RFTOP 111-09-003
Maternal and Child Health Improvement Project (MCHIP)

Issue date: June 12, 2009
Closing date: July 24, 2009
Closing Time: 17:00 (Yerevan time)

To: All contractors under the Population, Health and Nutrition Technical Assistance and Support Contract Three (TASC3 – Global Health) IQC

GHS-I-00-07-00002-00	John Snow, Inc. (JSI)
GHS-I-00-07-00003-00	Abt Associates
GHS-I-00-07-00004-00	Chemonics International
GHS-I-00-07-00005-00	Research Triangle Institute International (RTI)
GHS-I-00-07-00006-00	Management Sciences for Health (MSH)
GHS-I-00-07-00007-00	Family Health International (FHI)
GHS-I-00-07-00008-00	Academy for Educational Development (AED)
GHS-I-00-07-00009-00	Program for Appropriate Technologies in Health (PATH)
GHS-I-00-07-00010-00	University Research Co., LLC (URC)
GHS-I-00-07-00011-00	Population Council
GHS-I-00-07-00012-00	The Manoff Group, Inc.
GHS-I-00-07-00013-00	Initiatives, Inc.
GHS-I-00-07-00014-00	Medical Services Corporation International (M SCI)
GHS-I-00-07-00015-00	CAMRIS International
GHS-I-00-07-00016-00	Emerging Markets Group (EMG)

Subject: RFTOP No. 111-09-003 - USAID/Armenia Task Order Opportunity under the TASC3 – Global Health (Population, Health and Nutrition Technical Assistance and Support Contract Three) IQC

Dear Sir/Madam:

Enclosed is a Request for Proposals for a Task Order to be issued under the subject IQC to implement the attached Statement of Work (SOW).

The estimated cost of this Cost Plus Fixed Fee Task Order is in the range of $3.5 million over a 3 year period.

To assist firms in the preparation of their proposals attached you will find the following documents:

1. Description/Specifications/Statement of Work (Attachment 1)
2. Evaluation Criteria (Attachment 2)

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

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

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

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

INSTRUCTIONS TO OFFERORS

Offerors shall submit separately a Technical Proposal and a Cost Proposal in response to this RFTOP.

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 Attachment 2 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 in Attachment 2. 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. Technical evaluation criteria are included as Attachment 2 to this solicitation.

Technical Proposal

The technical proposal and annexes will be in 12 font Times New Roman with 1 inch margins top and bottom and 1 inch margins left and right. The technical proposal must not be more than 20 pages in length excluding resumes and annexes.

The Technical Proposal must include the following:

1. Technical Approach
2. Personnel;
3. Institutional Capacity and Management Plan;
4. Past Performance (the past performance references required by this section shall be included as an annex or attachment of the technical proposal).

The Annexes must include the following:

1. Preliminary Branding and Marking Plan based on the Branding Strategy included in the Scope of Work (Attachment 1);
2. Indication of any Organizational Conflicts of Interest;
3. A certification that no USAID employee has recommended the use of an individual under the proposed task order who was not initially located and identified by your organization.
4. Proposed key personnel identified by level of education and experience (CVs for each proposed candidate must be included as an annex);
5. An illustrative list of short term advisors and (CVs for each proposed candidate should be included as an annex if possible). Short term advisor positions may be left TBD in the proposals;
6. Past Performance References (up to 3 most recent and relevant contracts for activities similar to those required by this RFTOP).

1. Technical Approach:

The Offerors must demonstrate a thorough understanding of the contextual and cultural work environment, program complexities and expected results. The Offerors must demonstrate that the proposed project goals and objectives are appropriate and reasonable and that the proposed strategies and interventions clearly support the expected outcomes outlined in the Scope of Work (Attachment 1).

The Offerors will submit a draft implementation plan (a timeline/Gantt chart with benchmarks towards achievement of the expected results) with their proposal. The proposed implementation plan must be sound and feasible and must demonstrate the proposed cooperation with local partners and intention to build their local capacity.

The Offerors will address how their approach and strategy will enhance long-term sustainability of the project activities and relationships.

The Offerors will propose the Monitoring and Evaluation Plan that is feasible and includes 1. globally acceptable indicators that are appropriate to adequately assess proposed programming and 2. the project's data collection system that complements and strengthens the MOH health management and information system.

2. Personnel:

This section will contain information about the personnel that the offeror proposes for this contract. The Offerors will propose appropriate long and short-term staff, as well as an organizational plan including the assigned levels of effort for specific activities discussed in the scope of work (Attachment 1). The Chief of Party and Team Leaders/Senior Technical Experts are considered the Key Personnel positions and must meet or exceed the personnel qualifications set forth below. Resumes are limited to three pages each and will be added to the Annex (not included in the page limitation).

Required Professional Skills

The contractor shall provide personnel with the specified expertise, experience, and availability for the purposes of this contract.

a. Chief of Party

The contractor is required to specify a Chief of Party who will head the Contractor's team and make regular reports to the USAID Contracting Officer's Technical Representative (COTR). The Chief of Party will be responsible for the overall management and implementation of the project. S/he will supervise project implementation and ensure that the project meets its planned results. The Chief of Party will represent and coordinate with all sub-cooperating organizations, if any, to this project, and be the point of contact for all purposes of this project, unless delegations of authority are presented to and agreed by the USAID COTR.

The Chief of Party should have an advanced degree (Masters or PhD) in a relevant field from an accredited university. She/he must have at least 10 years of experience in working in maternal and child, reproductive health and family planning projects, as well as proven leadership and management skills experience to effectively and efficiently implement the project described in this RFTOP. Experience in Eastern Europe or Eurasia is desirable. She/he should have demonstrated exemplary diplomatic and interpersonal skills to ensure internal coherence among diverse team members as well as relations with the GOA, donors and the international community. Experience and skills in financial management and performance monitoring are desirable. The Chief of Party must be fluent in English and must possess excellent oral and written communication skills. Knowledge of Armenian and/or Russian is desirable, but not required.

For the first two years a full-time expatriate Chief of Party should be proposed. During the third year of project implementation one of the project CCN Team Leaders will assume the responsibility of the Chief of Party.

The Chief of Party is Key Personnel.

b. Team Leaders/Senior Technical Experts

The Contractor is required to specify Team Leaders/Senior Technical Experts who will be responsible for specific programmatic areas and tasks including but not limited to work plan development; field activity implementation and monitoring; planning conducting and oversight of training activities; liaising with Ministry of Health and marz level officials; program monitoring and evaluation, and performance reporting.

Team Leaders/Senior Technical Experts should have at least 5 years of technical expertise in maternal and child, reproductive health and family planning projects as well as in project management and grants management. Successful experience in managing or developing public-private partnerships for strengthening MCH, RH/FP, and medical education is highly desirable. Familiarity with the Armenian health system and understanding of the ongoing reform process, gender, ethnic and other social, economic, and political factors that may affect implementation of this project or achievement of the project's results and objectives are desirable for this position. The Technical Experts must be fluent in Armenian. Knowledge of English and Russian language (oral and written) is highly desirable.

The Team Leader/Senior Technical Expert is Key Personnel. Given the limited resources available for this project, the contractor is expected to be judicious in the proposed level of personnel and ensure that the key personnel have the requisite leadership, management, and technical skills to carry out effectively the project with minimal home office or other short-term technical assistance (STTA) support.

The offeror must include as part of its proposal a statement signed by each person proposed as key personnel confirming their present intention to serve in the stated position and their present availability to serve for the term of the proposed contract.

3. Institutional Capacity and Management Plan:

The offeror must submit sufficient information to demonstrate organizational capacity to staff, organize and manage the proposed activity, including staffing patterns with assigned levels of effort, skill categories of proposed personnel as they relate to the specific activities and results of the implementation plan, sound financial and programmatic capability, capacity to manage small grants programs and subcontractors and monitor programs effectively. The presented management approach shall also include a discussion of mechanisms to be used by the Offeror to ensure accurate and timely communication, ability to gather and analyze data on program impact as well as effective and efficient control of resources.

4. Institutional Past Performance

The offeror (including all partners of a joint venture) must provide performance information for itself and each major subcontractor (one whose proposed price exceeds 20% of the offeror's total proposed cost) in accordance with the following:

1. List up to **three (3)** of the most recent and relevant contracts for efforts similar to the work in the subject proposal. The most relevant indicators of performance are contracts of similar size, scope, and complexity.

2. Provide for each of the contracts listed above a list of contact names, job titles, mailing addresses, phone numbers, e-mail addresses, and a description of the performance to include:

- Scope of work or complexity/diversity of tasks,
- Primary location(s) of work,
- Term of performance,
- Skills/expertise required,
- Dollar value, and
- Contract type, i.e., fixed-price, labor hour etc.

(USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed contracts if and when USAID requests it.)

Offerors must either provide the above information or affirmatively state that they posses no relevant directly related or similar past performance.

The past performance references required by this section may be included as an annex or attachment to the technical proposal.

Cost Proposal

The Cost or Business Proposal is to be submitted under separate cover from the technical application.
The cost proposal should include a detailed budget for the 3 years of the program implementation with annual breakdown.

All schedules necessary to support and explain proposed costs with breakdowns on direct labor, fringe benefits, supplies and equipment, travel and per diem amounts, other direct costs, and indirect costs; personnel costs, allowances and benefits, such as costs associated with resident and short-term personnel; travel and transportation costs, including airfares (destinations and number of trips), per diems amounts, taxis, and car rentals; other direct costs such as rent, equipment, supplies, domestic, and international communications; and

indirect costs supported with a Negotiated Indirect Cost Rate Agreement (NICRA) from the cognizant agency. International travel should be identified separately and broken down by destination, number of trips, and number of travelers. Cost proposal should also include Contractor Biographical Data Sheets (Form 1420-17) for all proposed staff.

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

IQC firms wishing to submit a proposal to implement this activity must submit their proposals by the specified closing date. Proposals shall be submitted via e-mail to Mr. Armen Yeghiazarian, Acquisition Specialist, Office of Acquisition and Assistance, USAID/Armenia at ayeghiazarian@usaid.gov . Please provide your proposals by 17:00PM on July 24, 2009.

In addition to sending proposals via email, Offeror's may also submit proposals in hard copy. If an Offeror chooses to submit hard copies in addition to the electronic submission, the hard copies should be submitted in envelopes marked with "RFTOP 111-09-003" inscribed thereon to:

Mr. Armen Yeghiazarian
Acquisition Specialist
OAA/USAID/Armenia
1 American Avenue
Yerevan 0082, Armenia

If hard copy proposals are submitted, cost and technical proposals must be submitted in separate envelopes/packages. Four copies of the technical proposal and two copies of the cost proposal are required. If proposals are submitted via Commercial Courier please allow a minimum of five days handling time in order to meet the above deadline for receipt of proposals. Proposals that are not received by the deadline above shall be considered "late" and may not be accepted.

Please acknowledge receipt of this e-mail and send any questions you may have to Mr. Armen Yeghiazarian via email at ayeghiazarian@usaid.gov or to Ms. Narine Sarkisian at nsarksian@usaid.gov by June 26, 2009.

Sincerely,

Armen Yeghiazarian
Acquisition Specialist
USAID/Armenia

ATTACHMENT 1

SCOPE OF WORK

Objective

The objective of this project is to reduce the burden of maternal, neonatal and under-five mortality through increased availability and use of proven life-saving interventions and improved health status of mothers and children. The project shall focus on the reduction of maternal and under-five mortality by establishing an effective continuum of care to deliver essential services for mothers and children at critical points in adolescence, pre-pregnancy, pregnancy, birth, and early childhood. The contractor shall operate in all ten provinces (marzes) and Yerevan through major maternities, clinical delivery points, medical and nursing schools and community based venues to reach key health care providers, women of reproductive age, neonates, infants and children under five years of age. Specifically, the project activities shall be directed towards:

- **improving the quality** of birth preparedness delivery and postpartum services, treatment of obstetric complications; newborn care and treatment, maternal and young child wellness, prevention and treatment of common child illnesses, and reproductive health and family planning services;
- **improving efficiency of Maternal and Child Health (MCH) and Family Planning/Reproductive Health (FP/RH) service delivery** in the context of policy, human resource, health information management, service organization, and infrastructure maintenance to promote sustainable improvements in maternal and child health outcomes;
- **improving health behaviors** to promote healthy lifestyles through prevention and appropriate care-seeking practices**.**

Expected General Results

The expected results at the end of the three (3) year performance period are as follows:

- enhanced quality of MCH/RH/FP services at all levels of health care provision, ranging from health posts up to maternities and including care provided during adolescence, pre-pregnancy, pregnancy, birth, neonatal, infant and childhood periods;
- improved capacity of medical colleges and universities to deliver effective pre-service MCH/RH/FP training to their students;
- strengthened MCH referral system, including establishment of unified record system for all levels of MCH delivery system, institutionalization of performance feedback mechanisms and improvement plans, improved reciprocal relationships between supervisory and subordinate health facilities; and support of NGOs, Medical Associations and private sector involvement where applicable and effective;
- increased knowledge and improved behaviors of mothers and families on maternal and child care issues, including early initiation of antenatal care check-up visits, recognition of complications related to maternal and child conditions, identification and discouragement of harmful practices and promotion of proper maternal and child care practices;
- constructive engagement of community and family in support of pregnant women, including identification and discouragement of harmful practices, organization of transport, creation of environment supportive of women's and children's right;
- improved supply and use of high quality FP/RH health products and services through public and private sources.

Expected Specific Results

The tangible results USAID/Armenia is expecting to achieve by the end of this program are presented below. During the first three to six months of activity implementation, the Project will develop the results framework containing the full set of clearly defined indicators and targets linked to the results and objectives. Project baseline survey data and data available from other surveys or routinely collected by the MOH will determine baseline for final targets.

1. 90% of target networks are integrated into the National Quality Assurance System. The estimated baseline value is currently 50%. The Offeror shall provide a subset of indicators to measure the quality of each service (maternal, newborn and child care, RH/FP, etc.) and progress towards meeting the target.
2. 40 percent of women in project supported networks make at least one pre-conception care visit before becoming pregnant. The baseline value is currently zero. The pre-conception care initiative is new (Ministerial Decree was issued on December 18, 2008) and has not yet been institutionalized.

3. Percentage of pregnant women in project supported networks that make the first antenatal care (ANC) visit within the first trimester of pregnancy increased by 30%.
4. Schools of Motherhood are functional in all target health facilities providing ANC with 90% of pregnant women registered at the facility attending the courses. The estimated baseline value is under 5%.
5. Percentage of deliveries with postpartum hemorrhage in project supported maternities decreased by 50%.
6. Percentage of children under 5 in project supported networks utilize the entire package of preventive pediatric care services defined by well child care program (see out-patient record form #112 approved by MOH) increased by 10%. The Offeror shall provide a subset of indicators that assess the utilization of pediatric care services, including but not limited to immunization, nutrition counseling, anemia and other screenings.
7. Percentage of children between 12 to 23 months who received all WHO-recommended vaccination increased by 20%.
8. Percentage of appropriately managed pediatric cases increased by 20%. The Offeror shall provide a subset of indicators that assess child illness management and referral practices, including but not limited to ARI, diarrhea, and injuries.
9. Percentage of communities in target networks that have a system for emergency transport increased by 50%.
10. Contraceptive Prevalence Rate (CPR) in project supported networks increased by 10% by expanding access to services and contraceptives.
11. Abortion rate in project supported networks decreased by 10%.

To accomplish the strategic objective and results, the program activities shall: expand the successful practices of the current MCH/RH/FP program and services to reach the majority of the population; increase client utilization of target facilities; continuously improve quality of MCH/RH/FP services; work with stakeholders at various levels to improve policy environment and ensure policy implementation; improve contraceptive security; and provide both local and national level sustainability mechanisms for program activities.

Programmatic Areas

Specifically, this scope of work is focused on three (3) integrated programmatic areas; all within the MCH service delivery framework:

Area 1: Improve the quality of MCH/RH/FP services provided at Health Networks[1] in Armenian regions through enhanced performance of health care providers, strengthened management, supervision, and referral.

Area 2: Increase consumer demand for high-quality MCH/RH/FP services through community education and partnership.

Area 3: Improve contraceptive security, with the special focus on rural areas, through efficient distribution of publicly procured FP methods and private sector partnerships including: pharmacies, pharmacists and pharmaceutical companies.

Detailed Technical Requirements

The following tasks under each area will be designed to accomplish the Expected General Results and Expected Specific Results outlined above.

Area 1: Improve the quality of MCH/RH/FP services provided at Health Networks in Armenian regions through enhanced performance of health care providers, strengthened management, supervision, and referral.

Illustrative Tasks

- MCH: Using training packages and utilizing other training resources[2] (clinical training sites, pool of national trainers and experts) prepared in the framework of Project NOVA provide training for all

[1] **Health Network** is defined as health facilities linked both by ownership structure and referral patterns. A Health Network could include in-patient and out-patient service delivery sites, for example, Maternity, Women's Consultation Center, Ambulatories, Health Center and Health Posts.

relevant medical professionals providing MCH services including antenatal, delivery, postpartum and newborn and infant care and Basic Emergency Obstetric Care (BEOC) in additional Health Networks.

- Continue limited support for current activities in Talin, Vedi, Armavir, Vayk, and Sissian Health Networks in order to foster sustainability of accomplishments achieved as a result of Project NOVA interventions to ensure high-quality MCH/RH/FP service provision.
- RH/FP: Continue implementation of FP counseling training and training follow-up activities initiated during Project NOVA to ensure nationwide improvement of FP service delivery and sustainability of successful practices. Continue improving of RH competencies of health care providers through utilizing Project NOVA resources and closing the existing gap in knowledge and skills. The implemented interventions should be linked with the National Reproductive Health Strategy.
- Pre-conception Care: Using the pre-conception care training package developed and piloted in limited sites under Project NOVA conduct training for health care providers. Support institutionalization of pre-conception care in MCH/RH/FP service delivery to decrease maternal mortality from indirect causes.
- Institutionalize the quality assurance system for MCH/RH/FP services provided at Health Networks through introducing and/or reinforcing Quality Assurance Initiative in hospitals developed under Project NOVA and National PHC Quality Assurance System introduced under PHCR Project. Expand the scope of established Marz-level PHC Quality Boards to monitor the quality of in-patient MCH/RH/FP services. Develop local capacity for monitoring and evaluation via criterion-referenced standards of provider performance. Develop mechanisms for ensuring sustainability of Quality Assurance Initiatives. Proper medical waste management, including availability of procedures/guidelines and compliance to them, should be a key component of the quality assurance system.
- Support the implementation of National Standards of Care on Normal Childbirth developed with the active involvement of Project NOVA. The national standards of care will serve as a normative document for obstetrical service delivery practices and approaches. The standards of care include, but are not limited to, the internationally-accepted evidence-based clinical practices previously introduced and promoted by Project NOVA in its training events.
- Support the implementation of Pediatric Primary Health Care Guidelines and Guidelines for Hospital Care for Children (serves as National Standard of Care for all regional hospitals/maternities providing services to newborns and children using internationally accepted practices based on the state-of-the-art evidence) for prevention and management of common childhood illness at various levels of care ranging from health posts up to hospitals.
- Strengthen the capacity of professional associations to ensure continuous improvement of quality of MCH/RH/FP services.
- Continuum of Care: Link out-patient and in-patient MCH/RH/FP service delivery sites as well as community and household interventions to establish effective continuum of care to deliver essential services for mothers and children at critical points in adolescence, pre-pregnancy, pregnancy, birth, post-natal, neonatal, infant, and childhood periods.
- Establish viable referral and feedback systems, and handling of emergencies at network facilities. Refer to recommendations provided in the Survey of the Armenian MCH Referral System developed under Project NOVA.
- Promote supportive supervisory practices (e.g. job description, contracting etc.) that improve quality of care and support anti-corruption strategies (e.g. transparency in service delivery, financial transactions etc.).
- Improve health governance at PHC and maternity facilities based on guidelines and training packages developed and introduced by PHCR. Explore possibility of bringing successful health governance approaches from PHC to secondary level care.
- Ensure the successful implementation of Obstetric Care Certificate Initiative with the potential involvement of key stakeholders including NGOs.
- Strengthen MCH/RH/FP training capacity of medical colleges and universities: (1) Using recommendations of SMCS pre-service nursing/midwifery pilot training initiative at the Gyumri Medical College develop and implement strategies to improve nurse training process in Armenian

[2] See Annex 1 for the list of Project NOVA training packages and resources. Materials are available at www.nova.am

Medical Colleges; (2) Explore the possibility of adaptation of other in-services training packages developed under Project NOVA for pre-service medical education at colleges and universities.

- Enhance data collection and analysis of trends, levels, risks, causes of and interventions for maternal, neonatal, and infant mortality and morbidity.
- M&E Plan: Develop M&E Plan for testing the extent to which re-trained health professionals follow the new procedures they have been taught, and the extent to which the new procedures lead to better health outcomes. Monitor the introduction of undergraduate FP training packages for medical colleges and university offering pre-service medical education developed under the technical guidance and leadership of Project NOVA. Evaluate the effect of curriculum changes on students' knowledge and skills. Evaluate the effectiveness of QA activities in terms of: (1) the employees' job satisfaction and willingness to incorporate QA strategies and methodologies in their daily work; (2) consumer confidence in the health system and increased utilization of services; (3) health outcomes.

Area 2: Increase consumer demand for high-quality MCH/RH/FP services through community education.

Illustrative Tasks

- Promote and increase community participation in program activities including buy-in and leadership from local authorities.
- Develop and institutionalize community health education activities (including men and women) relevant to MCH/RH/FP with a mechanism to ensure sustainability.
- Pre-conception care: Utilizing pre-conception care resources developed under Project NOVA increase awareness and utilization of pre-conception care services.
- Care during pregnancy/Schools of Motherhood: Continue SOM initiative reinvigorated under Project NOVA to expand it to more health facilities providing ANC and Maternity services. Ensure sustainability of initiative and SOMs functioning beyond the Project LOP.
- Child care: Using materials developed by NOVA, PHCR, MOT and other projects (educational brochures, flipchart, etc.) [3], continue health talks at community levels to improve household childcare practices. The topics should be focused on, but not limited to, the following: childbirth preparation and infant care for parents, child nutrition, including breastfeeding; immunization; congenital birth defects; child growth and development; infectious disease and immunization; care of sick child, including care during diarrhea, acute reparatory infections; etc.
- FP/RH: Using materials developed by NOVA PHCR, MOT and other projects (educational brochures, fertility calendars, flipchart, etc.)[4], continue health talks at community levels to increase the use of modern contraceptives and reduce abortions. Increase population awareness on RH issues, including STIs, to improve RH behaviors.
- Pilot Family-Centered Maternity Care (FCMC): Develop and implement a plan for testing FCMC at a limited number of sites and track impact on neonatal and maternal morbidity and mortality. This shall include development and use of training modules on FCMC.
- Introduce/reinforce private sector/community resource leveraging and/or community self-help models that directly affect delivery of RH/MCH services.
- M&E: Evaluate the effect of health education initiatives on utilization of health care services.

Area 3: Improve contraceptive security with the special focus on rural areas through efficient distribution of publicly procured FP methods and private sector partnership.

Illustrative Tasks

- Work with UNFPA and MOH to improve the logistics management information system (LMIS) for effective forecast and distribution of FP methods.
- Determine the optimal public/private sector mix to ensure a sustainable supply of high-quality FP/RH products and services.

[3] The Project can develop new materials in case if they are not available or the existing materials need revision.
[4] IBID

- Create a public-private partnership (PPP) with at least two private sector partners and with the MOH and UNFPA to expand the private sector contraceptive market and to improve access to a broader range of contraceptive methods, at moderate- and low prices in both urban and rural areas.
- M&E: Evaluate the extent to what the private-public partnership improved the contraceptive security in urban and rural areas of Armenia.

Additional Technical Requirements

Training and building local capacity are significant elements of this program and the broad objectives of human and institutional capacity development must be integrated into all program areas. It is important to build training and training follow-up on packages and approaches developed during Project NOVA's LOP. New training material and/or programs, if any, must fit within the relevant national strategies and MOH-approved training frameworks. Limited commodity support (in the project budget the total cost of commodity should not to exceed $100,000) may be provided to participating key counterpart institutions where it is clearly determined that such support would significantly increase the effectiveness and/or transparency of their operations. The commodity should not include consumable supplies, but rather reusable items for long-lasting utilization.

Sustainability should be a key component of all project interventions. The Contractor is responsible for the development and implementation of sustainability strategies and plans at the central, regional, and community levels, as well as private sector and medical training provider institutions to ensure the continuation of high-quality services, in-service and pre-service training, and health facility maintenance upon completion of Project's activities. The creation of these plans requires input from local government and health authorities, community groups, health care providers, health care recipients and other stakeholders as appropriate. One of the options for ensuring the sustainability may be the identification of "legacy" partner organization in Armenia to replicate and sustain the project accomplishments. With this regards, the Contractor shall identify Armenian organization with a strong MCH mandate. The selection criteria used to identify this partner organization should include, but not be limited to, the ability of the partner to cost-share (for example contribution of overhead, staff time, office space/ equipment, etc.) and be well-respected by the Armenian health authorities, academic society, and the international donor community in Armenia. Over the course of the project the Contractor shall build the capacity of this organization to promote provision of quality MCH services in Armenia beyond the project lifetime and USAID's assistance.

The Contractor shall support USAID's cross-cutting objective to reduce corruption by seizing opportunities to advocate for increased transparency and access to information concerning regulatory mechanisms (e.g., certifications, licensing) and in healthcare resource allocation (e.g., financial planning, budgeting). In addition, gender-related issues should be taken into account in the design and implementation of project strategies and activities.

The Contractor must coordinate and look for synergies, as appropriate, with other health sector programs funded by USAID or other USG agencies, other donors, local and national government institutions, NGOs, health-related professional associations, the MOH, regional and local health sector authorities, the National Institute of Health, State Health Agency, Yerevan State Medical University, the Basic Nursing and other colleges, etc.

The Contractor shall seek for potential Public-Private Partnership (PPP) and GDA opportunities, as well as explore mechanisms for leveraging additional funds. Examples of potential leveraging might be: mobilizing government, community, or health facility resources for supporting and/or complimenting to project activities. More information on the GDA can be found at http://www.usaid.gov/our_work/global_partnerships/gda/. In addition, contractors are encouraged to explore opportunities for making appropriate use of resources available within the Armenian Diaspora.

Branding Strategy:

Branding Strategy for the *Maternal and Child Health Improvement Project (MCHIP)*

From USAID Armenia/SRO

- Program or Project Name: *Maternal and Child Health Improvement Project (MCHIP)*
- How the materials and communications will be positioned: MCHIP will use full branding and the USAID tagline "From the American People" on materials and communications, which may be translated into local languages as appropriate. Co-branding and no branding will only be considered on a case-by-

case basis as considered appropriate by the Contracting Officer's Technical Representative (COTR) and Contracting Officer (CO).

- Desired level of visibility: MCHIP has a desired high level of visibility within USAID since the purpose of the project is to raise the awareness of USAID education personnel of the need and importance of integrating gender into education activities.
- Any other organizations to be acknowledged: Project documents will not use the contractor's logo, but will acknowledge that the document was prepared for USAID's MCHIP project, by Prime Contractor (TBD).
- There are no controls on the contractor's release or use of data that the contractor, or any subcontractor, produces in performing the contract. The IQC contract for this Task Order states that copyrights and rights to data shall be in accordance with the clause of the IQC Contract, entitled, "Rights in Data – General" (FAR 52.227-14, Alternates III and IV).

Geographic Scope of the Project

The Project will operate in selected health networks in all ten Marzes and Yerevan through major maternities, clinical delivery points, medical and nursing schools and community based venues to reach key MCH/RH providers, women of reproductive age, neonates, infants and children under five years of age. The Project will cover at least one maternity in each marz targeting in total approximately 6,000 deliveries per year, which is 25% of all deliveries occurring in regional obstetrical in-patient facilities. The Contractor shall include maternity wards in ten health centers (one in each marz) currently being renovated under the World Bank Hospital Modernization Project and by the Government of Armenia.

Reports and Deliverables

The contractor shall submit the following reports and other deliverables to the task order COTR and the Contracting Officer:

- Annual Implementation Plan: The draft Implementation Plan for the first year will be submitted with the proposal. The final Implementation Plan for the first year is due a maximum of 30 days after the signing of the task order. It should include a rapid mobilization plan for the initial 3 months of the project. The Implementation Plan for the second and third year shall be submitted for USAID's approval no later than 45 days prior to the start of each of the subsequent two years of the performance period. Both the initial Implementation Plan for the first year and the Implementation Plan for each of the subsequent two (2) years of the program shall contain specific programmatic benchmarks to measure progress in each of the three (3) areas within the scope of work.
- Quarterly Performance Monitoring Reports: The Contractor will submit quarterly progress reports to the Contracting Officer Technical Representative (COTR) a maximum of 30 days following the end of the quarter. Quarters are based on USAID's fiscal year (Oct-Dec, Jan-Mar, Apr-Jun, July-Sept). These reports must describe progress made in the quarter most recently ended towards goals, including comparing progress to planned achievements under the performance management plan (PMP). In every quarterly report the Contractor shall include progress made specifically as it relates to the agreed upon indicators in the PMP. Reports should also mention any obstacles that might prohibit reaching goals, and proposed methods for addressing these obstacles.
- Reports by expatriate short term technical assistance (TA) providers: Unless otherwise agreed upon in writing by USAID/Armenia, the Contractor will submit to the task order COTR a brief report from any short term technical assistance providers within one (1) week after his/her departure. These reports will describe progress and observations made by the expert, identify significant issues, and describe follow-on activities and plans for the Contractor and counterparts. Additionally, short-term TA providers will conduct an in-service training to USAID staff not to exceed one hour in duration.
- Final Report: The Contractor will submit a detailed final report which includes:
    a. A financial report detailing how funds were expended, by line item;
    b. A summary of the accomplishments and shortcomings of the contract, referenced to the results listed in this contract; and
    c. Comments and recommendations about future RH/MCH programs.

ANNEX 1

LIST OF PROJECT NOVA MATERIALS

(available at www.nova.am)

Healthcare Provider Materials (training manuals, job aids, posters, other)

1.Pre-service Family Planning Training Curricula for Doctors and Mid-level Personnel, 2009; Armenian *Coming Soon*

2. Preconception Care Training Package, 2009; Armenian *Coming Soon*

3. WHO Medical Eligibility Criteria for Contraceptive Use Wheel, Job Aid, 2009; Armenian *Coming Soon*

4. Family Planning Referrals for Pediatricians, Training Manual 2009; Armenian

A participant's handbook for pediatricians to provide basic family planning counseling and referrals to young mothers during newborn and infant care visit

5. About Women and Children Health, Job Aid, 2009; English and Armenian

A health talk job aid also known as MCH Flipchart – to assist in carrying out group health talks and individual counseling sessions on key MCH subjects. This Ministry of Health-approved flipchart will expand general knowledge among rural women on preconception care, healthy pregnancy, delivery, postpartum care, breastfeeding, healthy and sick infant care, methods of contraception, postabortion care, and other topics directly related to women's and children's health. Rural community nurses, nurses, midwives, family doctors, ob/gyns, neonatologists and pediatricians will benefit from using this tool while conducting health education activities with their patients.

6. COC Initiation Checklist, Job Aid (Adapted from FHI), 2008; English and Armenian

7. IUD Initiation Checklist, Job Aid (Adapted from FHI), 2008; English and Armenian

8. RH/FP Counseling and Client Provider Interactions, Training Package, 2008; Armenian

Contains Trainers Guide and Participant's Handbook. The package was created for a training of OB/GYNs, family doctors and midwives to improve their FP counseling and communication skills.

9. Integrated Management of STIs, Training Package, 2008; Armenian

Contains Trainers Guide and Participant's Handbook. The package was developed to improve the delivery of STI care at the primary health care level through training the PHC dermato-venerologists and obstetrician-gynecologists in STI integrated management issues based on WHO recommendations.

10. Key Reproductive Health Competencies in Family Medicine, Training Package, 2008; Armenian

Contains Trainers Guide and Participant's Handbook. All of the 6 sections of the training package, including sections on Family Planning, Antenatal Care, Postpartum care, Management of Sexually Transmitted Infections, Prevention and management of reproductive cancers, Management of perimenopausal disturbances, were updated in the light of evidence-based medicine and the new MOH provisions in MCH and RH.

11. Comprehensive Maternal and Child Health, Training Package, 2007; Armenian

Infant Care (Contains Trainers Guide and Participant's Handbook.) National protocols and guidelines on infant care were used during the preparation of the training course. This training course was designated for Primary Health Care specialists (pediatricians, family physicians and pediatric nurses).

Newborn Care (Contains Trainers Guide and Participant's Handbook.) This five-day training course is designated for maternity staff responsible for the care and resuscitation of newborns in delivery wards, including neonatologists, obstetrician- gynecologists, neonatal nurses, and midwives. All of these providers participated in the three-day training course in their facilities.

Infection Prevention (Contains Trainers Guide and Participant's Handbook.) New training package on Infection Prevention using previously created modules, updated governmental guidelines and regulations as well as protocols, checklists and other materials from evidence-based sources. All staff from project-supported higher level facilities (physicians and nurses) participate in the two to three days training course.

Antenatal and Postpartum Care (Contains Trainers Guide and Participant's Handbook.) A five-day training on the principles of antenatal and postpartum care designed for obstetrician/gynecologists and midwives.

Emergency Obstetric Care (Contains Trainers Guide and Participant's Handbook.) The goal of a five-day training is to upgrade knowledge of Ob/Gyns and midwives in Emergency Obstetric Care.

12. Safe Motherhood Clinical Skills, Training Package, Updated 2008; Armenian

The package consists of seven modules:
Module 1.Foundations,
Module 2.Infection Prevention,
Module 3.Antenatal Care,
Module 4.Emergency Intrapartum care,
Module 5.Postpartum and Newborn Care,
Module 6.Infant Care,
Module7.Working with Your Community
for rural community nurses and one module for midwives on quality obstetric care. The package was developed for the self-paced clinical skills training of rural primary healthcare providers – community nurses and midwives - in MCH. This intensive innovative training program was able to demonstrate that rural nurses are capable of acquiring basic skills in MCH and applying these new skills in their practice. Training package contains of eight modules for participants and trainers, facilitator guidebook, job aids, and neonatal & infant care protocols.

13. Making Quality Real: Training of Quality Assurance Facilitators, Trainers Guide, August 2007; English

14. Management Guide for PHC Managers, 2006; English and Armenian

A user-friendly Primary Health Care Management Handbook for the directors of rural health care facilities.
Chapter 1. Organizational Structure
Chapter 2. Quality Improvement
Chapter 3. Supportive Supervision
Chapter 4. Financial Management
Chapter 5. Legislative Environment

15. Positions During Labor and Delivery, Poster, 2007; English and Armenian

16. Handwashing Techniques, Poster, 2007; English and Armenian

17. Journal of Obstetrics, Gynecology and Neonatology, peer-review journal, Volume 1, No 1-2, 2007**;** Volume 2, No 1, 2008**;** Volume 2, No 2, 2008**;** English

The main purpose of the Journal is 1) to share with the broad professional audience internationally-recognized clinical practices and state-of-the-art findings from evidence-based medicine; and 2) to create a forum for the local medical community to share their own research findings in the area of obstetrics, gynecology and neonatology.

Patient-Education Materials

1. Five Things Women Need to Remember Before Getting Pregnant, Brochure, 2009; Armenian and English *Coming Soon*

2. Fertility Days Calculator, Women's Tool, 2009; Armenian and English *Coming Soon*

3. Antenatal Care and Healthy Pregnancy, Brochure 2008; Armenian

The brochure reflects on nutrition and healthy lifestyles, prepares women for delivery, describes the danger signs during pregnancy and provides information on state-guaranteed free healthcare services during pregnancy included in the Basic Benefit Package.

4. Ten Things you Need to Know after Having a Baby, Brochure 2008; Armenian and English

The brochure highlights the advantages of breastfeeding, the importance of a healthy lifestyle and nutrition, postpartum contraception, newborn care, as well as child development and vaccination. It also describes the postpartum period danger signs, as well as pregnant women's social protection issues.

5. The Future is in Your Hands, Brochure 2008; English and Armenian

The brochure covers postabortion care with a special emphasis given to family planning options available to women during the postabortion period.

6. Do You Know Your Contraceptive Choices; Brochure 2008; English and Armenian

The brochure provides information on modern and traditional family planning methods with their advantages and disadvantages

7. Basic Benefits Package on MCH Services, Booklet and Poster; 2006, 2007, 2008, 2009; Armenian

State Guaranteed Free Maternal and Child Healthcare Services and Social Protection of Pregnant Women brochures and posters intend to raise public awareness of state-guaranteed free RH/MCH services offered at the primary healthcare and hospital levels. The brochure also provides in-depth information on the social protection of pregnant women.

Technical Reports

1. Armenian Maternal and Child Health Referral System Study, Draft April 2009, English

2. Key Reproductive Health Activities by Project NOVA in Northern Armenia. Project Evaluation in Shirak, Tavush, Gegharkunik and Kotayk marzes, Draft September 2008; English

3. Integration of NOVA's In-Service Safe Motherhood Clinical Skills Training into Pre-Service Training Curriculum of Nurses and Midwives at Medical Colleges, September 2008; English and Armenian

4. Rural Health Post Attendance Review: Descriptive Study Report, June 2008; English and Armenian

5. Women's Perception of Quality of Maternal and Child Health Services, March 2008; English and Armenian

6. Availability and Affordability of Contraceptive Commodities in Pharmacies and Primary Healthcare Facilities in Armenia, March 2008; English

7. Baseline Assessment of Reproductive, Maternal and Child Health Services in Project NOVA Supported Networks, August 2007; English and Armenian

8. Analysis of Armenia Rural Health Post Activities, August 2007; English and Armenian

9. Study Report: Integration of Family Planning Counseling and Referral into Pediatrics Services, Ijevan, Armenia, February 2007; English and Armenian

10. Application of Geographic Information Systems in Armenia: Opportunities for Expanded Use in the Health Sphere, November 2006; English and Armenian

11. Gender Mainstreaming Workshop for USAID/Armenia, Project NOVA and Partners, July 2006; English

12. Reproductive and child health services in Armenia: Baseline assessment of primary health care facilities in Facilities in Gegharkunik and Kotayk Marzes, October 2006; English and Armenian

13. Technical Assistance for Improving Reproductive Health, Maternal and Child Health Education in Rural Medical Colleges, October 2005; English and Armenian

14. Armenian Reproductive Health System Review, May 2005; English and Armenian

15. Project NOVA Quality Improvement Initiative. Improving Quality in Reproductive and Maternal, Child Health in Armenia, April 2005; English and Armenian

16. Instructions on Organization of Preventive and Anti-Epidemic Activities at Obstetric Inpatient Health Care Facilities, March 2005; English and Armenian

17. Reproductive and Child Health Services in Armenia. Baseline Assessment of Primary Health Care Facilities in Tavush and Shirak Marzes, November 2005; English and Armenian

ANNEX 2

BACKGROUND ON REPRODUCTIVE HEALTH SITUATION IN ARMENIA AND USAID ASSISTANCE PROGRAMS

2.1 BACKGROUND AND PROBLEM STATEMENT

During the last decade Armenia experienced rapid economic growth and developed some important aspects of its Primary Health Care (PHC) system. Continuous support from the USG and other donors resulted in significant progress in health reforms, which have laid the foundations for the next stage of Armenia's development in health. An improved PHC legal and policy framework is in place; substantial progress has being made in the renovation of rural health infrastructure and limited equipment was provided and there is increasing potential for civil society to play a determining role toward positive transformation.

However, Armenia's key population based indicators central to USG assistance under the area of Investing in People (IIP), such as Maternal and Child Health (MCH) and Reproductive Health/Family Planning (RH/FP) leave much room for improvement. The country still faces the problems of high maternal and child mortality rates, low use of modern contraceptives and abortions remaining a means of birth control. According to The State of the World's Children 2009 report women in Armenia are nine times more likely to die from pregnancy or childbirth complications than women on developed countries. In particular, lifetime risk of maternal death in Armenia is 1 in 980, which is higher compared with the average of 1 in 1,3000 in Central and Eastern Europe and the Commonwealth of Independent States and with a probability of 1 in 8,000 in industrialized countries. The situation with infant and neonatal mortality is alarming. According to The State of the World's Children 2009 report, approximately 22 infants per 1,000 life births die before their first birthday and 80% of these deaths occur during the first 28 days of life – the neonatal period. The under-five mortality rate in 2007 was 24 per 1,000 live births. Another concern in child mortality is high urban-rural disparity. Among rural populations mortality rates are three times higher than among urban populations. With the current trends in maternal and newborn mortality the country would hardly meet the targets set for Millennium Development Goals 4 and 5, which call for two thirds reduction of child mortality and three quarters reduction in maternal mortality ratio by 2015.

Characteristic to most post-Soviet countries Armenians have limited access to modern contraception and abortion rates remain high. Although more than half of married women are currently using a method of contraception, only 20% of them are using a modern method, while 34% are using a traditional method (poor effectiveness). Abortions remain a primary means of fertility control with almost half of pregnancies (45%) ending in an induced abortion. Factors contributing to low use of modern contraception and the high abortion rate are widespread misperception about hormonal methods among health care providers, lack of evidence-based knowledge, and poor contraceptive supply, especially in rural areas. Enabling couples to determine whether, when, and how often to have children is vital to safe motherhood and child health. According to World Health Organization (WHO)[5], preventing closely spaced births or births to very young or old mothers, neonatal and infant, child and maternal mortality can be reduced. The Annex 1 provides the analysis of maternal and child mortality and reproductive health situation in Armenia with cross-country comparison.

Research shows that around 80% of maternal deaths and at least two-thirds of newborn and child deaths could be prevented with proven, low cost, low-tech cost-effective interventions, such as quality reproductive health services, antenatal care, skilled attendance at birth, access to emergency obstetric and newborn care, adequate nutrition, post-natal care for mothers and newborns, and education to promote healthy practices for women and newborns[6,7]. In order to increase effectiveness and sustainability these interventions must be implemented

[5] Technical Consultation on Birth Spacing June 2005

[6] Wessel, Hans, et al., 'Deaths among Women of Reproductive Age in Cape Verde: Causes and avoidability', Acta Obstetricia et Gynecologica Scandinavica, vol. 78, no. 3, March 1999, pp. 225–232;
Bartlett, Linda A., et al., 'Where Giving Birth is a Forecast of Death: Maternal mortality in four districts of Afghanistan, 1999–2002', The Lancet, vol. 365, no. 9462, 5–11 March 2005, pp. 864–870;
Kilpatrick, Sarah J., et al., 'Preventability of Maternal Deaths: Comparison between Zambian and American referral hospitals', Obstetrics & Gynecology, vol. 100, 2002, pp. 321–326.

[7] Darmstadt GL, Bhutta ZA, Cousens S, Adam T, Walkner N, De Bernis L. Evidence-based, cost-effective interventions: how many newborn babies can we save? Lancet 2005;365:977-88.
Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS. How many child deaths can we prevent this year? Lancet 2003; 362:65-71.

"within a development framework that strives to strengthen and integrate programmes with health systems and environment supportive of women's rights"[8].

In Armenia, as in many low-to-middle income countries, health care service organization suffers from weak administrative, technical and logistical capacity, inadequate financial investments, inappropriately skilled and poorly motivated health personnel, and poor population health awareness. These system constraints are the major impediments to the provision of high quality services and pose a risk for sustaining the health outcomes. With regards to maternal and child health care the quality of provided services is low due to lack of evidence-based knowledge of health care providers, absence of standards of care, insufficient quality assurance system, weak referral system, lack of community and family support to identification and discouragement of harmful practices and promotion of proper maternal and child care practices. Despite continuing health and social reforms, institutional capacity gaps remain at all levels of health care system.

Addressing health governance and financing, human and physical resource management capacity, organization and management of service delivery, and improved health seeking behavior remain central to improve and sustain Maternal and Child Health (MCH) situation in Armenia and realize population based results in the coming years. At this juncture the Armenian Government is poised to institutionalize critical health reforms and international standards in MCH and this is a major opportunity for USAID to assist in Armenia's health systems development.

2.2 MATERNAL AND CHILD MORTALITY AND REPRODUCTIVE HEALTH SITUATION IN ARMENIA

Maternal and Child Mortality

Maternal and Child Health (MCH) has always been a key focus area for the Armenian Ministry of Health (MoH) and donor organizations. Despite some improvements in these areas over the past decade, Armenia is still far below European levels. Specifically maternal, perinatal, and child mortality rates are higher than that of most developed countries. In Armenia from 1999 - 2001, the registered three year average maternal mortality rate was 42.3 per 100,000 live births; in 2002–2004, it decreased significantly to 24.9/100,000. Most recently, in 2005-2007 maternal mortality was estimated at 25.1 per 100,000. Armenia's maternal mortality rates are lower than the average for CIS countries (about 29.3/100,000), and higher compared to EU averages of 6.4/100,000 maternal deaths. Overall, Armenia's maternal mortality rates are nearly three times higher than that of Western Europe (8.8/100,000). Compared with the official data, which are usually under-reported, adjusted maternal mortality rate for Armenia specified in The State of the World's Children 2009 report is 76. Moreover, maternal mortality in Armenia is still below the MDG target of 10 per 100,000 live births to be achieved by 2015 and is unlikely to reach it with the current trends. According to the MoH, maternal mortality in rural areas is almost 1.6 times higher than in urban areas. The official statistics revealed that the major causes of maternal deaths in Armenia from 2000–2006 were: hemorrhages (31%), indirect causes[9] (18%), hypertension (15%), and infections (7%).

According to the Armenian MoH, every day on average one newborn dies and two children are stillborn. The 2005 ADHS revealed that the neonatal death rate was 17 per 1,000 live births. Infant mortality (0-1 year) was estimated at 26/1,000 and under-five mortality (0–5 year) was around 30/1,000. According to The State of the World's Children 2009 report, in 2007 infant and under-five mortality rates were 22 and 24 per 1,000 live births correspondingly. Another concern in child mortality is high urban-rural disparity. Among rural populations mortality rates are three times higher than among urban populations. The neonatal, infant and under-five mortality rates in Armenia are close to Central and Eastern European and CIS average levels, but are much higher than in industrialized countries, where they reach 3, 5, and 6 per 1,000 live births correspondingly.

Poor awareness of health issues and available services may significantly contribute to maternal and child mortality. According to Project NOVA baseline assessment in five project networks located in Ararat (Vedi), Armavir (Armavir), Aragatsotn (Talin), Vayots Dzor (Vayk) and Syunik (Sissian) marzes in Armenia only 11% of women interviewed could name three childhood illness danger signs and even less, about 7%, could name three newborn illness danger signs. Most women interviewed did not even know signs of conditions that may occur during pregnancy or after delivery. As a result, late referral to medical care increases the risk for morbidity and mortality.

[8] The State of the World Children 2009, UNICEF, New York, December 2008.

[9] Factors contributing to a mother's risk of dying that are not unique to pregnancy, but may be exacerbated by pregnancy and childbirth.

Disability-Adjusted Life Year (DALY)[10]

In addition to maternal and child death, illness and long term disability is another cause for concern in Armenia. According to WHO, in 2002 the DALY rates due to maternal and perinatal conditions was 143 and 660 per 100,000 population respectively. This is higher compared to Russia, and most countries in Eastern and Western Europe.

The economic and social impact of these death and disability on families and society is significant especially in low- and middle income countries considering high cost of caring for disabled or sick women and children and lost earnings that cause an ongoing cycle of poverty and deprivation for poor families and societies.

Reproductive Health/Family Planning (RH/FP)

Characteristic to most post-Soviet countries Armenians have limited access to modern contraception and abortion rates remain high. Although more than half of married women are currently using a method of contraception, only 20% of them are using a modern method, while 34% are using a traditional method (poor effectiveness). Moreover, the contraceptive prevalence rate has dropped slightly since 2000 when 61% of married women were using contraception and 22% were using a modern method. Armenia's Total Fertility Rate (TFR) has remained at 1.7 (also 1.7 TFR in 2000), with even lower fertility levels observed in women with higher education or in specific geographic areas such as in Shirak, Vayots Dzor marz. The Demographic Health Survey also revealed that, of the population surveyed, 70% of married women and 62% of married men do not want to have more children. Despite their expressed need for effective pregnancy protection, abortions remain a primary means of fertility control with almost half of pregnancies (45%) ending in an induced abortion. Factors contributing to low use of modern contraception and the high abortion rate are widespread misperception about hormonal methods among health care providers, lack of evidence-based knowledge, and poor contraceptive supply, especially in rural areas.

2.3 USAID ARMENIA CURRENT HEALTH ACTIVITIES

For nearly two decades, the United States Agency for International Development (USAID) has been a leading donor agency in Armenia, managing approximately two-thirds of the total U.S. assistance program. Over this time, USAID/Armenia's programs have evolved from humanitarian assistance towards promotion of long-term economic development, sound social policies and democratic reform.

USAID's long-standing programmatic priority in Armenia's healthcare reform is to improve the quality, availability and use of medical services to help create better and healthier future for Armenian families. USAID/Armenia's programs in the health sector focus on primary health care (PHC), maternal and child health, reproductive health, sexually transmitted infection control and disease prevention activities.

To this end, USAID helps strengthen Armenia's institutional capacity for PHC reform and reinvigorate provision of PHC services in healthcare facilities across the country. As well, USAID works with Armenia's pharmaceutical cluster to promote its growth and competitiveness nationally and internationally, strengthen business capacity and workforce development.

USAID-supported major institutional reforms include:

- strengthening of services with a focus on preventive care and improved management of chronic diseases;
- instituting the practice of Open Enrollment (OE) whereby every resident of Armenia has a right to choose his/her own health care provider;
- establishing new systems of health care financing and monitoring;
- greater government spending on Primary Health Care (increasing from 15% to 35% over the last 10 years);
- introduction of Quality Assurance Program as the first systematic initiative to improve the quality of PHC services nationwide;
- introduction of a model of family medicine.

[10] A time-based measure to assess the overall burden of disease. It combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health.

In terms of quality healthcare service delivery and accessibility for all Armenian citizens, USAID utilizes community-based approaches, implements patient-focused activities, renovates and equips the neediest rural health facilities, as well as strengthens the clinical and managerial skills of healthcare institutions and personnel at the national, regional and facility level. Women are particularly emphasized during public outreach because of their important role in fostering healthy family and lifestyle.

USAID closely collaborates with the Ministry of Health (MOH), the State Medical University (SMU), nursing schools, the National Institute of Health (NIH), the State Health Agency (SHA), regional health departments, health provider organizations to improve the environment for PHC reforms and to build up a cadre of well-trained healthcare providers.

Primary Healthcare Reform Project:

The USAID Primary Healthcare Reform Project (PHCR) is a five-year program, designed to increase the utilization of sustainable, high-quality primary healthcare services in Armenia. To this end, PHCR supports the Government of Armenia and Ministry of Health (MoH) through a package of six interventions that link policy reform with service delivery, namely: (1) healthcare reform and policy support (including renovation and equipment of facilities); (2) open enrollment; (3) family medicine; (4) healthcare finance, (5) public health education and disease prevention, and (6) quality of care.

Major accomplishments to date:

In ***Healthcare Reforms and Policy Support:*** PHCR renovated 123 healthcare facilities; provided basic furniture to 164 and medical equipment to 176 facilities; assisted in the development of various governmental decrees (e.g. the Decree on Population Enrollment Order, Primary Health Care Development Strategy 2008-2013), MoH and other orders that establish a policy and regulatory framework in support of healthcare reform activities.

In ***Open Enrollment (OE):*** Tri-level (MoH-Marzpetaran-PHC facility) OE computerized system was set up nationwide; 346 sets of computer hardware and/or software were installed, and over 900 people were trained in system use. 2.5 million people are now enrolled in OE computerized database, which amounts to 85%-90% of resident population of Armenia.

In ***Family Medicine (FM):*** 79 FM/Family Nursing training sites were established or upgraded with equipment; a number of modular evidence-based training packages were developed; more than 80 FM/Family Nursing trainers and clinical preceptors were trained; Continuing Medical Education system was strengthened. 229 rural nurses completed 6.5-month training in family and community nursing, while another 135 are currently enrolled in the course.

In ***Quality Assurance (QA):*** A QA toolkit was developed and approved by MoH; 53 Quality Coordinators were trained; a nationwide QA in PHC program was launched in 138 PHC facilities throughout Armenia.

In ***Healthcare Finance:*** PHCR established the basis for the introduction of Performance Based Payment System; strengthened the State Health Agency's capabilities as a purchasing agent; strengthened the process of National Health Accounts development; trained 232 PHC managers, accountants, and marz health authorities in strategic planning, quality of care and financial management; implemented automated accounting system in 40 PHC facilities; helped 183 PHC facilities prepare three-year strategic plans.

In ***Public Education:*** PHCR developed and disseminated numerous public education materials covering PHC reforms in Armenia and common public health issues; trained 78 journalists on health behavior change communication, PHC reforms, and other health topics; trained 57 members of 17 NGOs in Capacity Building and Health Education; through local NGOs established and trained Community Health Committees in 107 rural communities to promote health education and healthy lifestyles.

Contact information: USAID Primary Health Care Reform Project
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Project NOVA: Innovations in Reproductive Health

The USAID Project NOVA is a five-year health initiative, designed to increase the use of appropriate and safe reproductive health (RH), family planning (FP), and mother and child health (MCH) services in rural communities of Armenia. To this end, NOVA contributes to the formulation of national policy and standards, improves the performance of healthcare workers, develops the capacity of regional health managers to administer and supervise rural facilities, as well as increases consumer demand for high-quality RH/MCH services through community education and mobilization activities. Project activities are carried out concurrently at the policy, service delivery and community levels to reach maximum impact, establish ownership of changes, and institutionalize state-of-the-art medical practices.

The project has established 18 clinical training sites, trained over 1,700 physicians, nurses and midwives in key FP/RH/MCH technical areas; established Quality Assurance Teams at 24 primary healthcare facilities and 5 regional hospitals; established 7 Schools of Motherhood in 7 regions of Armenia to improve the quality of antenatal care; renovated 128 and equipped 277 rural health posts and 10 marz-level facilities with basic equipment and supplies for MCH. NOVA has also developed and produced provider and client education materials; assisted in the establishment of first evidence-based Armenian Journal of Obstetrics, Gynecology and Neonatology; and introduced the Community Partnership for Health initiative in rural communities among other interventions.

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The Armenian EyeCare Project:

The Armenian EyeCare Project (AECP), founded in 1992 by Armenian-American ophthalmologist Roger Ohanesian, MD, is a US-based charity organization with a mission to eliminate preventable blindness and make eye care accessible to all people in Armenia. In 2003, the AECP launched a seven-year initiative "Bringing Sight to Armenian Eyes". Since 2004, the AECP has been partnering with USAID within the "Primary and Ophthalmologic Health Care Alliance" Global Development Alliance project.

The AECP employs four main strategies for providing high-quality ophthalmology: (1) outreach, screening and treatment of vulnerable populations; (2) medical education and training programs for regional ophthalmologists, family (primary care) physicians and ancillary personnel; (3) public communication and education programs; and (4) research. AECP works nation-wide according to a pre-determined schedule. As well, the AECP Mobile Eye Hospital, a state-of-the-art facility, travels countrywide to provide high quality eye care in the regions.

Since the start of the project in 2003, the AECP screened more than 222,000 people across Armenia, provided laser treatment or surgery to over 9,000 people on the Mobile Eye Hospital, and distributed 20,000 eyeglasses. As well, the AECP trained 1,400 health care providers in eye diseases, prepared and published 12 public education handouts on eye diseases, eye care and safety. Through the AECP Fellowship program, 9 Armenian ophthalmologists received their fellowships in the finest U.S. eye care institutions and now head the AECP-founded 6 specialty clinics in the leading eye institutions of Armenia. In 2006 the AECP opened the Education and Diagnostic Center furnished with modern equipment and a library, and in 2007, thanks to the "Pfizer" donation, brought to Armenia a Wet Lab where the Armenian ophthalmologists improve their surgical skills.

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Armenian-American Wellness Center

The U.S. Government has been collaborating with the Armenian-American Wellness Center (AAWC) since 1997 through the Armenian American Cultural Association, Inc. (AACA), the parent organization of AAWC.

The Wellness Center primarily focuses on women's health and also works to expand its services to address men's health issues. Through a large clinic in Yerevan and a satellite clinic in Gavar, AAWC healthcare services include annual physical examinations, breast and cervical cancer screening, diagnosis, referral and gynecological services. In addition, AAWC conducts disease prevention/healthy lifestyle public awareness campaigns in rural and urban areas, disseminates patient education materials, and promotes cancer support group programs.

AAWC achievements to date include:

- 30 085 breast mammography and ultrasound screenings;
- 155 post abortion care at the clinic;
- 1,444 screening tests for Sexually Transmitted Illnesses (STI) and about 2,000 consultation on STI prevention;
- 60 outreach visits to Gegharkunik, Syunik, Armavir, Ararat, Kotayk and other regions of Armenia, with a total of 3,272 primary healthcare consultations.
- Health education and mass media campaigns for 75,000 target population for Family Planning and Reproductive Health (FP/RH) massages
- Training of 48 health providers on FP/RH at AAWC clinics.

Contact Information: Armenian-American Wellness Center
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Fax: (+37410) 52-97-44

Technical Assistance to National Tuberculosis (TB) Program:
(USAID grant to World Health Organization)

USAID/Armenia is providing technical assistance to develop Tuberculosis (TB) policy documents and a TB control training package in accordance with international recommendations focusing primarily on the provision of TB services at the primary health care level.

Contact Information: WHO Country Office
Business Centre of the American University of Armenia
9 Alek Manukyan St.
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E-mail: postmaster@euro.who.int
URL: http://www.euro.who.int

Human & Institutional Capacity Building: Assistance to Health Sector

The USAID-funded Human Institutional Capacity Development (HICD) project supports development across USAID Mission objectives through a comprehensive package of HICD services for partner institutions or work groups. AED activity includes conducting institutional assessments, development and implementation of targeted capacity development interventions, program monitoring and evaluation.

HICD current or recent capacity development initiatives in support of USAID/Armenia's health sector programs include:

- Assisting the Ministry of Health (MOH) and other stakeholders in the adoption of Open Enrollment system in Primary Healthcare and upper levels of healthcare management organizations;
- Fostering institutionalization of Maternal and Child Health Care best practices in Armenia;
- Supporting MOH in institutionalization of the National Health Account (NHA) system in Armenia to develop NHA methodology to make financial projections of the country's health systems needs;
- Strengthening nursing education system and increasing role of nurses in Armenia through in-country seminars and oversees trainings;

- Assisting MOH in institutionalizing of Performance-based financing system scheduled to implement in 2010;
- Supporting MOH to develop Concept Paper for introducing a mandatory health insurance system in Armenia;
- Improving skills and knowledge of over 100 regional and Yerevan-based ophthalmologists and ophthalmic nurses in patients screening and treatment;
- Enhancing capacities of health NGOs and unions in organizational structure, resources development and management.

USAID/HICD has started the recruitment of international and local experts to assess the institutional capacity and identify performance gaps of the Ministry of Health in effective delivery of Maternal and Child Health, Reproductive Health, and Family Planning services in Armenia. *(Assessment planned for spring/summer 2009)*

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Competitive Armenian Private Sector Program: Assistance to Pharmaceutical Cluster

The USAID-funded Competitive Armenian Private Sector (CAPS) Project is a five year program which promotes competitive growth and provides technical assistance to the Armenian private sector to help better compete nationally, regionally and internationally. CAPS is currently working with the growing Armenian ***information technology***, ***pharmaceutical***, ***tourism*** and ***engineering*** clusters to identify globally competitive products and services.

The cluster approach involves a wide diversity of stakeholders from the government, the private sector, associations and academia – all of which are in the focus of CAPS activities.

Recent cluster activities include:

- Market Research to Assess Domestic Perception of Armenian Pharmaceutical Products
- Pharmaceutical Industry Skills and Knowledge Needs Assessment
- Pharmaceutical Development & International Standards Conference
- GMP (Good Manufacturing Practice) Compliance Assessments for Pharmaceutical Producers

Projected activities include:

- Government assistance to improve pharmaceutical legislation and regulation
- GMP Training and Training of Trainers Course for Pharmaceutical Companies, Academia and Business Service Providers
- Establishment of a GMP Center of Excellence
- Export Marketing Training for the Pharmaceutical Companies
- Improvements in pharmaceutical higher education

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ATTACHMENT 2

EVALUATION FACTORS

The Offeror should note that the guidance in this Section: (1) serves as a standard against which all proposals will be evaluated; and (2) serves to identify the significant matters that the Offeror should address in its proposal

1. TECHNICAL PROPOSAL EVALUATION CRITERIA

Technical Proposals will be evaluated according to the following criteria. The scoring for each criterion is indicated below. All sub-criteria are weighed equally. Applicants should note that these criteria serve to: (a) identify the significant subjects which Offerors should address in their applications and (b) set the standard against which all proposals will be evaluated.

a. Technical Approach (35 points)
b. Personnel (30 points)
c. Institutional Capacity and Management Plan (20 points)
d. Past Performance (15 points)

a. Technical Approach (35 points): Under this criteria, the Offeror will be evaluated based on its demonstration of a thorough understanding of the contextual and cultural work environment, program complexities and expected results. Following are the technical approach evaluation sub-criteria:

(i) Defined project goals and objectives are appropriate and reasonable for the proposed project. Selected strategies and interventions clearly support stated goals and objectives. Proposed rationale for the project design is coherent and clearly supports the expected outcomes outlined in the Scope of Work (Attachment 1). Soundness of the analysis of potential obstacles and project implementation risks. Degree to which the proposed approach takes into consideration the Armenian Health Sector Reforms and is consistent with relevant existing national policies and strategies. Ability to build upon previous USAID funded Project NOVA and to collaborate with existing USAID and other donor activities.

(ii) Implementation Plan: Soundness of the proposed implementation plan reflecting project goals, objectives, proposed activities, and coordination with key local stakeholders and other donors. Level of proposed local participation, clear description of the roles of these local partners, and demonstration of how the project plans to build the capacity of the local partners. If sub-grants are to be proposed, process for awarding those grants is clearly defined.

(iii) Sustainability: Soundness of the project long-term impact and exit strategy demonstrated by description of how the project will be institutionalized and sustained.

(iv) Monitoring and Evaluation Plan: Proposed project indicators are globally acceptable and appropriate to adequately assess proposed programming. The proposed monitoring and evaluation plan is feasible and proposed project's data collection system complements and strengthens the MOH health management and information system.

b. Personnel (30 points).

(i) Proposed organizational plan includes the assigned levels of effort for specific activities outlined in the Scope of Work.

(ii) Quality and Credentials of the Proposed Key Personnel: Professional capability and appropriate academic credentials specified in the Instruction to Offerors section and the availability of the personnel to perform under this contract (statement of availability requested in the instructions section) will be considered.

c. Institutional Capacity and Management Plan (20 points)

The Offeror shall demonstrate clearly how the institutional capacity and its proposed program to management structure will support the technical approach to achieve results. The following sub-criteria will be considered when evaluating Institutional Capacity and Management Plan:

(i) Teaming arrangements, including proposed use of local , regional and US counterpart and partner organizations, and other involved donors and agencies; identification of specific roles and responsibilities;

(ii) Demonstrated ability to manage small grants programs and subcontractors

(iii) Proposed mechanisms to ensure accurate and timely communication and effective and efficient control of resources;

d. Past Performance (15 points): The contractor performance information determined to be relevant will be evaluated in accordance with the following sub-criteria:

Past performance evaluation will focus on the Offerors'

(i) Quality of product or service: including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime Contractor in correcting problems.

(ii) Cost control: including forecasting costs as well as accuracy in financial reporting

(iii) 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.

(iv) Customer satisfaction: including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors, beneficiaries, and other donor activities, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems.

(v) Effectiveness of key personnel: including effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients where identified.

2. COST PROPOSAL EVALUATION CRITERIA

Evaluation points are not awarded for cost. Cost is of significantly less importance than the technical evaluation criteria. However, where proposals are considered essentially equal, cost may be the determining factor. The overall standard for judging cost will be whether the cost proposal presents the best value for the cost. The cost proposal will be judged on: (i) realism and risk mitigation; (ii) consistency with the technical proposal; (iii) overall cost control (avoidance of excessive salaries, excessive home office visits, and other costs in excess of reasonable requirements); (iii) amount of proposed fee.