPFAR program objectives and are specific, measurable, and achievable within the Lesotho context.
- The level of flexibility and effectiveness of the methodology for making changes in indicators and adjustments in data collection and analysis to meet anticipated forthcoming changes in OGAC indicators (expected in June, 2009);
- The realism and achievability of the timeline for reaching OGAC/PEPFAR indicators and targets;
- Demonstrates data reliability, validity and effectiveness in data collection and analytical approach for quantifying program progress and impact; and
- The clarity and effectiveness of the explanation regarding how M&E activities will integrate with and support building local capacity for one M&E system for evidence-based decision making.

**M.6 INSTITUTIONAL CAPACITY & EXPERIENCE (10 POINTS) [SEE SECTION L.9]**

This factor 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:

- The organizational knowledge, capability and experience of the offeror in managing similar country-wide programs. Specific attention should be paid to demonstrating past experience in expanding PMTCT to an integrated and comprehensive care and treatment environment, focusing on policy improvements, building beneficial relationships and coordination with broad range of government, donor and local and international NGO organizations at national, provincial, district and local levels;
- Demonstrates relevant organizational knowledge and capability of the other proposed team members (proposed sub-contractors and/or grantees, if any) in successfully implementing similar programs;
- Experience supporting and sustaining new knowledge and skills of local clinical staff beyond program end;
- Experience in evidence-based decision making and programming, demonstrating how data for decision making was acquired and used to improve service delivery and policy making.

**M.7 CONTRACTOR PERFORMANCE INFORMATION (15 POINTS) [SEE SECTION L.10]**

(a) Performance information will be used for both the responsibility determination and best value decision. USAID may use performance information obtained from other than the sources identified by the Offeror/Subcontractor. USAID will utilize existing databases of Contractor performance information and solicit additional information from the references provided in Section L.8 of this RFTOP and from other sources if and when the Contracting Officer finds the existing databases to be insufficient for evaluating an Offeror's performance.

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

(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:

1. Past Performance

13 points

Evaluation under this sub-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.

**2. Past Performance Using Small Business Concerns**

**2 points**

Prime Offerors who are not small business concerns will be evaluated on their performance in using small business concerns as subcontractors, joint ventures, and in other teaming arrangements.

**Total Weight for Performance Evaluation    15 points**

(e) In cases where (i) an Offeror lacks relevant performance history, (ii) information on performance is not available, or (iii) an Offeror is a member of a class of Offerors where there is provision not to rate the class against a sub factor then the Offeror will not be evaluated favorably or unfavorably on performance. The "neutral" rating assigned to any Offeror lacking relevant performance history is a score commensurate with the percentage of points received vs. possible points.\* An exception to this neutral rating provision: the non-small businesses prime with no history of subcontracting with small business concerns. Prior to assigning a "neutral" past performance rating, the Contracting Officer may take into account a broad range of information related to an Offeror's performance.

\*For example, a small business prime Offeror will not be evaluated on its performance in using small business concerns. If this sub-factor is worth a possible 10 points out of a total possible point value of 100 for the technical proposal, then the small business prime Offeror's technical proposal will have a maximum of 90 possible points. If it was assigned a score of 80 points out of the 90 maximum points, its technical score for evaluation against the other Offerors would be 88.89 (i.e., 80/90). USAID understands that there may be minor arithmetic differences in percentage terms as a result; however, it considers these differences to be minor and that they will not impact any best-value decision made under this solicitation.

**M.8 PRICE/COST 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.

**END OF SECTION M**

**ATTACHMENT J.1 COST PROPOSAL ILLUSTRATIVE BUDGET WORKSHEET**

**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 should include the same cost element breakdowns in their budgets as applicable.

## ATTACHMENT J.3 BRANDING STRATEGY

### Lesotho PEPFAR/USAID Branding Strategy

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#### 1. Project Name:

**Strengthening Clinical Services** is the project name assigned to this contract. The name should be used in support of MOHSW clinical programs and not overshadow its efforts.

#### 2. Project Materials and Communications:

In all project communications and materials the project will be referred to as sponsored by PEPFAR /USAID. In all public events and public communications the project will also acknowledge that it is (and all its activities and/or materials/deliverables) are made possible “by the American People.”.

##### a. Marking Plan for Materials to be Produced

Materials: Training materials, posters, pamphlets, fact sheets, CDs, printed and electronic bulletins, organizational operational plans, studies, reports (progress and performance monitoring), work plans, promotional materials (bookmarks, leaflets, banners, etc.) web sites and internet based materials will incorporate the message “PEPFAR - From the American People” and the MOHSW logo and USAID logo. For all printed material, the project will use guidance set forth in the USAID Graphic Standards Manual ([http://www.usaid.gov/branding/USAID\\_Graphic\\_Standards\\_Manual.pdf](http://www.usaid.gov/branding/USAID_Graphic_Standards_Manual.pdf)). This includes such issues as the USAID and PEPFAR identities, color schemes, design and typeface for project materials. Any other materials that will be produced under the contract will be subject to branding guidelines and COTR or Mission approval, as appropriate. Please note that marking is not required on items used as part of the administration of the contract, such as stationery products, equipment, and offices. The goal is to mark programs and projects, not implementing partners. Thus, letterhead, name tags and business cards are not subject to branding.

**b. Events:** At each public event “PEPFAR with support from the American People” will be verbally acknowledged. Where appropriate, the materials and communications prepared under the IQC will make clear that the product was produced with the support of the PEPFAR under Task Order #\_\_\_\_ of the USAID Strengthening Clinical Services Project. This acknowledgment may not be appropriate in some program materials, such as certain behavior change materials, or in those instances when the materials produced must appear to be coming directly from the host-country government or local organization.

#### 3. Level of Visibility

Because the level of desired visibility for the Strengthening Clinical Services is low given the nature of the project’s activities, the opportunities for and appropriateness of widespread in-country publicity and external promotion of the Strengthening Clinical Services Project branding and the support of the American people is somewhat limited. In-country awareness of the support of the American people will be generated primarily through the following key opportunities:

- Project activities (e.g., acknowledgment at training workshops)
- Success stories (disseminated through the Embassy web-site)
- Beneficiary testimonials

- Site visits by PEPFAR/USAID and U.S. Government officials
- Professional photography of key visits by top U.S. Government officials, training workshops, etc.
- Conference presentations, posters, and exhibition booths
- Launch events, when and where appropriate
- Announcements of research findings or release of a new study
- Promotion of final or interim reports
- Communication of program impact/overall results

It is USAID's policy that contractors must not generate their own corporate publicity about a PEPFAR/USAID-funded program without first obtaining permission from the USAID. USAID COTR should also be notified before contractors make public the findings of USAID-funded studies or reports (e.g., at conferences, public meetings).

#### **4. Acknowledging Other Organizations**

##### **a. Acknowledging Host-country Governments**

As the Strengthening Clinical Services Project strives to improve national health services and at the same time, build local capacity and ownership, the MOHSW will be key partners of the project. Policies, strategies, plans, and guidelines that are to be positioned as coming from host-country governments are exempted from full branding requirements.

##### **b. Acknowledging Other Partners**

As the Strengthening Clinical Services Project also strives to build capacity of civil society champions and improve multisectoral coordination and implementation of policies and programs, civil society and private sector groups will be key partners of the project. Especially when working with in-country partners and grassroots organizations, recognizing contributions of partners is essential for building local capacity, increasing in-country ownership and validation of project activities or findings, and highlighting the ways in which the U.S. Government works collaboratively with others. Co-branding with civil society and private sector groups products will occur when these organizations have contributed funds to the activity. Co-branding with in-country partners may also be desirable when trying to promote local ownership and capacity building. Policies, strategies, plans, and guidelines that are to be positioned solely as coming from in-country organizations (such as NGOs, faith-based groups, and businesses) are exempted from full branding requirements. In all other cases, USAID approval is required for exceptions to full branding requirements.

##### **c. Co-Branding with Other Donor Organizations**

The contractor under the Strengthening Clinical Services can expect to collaborate with other donor organizations, such as GFATM, GTZ, WHO, EU, and other organizations that contribute funds to publications, products, and events. In such cases, the guidelines for co-branding will be followed, assuming the funding contributed is more than a token amount. Otherwise, USAID approval will be required for co-branding.