

**Project SEARCH INDEFINITE QUANTITY CONTRACT  
SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**

**Operations Research and Evaluation Task Order: HIV/AIDS Treatment, Care and Support, and Prevention of Mother to Child Transmission**

1	RFTOP Number	M/OAA/GH/OHA/TBD
2	Date RFTOP Issued for Comments	<b>May 11, 2011</b>
3	Issuing Office	USAID/Washington M/OAA/GH/OHA
4	Contracting Officer	Abdullah Akbar Office: 202-567-5295 E-mail: Abakbar@usaid.gov
5	Comments to be Submitted to	Y. Bukky Kehinde Office: 202-567-5326 Email: Ykehinde@usaid.gov
6	Comments Due	<b>no later than 5:00 PM EST May 18, 2011</b>
7	Proposals Due	
8	Payment Office	
9	Name of Firm	
10	IQC Task Order Number	
11	DUNS number	
12	Tax Identification Number	
13	Address of Firm	
14	Point of Contact	

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

### **B.1 Purpose**

The purpose of this Task Order is to improve access to and quality and effectiveness of HIV/AIDS treatment, care and support and prevention of mother to child transmission (PMTCT) service delivery programs in developing countries through operations research. The successful offeror will conduct operations research and basic program evaluations to identify and address gaps in the programming knowledge of these areas and identify promising program approaches for scale-up in resource poor settings. This task order aims to advance knowledge of and evidence for HIV/AIDS, treatment, care and support, PMTCT program delivery issues and address local and context-specific needs.

### **B.2 Contract Type**

This task order will be a Cost-Plus-Fixed-Fee (CPFF) Level of Effort (LOE) task order and will be managed out of the Technical Leadership and Research Division of USAID's Global Health Office of HIV/AIDS (OHA). The task order will include centrally supported activities to advance global technical leadership in relevant HIV/AIDS program areas such as care and support, PMTCT, and treatment program research and evaluation. This project is expected to work in close collaboration with other centrally funded program, policy and evaluation activities within Global Health.

### **B.3 Budget**

The Total Estimated Cost of this acquisition is \$20,000,000 with fixed fee. The fixed fee for the task order shall not exceed the ceilings set forth in Section B.3 of the IQC. The contractor will not be paid any sum in excess of the ceiling price.

### **B.4 Payment**

US Agency for International Development  
M/FM/CMP SA-44, Room 435-C  
1300 Pennsylvania Ave, NW  
Washington DC 20523

### **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 must be limited to reasonable, allocable, and allowable costs determined in accordance with FAR 52.216-7, Allowable Cost and Payment, and FAR 52.216-8, Fixed Fee, A21 (for universities), and A-122 (non-profit).

**END OF SECTION B**

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

### **C.1 Overview**

The overall objective of the task order is to improve access to and quality and effectiveness of HIV/AIDS treatment, care and PMTCT program services through operations research.<sup>1</sup> The task order will be managed by the Technical Leadership and Research Division of USAID’s Office of HIV/AIDS (OHA). The task order will include centrally-supported activities to advance programmatic knowledge in relevant HIV/AIDS program areas such as care and support (C&S), PMTCT, treatment program research and evaluation, including health systems issues that cut across these technical areas. It will advance operations research, formative assessments, and basic program evaluations in developing countries with an aim to providing the tools to implement effective interventions for programmatic scale-up and quality improvement. This task order will focus on operations research and basic program evaluation activities. End of project evaluations (e.g., mid-term and endline project evaluations) or systematic PEPFAR implementation research will not be undertaken under this task order. Missions can access technical services through the task order for country-specific research and program evaluation needs via field support. The majority of activities under this task order will take place at the field level with efforts focused on country-specific evaluation, analysis, dissemination, and research utilization efforts.

### **PEPFAR – Gaps & Challenges**

The first phase of PEPFAR was characterized by successful and rapid scale-up of antiretroviral treatment services, expansion of care and support, and prevention of mother to child transmission. Despite initial successes, these programs faced many common challenges including limited program quality, sub-optimal effectiveness, relatively high cost, and inability to achieve full scale and coverage. In addition, implementation was hampered by inadequate health systems, poor integration and lack of adequate ownership by host countries.

Care and treatment programs, for example, faced challenges in expanding HIV testing coverage and uptake, linking individuals to care and retention in care, and lacked data on interventions for improving referral and retention for care services. These challenges were exacerbated by the absence or non-function of bidirectional<sup>2</sup> referral structures. Moreover, an increasing need to enroll more patients on antiretroviral therapy could be severely limited by a finite resource envelope. Programs also vary in terms of quality and effectiveness. In the coming years,

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<sup>1</sup> The term “operations research,” within this context, refers to a wide array of activities including designs to study health outcomes; formative research relevant to design and implementation of an intervention; data collection on the process of implementation of an intervention or service delivery approach; surveys, case studies, clinic-/facility-level studies, qualitative assessments, and other data analyses that can contribute to a better understanding of the needs and perspectives of clients, contexts and service delivery challenges.

<sup>2</sup> “Bidirectional” describes referrals between relevant clinical services in the facility as well as those linkages and referrals between clinical-facility based and non clinical-community based services. In this context at the community level, referrals between community-based programs must also be captured and documented to enable appropriate monitoring of the interconnectivity and collaborative partnership between organizations and health facilities.

PEPFAR will need to improve the efficiency of treatment services, ensure greater stability of funding sources, and foster country ownership of prevention, treatment, care, and support programs. Strong care and treatment programs should prioritize the following key outcomes: early identification of HIV-infected persons, appropriate referral and treatment initiation, retention in care & treatment, reduction in HIV-related morbidity and mortality, reduced ARV toxicity and other ART-related complications, improved quality of life and reduction in HIV transmission. Many of these outcomes are influenced by treatment quality. Treatment quality is affected by many factors ranging from clinical service availability, delivery and organization, drug delivery, and other breaks in the supply chain resulting in poor quality drugs and stock outs. As programs transition from implementation by large US-based or international agencies to local partners, there is a need to optimize the likelihood of sustained access to quality HIV treatment services.

While advances in the scientific evidence base for PMTCT have resulted in transmission rates well under 5% in well resourced countries, many low and under-resourced settings have struggled to achieve similar successes due in large part to implementation and health system challenges. The continuum of pediatric HIV/AIDS treatment, care and support beginning with PMTCT and extending through adulthood, brings several additional challenges that are unique to children. These include: poor follow-up of infants, faulty linkages between infant diagnosis and pediatric treatment services, limited pediatric ARV formulations, and inadequate health worker training in pediatric HIV management. Understanding how to use community health workers and peers to improve access and increase utilization of services is essential. The issues of prophylaxis and safe infant feeding have been two major challenges in PMTCT programs and guidance to reflect current knowledge has recently been developed. However, the most effective strategies for implementing these new guidelines and assessing their comparative effectiveness still require assessment. Feasible and valid methods for assessing PMTCT and pediatric program effectiveness are also needed. Unique challenges to PMTCT and pediatric program evaluations relate to tracking outcomes for the mother and child dyad. Successful assessment of program impact requires a strong health system with well-linked and high-quality data. Identifying gaps to address this challenge requires an assessment of break points in the health systems, in maintaining information on the family unit, and in cross-linking health data across sites and services as well as linking information systems between facilities to those for community outreach. Integrating health information systems across all these interventions has been a major challenge, particularly in countries where decentralization is underway.

### **PEPFAR – The Way Forward**

In PEPFAR II, a new program strategy is envisioned to address challenges identified under PEPFAR I and to achieve optimal program effectiveness and efficiency. The overall emphasis on improving health outcomes, increasing program sustainability and integration, and strengthening health systems. PEPFAR II supports integration and coordination with other health areas as an effective strategy to effectively respond to the comprehensive needs of populations affected by HIV. To this end, the task order aims to elicit operations research and evaluation to inform programs and to better understand the strengths and weaknesses of HIV interventions in care, support, treatment, PMTCT, and integrated HIV/health approaches.

To increase sustainability, the task order will seek to identify optimal approaches for transitioning programs to local partners to ensure that they are country-owned and -led. This involves identifying country specific strategies, an appropriate set of evaluation methods, and indicators for capacity, sustainability, continuity and good governance. Activities will also include engaging communities through the inclusion of key stakeholders and community leader buy-in. Evaluation activities may include understanding ways to streamline and enhance current programmatic capabilities, task-sharing, task-shifting and service training. Focused operations research will assist PEPFAR with the objectives proposed in this task order including evaluations of effective and innovative approaches to improving sub-national planning, program scale-up, and management of health service delivery.

### **Addressing Anticipated Programmatic Challenges**

PEPFAR II aims to scale-up and expand effective care and treatment programs drawing on proven interventions. This strategy seeks to more than double the number of patients directly supported on treatment; scale-up treatment services prioritizing those with most advanced disease, pregnant women and HIV/TB co-infected individuals; increase the proportion of HIV-infected infants and children who receive treatment commensurate to their representation in a country's overall epidemic; help countries to meet national coverage levels of 65% for early infant diagnosis; increase country-level treatment capacity by strengthening health systems; and expand the number of trained health workers. In addition, PEPFAR II aims to achieve in every partner country with a generalized epidemic both 80% coverage of testing for pregnant women at the national level, and 85% coverage of antiretroviral drug (ARV) prophylaxis and treatment of women found to be HIV-infected. Program effectiveness and efficiency is important in determining not just which programs to take to scale, but how to achieve optimal coverage while simultaneously minimizing program costs.

While several program modalities are established as effective, determining the best approach to implementing these programs in order to achieve the desired level of effectiveness remains a challenge. In addition, many programs currently being implemented have not been deemed effective through systematic program evaluations, nor have there been evaluations of the factors that would affect program effectiveness for large-scale implementation. The feasibility of adopting and adapting new WHO guidelines is also a challenge. New guidelines (including immediate initiation of antiretroviral treatment for all children 2 years of age or younger; earlier initiation of treatment for those between 2-5 years old; treatment eligibility at thresholds of  $CD4 \leq 350$  cells/mm<sup>3</sup> for children and adults older than 5 years of age; recommending tenofovir as first line therapy for adults, and earlier initiation of prophylaxis or treatment as indicated for the mother's health with treatment continuing for life, or prophylaxis extending throughout breastfeeding for either the mother or the infant in line with national policies) are being implemented in PEPFAR countries.

Strengthening health systems is another critical need to which targeted operations research can assist. Logistical challenges can lead to stock outs and interruption in services while health worker shortages remain a pressing issue. Health information systems that link data across sites for referral has been a major challenge as services are decentralized. It is necessary to evaluate various approaches to addressing health systems challenges including those related to supply

chain, staffing, governance and service delivery of treatment, care and support, as well as the management and information systems that support these. Such evaluations also need to use innovative methods that can assess the impact that PEPFAR programming has on the broader health system. There are also challenges related to measurement of health outcomes in the context of health systems strengthening and integration. For example, a well-coordinated data system alone can help strengthen and improve service delivery across sectors.

Program sustainability should be bolstered by a health system that is strengthened through program and information system integration across the broader health sector and through enhanced components of health management and non-clinical infrastructure. This approach will not only result in more sustainable programs, but more efficient organization of an integrated continuum of care for all. Thus, health systems integration is aimed at benefiting both HIV/AIDS services as well as general health care. Other ways of promoting sustainability may include forging and leveraging technical, financial and human resources through creative partnerships with community and private sector stakeholders as well as other donors. PEPFAR defines integration as “the organization, coordination and management of multiple activities and resources to ensure the delivery of more efficient and coherent services in relation to cost, output, impact, and use (acceptability).” Where possible, linkages should be made between related program areas to leverage resources for maximal program quality and efficiency by identifying feasible integration strategies for additional care and support (e.g., nutrition assessment and counseling, TB diagnosis within care services, family planning, and PMTCT). However, in settings where linkages between services have been a priority, PMTCT referral systems between mother-infant pairs and follow-up of services are being implemented along with improved integration with family planning services. Adopting and adapting these types of positive models in other settings could be improved with cross-cutting operational research that includes formative research. While integrated services hold significant potential to improve the quality and efficiency of health care services, the optimal degree of integration of services is still unknown; it will be important to study outcomes of integration of services under PEPFAR on the quality and efficiency of care delivered.

## **C.2 OBJECTIVES**

The overall goal of this task order is to support operations research and basic program evaluations for optimizing quality, coverage, and effectiveness of HIV/AIDS treatment, care and support and PMTCT programs to achieve cost-effectiveness and sustainability.

All task order activities, both central and mission-funded, will contribute toward accomplishing this goal through the following objectives:

**Objective 1:** To identify critical knowledge gaps and conduct operations research and evaluation activities to inform program strategies relating to quality, sustainability, cost-effectiveness, and efficiencies.

**Objective 2:** To identify service delivery approaches for successful program implementation, guideline adoption and adaptation to achieve the greatest sustainable programmatic outcomes through small-scale and basic program evaluations.

**Objective 3:** To document and disseminate promising approaches and best practices within a framework of operations research to promote utilization of results.

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

This task order seeks to address critical gaps in the research and evidence base for program implementation in line with PEPFAR II goals of capacity-building, health systems strengthening, and promotion of country-owned, country-led and sustainable programs.

***Objective 1:** To identify critical knowledge gaps and conduct operations research and evaluation activities to inform program strategies relating to quality, sustainability, cost-effectiveness, and efficiencies.*

1. Utilize meta-analytic and formative research methods to identify gaps in knowledge to improve strategies for implementation, coverage and scale-up.
2. Conduct desk reviews and secondary analyses of epidemiologic, clinical and other program data and carry out data syntheses and triangulation.
3. Identify operations research priorities in consultation with USG country teams, host-country governments and partners involved in the implementation of service delivery programs; improve host-country awareness of the importance of operations research.
4. Focus on program issues of local importance, conduct formative research to inform the design of interventions, and develop and test solutions to these issues in different contexts. This objective may cover a broad continuum including assessment of service delivery programs, identification of needs and gaps, development of new approaches, identification of proposed solutions to problems, and examination of social/community/client-related, provider-related, and system-related barriers that impede access to and quality, efficiency and utilization of services.

***Objective 2:** To identify service delivery approaches for successful program implementation, guideline adoption and adaptation to achieve the greatest sustainable programmatic outcomes through small-scale and basic program evaluations.*

1. Identify optimal models for service delivery for desired outcomes at individual, community and population levels (e.g., acceptance, adherence, retention, program integration, clinical and immunologic outcomes, morbidity and mortality).
2. Provide data and information on a range of program options; advancing the use of underutilized, improved and new program methods and service delivery approaches.
3. Carry out evaluations that focus on outcomes that can be linked to specific program activities.
4. Identify and promote programs with the greatest potential for optimal reach/uptake/coverage, timely scale-up, and cost-effectiveness.
5. Utilize operations research approaches to assess program integration and its outcomes with respect to reach, quality, cost-effectiveness, and sustainability.

6. Assess how programs most effectively and efficiently transition to locally managed institutions and identify positive predictors of and barriers to (e.g. individual, community, economic, structural, health systems) optimal quality, consistency of care, country ownership and sustainability.
7. Assess and evaluate different approaches for addressing specific health system challenges (e.g. governance, financing, commodity security and supply chain management, information systems, human resources, and capacity building in integrated management and technical areas) to improve integrated HIV programs.
8. Identify potential costs and benefits of integrating service delivery and the optimal level of integration that is cost-effective and that can be sustained by health systems in a given context.

***Objective 3: To document and disseminate promising approaches and best practices within a framework of operations research to promote utilization.***

1. Promote research findings that are underutilized and have the maximum potential for improving programs as well as performance of health systems.
2. Develop methodologies for capturing, synthesizing and promoting promising practices and lessons learned in the field.
3. Incorporate activities to routine research to build the capacity of host-country systems, institutions and individuals to produce and use operations research results which includes collaborating closely with capacity building efforts supported by PEPFAR, other donor organizations and local institutions.
4. Promote key lessons from operations research for integration into international program and policy guidance documents.
5. Provide technical support as appropriate to countries and organizations to improve HIV/AIDS treatment, care, support, and PMTCT services through the adoption of promising, cost-effective, and sustainable program approaches and practices.
6. Increase the demand for operations research and utilization of results by policy makers and program managers.

## **Methodologies and Approaches**

The task order recipient is expected to utilize multiple strategies and approaches to fulfill the task order's objectives as they relate to the technical areas of HIV/AIDS C&S, PMTCT, pediatric and adult treatment. The methodologies and approaches may cover at minimum, but not be limited to, the categories listed below. Attempts to implement programs under the PEPFAR II strategic framework of country ownership, sustainability, integration, and capacity building will also require a certain level of innovation to determining how these programs are developed and rolled out. Consequently assessing novel approaches to implementation scale-up, program integration, services, and guidelines will also require novel methods in evaluation. The sampling, study design and data analysis may require using existing data sources and analysis tools as well as possible development of harmonized meta-data and new analytic methods.

Although the methodologies are categorized into distinct groups below, offerors should understand that many activities, to meet country-level needs, might include a methodological mix and an overlap of strategies and approaches described below as well as new methodologies:

1. Situation assessments that inform the program design, program implementation, and cost evaluation addressing a number of program policy and methodology questions.
2. Strategies and approaches to developing or validating tools and outcome measures and identifying best practices in order to improve quality, coverage, and effectiveness.
3. Formative Research involving synthesis of the literature, epidemiologic, clinical and program data, case studies, chart review, or other similar techniques that contribute to an understanding of current and best practices relating to a program or strategy.
4. Basic program evaluations to assess program needs and evaluation of the implementation process for relevant outcomes.
5. Operations research using community-participatory designs and sampling methodologies to identify challenges to programs at multiple levels – from biological to structural – and evaluate program outcomes in line with the goals of the task order.
6. Comparison of existing and innovative strategies and approaches and program delivery models, particularly with respect to effectiveness, feasibility, quality, acceptability, cost-effectiveness, and sustainability.

### **Expected Deliverables**

It is anticipated that approximately 15-25 small-scale studies and 10-15 medium-scale studies will be carried out over the course of the 5 year period of this task order.

The task order deliverables will include:

- A performance monitoring plan, developed in consultation with USAID, within 3 months after award of the task order.
- Final reports that outline research findings and recommended programmatic shifts.
- Data, product and protocol (DPP) sharing plan – DPP sharing supports many of PEPFAR II's goals, particularly in relation to sustainability, efficiency and innovation. Under this task order, this vision is broadened to include other products and protocols that may advance program research and ultimately program implementation and scale-up including sources such as, basic monitoring and evaluation data and qualitative data. Any DPP should be considered for sharing within all agencies of the United States Government (USG), and its contracting agencies.

Rights to all products and deliverables will be as articulated in the IQC terms.

In addition, the successful offeror of this project will be expected to produce and disseminate a number of project-related publications as well as programmatically relevant toolkits for adopting and adapting new guidelines. The publications should address and include knowledge and experiences to improve HIV/AIDS C&S, PMTCT, pediatric and adult treatment programs. Such

publications could be evaluative studies, assessments, research, comparison of existing and new program approaches, and promising practices and results.

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

The Contracting Officer will monitor and evaluate the contractor's overall performance through and with the assistance of the COTR or a designated activity manager. The PMP will be developed by the contractor in consultation with the Task Order COTR. The contractor's performance shall be evaluated based on the completion of specific tasks as outlined in the task order and PMP, adherence to the work plan, and reports submitted to the COTR.

#### **C.5. REPORTING REQUIREMENTS**

##### **A. Annual Work Plan**

The contractor shall develop annual work plans in concert with USAID and corresponding to the USG fiscal year. The offeror shall submit a work plan for the first 12 months of the task order within 60 days following the award. Subsequent 12-month work plans through the end of the task order will be prepared and submitted to the COTR no later than 30 days after the receipt of fiscal year funds.

The work plan shall include, as a minimum:

1. Proposed new activities, accomplishments during the past 12 months, and expected progress towards achieving task order results and performance targets and measures tied to the M&E plan, annual PEPFAR COP and Country Compact and Mission Operational 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 and equipment to be procured;
6. Details of collaboration with other major partners
7. Detailed budget ; and
8. Environmental Impact Statement (if applicable)

##### **B. Reporting Strategic Information**

USAID values the importance of high quality data to inform, plan and guide program development, implementation and improvement. Access to reliable program data is essential to program management and facilitates effective program design, monitoring, forecasting and accountability.

The contractor shall establish and/or maintain data collection systems in order to provide monthly, quarterly, semi-annual and annual reports on the progress of implementation within the technical areas specified. Data for inclusion in USAID semi-annual and annual reports to the

Office of the Global HIV/AIDS Coordinator (OGAC) and reports to USAID will also be requested from the contractor. All reports requested should include data for the indicators determined during the preparation of the USAID Performance Monitoring Plan

Indicators are routinely revised and developed by OGAC and requested of the USAID office for semi-annual and annual reporting. The contractor will be required to adapt data collection systems accordingly to facilitate these changes. All PEPFAR indicators will be measured according to the most current PEPFAR guidance and policy relevant to those indicators.

### **C. Quarterly Progress Reports**

The contractor must prepare and submit to the COTR 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 to fulfill electronic reporting requirements to Congress. The reports must contain, at a minimum:

- Progress (activities completed, benchmarks achieved, performance standards completed) since the last reporting period;
- Problems encountered and how they were resolved or are still outstanding;
- Proposed solutions to outstanding problems;
- Success stories;

### **D. Quarterly Financial Reports**

Quarterly Financial Reports shall be submitted within 45 calendar days after the end of the reporting period. The scope and format of the quarterly reports will be determined in consultation with the COTR and the contracting officer.

### **E. Short Term Consultant Reports**

The contractor must submit short-term consultants' reports to the COTR in a mutually agreed-upon format and time frame.

### **F. Special Reports**

Occasionally, the contractor must prepare and submit to USAID special reports concerning specific activities and topics as requested by USAID.

### **G. Completion Report**

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

## **C.6. IMPLEMENTATION AND MANAGEMENT PLAN**

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

## **C.7 TRAVEL**

International and in-country travel will be allowed under this Task Order.

## **C.8 GEOGRAPHIC CODE**

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

**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. PACKAGING AND PACKING PROVISIONS**

Packaging, packing, and marking shall be in accordance with all applicable FDA regulations or the manufacturer's current public sector packaging for overseas distribution. Packaging and packing must ensure the safety, efficacy, and quality of the product and be appropriate for distribution to harsh climates under less than ideal transport and storage conditions. USAID reserves the right to revise the marking requirement in the final award.

### **D.3 BRANDING**

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

**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 HIV/AIDS – Project SEARCH – 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 five years from the date of award.

### **F.2. DELIVERABLES**

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

### **F.3 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS**

Abdullah Akbar  
Contracting Officer  
U.S. Agency for International Development  
Office of Acquisition and Assistance  
1300 Pennsylvania Avenue, SA44 – 553-B  
Washington DC 20523  
Telephone: 202-567-5295  
Email: [Abakbar@usaid.gov](mailto:Abakbar@usaid.gov)

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

### **F.4 PLACE OF PERFORMANCE**

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

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

No overtime or premium pay is authorized under this Task Order.

### **F.6 REPORTS AND DELIVERABLES OR OUTPUTS**

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.3 and G.2). All reports and other deliverables shall be in the English language, unless otherwise specified by the COTR.

**F.7 AIDAR 752.7005 SUBMISSION REQUIREMENTS FOR DEVELOPMENT EXPERIENCE DOCUMENTS (JAN 2004) (AAPD 04-06)**

(a) Contract Reports and Information/Intellectual Products.

(1) The Contractor shall submit to USAID's Development Experience Clearinghouse (DEC) copies of reports and information products which describe, communicate or organize program/project development assistance activities, methods, technologies, management, research, results and experience as outlined in the Agency's ADS Chapter 540. Information may be obtained from the Contracting Officer's Technical Representative (COTR). These reports include: assessments, evaluations, studies, development experience documents, technical reports and annual reports. The Contractor shall also submit to copies of information products including training materials, publications, databases, computer software programs, videos and other intellectual deliverable materials required under the Contract Schedule. Time-sensitive materials such as newsletters, brochures, bulletins or periodic reports covering periods of less than a year are not to be submitted.

(2) Upon contract completion, the Contractor shall submit to DEC an index of all reports and information/intellectual products referenced in paragraph (a)(1) of this clause.

(b) Submission requirements.

(1) Distribution.

(i) At the same time submission is made to the COTR, the Contractor shall submit, one copy each, of contract reports and information/intellectual products (referenced in paragraph (a)(1) of this clause) in either electronic(preferred) or paper form to one of the following:

(A) Via E-mail: [docsubmit@dec.cdie.org](mailto:docsubmit@dec.cdie.org);

(B) Via U.S. Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, MD 20910, USA;

(C) Via Fax: (301) 588-7787; or

(D) Online: <http://www.dec.org/index.cfm?fuseaction=docSubmit.home>

(ii) The Contractor shall submit the reports index referenced in paragraph (a)(2) of this clause and any reports referenced in paragraph (a)(1) of this clause that have not been previously submitted to DEC, within 30 days after completion of the contract to one of the address cited in paragraph (b)(1)(i) of this clause.

(2) Format.

(i) Descriptive information is required for all Contractor products submitted. The title page of all reports and information products shall include the contract number(s), Contractor name(s), name

of the USAID cognizant technical office, the publication or issuance date of the document, document title, author name(s), and strategic objective or activity title and associated number. In addition, all materials submitted in accordance with this clause shall have attached on a separate coversheet the name, organization, address, telephone number, fax number, and Internet address of the submitting party.

(ii) The report in paper form shall be prepared using non-glossy paper (preferably recycled and white or off-white using black ink. Elaborate art work, multicolor printing and expensive bindings are not to be used. Whenever possible, pages shall be printed on both sides.

(iii) The electronic document submitted shall consist of only one electronic file which comprises the complete and final equivalent of the paper copy.

(iv) Acceptable software formats for electronic documents include WordPerfect, Microsoft Word, and Portable Document Format (PDF). Submission in PDF is encouraged.

(v) The electronic document submission shall include the following descriptive information:

(A) Name and version of the application software used to create the file, e.g., MSWord6.0 or Acrobat Version 5.0.

(B) The format for any graphic and/or image file submitted, e.g., TIFF-compatible.

(C) Any other necessary information, e.g. special backup or data compression routines, software used for storing/retrieving submitted data or program installation instructions.

**END OF SECTION F**

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

### **G.1 CONTRACTING OFFICER'S AUTHORITY**

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

### **G.2 TECHNICAL DIRECTION**

USAID will provide technical oversight and direction 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.

The COTR will provide technical direction during the performance of this task order, both in writing and verbally. The contractor shall meet at least biweekly (via phone call 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 USAID, and U.S. Embassy staff as needed.

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

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

### **G.4 INVOICES**

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

Each invoice should contain separate financial data for each separate CLIN.

Electronic submission of invoices is encouraged. Submit invoices to the Office of Chief Financial Officer to this address: [EI@usaid.gov](mailto:EI@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:

US Agency for International Development  
M/FM/CMP SA-44, Room 435-C  
1300 Pennsylvania Ave, NW

Washington DC 20523

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

**END OF SECTION G**

## SECTION H – SPECIAL TASK ORDER REQUIREMENTS

### H.1 KEY PERSONNEL

Contractors are requested to develop a comprehensive staffing plan (see details below) to accomplish the Scope of Work and the plan should demonstrate an appropriate balance of skills, expertise and efficiency. The key qualifications for this RFTOP include skills and experience in applied program research, management of USAID contracts, translation of research into practice/policy, technical assistance for service delivery scale up, monitoring and evaluation, and utilization of research results. Contractors must specify the positions that should be designated as Key Personnel and provide resumes of the candidates proposed for such positions. In addition, Contractors should specify the qualifications and abilities of proposed key personnel relevant to successful implementation of proposed technical approach.

Resumes for all key personnel and any additional information for all other proposed personnel should be included in an annex. Three references should be provided in an annex for each of the proposed key personnel with the name, title/position, telephone and email contact information. In each case, at least one reference should be a developing country work contact. In addition, for all key personnel, please include a letter of commitment from each candidate indicating her/his: a) availability to serve in the stated position; b) intention to serve for a stated term; c) agreement to the compensation levels which correspond to the levels set forth in the cost proposal; and d) a bio-data sheet with salary history.

Contractors should: 1) provide a full staffing plan, including support staff, with underlying rationale, an organizational chart indicating lines of authority and staff responsibility accompanied by position descriptions for each position proposed; 2) if being proposed, provide the rationale for the use of consultants and/or locally-hired, long-term resident advisors; 3) propose and justify the configuration of proposed key staff positions in addition to or in substitution of those described below; and 4) provide a matrix of all personnel that is linked to the LOE chart indicating the relevant skills they bring to the performance of this program and the percent time they will work on this activity.

USAID reserves the right to adjust the level of key personnel during the performance of this task order. A list of key personnel positions and qualifications is shown below (offerors shall choose a staffing structure and determine additional qualifications of key staff based on their proposed technical and management approach).

#### **1. Task Order Project Director (Full-Time, US-based)**

- Proven record of excellent management, leadership, decision making
- Demonstrated international credibility as a leader on matters of program research, analysis, use and dissemination in developing countries
- Advanced degree preferably in public health, medicine, social/behavioral/biological sciences and/or management (Masters required; PhD preferred)

- At least 5 years experience working in monitoring and evaluation of public health programs developing countries, preferably including experience in operations research and capacity building in monitoring and evaluation of health programs
- Demonstrated success managing international development projects of this scope and complexity for at least 3 years
- Experience interacting with developing country government, international organization, other bilateral donor and civil society representatives, and senior level government officials

## **2. Senior Advisor for Operations Research, Analysis and Utilization (Part Time, US-based)**

- Advanced degree (Masters required; PhD preferred) in public health, social sciences or a related field
- Minimum 5 years experience in public health, social/biological science research, or monitoring and evaluation
- Demonstrated record of program research and peer-reviewed publications
- Demonstrated skills in program research, data analysis, and communicating research findings to both technical and non-technical audiences
- Excellent written and oral communication/presentation skills
- Experience in translating research into programming and communicating research findings to program managers, program planners, and policy makers in developing countries
- Availability to travel overseas up to 30% of the time

### **H.2 LANGUAGE REQUIREMENTS**

All deliverables shall be produced in English.

### **H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY**

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

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

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

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

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

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

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

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

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

Under this contract the Contractor may execute grants on behalf of USAID (field-funded only). 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:

The total value of any individual grant to any US non-governmental organization shall not exceed \$100,000.00

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.

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** *HIV/AIDS – Project Search- IQC.*

### **I.2 NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE**

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

<b>NUMBER</b>	<b>TITLE</b>
52.204-8	Annual Representations and Certifications (Sept 2010)
52.204-10	Reporting Subcontract Awards (Sept 2010)
52.212-3	Offerors Representations and Certifications--Commercial Items (SEPT 2010)
52.212-5	Contract Terms and Conditions Required to Implement Statutes or Executive Orders—Commercial Items (SEPT 2010)
52.223-18	Contractor Policy to Ban Texting While Driving (Sept 2010)
52.225-25	Prohibition on Engaging in Sanctioned Activities Relating to Iran (Sept 2010)
52.232-22	Limitation of Funds (Apr 1984)

### **END OF SECTION I**

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

### SECTION J - LIST OF ATTACHMENTS

<b>Attachment Number</b>	<b>Title</b>
J.1	USAID FORM 1420-17 Contractor Biographical Data Sheet*
J.2	Past Performance Report
J.3	Acronym List

\* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at [http://www.USAID.GOV/procurement\\_bus\\_opp/procurement/forms/](http://www.USAID.GOV/procurement_bus_opp/procurement/forms/) . A copy of the form is being provided herewith for reference purposes only.

**END OF SECTION J**

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

52.204-8                      Annual Representations and Certifications (Feb 2009)

**END OF SECTION K**

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

### A Technical Proposal

The Technical proposal must be specific, complete and presented concisely. It must also demonstrate the offeror's capabilities, expertise, and commitment to achieving the goal and objectives of this task order. Proposals must take into account the technical selection criteria and evaluation procedures described below. The technical portion of the proposal must not exceed 20 pages, excluding attachments. Proposals must be on pages of 8-1/2 inch by 11-inch paper, single-spaced, 12-point or larger type in a single column, with one-inch margins on all sides, with tabs to differentiate each section. An outline format using lists and/or matrices, whenever possible, is recommended. Offerors must include resumes of proposed key personnel (three pages maximum per resume) and other proposed staff (three pages maximum per resume, with no more than 4 examples of potential consultants and staff per proposed position/area of expertise) in an annex. Cover pages, dividers, table of contents, and attachments (i.e. key personnel resumes and letters of commitment) do not count toward the 20-page limitation.

The offerors should submit **one original and three hard copies** of the technical proposal.

Please submit an electronic copy of the technical proposal in Microsoft Word format on CD and via email. Offerors should index sections in a Table of Contents. USAID must receive both the electronic copies (CD & email) and the hard copies by the submission deadline for the proposal to be eligible for consideration. Hard copies, CDs and email submission of both the technical and cost proposals must be submitted to the location indicated in the cover letter accompanying this RFTOP and by the date and time specified.

To facilitate efficient review of proposals, offerors must organize the technical proposal in the format specified below.

#### **Technical Proposal Format**

**Cover Page** – Title, names of organization(s) submitting proposal, contact person, telephone and fax numbers, address and email. This page is *not* included in the 20 page maximum.

**Executive Summary** (not to exceed 2 pages) – Briefly describe the proposed activities, goals, purpose, technical strategies and methodologies, and anticipated results. Briefly describe the technical and managerial resources of your organization. Describe how the overall program will be managed and how the program will meet the overall goal and objectives of the task order.

**Narrative** (not to exceed 18 pages) – The narrative section of the proposal should address the task order goals and objectives and reflect the tasks outlined in Section C.2 and contain the following elements:

#### **1. Technical Approach** (not to exceed 13 pages)

***A. The overall technical approach and vision for achieving the goal of optimizing quality, coverage, and effectiveness of HIV/AIDS treatment, care and support and PMTCT programs to achieve cost-effectiveness and sustainability***

Offerors should provide their vision of HIV/AIDS operations research as it applies to the current state of treatment, care and support and PMTCT programs in resource-poor settings. This section should include a comprehensive discussion of programming challenges in developing countries for all of the major program areas covered under this task order and technical approaches and strategies that will be employed to address them. The overall technical approach should outline a framework through which individual activities carried out under each task order objective would contribute to an aggregate research program that advances understanding of how to improve and optimize HIV programming in treatment, care and support, and PMTCT. This vision framework should include approaches for overcoming challenges and identifying scalable service delivery models for a variety of development contexts. The technical approach should also describe what the offeror will aim to feasibly and realistically accomplish over 5 years of operations research in the focus areas and the likely contributions to programs in developing countries. At a minimum, this section should include discussion of the following:

- A brief assessment of the current state of HIV/AIDS treatment, care and support and PMTCT programming in developing countries and associated program research needs and priorities
- The overall vision for meeting the aim of this task order including expected results at the end of five years
- Overall approach to collaborating with USAID/Washington, USAID Missions, PEPFAR USG country teams, host country governments, local implementing partners and other donor agencies for identification and prioritization of research needs in the identified program areas, research implementation and utilization
- How this task order will contribute to the PEPFAR II goals of improving health outcomes, increasing program sustainability and integration, and strengthening health systems

***B. Objective 1: To identify critical knowledge gaps and conduct operations research and evaluation activities to inform program strategies relating to quality, sustainability, cost-effectiveness, and efficiencies.***

Technical Approaches to achieve Objective 1: Offerors should provide their approach to identifying operations research priorities within HIV/AIDS treatment, care and support and PMTCT programs. In particular, this section should describe how the offeror will address critical gaps with the intent to use research findings to most effectively guide PEPFAR resources, leverage and complement existing research resources, and improve effectiveness and scale of HIV/AIDS care and support, treatment and PMTCT programs. The technical approach should demonstrate the offeror's potential ability to increase the efficiency of applied HIV program research through the development and use of a range of methodologies (including, but not limited to, those described in this task order's Scope of Work). It should also outline a priority list of key knowledge gaps and operations research questions that fall within the program

areas covered under this task order. Offerors should describe a mix of program research design, methodologies, and measurement approaches that will be used to address the priority questions.

For both central and mission funded activities, offerors should describe how host-country governments, PEPFAR implementing partners, USAID Missions, and USG staff in the field and at headquarters will be engaged in the implementation of these operations research activities. Finally, this section should include proposed research activities and strategies to ensure that these research activities are strategic and the overall research portfolio represents a deliberate balance of all the program areas covered under this task order.

***C. Objective 2: To identify service delivery approaches for successful program implementation, guideline adoption and adaptation to achieve the greatest sustainable programmatic outcomes through small-scale and basic program evaluations.***

Technical Approaches to achieve Objective 2: Offerors should discuss their approach to identifying optimal service delivery approaches, particularly those with the greatest potential for increasing reach, uptake, coverage, timely scale-up, and cost-effectiveness. This section should describe how offerors plan to undertake research activities to improve program areas in a variety of epidemic settings (e.g., generalized, concentrated, and mixed) and health systems contexts. This section should also address how offerors plan to conduct formative or quantitative research to address cross-cutting issues such as health systems strengthening, sustainability, capacity building, integration of HIV/AIDS services into health sectors, and country ownership in the specified program areas.

To illustrate the offerors' technical approach to this objective, potential research and evaluation activities should be identified to address select challenges within each technical area. For example, approaches to adopting and adapting newly developed guidelines that affect the care and treatment of HIV-positive individuals (including those related to pediatric and adult ARV treatment, PMTCT, and infant feeding practices) and addressing other identified challenges (e.g., early identification of client needs, retention in services, decrease and delay of mortality) to inform policy and program decisions. Approaches to studies for assessing effective and efficient strategies for promotion of country ownership and sustainability are also uniformly needed across the technical areas identified in this task order and should be included in the technical approach for addressing this objective.

***D. Objective 3: To document and disseminate promising approaches and best practices within a framework of operations research to promote utilization.***

Technical approaches to achieve Objective 3: Offerors should present their plan for promotion and dissemination of promising practices and key lessons learned from operations research and evaluations conducted under the task order. Results and findings from research and evaluation activities undertaken under Objectives 1 and 2 should aim to influence appropriate program implementers and local partners to utilize the results of research to improve treatment, care and support, and PMTCT program services and to inform policy in line with the illustrative approaches described in Section C.3 (Objective 3). The offerors should include discussion of the following:

- Illustrative examples of results from previous research that are currently underutilized and have the potential for improving treatment, care and support, and PMTCT programs
- Innovative methodologies and approaches for increasing utilization of results from previous research as well as results from research and evaluations under this task order
- Plans for capturing, synthesizing and promoting lessons learned in the field (both USAID central- and mission-funded programs as well as programs supported by other donors, organizations, and host-country governments)<sup>3</sup>
- Approaches to working with relevant USG staff in country, implementing partners, and host country staff to assist in making short-term revisions to program designs, portfolio-level strategies, and policy decisions based on key research findings.

## **2. Staffing, Management, Collaboration, and Country Coordination (not to exceed 5 pages)**

### ***A. Staffing & Management***

#### ***Staffing***

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

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

Task Order Project Director (full-time, US-based)

Senior Advisor for Operations Research, Analysis and Utilization (part-time, US-based)

Other staff: Provide a roster of other program staff, in-country staff, and other non-U.S.-based experts who are likely to assist with program activities and can be called upon to assist with the program research, utilization, and capacity building activities on an as-needed basis. Offerors should propose a combination of headquarters, regional and/or international staff and consultants. The use of local staff is strongly encouraged, as are proposals for building the capacity of investigators in the field to conduct prevention program research and evaluation.

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<sup>3</sup> Note: This description should not include the creation of a new knowledge management technology forum as the successful offeror(s) will be required to contribute to the larger Project SEARCH website, work with AIDSTAR-1 and other relevant contractors (e.g., K4H) to share pertinent information, and employ other country-level dissemination routes.

Offerors should make maximum use of in-country nationals for the implementation of research and technical assistance activities and in local leadership positions in the project. Likewise, offerors should make maximum use of local consultants, as appropriate. Accompanying examples of other proposed personnel or any primary consultants beyond key personnel should be limited to no more than 3 individuals per area of expertise, to demonstrate breadth of other proposed personnel without providing an exhaustive collection of individuals.

The following are illustrations of the types of expertise that may be drawn upon to complete various central and mission activities under this treatment, care and support, and PMTCT program research task order.

### **Illustrative areas of expertise for staff and consultants**

HIV Care & Support

PMTCT

HIV Pediatric Treatment

HIV Adult Treatment

Health Systems Strengthening

Prevention with Positives

Costing, cost modeling, cost-effectiveness

Program integration across HIV/AIDS program areas and/or other health sectors

Epidemiology

Statistics

Data Analysis

Monitoring & Evaluation

Research Design

Survey Methods

Human Subjects

Research Utilization

Policy Analysis

Community-based approaches

Laboratory methods

### ***Management***

Offerors should demonstrate their organizational ability to plan, implement and support programming in the range of activities outlined in the RFTOP. They should propose an organizational structure to address the breadth, depth and technical areas required to successfully undertake operations research and evaluation tasks in the specified technical areas. The management plan should describe subcontract arrangements, if any, the management and administrative arrangements for implementation of the task order, including organizational structure, personnel management, financial management and timely institutional review for the protection of human subjects. Offerors should summarize how they will respond to Mission requests for operations research activities and describe how the offeror will use local in-country staff and resources. Offerors should describe how tasks will be organized and managed to minimize non-productive costs to the government and how the applicant will utilize

complementary capabilities of any proposed sub-contractors most effectively and efficiently. Offerors should describe how lines of authority would be managed within their own organization and between the prime contractor and any sub-contractors. Include a plan for how to minimize costs for both centrally funded and mission support activities. Offerors are encouraged to include an organizational chart in an annex. Offerors should also describe their approach to rapid start-up of activities in the field.

### ***B. Collaboration and Country Coordination***

Coordination and communication with a wide range of stakeholders including USAID Missions, other USG PEPFAR staff in country, public and private sector partners, other CAs, and other donors is key to the achievement of the strategic goal of this task order. The technical proposal should reflect a willingness to coordinate with a range of organizations and to utilize diverse human resources effectively to achieve implementation of the highest priority operations research in the specified areas and broad-scale utilization of research results. Offerors should describe their approach to working with USAID Missions and USG country teams to identify operations research needs and priorities and secure task order funding for Mission field support activities. Offerors should demonstrate the ability to form partnerships with a range of research and policy and/or advocacy organizations in the US and host countries. They should describe plans for collaboration with USAID staff at HQ and in the field, as well as proposals for collaboration with partners implementing programs in applicable technical areas, with host country governments, and with other donors. In particular, this section should describe collaboration with local partners in the context of country coordination. Offerors may also include an illustrative plan to collaborate with other USAID centrally managed program activities in HIV treatment, care and support, and PMTCT as well as other relevant areas (e.g., health system strengthening, costing and cost-effectiveness).

### **B Unnecessarily Elaborate Proposals**

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal in response to this RFTOP may be construed as an indication of the contractor's lack of cost consciousness. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

### **C COST PROPOSALS**

The Cost Proposal must be completely separate from the applicant's technical proposal. There is no page limitation on the Cost Proposal. Offerors shall submit a cost proposal for a 60-month task order operating period. Offerors shall submit their cost proposal in Microsoft Excel format with full access to all formulas and in Contract Line Item Number (CLIN) format, by country and by operating period as well as a summary for all countries and for the overall period of performance. The following minimum cost breakdown should be provided: Salary and wages with detailed LOE, Fringe Benefits, Consultants, Travel, Transportation and Per Diem, Equipment and Supplies, Subcontracts, Grants under Contract, Other Direct Costs, Overhead, G&A, Material Overhead, Fee and any other Indirect Costs. Please break out the LOE per CLIN as applicable. For example, CLIN 1 (Salaries) should have an LOE chart for the 25% core funding component and an LOE chart for the 75% field funding component for five years of

implementation. USAID will set the standard of Full Time Equivalent (FTE) of 260 working days per year. USAID anticipates ordering 3 FTEs/year for the core funding and 15 FTEs/year for field support funding for five years of task order. Offerors must propose costs that are realistic and reasonable for the work in accordance with their respective technical proposals.

The Cost Proposals should have a cover page with the title of the program, name of the organization(s) submitting the Proposal, contact person, telephone numbers, address, and e-mail. Cost proposal must be accompanied by detailed and comprehensive budget narrative in a word format with no page limitation.

### **Cost Proposal Format**

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

To support the proposed costs, please provide a detailed and comprehensive budget narrative for all costs that explains how the costs were derived as a word document. The following provides guidance on what is needed:

- a. Salary and Wages: Direct salaries and wages should be proposed in accordance with the offeror's personnel policies;
- b. Fringe Benefits: If the offeror has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate should be used and evidence of its approval should be provided;
- c. Travel and Transportation: The proposal should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per diems should be based on the offeror's normal travel policies;
- d. Field Office Costs: Costs associated with running a field office excluding personnel, indirect costs and fringe benefits;
- e. Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity);
- f. Supplies: Office supplies and other related supply items related to this activity;
- g. Contractual: Any goods and services being procured through a contract mechanism;
- h. Grants under Contracts (field support/Mission funding only): The amount for grants under contracts is fixed for this task order – maximum \$200,000 per year, for first three years of implementation only;
- i. Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs;
- j. Indirect Costs: The offeror should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates. (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, etc.);

k. Fixed fee: Proposed fee, if any, not to exceed the ceiling set forth in the IQC.

Separately offerors should submit:

- a. Breakdown of the costs for centrally funded activities and mission activities – Offeror’s must provide separate budget tables that identify central funding cost components, mission cost components, and a summary total cost table for the 5-year task order.
- b. Detailed level of effort (LOE) and labor cost estimates must be submitted in accordance with the SOW split by year. Please provide a separate line item for each proposed individual and identify by name, labor category, daily rate, and level of effort. Offerors should use the USAID biographical data form (AID 1420-17) to support the proposed rate. The total amount of LOE levels is provided below for all positions (US-based and overseas) under this task order. Project Director, Deputy Project Director, and other senior task order technical personnel are considered “Technical/Management” staff. “Support” staff will include mid/lower level personnel involved in field implementation, data collection, data processing, and project support activities. FSN/TCN staff may fall under either of these two categories.

<b>Anticipated Core Support/Person Years</b>		
US-based	FTE Per Year	<b>Total FTE</b>
Technical/Management	2	10
Support/Consulting	1	5
<b>Total</b>	3	<b>15</b>

<b>Anticipated Field Support/Person Years</b>		
Overseas	FTE Per Year	<b>Total FTE</b>
Technical Experts/Management (Expatriates)	3	15
Technical Local Experts/Management (Local Nationals)	5	25
Support/Consulting (Local Nationals)	6	30
<b>Total</b>	14	<b>70</b>

**TOTAL CENTRAL & MISSION**

**85**

- c. A current resume and USAID bio data form, in sufficient detail to support the proposed Functional Labor Category, for all U.S. and professional non-U.S. personnel;
- d. A certification of salary for all proposed CCN Direct Labor;
- e. A certification that no USAID employee has recommended the use of an individual subcontractor under the proposed Task Order who was not initially located and identified by your organization.

## **D Task Order Award**

The Government may, without discussions or negotiations, award a task order resulting from this RFTOP to the responsible contractor(s) whose proposal conforms to this RFTOP and offers the best value to the U.S. Government. Therefore, the initial proposals should contain the contractor's best terms from a cost and technical standpoint. However, the U.S. Government may reject any or all proposals, accept other than the lowest cost proposal, and waive informalities and minor irregularities in proposals received, should it be in the best interest of the U.S. Government. Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various proposals are to one another, the more important cost considerations become. The Contracting Officer may determine what a highly ranked proposal based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

## **E Authority to Obligate the Government**

The Task Order Contracting Officer (TOCO) is the only individual who may legally commit the US Government to the expenditure of public funds. The contractor may not incur costs chargeable to the Task Order before receipt of either a contract signed by the TOCO or a specific, written authorization from the TOCO.

## **F ACQUISITION SCHEDULE**

RFTOP draft out for Comments	May 11, 2011
Comments Due	May 18, 2011
RFTOP issued	
Questions due	
Answers to questions disseminated	
Proposals due	
Negotiations	
Award	

**All questions and comments relating to this RFTOP must be submitted to Y. Bukky Kehinde at YKehinde @usaid.gov via email no later than 5:00 PM EST, May, 18 2011. Unless otherwise notified by an amendment to the RFTOP, no questions will be accepted after May, 16 2011. Contractors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.**

**END OF SECTION L**

## SECTION M – EVALUATION FACTORS FOR AWARD

### M.1 GENERAL INFORMATION

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

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

The specific evaluation criteria are as follows:

<b>Technical Evaluation Criteria</b>	<b>Weight</b>
Technical Approach	50%
Staffing, Management, Collaboration and Country Coordination	35%
Past Performance	15%
<b>TOTAL POSSIBLE TECHNICAL EVALUATION POINTS</b>	<b>100%</b>

### M.2 TECHNICAL EVALUATION CRITERIA

The technical evaluation criteria have been tailored to the requirements of this RFTOP to allow USAID to choose the highest quality proposal. These criteria serve as the standards against which the Technical Evaluation Committee (TEC) shall evaluate all acceptable proposals. USAID will award to the Offeror whose proposal(s) best meet(s) the Scope of Work description and Performance Standards and represent(s) the best value to the U.S. Government. The proposals will be evaluated for the following three criteria in descending order of weight: A) technical approach; B) staffing, management, collaboration, country coordination, and C) Past Performance.

Proposed costs shall be evaluated for reasonableness and consistency with the technical proposal. This analysis is intended to determine the degree to which the costs included in

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

The Government may award a task order without discussions with offerors in accordance with FAR 52.215-1, to the responsible applicant whose proposal conforms to this RFTOP and offers the best value. However, the Government reserves the right to conduct discussions if later determined by the Contracting Officer as necessary. Therefore, each initial proposal should contain the offeror's best terms from a cost or price and technical standpoint.

### **Adjectival Ratings**

Proposals will be evaluated based on adjectival ratings:

**OUTSTANDING:** The proposal exceeds the fullest expectations of the Government. The offeror has convincingly demonstrated that the evaluation requirements have been analyzed, evaluated, and should result in an outstanding, effective, efficient, and economical performance under the contract. A comprehensive and thorough proposal of exceptional merit. No deficiencies or significant weaknesses have been found. When applied to criteria and/or the proposal as a whole, an outstanding rating indicates that there are no deficiencies or significant weaknesses existing within any sub-criteria that represent a performance risk within the criteria and/or the proposal as a whole.

**VERY GOOD:** A proposal demonstrating overall competence. Meets all RFP minimum requirements and exceeds requirements in some areas but not all. No deficiencies or significant weaknesses have been found. Strengths outbalance any weaknesses that exist. No more than a few minor weaknesses have been identified that are easily correctable and do not represent a performance risk. When applied to criteria and/or the proposal as a whole, a very good rating indicates that there are no deficiencies or significant weaknesses that exist within any sub-criteria that represent a performance risk within the criteria and/or the proposal as a whole. No more than a few minor weaknesses have been identified within the criteria and/ or proposal and these are easily correctable and do not represent a performance risk.

**GOOD:** The proposal is reasonably sound and meets the RFP minimum requirements. The proposal may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. If any weaknesses and/or significant weaknesses are noted, they should not seriously affect the offeror's performance. When applied to criteria and/or the proposal as a whole, a good rating indicates that there are no deficiencies within the criteria and/or proposal that will represent a performance risk. Any significant or minor weaknesses that have been identified within the criteria and/ or proposal are correctable. They should not seriously affect the offeror's performance.

**MARGINAL:** The proposal demonstrates a shallow understanding of the requirements and approach and marginally meets the minimal requirements for acceptable performance. The proposal contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist, they may be correctable with a significant revision of the proposal. The offeror may complete the assigned tasks; however, there is a moderate risk that the offeror will not be successful. When applied to criteria and/or the proposal as a whole, a marginal rating indicates that there are deficiencies and/or significant weaknesses within the criteria and/or proposal that represent a moderate performance risk. Only a significant revision of the proposal would correct these areas of concern.

**UNACCEPTABLE:** The proposal fails to meet a minimum requirement or contains a major deficiency or major deficiencies. The proposal is incomplete, vague, incompatible, incomprehensible, or so incorrect as to be unacceptable. The evaluator feels that the deficiency or deficiencies is/are uncorrectable without a major revision of the proposal. The deficiencies, weaknesses and/or significant weaknesses represent a high risk and would seriously affect the offeror's performance.

### **Source Selection**

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

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

## **M.3 SPECIFIC EVALUATION CRITERIA**

### **A. Technical Approach (50%)**

#### A1. Overall Technical approach (10%)

- Proposal demonstrates expertise in HIV care, PMTCT, treatment and support for adult and pediatric populations and frames an innovative response that addresses the overall task order objectives for programmatically relevant operations research including: responsiveness, technical clarity, analytic depth, technical knowledge, developing country knowledge, programmatic relevance, strategic vision, collaboration, and feasibility.

#### A2. Technical approaches to achieve Objective 1 (10%)

- The technical merit of the offeror's approaches to identifying research priorities within treatment, care and support and PMTCT programs are strong and the extent to which the proposed activities contribute to better outcomes in the program areas covered by this task order including the proposed strategies for increasing quality, sustainability, cost-effectiveness, and efficiencies.
- The proposed methodologies and approaches to contribute to addressing knowledge gaps are technically sound and creative and the offeror comprehensively responds to the continuum from assessment of service delivery programs, identification of needs and gaps, development of new approaches, testing proposed solutions, and identification of any barriers.

#### A3. Technical approaches to achieve Objective 2 (20%)

- The offeror's approaches and strategies to identify, develop, and test solutions to HIV care, treatment and support and PMTCT program planning, implementation, and service delivery models are technically sound and innovative as are approaches and strategies for developing tools and methodologies for evaluating program quality, effectiveness, and outcomes.
- The offeror's proposed technical leadership and country-specific program research approaches/questions and the strategic vision to integrate them are feasible and of sufficient technical quality.

#### A4. Technical approaches to achieve Objective 3 (10%)

- The offeror demonstrates strong awareness and understanding of program research documentation, dissemination, and utilization needs in resource-poor contexts; challenges in enhancing research utilization in these settings; and the extent to which the proposed solutions are feasible and technically appropriate for those contexts.

### **B. Staffing, Management, Collaboration, and Country Coordination (35%)**

#### B1. Staffing & Management (25%)

- Proposal demonstrates technical experience and expertise of key staff in HIV care, support, PMTCT and treatment program research and evaluation as well as excellent past

performance ratings in project management, design and implementation of international research programs and effectively demonstrates the ability of key staff to manage program research efforts in-country, including coordination and collaboration with host-country government, USG country team and implementing partners.

- Proposal demonstrates feasibility of management structure for implementation of task order requirements including: technical oversight, personnel management, financial management, and logistic support; and offerors' proposal for rapid start up of task order activities in the field. Offeror demonstrates an optimal mix and configuration of required skills and in-country national staff (demonstrated in organizational chart) for a functional team approach and for maximizing efficiency and collaboration and minimizing cost.

#### B.2. Collaboration and Country Coordination (10%)

- Offeror demonstrates feasible plans for collaboration with USAID staff at HQ and in the field, PEPFAR USG in-country teams, partners implementing care, support, PMTCT and treatment programs, local research organizations, host country governments, other donors, and international normative bodies for dissemination and utilization of research results, knowledge management and other policy communication, and involvement of local partners and organizations in the implementation of program research.

#### **C. Past Performance (15%)**

- Contractor's capability will be assessed on the extent to which the contractor demonstrates successful experience in the areas described in the statement of work emphasizing organizational, management, and technical actions under previous contracts and experience implementing programs in resource-limited settings.
  - 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 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.
  - 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.

#### **M.4 COST EVALUATION**

Cost proposals will be evaluated separately and overall costs are considered less important than the strengths of the technical proposal. However, where proposals are considered essentially equal, cost may be the determining factor in selecting a Contractor for award.

The overall standard for judging cost proposals will be whether the cost proposal presents the best value to the government for the technical approach proposed. Each cost proposal eligible for consideration will be evaluated based on whether (i) it is realistic and consistent with the technical proposal; and (ii) individual costs are considered reasonable based on an analysis to identify salaries, home office visits, or other cost categories considered to be excessive.

**END OF SECTION M**

**ATTACHMENT J.1 USAID FORM 1420-17 – CONTRACTOR BIOGRAPHICAL DATA SHEET**

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**ATTACHMENT J.2 - PAST PERFORMANCE REPORT**

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**ATTACHMENT J.3 – ACRONYM LIST**

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## CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

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

12. EDUCATION (include all college or university degrees)				13. LANGUAGE PROFICIENCY (See Instructions on Reverse)		
NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

**14. EMPLOYMENT HISTORY**

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.

2. Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.

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

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

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

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

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

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

Signature of Contractor's Representative	Date
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**ATTACHMENT J.2 PAST PERFORMANCE INFORMATION SHORT FORM (OMB No. 9000-0142)**

<b>CONTRACTOR PERFORMANCE REPORT – SHORT FORM</b>
<b>PART I: Contractor Information (to be completed by Prime)</b>
1. Name of Contracting Entity:
2. Contract Number:
3. Contract Type:
4. Contract Value (TEC): (if subcontract, subcontract value)
5. Problems: (if problems encountered on this contract, explain corrective action taken)
6. Contacts: (Name, Telephone Number and E-mail address)
6a. Contracting Officer:
6b. Contracting Officer Technical Representative (COTR):
6c. Other:
7. Contractor:
8. Information Provided in Response to RFP No.:
<b>PART II: Performance Assessment (to be completed by Agency)</b>
1. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime in fixing problems. Comment:
2. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:
3. Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
4. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
5. Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients were identified. Comment:

[Note: The actual dollar amount of subcontracts, if any, (awarded to the Prime) must be listed in Block 4 instead of the Total Estimated Cost (TEC) of the overall contract. In addition, a Prime may submit attachments to this past performance table if the spaces provided are inadequate; the evaluation factor(s) must be listed on any attachments.]

### **ATTACHMENT J.3**

#### **Treatment, Care and Support and PMTCT Task Order ACRONYM LIST**

AIDS	Acquired immune deficiency syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources
ANC	Antenatal care
ART	Antiretroviral Therapy
ARV	Antiretroviral Drug
CA	Cooperating agency (an organization that works with USAID)
CDC	Centers for Disease Control and Prevention
COP	Country Operational Plan
COTR	Contracting Officer's Technical Representative
C&S	Care and Support
DEC	Development Experience Clearinghouse
DHS	Demographic and Health Survey
DPP	Data, Product and Protocol
FAR	Federal Acquisition Regulation
FDA	Food and Drug Administration
GH	Global Health
GHI	Global Health Initiative
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HPI	Health Policy Initiative
HRSA	Health Resources and Services Administration
HSS	Health System Strengthening
HTC	HIV Testing and Counseling
IR	Intermediate result
IQC	Indefinite Quantity Contract
K4H	Knowledge for Health
MDG	Millennium Development Goals
M&E	Monitoring and evaluation
MNCH	Maternal, Newborn and Child Health
MTCT	Mother-to-child-transmission of HIV
OGAC	Office of the Global HIV/AIDS Coordinator
OHA	Office of HIV/AIDS
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PMTCT	Prevention of mother-to-child transmission
SO	Strategic Objective
STI	Sexually transmitted infection
TA	Technical Assistance
TO	Task Order
TB	Tuberculosis
TBD	To be developed
TLR	Technical Leadership and Research

UNAIDS	Joint United Nations Programme on HIV-AIDS
USDHHS	United States Department of Health and Human Services
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary counseling and testing
WHO	World Health Organization

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