USAID | SOUTH AFRICA

FROM THE AMERICAN PEOPLE

Office of Acquisition and Assistance

DATE: August 14, 2007

TO: IQC HPI Contractors

FROM: Lyn Buckley
Acquisition and Assistance Specialist
Office of Acquisition and Assistance (OAA)
USAID/South Africa

THROUGH: Gail H. Warshaw
Contracting Officer
Office of Acquisition and Assistance (OAA)
USAID/South Africa

SUBJECT: Request for Task Order Proposals (RFTOP)
674-07-0011
To provide services as described in Statement of Work

Attached please find specifications for subject requirement. OAA would appreciate receiving a technical and cost proposal, including required Certifications and Resumes not later than, September 4, 2007. Proposals to be submitted to: Lyn Buckley, Acquisition and Assistance Specialist, USAID/South Africa, 100 Totius Street, Groenkloof. Envelopes should be clearly marked with the FRTOP Number.

We would appreciate it if you could provide us the following information in your proposal:

1. Identify the person occupying the position.
2. Provide information as to how the proposed person meets the requirement of the category, i.e. combination of academic degree and number of years of work experience.
3. Provide Employee BioData Sheets and Resumes
4. An Organization Conflict of Interest Representation.

Any explanation regarding the meaning or interpretation of the RFTOP must be requested in writing no later than August 24, 2007.

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Issuance of this RFTOP does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for the costs incurred in the submission of a proposal. Further, the Government reserves the right to reject any or all proposals received and to negotiate separately with an Offeror if such action is considered to be in the best interest of the Government.

Sincerely,

Lyn Buckley

Lyn Buckley
Acquisition and Assistance Specialist
USAID/South Africa
Tel.: 27-12-452 2157
Fax: 27-12-452 2399

Attachments:

Statement of Work
Evaluation Criteria

Office of Acquisition and Assistance

Procurement Sensitive Document

STATEMENT OF WORK—USAID SOUTH AFRICA HEALTH POLICY INITIATIVE

1. TITLE

The title of the program in this task order is Health Policy Initiative.

2. INTRODUCTION

The United States Agency for International Development South Africa Mission is issuing a Task Order under the Health Policy Initiative (HPI) Indefinite Quantity Contract (IQC) for **Strengthening HIV/AIDS Policy & Advocacy in South Africa.** Subject to annual availability of funds, USAID intends to award a Task Order for approximately $9 million for a period of three years (o/a October 1, 2007 – September 30, 2010), with an option to extend for two more years. The Task Order will permit the contractor to carry out HIV and AIDS related activities in South Africa. USAID reserves the right to fund any or none of the proposals submitted. USAID will be directly involved in the implementation and performance monitoring of this award.

Through this award, USAID/South Africa aims to continue to ensure achievement of the program objectives to expand and strengthen HIV/AIDS prevention, care and support, treatment and policy/system strengthening services in South Africa.

USAID/South Africa's objective is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV and AIDS prevention, care and support programs and policies.

This project will support activities and contribute towards meeting the vision outlined in the USG PEPFAR Strategy for South Africa. It will also contribute to the Program Objective of Investing in People in the Health Program area and Program Element: 1.1.HIV/AIDS under Foreign Assistance Reform.

To achieve the above stated goals, this project will achieve the following results:

1) National and local HIV/AIDS policies, plans and programs based on local and international best practice adopted and implemented;
2) Effective public sector and civil society champions and networks developed, strengthened, and supported to assume leadership in the policy implementation;

3. BACKGROUND AND CURRENT USAID EFFORT

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Over the past 12 years South Africa has transformed itself into an egalitarian democracy, aggressively addressing social and economic challenges and the racial inequalities of its apartheid past. In spite of a high per capita GDP ($3,480), 40% of South Africans live in poverty. In the first decade of democracy, adult HIV prevalence has risen from less than 3% to an estimated 21.5%. With 5.5 million citizens infected with HIV, South Africa has among the highest number of infected adults and children in the world. South Africa's HIV epidemic is generalized and maturing, characterized by: (1) high levels of prevalence and asymptomatic HIV infections; (2) an infection rate that may be beginning to plateau but is still extremely high; (3) high infection rates among sexually active young people, other vulnerable and high-risk populations (mobile populations, sex workers and their clients, and uniformed services), and newborns; (4) vulnerability of women and girls; and (5) important regional variations with antenatal sero-prevalence rates ranging from 15.2% to 39.1% in the nine provinces.

Though 75% of people living with HIV (PLHIV) are asymptomatic, South Africa is witnessing increased levels of immunodeficiency and HIV-associated morbidity, frequently manifested by tuberculosis, pneumonia and wasting. The cure rate for TB is low (56.4% in 2004), and treatment default rates remain high (11.6%) heightening concern for development of multi-drug resistant TB (MDR-TB), and the more recent outbreak of extremely resistant TB (XDR-TB). AIDS-associated mortality is high (336,000 AIDS deaths in 2005) with large increases in HIV mortality among young adults and children. As mortality increases, so too will the number of children who have lost one or both parents, currently estimated at 1.2 million.

The USG Emergency Plan program in South Africa provides support to public, private and NGO sector HIV activities at the national, provincial and local levels through a broad-based network of over 100 prime partners and more than 200 sub-partners. Emergency Plan funding is focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention:

Prevention activities in South Africa include PMTCT, abstinence and faithfulness programs, blood and injection safety, and condoms and other prevention initiatives.

The USG supports primary prevention with special emphasis on abstinence and being faithful activities that are implemented through school, community, and faith-based education programs. Through both community-based and large-scale NGO/FBO programs, the Emergency Plan supports youth and young people to delay sexual debut and practice abstinence, faithfulness and responsible decision-making and reducing the number of multiple concurrent partnerships.

In addition, USG agencies assist the South African Department of Health to increase the availability and use of condoms by high-risk groups. Other prevention initiatives focus on behavior change and other communication efforts, safe medical practices and blood supply, and HIV prevention education for military personnel, women surviving on transactional sex, prison inmates and correctional officers, mobile populations, traditional healers, teachers, and trade unionists in all nine provinces of South Africa. USG South Africa partners with over 40 organizations in the prevention program area, including South African Government partners and NGOs.

Care:

Care activities in South Africa include basic palliative care and support, TB/HIV, support for orphans and vulnerable children (OVC), and counseling and testing CT)

With 5.5 million HIV-infected individuals, the clinical and palliative care needs of patients suffering from AIDS places a severe strain on health services. Accordingly, the Emergency Plan supports programs to increase the availability and quality of palliative care services, including providing training, technical and financial assistance to NGO, FBO and community-based and home-based care programs, hospice and palliative care organizations, as well as public sector health facilities. South Africa has one of the highest estimated TB infection rates in the world with 58% of TB patients HIV-infected. The USG supports implementation of best practices to maximize integration of TB/HIV prevention, diagnosis, treatment and management programs, and to increase the effectiveness of referral networks between TB and HIV services, especially in CT and treatment settings.

Care and support of OVC is a key component to mitigate the impact of the epidemic in South Africa, where an estimated 1.2 million children have lost at least one parent to HIV and AIDS. USG care and support of OVC in South Africa will provide financial and technical assistance to OVC programs, focusing on mobilizing community- and faith-based organizations to improve the number and quality of services provided for OVC. These programs encompass the entire care and support continuum, including psychosocial and nutritional support, maximizing OVC access to South African Government benefits, and strengthening OVC support through referrals for health care, support groups and training.

Expanding the availability, access and quality of CT services is a critical component of the USG HIV and AIDS program in South Africa. As the majority of CT services are provided in public facilities, the Emergency Plan supports National Department of Health (NDOH) efforts to expand CT sites and services. All USG CT activities are intentionally linked to clinical care and support and treatment activities to assure that individuals testing positive have access to needed services. Many USG programs have mobile CT programs targeting high-risk populations, underserved communities and men. USG South Africa partners with nearly 50 individual agencies in the care and support areas including the South African Government, NGOs, and Universities.

Treatment:

In 2003 the South African Government took the historic step of developing a comprehensive plan to implement a nationwide ARV treatment program. This plan has provided an ideal opportunity for the USG to contribute to the South African Government target of universal access to ARV services by 2009. Based on best practices and expertise in the private and public sectors, the USG program strengthens comprehensive care for HIV-infected people by: (1) scaling-up existing effective programs; (2) initiating new treatment programs; (3) providing

direct treatment services; (4) increasing the capacity of the National and Provincial Departments of Health to develop, manage and evaluate AIDS treatment programs, including the training of health workers, enhancing the quality of treatment services, and strengthening the management of ARV-related pharmaceuticals; and (5) increasing demand for, acceptance of, and compliance with ARV treatment through treatment literacy campaigns and community mobilization. USG South Africa partners with 30 individual agencies in the treatment program areas, including the South African government, NGOs, and Universities.

Strategic Information:

The USG assists NDOH to design and implement an integrated M&E system. To facilitate the management of the Emergency Plan monitoring and reporting process, the USG implements a single consolidated data warehouse center that serves as the focal point for all Emergency Plan data collected by the partners. Through collaboration and assistance to the South African Government and strengthening of implementing partners' strategic information systems, the USG also supports specific targeted evaluations to improve prevention, care and treatment programs, to identify potential new interventions, and to document best practices. The USG also assists the Department of Social Development in strengthening their M&E system to identify and track OVC. USG South Africa partners with 20 individual agencies in strategic information and targeted evaluation including the South African government, NGOs, and Universities

Other/Policy Analysis and System Strengthening

The USG supports policy analysis and system strengthening initiatives consistent with South Africa's National HIV/AIDS Strategy (the NSP) and the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (the Comprehensive Plan). Ongoing policy analyses and system strengthening activities in South Africa cover a diverse spectrum of HIV/AIDS-related activities to support national prevention, care and treatment efforts. The offeror will strengthen institutional capacity in public, private and civil society organizations to design and implement HIV and AIDS policies and programs. This activity will also focus on operational policy barriers which often result in poor planning, lack of access to services and ineffective ways of ensuring that resources are used in such a way that they achieve the greatest impact. Some cross-cutting USG activities include (1) support for programs to address stigma and discrimination; (2) support for implementing effective HIV workplace policies in the public and private sector; (3) support for developing national guidelines and standards for HIV peer education; (4) assistance in increasing the involvement of PLWHA groups in implementing the NDOH's treatment and care initiatives; and (5) support for government to government twinning relationships. In addition to Emergency Plan funded HIV and AIDS activities, the U.S. Department of Labor also funds HIV and AIDS workplace prevention programs in collaboration with South African Trade Unions and the International Labor Organization.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor to South Africa's health sector, having provided a total of over $289 million in support in FY 2006, the majority of which is for HIV and AIDS

prevention, care and treatment. The USG is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's HIV and STI Strategic and Comprehensive Plans. In addition to the Global Fund, other major donors include the European Union, the United Kingdom, Belgium, Netherlands, Australia, France, Sweden and Germany. The Global Fund has entered into agreements for two grants from South Africa for AIDS and TB programs. These grants provide funding to expand treatment services in the Western Cape, and to provide a broad package of HIV prevention, treatment and care activities in KwaZulu-Natal. The primary HIV and AIDS coordinating body is the South African National AIDS Council (SANAC). The USG meets regularly with key officials of individual Ministries (Health, Social Development, Treasury, Defense, Education and Correctional Services) to ensure that USG assistance complements and supports the South African Government's plans for prevention, care and treatment. The USG also meets with South African Government officials at provincial level to ensure synergy with provincial priorities and activities.

The United Nations High Commissioner for Refugees (UNHCR) funds work on Refugee/HIV policies, and the United Nations Development Program (UNDP) supports policy development focused on the poverty/AIDS cycle. Many donors and civil society groups address stigma and discrimination within their HIV/AIDS programs. In addition to industry and labor organizations, other donors involved in HIV workplace policies are GTZ, DFID and Irish AID.

4. CURRENT USAID EFFORTS

USAID, together with other major donors in this program area, support workplace and mainstreaming policy development in the private sector, and organizational capacity building among NGOs working in HIV/AIDS. It works with other university to help public and private organizations develop and implement policies for their organizations. USAID also works with the major public service employer, the Department of Public Service and Administration to develop HIV/AIDS policies and guidelines and also build capacity within different government departments to implement those policies and guidelines. USAID also works with other civil society organizations such as faith-based organizations, non-governmental, traditional leaders to build their capacity to implement HIV/AIDS policies.

5. STATEMENT OF WORK

The contractor will contribute to PEPFAR goals by providing technical assistance and capacity building to local partners at the national, provincial and community levels to identify and address the operational barriers that impede the expansion of HIV and AIDS programs. The contractor will empower new partners to participate in policymaking processes. With a key focus on policy implementation, the contractor will help organizations translate policies, strategic plans, and operational guidelines into effective programs and services, especially for the poor and other underserved groups.

The contractor will work in the following program areas: Abstinence and Be Faithful, Condoms and Other Prevention, Palliative Care: Basic Health Care and Support, Palliative Care: TB/HIV, Strategic Information, and Policy Analysis and Systems Strengthening. The

contractor is tasked with supporting the implementation of policies and programs to integrate gender, stigma and discrimination into USG programs.

The activities outlined below will contribute towards meeting the vision outlined in the USG Five-Year PEPFAR Strategy for South Africa by mobilizing and training faith-based organizations (FBOs) and traditional leaders (TLs) and equipping them with skills to promote AB prevention programs in their communities and churches and by mobilizing PLHV organizations and individuals and equipping them with skills to promote that mitigate stigma and discrimination.

Abstinence/Be Faithful:
The contractor will work with faith-based organizations (FBOs), traditional leaders (TLs), and community-based organizations (CBOs) to develop and implement AB prevention messages and programs and to assist these organizations to systematically identifying program gaps and barriers to uptake or dissemination. Programs will target adults, youth, people affected by HIV and AIDS, community and religious leaders, CBOs and FBOs. Activities will focus on improving knowledge about HIV, behavior change to reduce risk, community mobilization and participation in HIV and AIDS related prevention programs. Emphasis areas are training in AB, with special focus on behavior change, and community mobilization and participation.

The contractor will build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV and AIDS prevention, care, and support programs and policies. Contractor assistance focuses on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations (CSOs) and institutions working in HIV and AIDS.

Potential activities include: 1) the devolution of capacity building and training in AB programs to district level for TLs and to FBOs; 2) provision of technical assistance to TLs and faith-leaders to ensure their training skills are used and appropriate prevention messages are being disseminated in communities; 3) building capacity of traditional and faith leaders to identify barriers to uptake or expansion of prevention programs; and 4) building capacity of business leaders to develop and implement policies for their organizations.

Condoms and Other Prevention:
Several studies have shown a clear correlation between male circumcision (MC) and HIV prevalence. A four-country study in Africa by Auvert et al (2001) confirmed the population and individual-level association between HIV and the lack of male circumcision. Cross-sectional studies have demonstrated a willingness by men to undergo the procedure based on its presumed preventive effect. Three randomized-control trials were initiated in Kenya, Uganda and South Africa to assess to what extent circumcision intervention may have a protective effect against HIV acquisition in adult men. So far, results from one study in South Africa appear to confirm this hypothesis.

In South Africa, male circumcision is a procedure that is usually done for cultural or religious reasons rather than for health benefits. This is seen among certain ethnic groups such as the Xhosa who routinely practice male circumcision as part of initiation to transition boys to manhood. In such cases the circumcision is done by traditional "surgeons" rather than by medically trained personnel in a health facility. Since it is a surgical procedure, there are risks involved in traditional male circumcision. Partly in response to reports of adverse events surrounding traditional male circumcision, the South African Government is considering legislation to restrict circumcision to only medically defined conditions and for cultural practice.

The contractor will work with national leaders from government, national and regional experts, and people living with HIV and AIDS and will draw on the work done by other local organizations. The contractor will convene key stakeholders to discuss the issues surrounding male circumcision in South Africa and come up with a way forward. Activities will concentrate on policy issues surrounding circumcision within the South African context rather than on actual service delivery.

Potential activities include: a policy analysis of MC within the South African context and convening key meetings with national leaders from government, national and regional experts, and people living with HIV and AIDS and will draw on the work done by local partners who will be invited to a plenary sessions to present the scientific evidence and policy, public health, economic and cultural issues related to introducing MC as an HIV prevention strategy in South Africa.

Palliative Care:

The contractor will partner with key civil society organizations focusing on mobilizing People Living with HIV and AIDS (PLHIV) to access basic preventive care services. The contractor will build upon the existing tools and guidelines in this area, as well as materials to address stigma and discrimination at individual and community levels. Emphasis will be placed on mitigating stigma and discrimination (key legislative area) and addressing gender inequalities (key legislative area) in palliative care.

The contractor will provide technical assistance to PLHIV organizations to equip them with skills to mobilize and advocate for essential care and treatment support services, training on essential care messages and referrals for essential HIV and AIDS PMTCT, ART, opportunistic infection (OI) management (including TB) and counseling and testing (CT) services for its members and their families. The target populations for these activities are PLHIVs, their families, and community-based organizations. The major emphasis areas are local organization capacity development, with additional emphasis on community mobilization/participation and training. This activity will also integrate psychosocial support to family members of people living with HIV and AIDS.

Potential activities include: Building capacity of PLHIV organizations in South Africa to equip them with skills to mobilize and advocate for essential care and treatment support services, knowledge and awareness of essential prevention and basic preventive care interventions and the importance of mobilizing and referring for essential HIV and AIDS PMTCT, ART, OI

management (including TB), family planning and CT services for its members and their families. The contractor will focus on building the capacity of PLHIV organizations at the provincial and district levels to provide quality programs designed to meet the needs of people infected and affected by HIV and AIDS. These organizations work with the National Association of People Living with HIV and AIDS (NAPWA) and they will be selected through the provincial offices of NAPWA and provincial Departments of Health.

The contractor should address gender issues in this area through the provision of basic HIV screening and care and prevention messaging to large numbers of male and female adult PLHIV, support for disclosure of HIV status and reduction of gender-based violence, involvement of males in the program, mobilization of community leaders for promoting community efforts against stigma and discrimination and for raising awareness regarding HIV prevention, care and treatment.

The contractor should be prepared to collaborate with the USG interagency teams on the ground – CDC, DOD, DOL, Peace Corps, HHS and USAID regarding coordination of activities. In addition, where appropriate, the contractor will be expected to participate in the USG interagency technical working group meetings. The contractor is also encouraged to demonstrate how interventions link to prevention, care and treatment programs across the continuum of services supported by the USG, other donors and organizations, and the government.

Strategic Information:

The contractor will carry out capacity building activities and provide technical support to ensure improved national and provincial level financial planning and effective resource allocation for HIV and AIDS. The target populations are host county government workers at national and provincial levels, with a specific focus on AIDS Control Program staff; and the emphasis area for this activity is other strategic information (SI) activities, to include healthcare financing and local organization capacity development.

The contractor will provide assistance to governments and donors in planning and allocating future resources to manage national HIV and AIDS programs. The contractor will also work in collaboration with the Health Economics Unit at the University of Cape Town and the Health Financing and Economics Unit (HFEU) to ensure support to the NDOH in preparing resource allocation and human capacity building plans in order to effectively implement the National HIV and AIDS strategy and operational plan.

The contractor will provide technical assistance to incorporate COP, Semi-Annual and Annual report information into existing modeling programs to identify gaps in budget allocations and providing information on what set of interventions can most effectively contribute to achieving the South Africa prevention target.

Potential activities include: 1) Resource allocation to train and provide technical assistance to HFEU trainers to conduct national and provincial training for technical working group members on resource allocation, the use of data for decision-making to prepare for the new National Comprehensive HIV and AIDS plan and human capacity needs for HIV and AIDS

programming and financing. 2) Assistance to USG prevention planning by analyzing data and developing scenarios for the USG to assist them with decision making in the area of prevention.

Other/Policy and Systems Strengthening:

The contractor will strengthen institutional capacity in public, private and civil society organizations to design and implement HIV and AIDS policies and programs. This contractor will also focus on operational policy barriers which often result in poor planning, lack of access to services and ineffective ways of ensuring that resources are used in such a way that they achieve the greatest impact. The major emphasis area is policy and guidelines. The minor emphasis areas are community mobilization and training. Specific target populations for this activity are people living with HIV and AIDS, civil servants/host government workers, community-based organizations (CBOs), and other public health workers.

The contractor will build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV and AIDS prevention, care, and support programs and policies. The contractor will focus on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS and STI program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations (CSOs) and institutions working in HIV and AIDS.

Potential Activities include: 1) Workplace Programs: assessing the level of development of new workplace policies at these sites and provide technical assistance to strengthen the implementation of workplace policies. The contactor will provide TA in facilitating and developing training materials such as workbooks to four government departments in four provinces to strengthen staff capacity to design and implementation of HIV and AIDS workplace programs in the public service. The contractor will also work with Universities to design a module on HIV/AIDS for business leaders, and also to assist them to develop and implement HIV policies in their workplaces. This module will be part of the current leadership courses offered by Universities. 2) National Stigma Framework, Stigma Mitigation: Evidence from programs in South Africa suggests that unless stigma and discrimination is addressed, there is still fear associated with coming forward for HIV and AIDS testing and treatment. The contractor will implement stigma mitigation programs across all nine provinces of South Africa with particular emphasis on FBOs, people living with HIV and AIDS, and public servants. In addition, training of media practitioners on how to address stigma through the media can be a component of the program. Technical assistance will be provided to advocate at both national and provincial levels for stigma mitigation. 3) Support to National Department of Health: the contractor will develop strategic plans for program implementation; and provide institutional capacity building by facilitating governance and organizational development workshops to respond to the need for designing and implementing HIV and AIDS prevention programs.

Attaining PEPFAR goals require a clear understanding of the course of the epidemic, so that South Africa can make strategic evidence-based decisions on how to most effectively and efficiently use available resources. Effective data collection and analysis are necessary to mobilize effective HIV responses and strengthen political commitment to mobilizing and

appropriately targeting these resources. The capacity of governments and advocates to collect, analyze and use data to inform the decision-making process must be strengthened.

The proposal submitted should clearly identify the offeror's strategic approach to achieve the targets and leverage other resources within the estimated budget levels as outlined below for the first year.

a. Total Award Year 1: $2.8 Million

b. Estimated Total Budget for 3 years: $9 Million

c. Strategic focus by program area for Year 1:

Program Area (Program Sub-Element)	Percentage of budget
Abstinence and Being Faithful	43
Condoms and Other Prevention	3
Palliative Care: Basic Health Care and Support	10
Strategic Information	5
Other Policy/Systems Strengthening	39

It is envisaged that the strategic focus will shift from abstinence and being faithful program area to strategic information and other policy and systems strengthening in the following years.

Definitions for each program area following the Office of the Global AIDS Coordinator Country Operational Plan guidance:

Abstinence/Be Faithful: Activities (including training) to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity (including partner reduction) and related social and community norms.

Condoms and Other Prevention: Other activities aimed at preventing HIV transmission including purchase and promotion of condoms, STI management (if not in palliative care settings/context), messages/programs to reduce injection drug use, and messages/programs to reduce other risks or persons engaged in high-risk behaviors.

Palliative Care: Basic Health Care and Support: All clinic-based and home/community based activities for HIV-infected adults and children and their families aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness by laboratory services and management of opportunistic infections (excluding TB) and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-appropriate end-of-life care. This program area also includes clinic-based and home/community based support;

social and material support such as nutrition support, legal aid and housing; and training and support of caregivers.

Strategic Information: Development of improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; facility surveys; strengthen such systems; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; analysis and quality assurance of demographic and health data related to HIV/AIDS; testing implementation models, e.g., to support the development or implementation of Global Fund proposals. Related training, supplies, and equipment are included.

Other policy analysis & system strengthening: Further other HIV/AIDS-related activities to support national prevention, care, and treatment efforts. This includes strengthening national and organizational policies and systems to address human resource capacity development, stigma, and discrimination, and gender issues; and other crosscutting activities to combat HIV/AIDS including activities to support the implementation of Global Fund programs.

Result 1: National and local HIV/AIDS policies, plans, and programs based on local and international best practice adopted and implemented. The offeror will continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV and AIDS prevention, care, and support programs and policies.

The contractor will provide assistance to host country and local organizations to help them develop and adopt policies that improve access to HIV/AIDS services and improve implementation of the National Strategic Plan. The contractor will also seek creative new ideas and demonstrate proven methods for addressing barriers to both policy adoption and implementation for HIV/AIDS services.

Capacity building will focus on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations (CSOs) and institutions working in HIV and AIDS.

The activities proposed under this task order will: 1) focus on the devolution of capacity building and training in AB programs to district level for TLs and to FBOs; 2) provide technical assistance to TLs and faith-leaders to ensure their training skills are used and appropriate prevention messages are being disseminated in communities; and 3) build the capacity of traditional and faith leaders to identify barriers to uptake or expansion of prevention programs.

In order to assist the country on issues related to male circumcision (MC), the offeror will conduct a policy analysis of male circumcision (MC) within the South African context and convene a workshop with national leaders from government, national and regional experts, and people living with HIV and AIDS who will be invited to present the scientific evidence and

policy, public health, economic and cultural issues related to introducing MC as an HIV prevention strategy in South Africa.

Result 2: Effective public sector and civil society champions and networks developed, strengthened, and supported to assume leadership in the policy process.

The contractor will provide assistance to:

- Strengthen and improve political commitment for access to HIV/AIDS services.
- Ensure that a range of stakeholders at local, provincial, and national level can assume leadership of meaningful and sustainable advocacy efforts so that policies reflect and address their needs in a sustainable way.
- Strengthen advocacy to address stigma and discrimination.

The offeror will focus on improving multi-sectoral capacity and involvement in the country's national HIV and AIDS and STI program by assisting different role players in developing and implementing effective advocacy strategies for HIV and AIDS; facilitating effective planning for HIV and AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations and institutions working in HIV and AIDS. The offeror will use existing tools to implement stigma mitigation programs across all the nine provinces of South Africa with particular emphasis on FBOs, people living with HIV and AIDS, and public servants. The offeror will also work with media practitioners to enable them to address stigma through the media.

Result 3: Timely and accurate data used for evidence-based decision-making.

Given that good data providing the basis for effective implementation, policy and advocacy work, the contractor will help stakeholders provide data to policymakers in easily-understood ways; will adapt, develop, and apply user-friendly tools for data analysis and policy dialogue; and will build the capacity of in-country partners to provide data for evidence-based decision-making on their own. The contractor will also use the existing country plans to assist stakeholders to effectively implement activities. As part of its technical leadership role, the contractor will make special efforts to compile and use data on most-at-risk populations (MARPs) and PLHA, and their access to services in the policy and implementation processes. The contractor will also develop and apply user-friendly tools for multi-sector policy analysis and dialogue.

In an effort to develop local capacity to plan effectively to mitigate the effects of the HIV/AIDS epidemic, the contractor will build on existing programs to improve the prevention and care responses and intensify coverage of these programs in localities with the highest prevalence, especially urban informal settlements and rural areas. The contractor will promote the following:

1. Reduced stigma and discrimination
2. Reduced cross-generational sex

3. Reduced gender-based violence
4. Strengthened interventions targeted at MARPs.

The Applicant's proposal shall detail their recommended approach to achieving these results. The proposal should specifically address but not be limited to how they will achieve the following (and if one of the following is not recommended, the Applicant should explain the thinking behind this):

- Identify and reach key stakeholders to participate in policy processes at national and local levels;
- Assist national and local coordinating bodies to develop and implement sound programs and monitoring systems in support of priority HIV/AIDS interventions, as identified in the NSP, at national and local levels;
- Promote informed dialogue and ensure that decision-makers and stakeholders are knowledgeable about critical issues;
- Package and present information in a way that is useful to stakeholders;
- Assist stakeholders and decision-makers to communicate and disseminate the results of the work;
- Strengthen civil society and governmental collaboration and synergies;
- Reduce stigma and discrimination;
- Increase attention to gender and gender-based violence;

6. Measuring Results: Monitoring and Evaluation

The contractor will adhere to PEPFAR reporting requirements where appropriate at the country level. For each indicator, the Monitoring and Evaluation (M&E) plan shall provide interim and final targets, data sources, collection methods, and baseline information or a timeline for collecting it. In addition to proposing indicators for each result, all PEPFAR indicators are mandatory and must be reported semi-annually (October 1 to March 31) annually for the entire previous fiscal year (October 1 to September 30). Mandatory PEPFAR indicators include, but are not limited to:

- Number of individuals reached through community outreach that promotes HIV and AIDS prevention through abstinence and/or being faithful
- Number of individuals trained to promote HIV and AIDS prevention through abstinence and/or being faithful
- Number of individuals trained to promote HIV and AIDS prevention through other behavior change beyond abstinence and/or being faithful
- Number of individuals trained to provide HIV palliative care (including TB/HIV)
- Indirect number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received treatment for tuberculosis (TB)
- Number of local organizations provided with technical assistance for strategic information activities.
- Number of local organizations provided with technical assistance for HIV-related policy development.

- Number of local organizations provided with technical assistance for HIV-related institutional capacity building.
- Number of individuals trained in strategic information including M&E, surveillance and/or HMIS.
- Number of individuals trained in HIV- related policy development.
- Number of individuals trained in HIV-related institutional capacity building.
- Number of individuals trained in HIV-related stigma and discrimination reduction.
- Number of new or revised policies or strategic plans.

Recognizing the limitation of existing PEPFAR indicators to effectively monitor key accomplishments of activities related to HIV/AIDS policy development/implementation, enabling policy environment, and stigma and discrimination, the contractor will be responsible for developing and executing a Monitoring and Evaluation (M&E) plan, in consultation with the USAID/South Africa M&E team. Expected program results with illustrative indicators, mid-term milestones/ benchmarks, end-of-project results partially provided in this document should be further elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator.

This M&E plan aims at better demonstrating key outputs and outcomes of this type of program in South Africa and providing cutting edge knowledge and tools to monitor progress; and HIV/AIDS policy interventions that can serve as models for other countries, as well as contribute to PEPFAR reporting in the future.

During the initial program planning period, the contractor shall work closely with USAID/South Africa to establish final indicators, as well as baseline data and performance targets for each indicator. The M&E plan shall be submitted to the CO for approval within 60 days of the award of the Task Order. USAID/South Africa and the contractor will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the M&E plan. Financial tracking data will be required on a quarterly basis.

Due to the emergency nature of the response and the current status of restructuring USG Foreign Assistance throughout the contract period, the M&E plan might need to be updated to be harmonized with those of other partners. The M&E plan will be revised as appropriate on an ongoing basis in collaboration with USAID.

7. COLLABORATION

All applicants should demonstrate a collaborative approach with projects both within USAID/South Africa's health and social portfolio and those in other sectors as appropriate as well as with other relevant regional civil society groups and donor initiatives.
The contractor should be prepared to collaborate with the USG interagency team on the ground – CDC, DOD, DOL, Peace Corps, HHS and USAID regarding coordination of activities. In

addition, where appropriate, the contractor will be expected to participate in the USG interagency technical working group meetings.

8. PROGRAM MANAGEMENT AND STAFFING

A. Technical Direction and Coordination: The USAID/South Africa CTO will be responsible for all day-to-date management, oversight, and technical direction of the contractor and overall HIV/AIDS Prevention, Care and Treatment program. The CTO will provide technical directions during the performance of this Task Order, both in writing and verbally. The contractor will be expected to meet at least biweekly (via conference call or in person) with the CTO or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID/South Africa and U.S. Embassy staff as appropriate.

B. Personnel Requirements. The contractor will propose key technical personnel and other personnel as part of the technical proposal as deemed appropriate to implement the major tasks above. For those personnel based in the field, USAID/South Africa leaves to the offeror to determine the appropriateness of employing overseas and/or local hires, however, USAID/South Africa requires in-country presence in South Africa. Contractor presence or the ability to identify consistent part-time consultants in South Africa is required in order to facilitate management and coordination with USAID/South Africa. In addition, the contractor should consider locally (non-overseas)-hired country coordinators; such staff should have played important coordination and country-level support roles in past and current population and health programs.

1. Chief of Party - The offeror is required to appoint a Chief of Party (COP). The COP must demonstrate exceptional managerial and operational experience, and preferably experience in managing complex activities involving coordination with multiple program partner institutions. The COP must also demonstrate exceptional written and oral communications skills in English. Familiarity with the political, social, and cultural context of working in South Africa is a strong plus. The COP must also have experience working in the region, preferably in South Africa.
2. Other Personnel - The offeror has the discretion to determine the proper number and mix of additional key personnel, short-term technical staff, and others to meet task order requirements, to be described in the technical proposal. Personnel should have vast experience of South Africa and should have knowledge of at least one South African language other than English.

9. Reporting Requirements

A. Annual work plan: The offeror will provide an illustrative annual work plan for the first 12 months of the task order, which will be finalized in consultation with USAID during the first 30 days following the award. Subsequent 12-month work plans through the end of the task order will be prepared and submitted to the USAID/South Africa CTO not later than 30 days before the close of each preceding operating year.

The work plan should include, as a minimum:

1. Proposed accomplishments and expected progress towards achieving task order results and performance measures tied to the M&E plan;
2. Timeline for implementation of the year's proposed activities, including target completion dates;
3. Information on how activities will be implemented;
4. Personnel requirements to achieve expected outcomes;
5. Major commodities to be procured;
6. Details of collaboration with other major partners.
7. Detailed budget; and,
8. Targets and anticipated results and milestone indicators against which the contractor will be evaluated (jointly established with the CTO)

B. Quarterly progress reports: The contractor will prepare and submit to the USAID/South Africa CTO a quarterly report within 30 days after the end of the contractor's first full quarter, and quarterly thereafter. These reports will be used by USAID/South Africa to fulfill electronic reporting requirements to Washington; therefore, they need to conform to certain requirements. The report should contain, at a minimum:

1. Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by program area;
2. Problems described in previous report solved or still outstanding and intentions to address outstanding problems.
3. New problems encountered since previous report.
4. Proposed solutions to new or ongoing problems;
5. Plan for next quarter
6. Current data for output and performance indicators.
7. Compelling individual-level success stories.
8. Documentation of better practices that can be replicated or taken to scale; and
9. List of upcoming events with dates.

Briefing: The contractor shall brief the mission and the cooperating country officials on the principal activities, accomplishments and funding during the implementation period, unless not desired by mission.

C Quarterly financial reports shall be submitted quarterly to USAID/South Africa. The report should contain at a minimum the following information:

1. Total funds awarded to date by USAID into the task order;
2. Total funds previously reported as expended by contractor by main line items;
3. Total funds expended in the current quarter by the contractor by main line items;
4. Total unliquidated obligations by main line items; and
5. Unobligated balance of USAID funds.

D. Short-term consultants' reports shall be submitted to USAID/South Africa in a mutually agreed upon format and time frame.

E. Special reports: From time to time, the contractor will be required to prepare and submit to USAID special reports concerning specific activities and topics.

F. Completion 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 the 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.

10. DUTY POST

The duty post for this Task Order is Pretoria, South Africa, unless so authorized by USAID to be located elsewhere. Travel may be required within South Africa.

11. AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for this activity is 935. However, local procurement in the cooperating country may be authorized within the parameters specified in 22 CFR 228.40, "Local Procurement."

12. PERIOD OF PERFORMANCE

The period of performance for this task order is o/a October 1, 2007 through September 30, 2010 with an option to extend for two more years..

Attachment 2

EVALUATION FACTORS FOR AWARD

EVALUATION PROCEDURE

Technical, cost and other factors will be evaluated relative to each other, as described herein.

(a) The technical proposal will be scored by a Technical Evaluation Committee (TEC) using the criteria shown in this Section.

(b) The cost proposal will be scored separately by the Office of Acquisition & Assistance.

(c) The criteria below are presented by major category, with relative order of importance, so that offerors will know which areas require emphasis in the preparation of proposals.

Offerors should note that these criteria: (1) serve as the standard against which all proposals will be evaluated, and (2) serve to identify the significant matters which should be addressed in the proposals.

CONTRACTING WITH SMALL BUSINESS CONCERNS AND DISADVANTAGED ENTERPRISES

USAID encourages the participation of small business concerns and disadvantaged enterprises in this project, in accordance with FAR Part 19 (48 CFR Chapter 1), and AIDAR Part 726 (48 CFR Chapter 7). Accordingly, every reasonable effort will be made to identify and make use of such organizations. All evaluation criteria being found equal, the participation of such organizations may become a determining factor for selection.

EVALUATION CRITERIA: TOTAL 100 POINTS

The criteria presented below serve to: (a) identify the significant matters implementing partners should address in their applications, and (b) set the standards against which each application will be evaluated. To facilitate the review of applications, implementing partners should organize the narrative sections of their applications in the same order as the selection criteria, in other words divided into sections for their technical approach, staffing plan, and institutional capacity and past performance. Partners must limit their proposal to 25 pages in 12 point font, excluding all annexes.

The technical applications will be evaluated in accordance with the technical criteria set forth below. One award is anticipated, although USAID reserves the right to make more than one

award if needed. The award will be made to the responsible implementing partner whose application offers the greatest value to the US Government, cost and other factors considered.

The number of points assigned to each of the following criteria indicates their relative importance. To make the selection process as objective as possible, each implementing partner should clearly demonstrate how the application meets these criteria.

Technical Approach (40 points)

A. Extent to which the proposed approach is clear, logical, well-conceived, and technically sound; is appropriate to the South African context; reflects understanding and support of USAID/South Africa program objectives; provides for sustained results beyond the life of the project; and draws from lessons learned in Africa and elsewhere. (15 points)

B. Extent to which illustrative timelines for the effective implementation of project components, demonstrates the applicant's ability to reach stated project objectives within the required time period of performance, including a plan for rapid launch of project activities. Extent to which the Performance Monitoring and Evaluation Plan is clear, appropriate and sound in terms of identification of expected interim and final results of the program and extent to which the plan for collecting base-line and follow-on data is cost effective, will reliably quantify program progress and impact, and will integrate with and support building local capacity to gather and analyze data for decision making. (15 points)

C. The extent to which gender and gender issues are identified and addressed. (5 points)

D. The extent to which plans for stigma and discrimination are identified and addressed. (5 points)

Staffing Plan (25 points)

Extent and nature of relevant experience and qualifications of project team, as demonstrated by:

E. Appropriateness of the technical and managerial expertise and experience of proposed personnel for meeting project goals and results through the proposed approach, including appropriate partnerships with regional organizations. (15 points)

F. Appropriateness of the composition and organizational structure of the project team to reach indicated objectives, provide home office support, as well as international and local professionals to implement each project component. The extent to which the applicant demonstrates a clear, sound and appropriate staffing pattern with responsibilities among different staff positions adequately delineated including use of qualified professionals proposed as an integral part of the applicant's workforce. (10 points)

Involvement of South African Institutions and Individuals (15 points)

G. It is anticipated that expatriate involvement will be limited to home office oversight with limited visits to SA and that implementation will be carried out by the SA partner(s) named in the Application and that emphasis will be on SA staff. A dedicated Project Manager must be named who will be able to devote adequate time to the management of the activity proposed in the application. The Chief of Party should have extensive experience in areas relevant to the successful implementation of the proposed activity.

   Because of the availability of highly skilled personnel and institutions in South Africa, and of improving continuity and sustainability after the activity ends, the contractor should seek to involve South African organizations and/or individuals whenever fully qualified candidates are available. In order to be able to better assess local organization and their capabilities, it is advantageous for the successful offeror to have extensive experience in the local situation and context. This principle includes emphasis on well-qualified, historically disadvantaged institutions and individuals where appropriate.

Institutional Capacity and Past Performance (20 points)

H. Demonstrated organizational knowledge, capability, experience and past performance of the applicant in managing similar programs. This includes activities to improve the HIV/AIDS policy environment, support civil society and to improve: the quality and use of data for decision making and to advance the policy environment. (10 points)

I. Demonstrated organizational knowledge, capability, and past performance of the other proposed team members (proposed sub-contractors and/or grantees) in successfully managing similar programs. (10 points)

   The information presenting the capabilities of the firm or institution and of individuals to be assigned to this work should spell out clearly the pertinent Southern Africa work experience and representative accomplishments of both the firm/institution and the individuals in developing and conducting activities of the type required under this contract, as well as the specialized skills, professional competence, academic and training background, and relevant achievements of the personnel. Especially important will be information presented on key personnel (and alternates) for the project, and the roles these individuals are intended to play in the contractor's effort. Specific information on prior work in South Africa and with USAID should be included.

REQUIRED BRANDING STRATEGY

The offeror shall prepare and submit with the technical proposal, a Branding Implementation Plan and Marking Plan to implement the USAID Branding Strategy described in Annex 1. The Offeror's branding implementation plan and marking plan shall be an attachment to its technical proposal and does not count in the 25-page limitation.

SUBMISSION FORMAT

Office of Acquisition and Assistance

Final Proposals should be submitted in the following format with a font (Times New Roman) size of 12 only:

- Table of Contents listing all page numbers and attachments.
- Project Abstract not to exceed a one page description.
- Body of proposal describing the program's strategic fit, technical approach, organization's qualifications and past experience, and sustainability plan. Number of pages should not exceed 15 single spaced typed pages (excluding attachments).
- Monitoring and Evaluation Plan including proposed outcomes and impact indicators; not to exceed 4 pages.
- Organizational & Managerial Effectiveness; not to exceed 1 pages.
- Detailed budget; not to exceed 4 pages.
- In total the final proposals shall not exceed 25 pages single-spaced typed pages (excluding attachments). Resumes of proposed staff may be submitted in the Attachments Section.
- Attachments (annexures) should be lettered (e.g. Attachment A), and should include the resumes of key personnel, letters of support, letters from public entities, other supporting documents. Only the original and two copies of the proposal are required.

POINT OF CONTACT

Please direct all queries and submissions in writing to:

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This RFP does not commit USAID/South Africa to award an agreement or to pay any costs incurred in the submission of proposals or cost incurred in the preparation thereof, or to procure or contract for services or supplies. USAID/South Africa reserves the right to reject any or all proposals, to negotiate with any applicant(s) considered qualified or to make award without further applicant negotiations.