



USAID | WEST AFRICA

FROM THE AMERICAN PEOPLE

Date: February 4, 2009

Reference: TASC3-Global Health Indefinite Quantity Contract (IQC)

Subject: Request for Task Order Proposal (RFTOP) No. 624-09-009: Support for Investing in People through Health Action for West Africa Region (AWARE II)

To All IQC Holders:

USAID/West Africa is hereby requesting a task order proposal under the referred IQC as fully described in the attached RFTOP.

For instructions on proposal submission, see Section VII to this RFTOP which sets forth requirements and instructions for the preparation and submission of technical and cost proposals. Section VIII states the criteria by which task order proposals will be evaluated.

Issuance of this solicitation does not obligate USAID to award a task order, nor will USAID pay any costs associated with the preparation or submission of a proposal.

Questions or communications regarding this RFTOP should be directed to John Benson, the Acquisition and Assistance (A&A) Specialist at jbenson@usiad.gov or the undersigned at jchappell@usaid.gov by February 19, 2009. The subject line for all communications should read: RFTOP No. 624-09-009.

Thank you for your interest in USAID/West Africa programs.

Sincerely,

Jonathan Chappell
Regional Contracting Officer
USAID/West Africa

Attachments:

- (1) RFTOP No. 624-09-009
- (2) List of Government-Furnished Property
- (3) Final Technical Report (AWARE-HIV/AIDS)
- (4) Final Project Report: Reproductive Health (AWARE-RH)

REQUEST FOR TASK ORDER PROPOSALS
Investing in People through Health
Action for the West Africa Region II
(AWARE II)
RFTOP 624-09-009
USAID/West Africa

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I. INTRODUCTION

The flagship regional health program, Action for West Africa Region (AWARE), ended in July 2008, and a new program is planned to continue to build on work done by AWARE-RH and AWARE-HIV/AIDS . AWARE I consisted of three pillars: the provision of targeted technical assistance, the identification, dissemination, and replication of best practices and policies, and capacity building of regional institutions and networks. The purpose of this Request for Task Order Proposal (RFTOP) is to acquire the services of one of the TASC 3 IQC holders to design a new regional program building upon the results and lessons learned from the past regional program by improving the enabling environment for policy adoption and best practice replication. The new program will continue to assist USAID/WA in developing, coordinating, facilitating, and providing high quality technical support to public and private health institutions in West Africa.

II. BACKGROUND

A. Statement of the Development Problem

Development challenges in West Africa are regional in scope. With a population of more than 250 million inhabitants, the West Africa region has the largest number of rebuilding and developing nations in the world according to the new USG Foreign Assistance Framework. According to United Nations indicators, the West Africa region remains one of the world's greatest development challenges. The region ranks as the poorest with the lowest level of human capital development, and the highest population growth rate.

There are currently more than six million people in West Africa living with HIV/AIDS. However, the prevalence is variable and generally low in the region as the epidemic remains localized in high risk populations such as commercial sex workers and their partners, and truckers along trade routes. National adult prevalence in any one country has yet to reach the alarming levels seen in southern Africa as most countries in the region are still below three percent. Nevertheless, the region is at great risk for an epidemic given the fact that more than 50 percent of the population is children and youth under the age of twenty-five years. There is a need for treatment for those already infected; however, if a more generalized epidemic is to be averted, there is a greater need for effective, appropriate HIV/AIDS prevention education for the large number of children and youth.

The region is characterized by both high maternal mortality (greater than 800 deaths per 100,000 live births on average) and high infant mortality (greater than 100 deaths per 1000 live births on average). There are limited quality prenatal, delivery, and post-partum services and the use of modern contraceptives is less than 10 percent in most countries in the region. The unmet need for family planning remains above 25 percent in most countries due to poor access to services and a range of cultural and social factors. Similarly, fertility rates remain extraordinarily high at 5-7 children per woman, contributing significantly to infant, child and maternal mortality. The compounded issues of gender violence and low social and socioeconomic status of women continue to place women at high risk for unwanted pregnancies and sexually transmitted infections (STIs), including HIV/AIDS. Factors contributing significantly to the high under-five mortality include malnutrition (attributable to 60 percent), acute respiratory infections, diarrhea, malaria, measles, delivery and neo-natal complications.

Contributing to these poor health statistics are weak health systems exacerbating specific health problems. These include: limited capacity of the public and private sector to deliver quality services; poorly maintained infrastructure; and an alarming exodus of trained professionals from the public sector. Fragmented programming of resources on the part of governments and donors, weak regional leadership

and managerial expertise, and negligent governance and accountability are also fundamental constraints to the delivery of quality health services.

In a region characterized by porous borders, factors that contribute to instability in one country spill over to other countries. Populations affected by internal conflicts seek refuge in neighboring countries, often taxing already fragile infrastructures in the receiving country. Apart from conflict situations, people are mobile for economic and commercial reasons. Petty traders, commercial sex workers, truckers, and herders move freely in search of better economic opportunities. Within a weak regulatory atmosphere, this mobility contributes to the spread of both animal and human borne diseases.

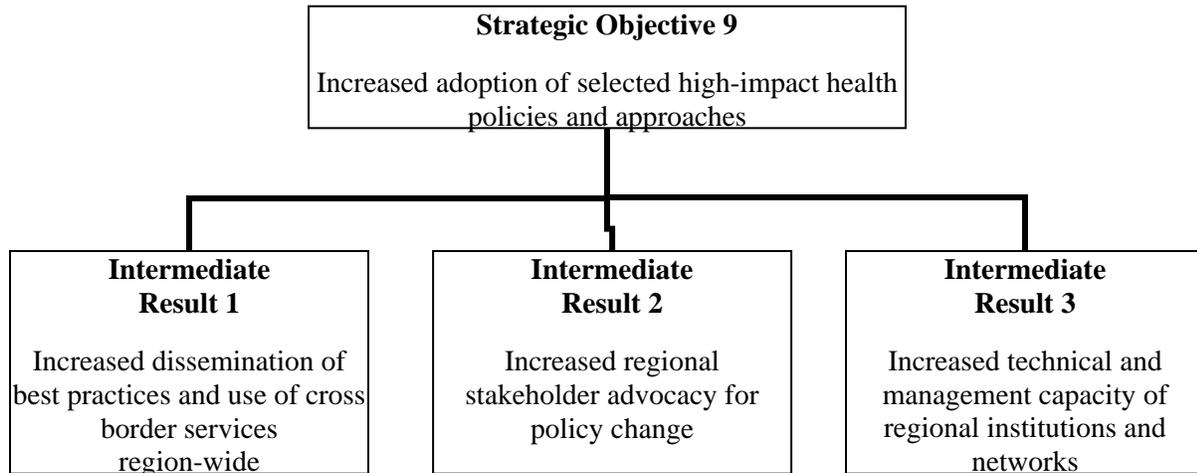
Despite the weak regulatory atmosphere, there is increasing political will to address the region's common economic, political and health challenges to offer hope for all of West Africa. The emergence of regional political and economic institutions is extremely encouraging, particularly, the 15-country Economic Community of West African States (ECOWAS) and its specialized agencies, which include the ECOWAS Parliament, the Council of Health Ministers, and the West African Health Organization (WAHO). Similarly, the private sector is assuming a larger role in the provision of technically sound health services.

Significant financial resources for development and health programs are coming into the region through sources such as the Global Fund for AIDS, Tuberculosis and Malaria (GFATM-Global Fund), the World Bank, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), U.S. President's Malaria Initiative (PMI), and the Millennium Challenge Corporation (MCC). In addition, several multilateral and bilateral organizations have health as their priority and are increasing funding in the sector. Importantly, there is a growing number of political as well as a civil society networks involved in advocating for improved health services and taking the message to the people.

B. USAID/WA's Health Sector Response to the Development Problem

The USAID/WA Mission recognizes that a concerted regional effort is needed to coordinate a response to and reinforce progress against the region's development challenges. In 2003, USAID/WA's health office developed and launched a five-year health program providing technical assistance; promoting the identification and replication of selected evidenced-based best practices sound policies across the region; and building the capability of regional and national networks and institutions to offer technical assistance to governments and other implementing bodies. USAID's program has been largely implemented through two cooperative agreements: Action for the West Africa Region-Reproductive Health (AWARE-RH), implemented by EngenderHealth which intervened in reproductive health, family planning, malaria, maternal/child health and avian influenza, and Action for the West Africa Region-HIV/AIDS (AWARE-HIV/AIDS), implemented by Family Health International which intervened in the area of HIV/AIDS and sexually transmitted infections (STIs).

Figure 1: USAID/West Africa Strategic Objective 9



Investing In People-Transformational Diplomacy

Although the terms “strategic objective” and “intermediate results” are not used in the new framework for programming USG foreign assistance, the past approach, as shown above in Figure 1, supported the USG Transformational Strategic goal of *Investing in People*. In accordance with the new joint Strategic Plan for the U.S. Department of State and U.S. Agency for International Development (2007-2012), USAID/WA activities built sustainable capacity of countries to meet the health needs of their populations. Specifically, the regional health program addressed the USG strategic priority of strengthening local capacity and ensuring the adoption of best practices as a way of ensuring the health of West Africans. The new regional project will continue to contribute to the Health Program Area and the following Program Elements: HIV/AIDS, Maternal and Child Health; and Family Planning and Reproductive Health.

Technical Assistance in Provision of Health Services

In the first pillar of the regional approach, USAID/WA, through AWARE, brought extensive technical expertise and proven best practices in health to countries with shared needs with the potential to bring these models to scale in collaboration with host governments and other donors. USAID/WA provided training, technical and planning assistance to transfer these approaches, and collaborated closely with other donors to support full execution of these models and their replication. The program supported a network of technical leadership institutions which facilitated active sharing and exchange of these experiences between health workers from different countries need to improve their own programs.

Policy Advocacy and Replication of Best Practices in Health Policies and Service Delivery

As the second pillar of the regional approach, USAID/WA in collaboration with host governments supported the development and adoption of health policies and service delivery guidelines. Direct interventions by the USAID/WA health program are relatively modest; however, indirect impact on health in the region through improving the enabling environment for service provision is much greater. The following examples illustrate key accomplishments of AWARE I:

- The program assisted the network of parliamentarians in eleven countries to adopt their HIV/AIDS law to protect the human rights of HIV-infected people. This benefits infected

individuals, lays the groundwork for changing attitudes in those countries, and serves to encourage HIV testing.

- Taxes on imported malaria related products such as drugs and bed nets help make these products too expensive for many families to afford. With advocacy from AWARE, Health Ministers from all 15 ECOWAS member States signed a resolution to remove tariffs from malaria-related commodities. As the resolution takes effect, it will make these products more accessible to millions of women and children in the region.

Capacity Building of Regional Institutions and Networks

In the third pillar of the regional approach, USAID/WA systematically strengthened the technical, management, organizational, and marketing skills of a number of institutions and networks with potential to provide technical assistance and training in the region. With each institution and network, AWARE, conducted organizational assessments, provided capacity building support, and engaged them to implement various health activities. As a result, these institutions played a stronger leadership role and served as a dependable source of regional technical assistance and advocacy for health programs in West Africa. These activities also helped institutions and networks broaden their own resource base, making their programs more sustainable. Examples of institutional capacity building include the following:

- After support from AWARE, MWANGAZA, a community mobilization NGO based in Burkina Faso, now provides technical assistance to Save the Children, the United Fund for Population Activities (UNFPA) and Helen Keller International.
- The Centre Régional de Formation et de Recherche en Santé de la Reproduction (CEFOREP), a regional reproductive/family planning (RH/FP) training and service delivery center based in Dakar, Senegal, supported by AWARE, provides high quality technical assistance to the Ministry of Health in Senegal, the World Health Organization (WHO) and several other local partners in clinical reproductive health services in the region.

Partnership with the West Africa Health Organization (WAHO)

USAID/WA directly funds a capacity development grant with WAHO, the health secretariat of the ECOWAS. WAHO's mandate includes: regional coordination, dissemination of health information and engagement in health policy development and advocacy to ensure that pertinent health issues are addressed consistently at the regional, national, and community levels.

USAID/WA and its partners assisted WAHO in developing and articulating major health policies for adoption at the country level. The ECOWAS Council of Health Ministers has consequently endorsed three important measures: a reproductive health commodities strategy for West Africa; a community-based management approach to treating acute respiratory infections, malaria, and diarrhea in children under five; and the elimination of taxes and tariffs on malaria related commodities throughout the region. The WAHO mandate makes it an obvious partner for USAID/WA and other donors.

Collaboration with Other Donors

USAID/WA and its implementing partners collaborated with multilateral, bilateral and international donor agencies to harmonize strategies and approaches; to conduct joint planning; to provide technical assistance to integrate and expand best practices into existing programs; and to advocate for specific policies and approaches that will strengthen program implementation. Specific examples of donor collaboration include: coordination with UNFPA to support the development of a reproductive health

strategy; participation in the West Africa Regional Network for Malaria; work with UNICEF to develop a region-wide strategy for community-integrated management of childhood disease; close coordination with the World Bank project for cross border intervention for HIV/AIDS; and strong support of WAHO in the development of policies across the region.

USAID/WA has provided support to the Global Fund to Fight HIV/AIDS, tuberculosis and malaria (GFATM). The USG contributes up to one-third of the total budget of GFATM, and because of this, has a vested interest in the stewardship of GFATM, globally and particularly in the West Africa region. As a financing organization without regional or country offices, GFATM relies heavily on technical support from international, regional, and bilateral partners to help GFATM recipients and the country coordination mechanisms (CCMs) in developing proposals, in meeting disbursement criteria, and in dealing with complex implementation issues.

Other Activities

WAAF. The West Africa Ambassadors' AIDS Fund (WAAF) was developed to encourage US embassies to participate more actively in country-level response to the HIV/AIDS epidemic, especially in countries that have received no or limited USAID support. The WAAF's primary objective was to provide targeted support for innovative HIV/AIDS activities and local initiatives in USAID non-presence countries in support of PEPFAR objectives in the region.

USAID/WA also used a number of centrally-funded specialty services for its regional health program. These include:

- **Rational Pharmaceutical Management Plus (RPM+)/ Management Sciences for Health** provides technical expertise and assistance to Global Fund recipients to develop and finalize procurement and supply management plans that are required for the release of funds for the grants; provides technical assistance and training to implement the plans; and provides capacity building and training to select regional institutions to support pharmaceutical management for AIDS, tuberculosis and malaria.
- **MEASURE/ Macro International** improves the collection, analysis and presentation of data for use in planning, policymaking, management, and monitoring and evaluation; provides technical assistance to select regional institutions to improve their monitoring and evaluation capabilities.
- **Central Contraceptive Procurement/ USAID Global Health** provides an efficient mechanism for consolidated USAID purchases of contraceptive and other reproductive health commodities for Mission designated programs.

III. STATEMENT OF WORK

A. Title of Task Order

“Investing in People through Health – Action for the West Africa Region II (AWARE II)”

B. Duration of the Task Order

It is estimated that the period of performance will be three years.

C. Purpose of Task Order

The purpose of this Task Order is to design, coordinate, facilitate and provide high-quality technical support to a variety of public and private health entities in West Africa. The objective is **to create a positive operating environment enabling countries to plan and implement selected high quality health service programs for people of the region.**

The Task Order Contractor will develop, support, harmonize and coordinate activities at the *regional level*, creating conditions whereby quality services will be effectively delivered on a large scale across the region. The Contractor will work with and through West African partners and stakeholders to address constraints hindering the success of services and programs in the region; to facilitate the adoption of supportive policies; and to introduce and catalyze the scale-up of quality health services for the people. The Contractor's role is not to implement services, but to design interventions that:

- **Establish and implement a strategic vision and planning process:** Coordinate and involve the maximum number of West African stakeholders to provide a constructive forum for debate and consensus on the best approaches to address challenges of the region.
- **Advocate for and make operational policy adoption, implementation and harmonization:** Break down barriers and facilitate a positive legal, regulatory, and operational framework to support service delivery.
- **Replicate evidence-based best practices, approaches and programs:** Promote the adoption and adaptation of selected best-practices to continue to improve the effectiveness and efficiency of health programs. Support systems strengthening to make the operating structure technically and managerially sound and accountable.
- **Strengthen West African institutional and civil society capacities and mobilize qualified professionals so they will serve as technical change agents** to increase the availability, accessibility, and quality of services.
- **Marshall and monitor new funds from donors working in the region and encourage better use of existing resources:** Identify resources; advocate and market programs to potential donors; and conduct brokering between potential donors and recipients to scale up and implement cost-effective and efficient programs.
- **Broker and foster collaborative and coordinated relationships:** Provide bold leadership for consensus, harmonization, and technical excellence in the design and implementation of policies, strategies and approaches for quality programs.

The Contractor will serve as a *facilitator* and will play a *catalytic and supportive* role. The Contractor will provide technical and monetary support to regional partners to create a positive and enabling environment with the end result being the adoption of policies, strategies, and programs that advance priority health issues throughout West Africa. The main thrust of this effort will be to empower African leadership and ownership. West Africans will be fully vested in program activities and involved in achieving results. Africans will identify the problems and determine the solutions. In summary, West African partners will be key stakeholders and drivers of the strategic planning processes.

As the health arm of ECOWAS, the West Africa Health Organization (WAHO) is a key partner for the USAID health program. WAHO should play a pivotal role in leading, coordinating and harmonizing West African nation's efforts to combat major health problems in the region and as such would be a natural key

partner of AWARE II. With strengthened capacity WAHO should be front and center in many regional endeavors in the health sector.

A schematic results framework is presented under Expected Results, to guide the Contractor in the development of its plan of action. The expected results are the Task Order deliverables. This offers the Contractor flexibility to conceive and propose inventive solutions, and USAID/WA encourages the Contractor to be innovative in its technical approach. The Contractor's proposal will present its overall approach, and a three year implementation plan with corresponding performance measures for its proposed plan. The Contractor will develop a detailed first year work plan which USAID/WA will further refine with the Contractor after the Task Order award, and will approve within 30 days of the award.

D. Guiding Principles for Performance

In preparing the proposal the Offeror will incorporate the following *guiding principles*. These principles will also be considered when assessing the Offeror's performance during program implementation.

Alignment with the USG Foreign Assistance Framework: The program must be compatible with the USG Foreign Assistance Framework and must contribute to the overall goal of "helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsively in the international system." To do this, the Offeror will meet one of the five priority objectives, *investing in people*. The Offeror will contribute to the achievement of this objective in the health Program Area thereby helping "nations achieve sustainable improvement in the well-being and productivity of their populations through effective and accountable investments in education, health and other social services." The Offeror will work mainly in the HIV/AIDS, Family Planning and Reproductive Health, and Maternal and Child Health Program Elements; however, the Offeror will be expected to work in other Program Elements under the health Program Area if funding becomes available.

Building on past experience: The Contractor will not "reinvent the wheel," but rather build on previous experiences and use lessons learned to continue with replication and scale-up of effective and efficient programs. While the emphasis is on building on past experiences, the Contractor is not limited to doing this, therefore, innovation and identifying new approaches is expected.

Using African talent and experience: AWARE II will maximize the use of Africans in the planning and implementation of *all* aspects of the program. The Contractor should fully involve African partners and stakeholders in consensus building and decision making. The Contractor is encouraged to collaborate with West African partner institutions and networks whenever possible in the implementation of activities, including providing technical assistance and training to governments, donors, and other sector organizations in the region. The vast majority of funding for this Task Order will be spent on programs in the field and not at headquarters.

Leveraging funds: Given the limited direct resources available under AWARE II, replication and scale up of activities will be dependent upon the Contractor's ability to catalyze, broker, and leverage available funds from other donors, governments, and the private sector. Being a catalyst means mobilizing resources around a problem, issue or solution, proactively propelling change and building the necessary capacity to address the problem. Being a broker means identifying needs and potential resources, and then matching the two to develop and implement programs. Leveraging is gaining the political will and technical support among political leaders and donor partners to mobilize additional financial and human resources to advance and implement proactive programming.

One method to leverage other funding is through the establishment of Global Development Alliances (GDA). The GDA is a public-private partnership model that allows USAID to leverage resources from private sector partners and to use those assets in a way that benefits the business interests of the resource partner while furthering the development goals of the USAID Mission. USAID/West Africa anticipates that some project funds/technical assistance/grants will be used as leverage for private sector funding or resources. Offerors are encouraged to define innovative, practical approaches to using these resources to promote project objectives.

For more information on the GDA, please visit: http://www.usaid.gov/our_work/global_partnerships/gda/

Any partnership commitments undertaken by the implementer(s) during the course of the project will be subject to USAID review and approval. Any post-award changes to the cost or program budget will also be subject to USAID approval.

****Offerors should not approach potential Resource Partners or request any letter of commitment until the project has been awarded. Resource partners unfamiliar with the USAID acquisition and assistance process may be confused and frustrated by multiple applicant/proposal requests. This may damage the relationship between USAID, the offeror and the partners after the award has been made. A sound GDA strategy and approach is all that is required for the proposal.*

Managing for cost effective results will include designing and measuring activities that assess 1) the indirect impact of improved policies and service delivery approaches; 2) the increased effectiveness of regional institutions to actively provide technical support to others; and 3) the multiplied coverage of “best practices” through replication by other-donor and government resources. The Contractor will seek to improve effectiveness, accountability and transparency of partner institutions and host government entities. To this end, the Contractor will involve and support participation in health services and decision-making by the media, civil society and other non-government organizations. This will lead to more transparent governance, to more accountable performance by health service providers and donors, and to increased visibility and effectiveness of anticorruption efforts.

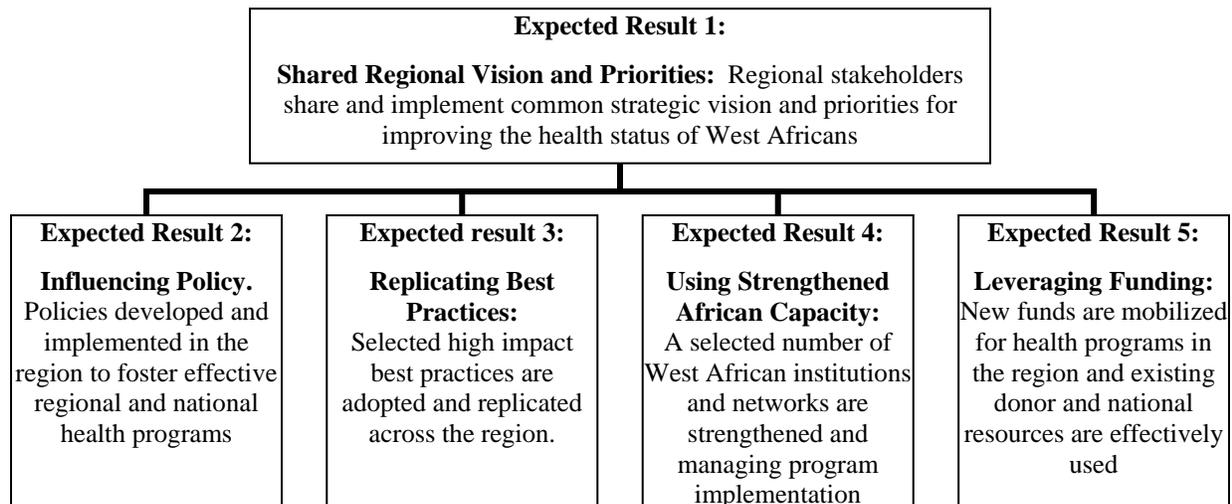
E. Specification of Deliverables/Statement of Work/Expected Results

Each result specified in the strategic results framework (See Figure I) is a deliverable under the terms of this Task Order. Each is described in the matrices in this Section. Each matrix states the expected result, defines it, lists considerations and lessons learned, provides illustrative tasks and sample output and outcome performance measures, notes expectations for monitoring and evaluation, and makes suggestions for possible special studies.

The illustrative tasks and performance measures provide examples of *what* the Offeror should achieve during the duration of the Task Order and should be considered as examples of the *standard of performance* expected under this Task Order. In its proposal, the Offeror should define its proposed technical content and show *how* it intends to achieve the expected results.

F. AWARE II Results Framework

Strategic Objective:
An Enabling Environment: To create a positive operating environment that enables countries in the region to plan and implement *selected* high quality health service delivery programs



Expected Result 1: Shared Regional Vision and Priorities: Regional stakeholders share and implement common strategic vision and priorities for improving the health status of West Africans

Many stakeholders are present in the health sector in West Africa and there is a great need for coordination and harmonization of a common strategic vision and a shared understanding of health priorities in the region. Finding common ground for a shared vision between all the diverse countries of the region, and looking at common priorities, should facilitate the process of developing and refining a policy agenda and an action plan for replicating best practices in the region.

USAID/WA and its partners assisted WAHO in developing major health policies for adoption at the regional level. Important measures endorsed by the ECOWAS Council of Health Ministers include a reproductive health commodities strategy for West Africa, and the elimination of taxes and tariffs on malaria related commodities through the region. For HIV/AIDS, AWARE assisted WAHO and the ECOWAS Parliament to develop a regional policy agenda which served as a framework for the development of HIV/AIDS laws in many of the countries of the region.

A strategic vision and prioritization for the region should be designed to develop and promote harmonized goals which aim at enhancing program efficiency and effectiveness. The vision statement and prioritization should serve as advocacy tools for promoting policy change. Prioritizing actions, issues and programs should guide stakeholders in the development of an agenda for priority areas of policy work, replicating best practices, and any other activity undertaken. Public and private sector regional partners should be involved in identifying major health problems, constraints and concerns and in proposing relevant, culturally acceptable solutions. USAID/WA is committed to continuing to play a catalytic role in

supporting regional partners' vision for advancement, and as the coordinating body of ECOWAS for health, WAHO is expected to play a central role in this area.

Expected Outcomes:

- Stakeholders are brought together to develop a shared regional strategic vision and prioritization of program issue and actions
- Regional strategic vision and shared priorities are adopted by stakeholders (countries and donor partners)
- This vision and prioritization is used as a framework to guide the actions and efforts of stakeholders in the region.

Expected Result 2: Influencing Policy. Policies developed and implemented in the region to foster effective regional and national health programs

Having policies which promote sound health practices and services are essential to creating a supportive environment in which health indicators are likely to improve. Encouraging policies that remove barriers and constraints to access to information, the provision of health services, or the equitable treatment of individuals, is a priority for this program. USAID/WA supports the development, adoption, replication and implementation of health policies that will further the achievement of priority health goals to improve the lives of West Africans. Direct interventions of the USAID/WA health program are quite modest, but the indirect impact on health in the region, through strengthening the enabling environment can be much greater.

For example, AWARE-RH worked with WAHO to advocate among ECOWAS Health Ministers for priority policy changes in the region. Among the resolutions ratified by the Health Ministers were:

- Creating a budget line for Reproductive Health in national health budgets at no less than 5% by 2010
- Harmonizing training curricula in emergency obstetric care with a goal of having one skilled birth attendant per 5,000 population by 2010.
- Passing legislation to outlaw female genital mutilation and forced marriages
- Establishing multi-sectoral coordinating committees for Reproductive Health

AWARE –HIV/AIDS worked with religious leaders to harmonize their approaches and messages in the fight against stigma and discrimination of people living with HIV. As a result, Burkina Faso, Chad, Mali and Niger have adopted national policies for their religious leader's response to the epidemic.

Considering stakeholder input, the Contractor and USAID/WA will agree on a regional policy agenda to be promoted through regional organizations and national governments. USAID/WA and the Contractor will engage other donors and governments for overall policy change that creates a favorable environment for improving health status in the region. This should include sharing of practical experiences among decision-makers and peers to operationalize the policy agenda. The Contractor will work with countries in the region to adopt policies and with donors and others to promote implementation of adopted policies. Where favorable policies already exist, the Contractor will work to further implementation of those policies.

WHAO has a particularly important role to play in policy development and dissemination and should be a key partner in the areas of policy and advocacy. Involving key networks and civil society organizations is also crucial.

Expected Outcomes:

- A prioritized policy agenda for the region is developed by a consensus of regional partners, stakeholders and governments.
- Policy analysis and advocacy tools and methodologies are used to advocate for policy changes.
- Selected policies which remove barriers and enhance priority health programs are adopted and replicated.
- Results of policy changes are tracked and evidence of implementation of adopted policies is gathered and presented.

<p>Expected Result 3: Replicating Best Practices: Selected high impact best practices are adopted and replicated across the region.</p>
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Much can be learned from global projects, mission bilateral programs, NGO/PVO, networks and other programs in the field which, in turn, can be standardized and adapted for replication. Many best practices have been proven to work in various countries in the areas of child survival, maternal and newborn health, family planning or HIV/AIDS. It is also known that ability to scale up is variable within or between countries and depends on multiple factors. Taking evidence based practices and adapting and replicating them in different countries, is an efficient and effective way to harmonize practices, roll-out proven strategies, and avoid re-inventing the wheel. This is a major area in which a regional approach can have a great impact.

USAID/WA, through AWARE I , provided extensive technical expertise and advocated for replication of proven best practices in health service provision to countries with shared needs and potential to bring these models to scale in collaboration with host governments and other donors. The selection and implementation of high impact best practices should foster regional leadership for addressing priority health issues in the region.

AWARE II's resources should be used to identify high impact best practices to address integrated regional health priorities. The Contractor will work with countries and other stakeholders in the region to adopt the selected best practices and with other donors to ensure their implementation.

The Contractor, in collaboration with other stakeholders, should cautiously select among best practices related to high priority health issues, those which are most promising and have potential for the greatest impact and long term sustainability. This should take into consideration the comparative advantage of regional African institutions for the implementation and leveraging of selected best practices.

The Contractor and USAID/WA will agree on a prioritized list of selected best practices and develop an implementation plan for replication including a timeline agreed upon by countries and partners. USAID/WA will support the Contractor in its efforts to engage other donors and governments.

Expected outcomes/outputs:

- Assessment of the status of replication and implementation of best practices in selected countries.
- Prioritized list of selected high impact best practices for replication finalized and adopted by stakeholders
- Implementation plan including timeline for replication agreed upon and implemented by countries and partners
- Evidence of replication of high impact best practices by countries, African institutions and donor agencies.

Expected Result 4: Using Strengthened African Capacity: A selected number of West African institutions and networks are strengthened and managing program implementation activities

The ultimate objective of capacity building and institutional development for African institutions and networks is the achievement of sustainable skills within the region. Enhancing these institutions' ability to play a stronger leadership role and to serve as a dependable source of leadership, technical assistance and advocacy for national and regional programs is a key priority for this program. As a result, these institutions and networks should be able to work with national governments, bilateral and multilateral organizations, as well as private sector, civil society, faith-based institutions and other non-governmental organizations, collaborating on activities and providing technical assistance.

USAID/WA supported the building of leadership capability and influence to aggressively develop, advocate and evaluate policies, strategies, tools and systems for health within the region. It also supported the development and utilization of institutions and their networks as learning channels that can be used for technology transfer and skills development in the process of replication and scale up. It is anticipated that strengthened African institutions should eventually provide south-to-south technical assistance to other organizations and institutions in the absence of USAID assistance.

The West Africa Ambassadors' AIDS Fund (WAAF) was an initiative of USAID/WA to provide technical and financial support to the US embassies for the 14 countries with no USAID mission (non-presence countries). WAAF permitted US Embassies to be involved in HIV and AIDS programs through the support of local activities implemented by NGOs and CBOs in prevention, care, and treatment with annual grants in each country.

Over the past several years, national and regional institutions and networks have undergone significant capacity strengthening, and several organizations have assumed leadership roles. AWARE II should build on this asset to further consolidate the capacity of African institutions, and to further particularly in the areas of management and marketing. The contractor and USAID/WA will agree on a selected number of institutions and networks to be strengthened and use for technical assistance in health program planning, implementation and evaluation in the region, in partnership with other stakeholders. The Contractor will work with USAID/WA to refine the WAAF approach in order to better align WAAF objectives and activities with the strategic goals of USAID/WA for a greater impact on HIV/AIDS in the region.

Expected Outcomes:

- Assessment reports informing on the status of African institutions and networks with regard to their capacity to address shared health priorities and needs
- List of selected African institutions and networks finalized and adopted by stakeholders
- Implementation plan and timeline for organizational and technical strengthening finalized for each selected institution and network
- African Institutions and networks are used to respond to technical assistance needs
- WAAF grantees are capable of replicating selected best practices at community levels

Expected Result 5: Leveraging Funding: New funds are mobilized for health programs in the region and existing donor and national resources are effectively used

Leveraging funds is very important if we hope to meet development and health challenges in the context of limited resource environments. Mobilizing and using additional funding from all potential sources for health programs is a key strategy for USAID/WA.

USAID/WA cannot solely achieve the huge funding needs in the region and is adopting the expansion and systematic leveraging of other resources and alliance-building as one of its core operating principles. This will assist countries with needed funding to scale up best practices replicated in the region. USAID/WA scarce project resources should be directed to strategically develop, share, demonstrate and test policies, approaches and programs. In the context of health policy and best practices scaling up at national levels, aggressive leveraging of funds from public, private and donor sources is needed. Most donors have expressed a willingness to undertake synergistic joint programming and cost sharing which could yield more cost effective programming in the region.

While there are considerable funds for health development in the region from bilateral, multilateral, and private sector sources, in many cases the available funds have either not been awarded, disbursed or used efficiently. The project should play a key role in brokering and leveraging funds by assisting countries to meet requirements, solve implementation problems that jeopardize funding, and encourage actions to liberate blocked funds. USAID/WA will support the Contractor in efforts to engage other donors and governments to improve coordination, increase funding flows, and leverage funding to maximize programs results.

Expected Outcomes:

- Inventory and mapping of available funds targeting prioritized health problems in the region is finalized
- Plan for leveraging resources developed
- Evidence of increased effectiveness and efficiency of leveraged funds in the region
- Regional institutions and networks are capable of mobilizing resources themselves

G. Areas of Technical Concentration

USAID/WA anticipates funding *primarily* in technical areas of HIV/AIDS and family planning/reproductive health, and maternal and child health. HIV/AIDS funds will be about half the amount of family planning/reproductive health and maternal and child health funds. The following discussion outlines USAID/WA's generalized priorities in each technical area, however, this list is not meant to be exhaustive or limiting. ***Regardless of funding streams, the Contractor will emphasize the integration of activities across all technical areas to optimize the impact of USAID/WA's interventions.*** The program will promote the constructive participation of both women and men in decision making processes and will take into consideration ECOWAS and USAID gender policies.

In HIV/AIDS, the primary focus will be to advocate for policies and programs that help prevent the spread of the epidemic and to enhance efforts to increase access to information and care for those who are infected. Regional and national policies and practices will be addressed to create an environment that mitigates the effects of cross-border transmission; prevents mother to child transmission; promotes other preventative measures; promotes prevention; encourages counseling and testing; and improves the management and use of care and treatment services.

In family planning/reproductive health, the primary focus will be to address policies and practices that will help achieve the enormous unmet need for family planning and reproductive health services. The primary policy and program elements of the project will work towards expanding access to and use of high quality voluntary family planning services and information, and reproductive health care. Reduction of unintended pregnancies, promotion of positive reproductive health behaviors of men and women, and reduction in abortion and maternal and child mortality and morbidity are the ultimate goals of a strengthened reproductive health system.

The West Africa Health Technical Advisory Group identified maternal and child health and especially child nutrition activities as under-funded priorities in the region. The Contractor will work with USAID/WA to advocate for a substantial increase in attention to maternal and child health and nutrition issues and access to health services. Similarly, should specific funding become available for malaria, water and sanitation, avian influenza and/or obstetric fistula, the Contractor will be expected to address priority health problems in these technical areas.

Substantial funding for AIDS, tuberculosis, and malaria are also available through the Global Fund and the President's Malaria Initiative. USAID/WA will selectively help countries secure GFATM funding and assist where needed in resolving implementing issues in using Global Fund grants.

H. Geographical Scope

USAID/WA activities benefit 21 countries in a diverse and expansive region (See Map in Annex 3). Barring any US statutory limitations, the Contractor may be expected to work in any of the countries of the region. Given the realities of limited funding, the difficulties of regional travel, and the imperative to consider sustainability of efforts, the Contractor will need to focus and prioritize the geographic scope of activities. The Contractor will propose a method to prioritize countries and activities in order to allocate limited funding and to balance between specific country needs and regional activities. USAID/WA, in consultation with USAID/Washington and other donor partners, will review priority countries and activities. All countries in the region will benefit by being regional partners and stakeholders, but the level and intensity of human and financial resources will vary according to priorities and funding realities.

I. Anticipated Funding Level

Depending on availability of funding, USAID/WA anticipates funding levels by specific Foreign Assistance budget Elements to vary from year to year. An approximate guide to current funding would be: Reproductive Health/Family Planning ~ 60%, HIV/AIDS ~30%, and Maternal/Child Health ~10%. In addition, there may be operating year budget (OYB) transfers, field support/buy-ins to the Task Order from other USG agencies and bilateral missions, and other coordinated or joint funding from multilateral, bilateral or private entities.

USAID/WA will determine the exact level of resource allocations on an annual basis during the work planning period. The Contractor must be flexible and adaptable to an ever changing budget environment.

J. Management and Staffing

The Contractor will staff its program with highly experienced professional technical staff with the ability to influence senior-level donor and government counterparts in the region to consider new policies and service delivery approaches. The professionals chosen should reflect the rich cultural and linguistic diversity of the region. The Contractor is encouraged to design a creative and streamlined management structure, which makes efficient use of the limited funds available for this project.

IV. MANAGING FOR MAXIMUM RESULTS

A. Management for Results

Offerors will design a technically sound program with both a management plan and an organizational structure focused on accomplishing the five expected results in Figure 1. The proposed director and senior staff should have extensive experience in planning, directing, managing, and evaluating large and complex projects in the health sector. The core staff and consultants must possess demonstrated expertise, skills and experience, and knowledge of the West African context to implement the full range of technical, field and administrative tasks required under this Task Order Proposal. Offerors are strongly encouraged to seek West African technical and management staff for the range of positions proposed. However, Offerors are strongly encouraged to keep the use of expatriate and TCN staff with expatriate benefits packages to a reasonable number in order to control personnel costs.

Offerors may choose to set up a creative organizational structure that responds appropriately to the demands of the Statement of Work, keeping in mind the vastness and diversity of the region, as well as the importance of sustainability of efforts. That being the case, offerors may consider proposing a decentralized organizational structure given the regional nature of the program. The regional management staff must have the authority and management control to interface directly with USAID/WA in management decision-making, thereby minimizing management costs.

Government-Furnished Property: The Government will provide Government-furnished property from AWARE I awards; the list of Government-furnished property is attached.

B. Program Accountability

All of the expected results are within the manageable interest of the Contractor. The Contractor's performance will be measured on the achievement of the expected results, not inputs or level of effort. The success of AWARE I has shown that USAID/WA, through its implementing partners has the ability

to influence, organize, and support others around commonly shared goals, leading to the achievement of desired results.

The Contractor will organize and manage this Task Order to acquire the best return on the USG investment, using the best available technology and seeking synergistic, integrated approaches to have a multiplier effect, to avoid duplication, and to yield the greatest impact of resources allocated. The Contractor will be held accountable for program results, good technical management, and sound financial management and full accountability of funds, thus the Contractor will be transparent and forthcoming in reporting its progress and problems in these areas.

USAID/WA requires the Contractor to provide adequate oversight and management for all project resources and management of sub-contract and grant funds. In an effort to control cost, USAID/WA demands a significant proportion (greater than 80 percent, excluding fee and NICRA) of funds be spent on field activities for the interest of beneficiaries. The Chief of Party must have the technical and managerial competencies and be empowered to do the job on the ground.

C. Measuring and Monitoring Results

The Offeror will develop a detailed Monitoring and Evaluation (M&E) Plan which will present *performance measures* and *milestones* towards the achievement of each Expected Result over the life of the Task Order. This plan will serve as a performance monitoring and evaluation instrument for both the Contractor and USAID. The Annual Workplan (See Section VI.B.), which will be updated as needed, will detail activities taken under to achieve the Expected Results.

The M&E Plan will cover the entire three year contract performance period, including detailed explanations of planned activities for each Expected Result. The M&E Plan will be updated throughout the contract period as required.

The M&E Plan sets forth the major results and indicators with target dates and shows a clear link between achieving the milestones and their contribution to achieving overall program results. In the proposal, for each milestone, the Offeror will address how the milestone accurately predicts progress towards achievement of the Expected Results described in the Statement of Work. The plan will measure the direct accomplishments of the project and show the indirect results and impact of project activities on health in West Africa. The Offeror should consider the illustrative, basic table below:

ER	Milestone	Indicator	Completion Date	Baseline	Target	Indirect Result / Impact / Significance
ER 5	Funds leveraged for health projects	Total amount of new funds leveraged	8 th Quarter	0	\$2M	Number of people receiving YXZ services provided with new funds
ER 2	Countries adopt policy for improved XYZ services.	Number of countries formally adopting XYZ policy.	6 th Quarter	11	17	Number of people with access to XYZ services Prevalence of ZYX is lowered
...						

The M&E plan should detail the plan for collecting, evaluating, and validating the data used to measure the achievement of the proposed indicators. At an overall project level, the Contractor’s M&E Plan will be part of an overall performance management system that encompasses the following:

- **Track country data within the region.** Country-level indicators and results as well as selected region wide indicators for use in regional strategy building and analysis must be monitored.
- **Measure regional program impact.** The system should measure significant impacts of the regional program. The Contractor will develop an evaluation and special studies plan to document program experiences— failures and successes—to better articulate the progress of the program to date and its significance in achieving regional results for improved population health status;
- **Disseminate and communicate results.** Wider use of results, including presenting them on a regional project website or other means of dissemination, will be helpful for broad application, exposure and buy-in throughout the region.
- **Collaborate in the development and use of performance monitoring mechanisms.** The Offeror will collaborate with USAID/WA in developing the AWARE II Performance Monitoring Plan, and will engage partners and stakeholders in the development of indicators and share responsibility in performance monitoring.

A Note on Measuring the Impact of the Regional Program: Evaluating the impact of a regional program focused on improving the enabling environment is more challenging than evaluating the impact of a country-specific, direct service-delivery program. The Contractor’s focus is not on service delivery, but rather on the environmental conditions for providing high quality services. Measurement tools should take into consideration the transformational impact of investments. The time between measuring intervention (input) and population-level impact is long. Meaningful measurement may require different means of data collection and analysis, including special studies, probability surveys and qualitative research. This will require the use of qualitative and quantitative data.

The M&E Plan will explain the *significance* of regional work – the consequences of strategizing; influencing policy and advocacy agendas; leveraging and brokering donor and partner resources; catalyzing the response of partners; disseminating information within and outside of the region; and providing technical support to and coordination, integration and harmonization of programs are all key areas of consideration. The Contractor should pay particular attention to monitoring and reporting on leveraged resources and joint-programming efforts from other donors. In determining the impact of such joint efforts and new resources, the Offeror should consider the Office of the Director of U.S. Foreign Assistance’s definition of *Attribution*:

“Attributable to USG.” – A result is attributable to the USG, or the USG can claim credit for a result, even when other partners are involved in achieving the result, if the USG can claim that without the USG intervention the outcome would not have taken place. For example, if an USAID Operating Unit (OU) builds a school and prints the textbooks and trains the teachers in its efforts to enroll X number of students, and the host country government is paying the salaries of those teachers, then, not only would that effort not be accomplished without USG inputs, but the results would not be achievable without the government’s contribution either. Therefore, even if other donors (including the host country) contribute to an effort, if an OU can make the statement that the result would not have been achievable without the USG contribution, then the OU may attribute the result to the USG assistance effort.

V. QUALITY ASSURANCE PLAN

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

- Frequent progress meetings/phone calls as appropriate;
- Feedback from other donor and country counterparts;
- Formal and informal site visits by USAID Regional Health Team Advisors and other personnel;
- Meeting to review quantitative quarterly progress reports.
- Period impact evaluations.

Periodic Performance Reviews: The USAID CTO will conduct periodic performance reviews to monitor the progress of work and the achievement of results under this contract, based on the contract terms and conditions. USAID will assess the contractor's progress in project implementation and success in meeting benchmarks, as defined in the M&E Plan. The information provided and exchanged through quarterly progress reviews of the M&E plan and the other mechanisms mentioned above will form the basis for assessing and reporting on contractor performance.

The contractor shall submit, for technical review, all information and appropriate documentation necessary to demonstrate and support the achievement of performance indicators to the Cognizant Technical Officer (CTO). The contractor shall also provide an explanation and/or justification if any indicators have not been achieved according to the schedule.

In addition to the technical performance requirements stated in Section C., above, the contractor will be held fully accountable for responsible management of its contract. Of particular concern shall be the following:

- Satisfactory performance record, which includes effective independent cost control;
- amounts of cost overruns and under runs, and reasons for them;
- Compliance with terms and conditions of contract, particularly areas where the Contracting Officer approval or consent is needed prior to execution of action, purchase of equipment, consent to subcontract, formalization of constructive change, timeliness of reports and other deliverables;
- Task completion as against completion date as stated in the contract Work Plan/M&E Plan, with explanation for completion delays; and,
- Terminations for default or convenience.

VI. DELIVERABLES AND REPORTING REQUIREMENTS

The Contractor will adhere to requirements listed below. Reports and planning documents will be submitted by the due date for approval by the USAID/WA Cognizant Technical Officer. Plans and reports requiring review and clearances, when necessary, are listed under each requirement. The Contractor will consult with the CTO on the format and expected content of the specific report prior to submission. The Contractor also will work closely with USAID/WA in the update of Annual Work Plans and Monitoring Plans.

A. Financial Reporting

The Contractor will submit to USAID/WA through the CTO a quarterly financial report 15 days before the end of each USAID fiscal year quarter through the life of the Task Order. The financial reports should show detailed line item budgets, expenditures and accruals and show a pipeline analysis as well as a table with expenditures, accruals and other financial information requested. The report must include detailed information on the use and impact of its sub-grants as well as progress made and amount of new funds leveraged for health programs in the region. Funding may vary each year and the Contractor must adapt to expanding or decreasing funding levels. To conform to financial reporting needs of the US Foreign Assistance Framework (“F Framework”), the Contractor will also work with USAID/WA staff to attribute overall annual budgets to F Framework Program Elements and Sub-Elements. The Contractor will provide estimates of quarterly expenditures according to these initial budget attributions. This may be estimated on a percentage basis from overall accruals to minimize financial management burden.

B. Annual Work Plan and Monitoring and Evaluation Plan

As part of the Task Order Proposal, the Contractor must produce a **provisional**, detailed Annual Work Plan, and Performance Monitoring Plan for consideration and approval by USAID/WA. Within 30 days after the signing of the Task Order Contract, the Contractor will finalize the Annual Work and M&E Plans in a format to be provided by USAID/WA and submit them for approval.

The Annual Work and M&E Plans must describe the time frame and sequence of all activity targets and anticipated results with a detailed budget for each activity. Performance indicators will be defined and will measure the Contractor’s performance. The Contractor and USAID/WA will complete a joint quarterly quantitative monitoring exercise of M&E Plan execution and achievement of deliverables. This will be based on the plan itself and will not require an additional narrative report for each quarter. Each year, Annual Work Plan and M&E Plan should be the result of a joint planning exercise with relevant advisory groups, partners and stakeholders and USAID/WA.

C. Annual Budget

The Contractor will submit to USAID/WA through the CTO an Annual Budget 30 days before the beginning of each USAID fiscal year through the life of the Task Order. This one-year budget with accompanying budget narrative must provide in detail the total costs for implementation of the program. The information from the detailed budget must be then included on the Standard Form 424, which can be downloaded from the following links <http://www.usaid.gov/forms/sf424.pdf> (Standard Form 424).

D. Annual Performance Reports

The Contractor will submit an annual report on its performance, based on the M&E Plan in relation to Expected Results, including both successes and areas for improvement. The annual performance report should be prepared in accordance with specific guidance issued by USAID/WA. The report will elaborate several types of information including: custom performance indicator data; Operational Plan indicator data; progress towards objectives and expectations regarding future results. The report must specify the following:

- Evidence that activity outputs are adequately contributing to the expected results and ultimately to the achievement of the Task Order Objectives;
- Status and timeline of input mobilization efforts;
- Status of critical assumptions and their implications for performance toward expected results;

- Status of related partner efforts contributing to the achievement results;
- Pipeline levels and future resource requirements;
- Contractor team effectiveness and adequacy of staffing;
- Vulnerability issues and related corrective efforts; and
- Highlights of success stories to be used in public relations and other results reporting.

Following the submission of the annual performance report, USAID/WA will conduct a formal performance review with the Contractor. USAID/WA will request from the Contractor a quantitative quarterly status report on performance indicators. USAID/WA and Contractor will make mid-course corrections and adjustments if needed in the work plan and monitoring plan.

E. Baseline and Special Reports

The Contractor may need to provide special and/or baseline reports for USAID/WA’s portfolio review or as an activity within the M&E Plan. In addition, the Contractor will document best practices and success stories on achievements suitable for dissemination to stakeholders or for public relations purposes.

F. Final Task Order Report

Major successes achieved during the entire Task Order Period with reference to meeting established objectives, results, and indicators will be highlighted in the final report as well as any deficiencies or constraints encountered. The final report will also serve to present the lessons learned and the significance of the AWARE II approach and impact on health in the West African sub-region. The Contractor will submit to the CTO the detailed Final Report within 60 days of completion of Task Order.

The report will include:

- A summary of accomplishments in relation to the work plans, providing final tangible results, summary of deliverables/benchmarks, analysis of impact of achievements, lessons learned during implementation and suggested ways to resolve constraints identified; and any recommendations for future programming.
- A financial report detailing how funds were expended by line item.

G. Distribution of Reports

Reports described in this section must be submitted in original form with two copies to Task Order CTO. Substantive technical reports and intellectual property and products produced under the Task Order must also be submitted in electronic format and hard copy to the USAID Development Experience Clearinghouse: Email (the preferred means of submission) is: docssubmit@dec.cdie.org. The mailing address via US Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, Maryland, MD 20910.

H. Research, Studies, and Survey Documents

In the event that research, studies and or surveys are conducted under this Task order, the Contractor shall submit an original and two copies in English of the terms of reference and of the reports for all research, studies and survey documents to the CTO. An original and one copy in French of the same documentation should be submitted when determined necessary by the CTO. After receiving written acceptance from the CTO, the Contractor shall also submit one electronic copy of the reports in English to the USAID

Development Experience Clearinghouse. This should be done within 30 calendar days of receiving written acceptance from the CTO. The Contractor is required to send the CTO proof of receipt by CDIE of the submitted document within 10 calendar days of submission. The Contractor shall follow-up with CDIE to confirm that CDIE has received the document.

I. Participant Training Reports

The Contractor shall collect information on all participant training financed under this contract. This includes training data for any in-country training program or sub-program of more than 3 consecutive class days in duration, or more than 15 contact hours scheduled intermittently. This training data must be recorded using the web-based "TraiNet" reporting system. The training data must be consolidated according to training program or sub-program and must identify the following:

- Subject area of training;
- Total trainees per participant group, with gender breakdown;
- Total cost of training for each program; and
- Direct training costs (program costs, not overhead/fees).

The Contractor shall enter and submit the participant training information on a semi-annual basis as part of the Annual Performance Report. Simultaneously, the Contractor shall also submit one copy of the participant training information on a diskette or CD directly to the USAID/WA Health Office. Contact the USAID/WA Program Officer for further information about site registration and use of TrainNet.

VII. INSTRUCTIONS FOR PROPOSAL SUBMISSION

A. General Instructions

Offerors should submit task order proposals electronically - internet email with up to 3 attachments (3 MB limit) per email in files compatible with MS WORD, Excel, or PDF. There has been a problem with the receipt of *.zip files due to the anti-virus software. Therefore, Offerors are discouraged from sending files in this format as we can not guarantee receipt by the internet server.

Please submit your task order proposal to the following e-mail address: accracontract@usaid.gov no later than March 25, 2009 at 3:00 p.m. local Ghana time. Offerors shall send a confirmation email to John Benson at jbenson@usaid.gov requesting confirmation that their proposals have been received. The subject line of the email should state the RFTOP number 624-09-009 and the name of your firm. You will receive an email confirming receipt of the task order proposal.

Offerors are reminded that e-mail transmission is not instantaneous. In some cases, delays of several hours occur from transmission to receipt. For this RFTOP, the initial point of entry to the government infrastructure is USAID's Washington mail server.

Offerors are also requested to submit one original and five paper copies (and duplicate CDs) of a technical proposal and one original and two paper copies (and duplicate CDs) postmarked no later than the closing date stipulated above. All mail is subject to US Embassy electronic imagery scanning methods, physical inspection, and is not date and time stamped prior to receipt by USAID and the Contracting Officer. Please be advised that since the issuing office receives regular international mail only once weekly, submission via commercial courier is advised:

Regular Mail:

Attn. John Benson
Office of Acquisition & Assistance (OAA)
USAID/West Africa
2020 Accra Place
Washington, DC 20521-2020

Hand Delivery/Commercial Courier:

Attn. John Benson
Office of Acquisition & Assistance (OAA)
USAID/West Africa
No. 24 Fourth Circular Road
Cantonments, Accra

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

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

Unnecessarily Elaborate Proposals: Brochures or other presentations beyond those sufficient to present a complete and effective proposal in response to this RFTOP are not desired and may be construed as an indication of the Contractor's lack of cost savings. Elaborate artwork, expensive paper and binding, expensive visual and other presentation aids are neither necessary nor wanted.

B. Instructions for Preparation of the Technical Proposal:

The technical proposal in response to this solicitation should be specific, clear, and complete, and should respond to the instructions set forth in this Section. The technical proposal should be written in English and should be no more than 40 pages in length. It should be organized according to the technical evaluation criteria listed in below and should address the key principles described above and the specific points specified below.

Proposal Format: The technical proposal must not be more than **40 pages**. Proposals will be on pages of 8-1/2 inch by 11-inch paper (210 mm by 297-mm paper), single-spaced, 11-point or larger type in a single column, with one-inch margins on all sides and tabs to distinguish each section. Proposals may contain matrices, tables and figures if they synthesize needed information. Proposals may contain text boxes, and text may be in 10-point font, as long as the boxes are formatted so as to not unduly interfere with readability. Cover pages, dividers, table of contents, and attachments (i.e., key personnel resumes, and letters of commitment, supporting documentations) do not count within the 40-page limitation.

The technical proposal at a minimum should include the following:

Cover Page: The RFTOP title, name of organization(s) submitting the proposal, contact person, telephone and fax numbers, address and email, plus identification of all formal partner organization must all be included.

Executive Summary (not to exceed 5 pages): Briefly summarize the technical and managerial approach to reach the proposal goals, objectives, and expected results. Briefly describe technical and managerial qualifications of the Contractor.

Proposal Body (not to exceed 35 pages): The technical proposal should describe *how* the Contractor intends to carry out the work statement, and give details of what performance indicators will be used to measure success. It should also demonstrate a clear understanding of the work to be undertaken and delineate the responsibilities of all parties involved. The Offeror shall address the following areas:

a. Technical Approach

Narrative: The Offeror will outline in sufficient detail their technical approach to achieving the five Expected Results (ERs) presented in the Program Description. The information presented in the Expected Results section describe *what* the Offeror should achieve during the duration of the Task Order and should be considered as examples of the *standard of performance* expected under this Task Order. The Offeror must specify *how* it will achieve each ER, paying specific attention to:

- *How* the Offeror will determine priority health problems to be addressed during the life of the project, given time and funding constraints;
- *How* the Offeror will prioritize best practices and policies chosen for advocacy and replication efforts;
- *How* the Offeror will prioritize countries as target or focus countries while working with other countries and the region as a whole;
- *How* the Offeror proposes to select African institutions/networks to work with to build local capacity in the region, transfer skills, and *use* African institutions in the design and implementation of program activities; and
- *How* the Offeror will coordinate with other donors and collaborate with other entities providing technical support within the region.
- *How* partnerships and private sector resources (materials, skills, leveraged funding), will be solicited, established, managed, and integrated into their overall strategy;
- *How* potential private partnerships will contribute to achieving both program results and the business interests of potential partners.

Case Studies: Additionally, the Offeror will demonstrate their technical approach by responding to the two case studies below. The case studies allow the Offeror maximum latitude to be innovative given the background information and the limitations presented elsewhere in the solicitation. The case studies are limited to a maximum of 6 pages (3 pages each).

Case Study 1

Select at least two countries in the region and elaborate on your strategy to replicate one high impact best practice of your choice related to the priority health problems in the region. How will you use African capacity in your plan? How will you leverage funds from other sources based on your knowledge of the situation? Include an illustrative workplan complete with a time frame, illustrative budget. Include an illustrative M&E plan with indicators that measure both direct and indirect impact.

Case Study 2

A poor policy environment and a lack of institutional capacity are factors that affect the overall performance of health systems, particularly as it relates to access and use of health services. Select one African institution and project how you would engage this institution to develop and strengthen its capacity to lead and to implement a regional policy agenda. How will you engage other donors in the process? How will you facilitate the implementation, through this institution, of current and new regional priority initiatives? Include an illustrative work plan with timeframe, budget and performance indicators.

Work Plans: As an annex to the submission, the Offeror will include a detailed year one work plan as well as an illustrative life of project work plan.

Training Plan: As an annex to the submission, the Offeror will include a training matrix for any proposed training for the life of the project and

b. Monitoring and Evaluation Plan

The Offeror will present a detailed M & E plan for the life of the Task Order (see Section C). The Offeror will be responsible for proposing measurable performance indicators, baselines, targets, and measurable outputs and outcomes. These performance measures will be used in monitoring the Task Order performance and impact. Although the complete M&E plans for the life of the project shall be included as an attachment in the annex, the discussion should include enough information to understand the Offeror's methodology for measuring program achievement and impact.

c. Organization Capacity and Management

The Offeror is encouraged to select a staffing structure that is cost effective, streamlined and promotes sustainability throughout the region. The Offeror should describe the organizational and management structure to successfully undertake this Task Order including how they will utilize the capabilities of proposed subcontractors and private sector resource partners effectively and efficiently. The Offeror should propose mechanisms for how funding will be leveraged and due diligence conducted. The Offeror should provide an organizational chart, illustrating the responsibility and relationships between prime and subcontractor, lines of authority and accountability, and patterns for utilizing and sharing resources.

d. Key Personnel

A key factor in the success of the first phase of AWARE was the highly experienced professional technical staff and its ability to influence senior-level donor and government counterparts in the region to adopt new policies and approaches. The Offeror should have demonstrated ability to manage USAID funding and to influence priority budget and program decisions of other large donors in the region (i.e. Global Fund).

Key personnel will include the Project Director and selected senior managers. Qualifications for proposed personnel should include:

- Candidates for the Project Director must have a minimum of fifteen (15) years of experience managing large-multi-donor-funded health grants at national and international levels. At least ten (10) years of this experience should be in West Africa;
- Candidates for key technical advisors must demonstrate senior-level expertise in the field or technical area for which they are being proposed;
- All candidates must demonstrate proven ability to negotiate and influence policy and program decisions with senior government and donor officials;
- Candidates must have an advanced degree in public health or another relevant technical area; and
- All candidates should be fluent (FSI rating S/R 3+/3+) in French and English.

The Offeror shall provide:

- A complete staffing plan with underlying rationale (including support staff), an organizational chart demonstrating lines of authority and staff responsibility, and brief position descriptions for each technical staff position proposed for the life of the task order.
- A matrix of all proposed personnel and the relevant skills that they bring to the performance of this activity. Resumes for all proposed staff should be included as an annex.
- The names and contact information for three references for each key staff and any other staff being proposed on an expatriate or TCN basis.

As an annex to the technical proposal, the Offeror shall submit resumes or curriculum vitae of proposed personnel. (Bio-data sheets with salary information should be attached to the cost proposal, not the technical proposal). Resumes/curriculum vitae may not exceed two pages in length per individual and shall be in chronological order starting with the most recent experience. Each resume/ curriculum vitae shall be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of number of days after award and (b) intention to serve for a specified duration.

A wealth of technical expertise in the health field exists among many experienced African professionals. The Offeror shall propose an appropriate mix of talent and expertise to implement the AWARE II project making the maximum use of African talent and capability. It is particularly important to tap the talents and resources of the African private sector in promoting economic development.

e. Past Performance

Past performance sub-factors include quality, cost control, timeliness, and business relations including the use of small business concerns under previous contracts. The Offeror shall identify five past (within the last three years) or current contracts for efforts similar to the solicitation requirements and include contact information. "Similar" in this context means in relation to size, scope, and complexity, as well as to a specific subject matter.

In evaluating past performance, USAID shall consider the information provided by the Offeror, as well as information obtained from other sources. Furthermore, USAID shall determine the relevance of similar past performance information.

The past performance references required by this section shall be provided as an attachment to the Technical Proposal.

f. Branding Strategy

This Branding Strategy (BS) outlines the framework in which materials and communications used to promote the program deliver the message that the assistance is from the American people, as well as to ensure appropriate use of the USAID identity markings. In line with ADS Chapter 320 (Branding and Marking) and USAID's overall policy, all assistance delivered, including communication products and publications produced by AWARE II, whether for public events or for distribution, will be branded with the brand identity of the U.S. Agency for International Development (USAID), and will carry the message that assistance is provided by the American people. Such materials will also be branded with any program logo developed by the successful Offeror and approved by USAID. That said, the context in

which this activity will be implemented poses some unique challenges and will require close and constant coordination with the CTO and USAID West Africa as well as a keen awareness of the multiple and various political sensitivities involved. Within one week of deployment, the Offeror should seek a full briefing from the CTO and USAID West Africa on these sensitivities and should ensure that all those engaged with the project are fully briefed and held to agreed guidelines, including for example in the use of appropriate terminology.

Name: Per ADS Section 320.3.2, unless otherwise advised by the CTO or USAID West Africa, the activity will be referred to as "**USAID Action for West Africa Region II**". The level of visibility and media outreach for the program should be high.

Other: The Offeror shall not share credit with any other partner or organizations without the prior written consent of USAID West Africa. The Offeror shall not share data or reports without the prior written approval of USAID West Africa. The Offeror shall not release any program data or reports to the public, or share any other materials produced in performing the Award, without the prior written approval of USAID. The Web Link to comply with the requirements of the USAID branding policies are available at: www.usaid.gov/branding

To implement the BS, Offerors shall develop two separate plans with different, but related purposes.

Branding Implementation Plan (BIP): The BIP shall describe how the program will be promoted to beneficiaries and host-country citizens, specifically stating how the Offeror shall incorporate, promote, and publicize the message, "This assistance is from the American People," in its communications and materials.

Marking Plan (MP): The MP shall detail the public communications, commodities, program materials, and other items that visibly bear or will be marked with the USAID Identity. The MP is also the vehicle for Offerors to request exceptions, if necessary, to the marking requirement.

Both plans shall adhere to the BS outlined below and be prepared in accordance with ADS 320.3.2 and 320.3.3 (respectively). The BIP and MP shall be submitted as part of the Offeror's response to the RFTOP and along with the Technical Proposals. Neither should exceed three pages and neither will be subject to the 40-page limit imposed on the Technical Proposals.

g. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Contractor environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFP.

In addition, the contractor/recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

No activity funded under this contract will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”)

An Initial Environmental Examination (IEE) is anticipated for the Project funding this Task Order. The IEE covers activities expected to be implemented under this contract. USAID has determined that a **Categorical Exclusion** is anticipated and applies to all of the proposed activities as described in the Statement of Work. The following activities are **Categorically Excluded** from initial environmental examination as no environmental impacts are expected as a result of these activities. These fall under the following citations from Title 22 of the Code of Federal Regulations, Regulation 216 (22 CFR 216), subparagraph 2(c)(2):

- (i) Activities involving education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- (ii) Activities involving controlled experimentation exclusively for the purpose of research and field evaluation and carefully monitored;
- (iii) Activities involving analyses, studies, academic or research workshops and meetings;
- (v) Activities involving document and information transfers;
- (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- (xiv) Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

However, there are conditions for these activities; *i.e.*, if any topic associated with these activities is one that inherently affects the environment, such as training in HIV/AIDS testing that involves use and disposal of medical waste, or training related to malaria prevention then such training will include information on how to minimize and/or mitigate these impacts. Examples include, instruction on safe disposal of sharps and biological samples generated from HIV/AIDS testing or training in proper household behaviors to minimize exposure during indoor residual spraying campaigns and proper use of insecticide-treated materials like bed nets.

C. Instructions for Preparation of the Cost/Business Proposal

This will be a three-year task order with an estimated dollar range for the order between \$8 million to \$30 million over the life of the order. The Offeror is expected to propose a realistic budget to support the expected results described in Section II of this RFTOP.

The Offeror should present consolidated budgets, not separated by prime contractor and sub-contractors. The Offeror shall provide two budgets, one detailing all the proposed salaries, other direct costs, and fixed fee; and one based on the total cost per expected results identified in the technical proposal. Please include a total for all expatriate staff costs (not broken out by sub-contractor).

Cost Elements	Total
001. DIRECT LABOR	\$ _____
002. TRAVEL, TRANSPORTATION & PER DIEM	\$ _____

003. ALLOWANCES	\$ _____
004. EQUIPMENT	\$ _____
005. SUBCONTRACTS	\$ _____
006. OTHER DIRECT COSTS	\$ _____
007. INDIRECT COSTS	\$ _____
008. FIXED FEE	\$ _____
TOTAL ESTIMATED COST PLUS FIXED FEE	\$ _____

The Offeror’s budget shall include the following information:

A detailed level of effort estimate. Please provide a separate line item for each proposed individual and identify each by name and labor category as set forth in the contract. Biographical Data Sheets (AID Form 1420-17) supporting unburdened daily rates for proposed candidates.

The Offeror shall provide the computations that were utilized in developing the proposed locally-hired national personnel and other non-U.S. expatriate salary. The Offeror shall show the unburdened rate and any other costs applied to develop the proposed salary.

A detailed estimate for other direct costs (for example, travel, allowances, etc.). Please explain the basis and budget narrative for the estimate for each category of cost; and

If subcontracting is contemplated, other than the approved subcontractors identified in Section H.21 of the basic award, the Offeror shall indicate the types of work to be subcontracted, stating: The percentage of each type of work subcontracted, the extent to which competition was or will be solicited prior to selection, subcontractor(s) selected and reasons therefore, and the method of analyzing prospective subcontractor proposals.

USAID will provide government-furnished equipment, so any equipment costs should minimal.

VIII. EVALUATION CRITERIA FOR AWARD

The evaluation criteria have been tailored to the requirements of this TO, to allow USAID to choose the highest quality proposal. The Government intends to evaluate task order proposals in accordance with technical evaluation criteria provided below and make an award to the responsible contractor whose task order proposal 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. That being the case, offerors are reminded that the Government is not obliged to award a negotiated contract on the basis of lowest proposed cost, or to the Offeror with the highest technical evaluation score.

The Government intends to evaluate proposals and award a task order without discussions. Therefore, each initial offer should contain the Offeror’s best proposal from both a cost and a technical standpoint. However, the Government reserves the right to conduct discussions if determined by the Contracting Officer to be necessary.

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.

Technical Evaluation Criteria

A. Technical Approach

(35/100)

The application reflects an excellent understanding of the overall program description and its objectives, and the ability to synthesize and apply the lessons learned from past and current experiences. The technical approach will be evaluated on the overall merit (creativity, clarity, analytical depth, prioritization, and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's objectives, and expected results. Responsiveness to each of the bullets provided below will be taken into consideration by the technical review committee in determining the overall score, but will not be individually scored.

A1. Overall quality of proposed strategies, approaches, and interventions (25/35)

- An understanding of and a proposed approach for addressing the key issues and challenges of creating an enabling environment in West Africa. Illustrative activities are relevant and likely to achieve the anticipated outcomes for each result. The proposal reflects a thorough understanding of issues in capacity building, policy reform, replicating best practices and leveraging funding in order to advance priorities in the health sector in West Africa.
- An understanding of, and a proposed approach for actively engaging a variety of stakeholders, leading to harmonization, integration and coordination/collaboration among parties.
- The scope of the Offeror's proposed first year and three year work plans, including the capacity to design and implement activities, are likely to contribute to the overall program results.
- The proposed approaches are feasible, efficient, sustainable, and have potential to be expanded.
- Understanding and analysis of potential opportunities for private sector engagement, including innovative ideas for partnerships that contribute to sustainable development.

A2. Case Studies

(10/35; 5 for each study)

The responses to the case study questions will be evaluated according to the following criteria. Responsiveness to each of the bullets below will be taken into account by the technical review committee in determining the score for each case study, but will not be individually scored.

- Case study responses reflect a careful review, understanding and analysis of the background and real situation with regard to the selected case
- Proposed approaches to addressing the case are rational and evidence-based.
- Proposed activities are appropriate to the specific setting and make efficient use of technical and financial resources.
- Appropriate work-plan, time-frame, budget and monitoring and evaluation strategies are proposed.

B. Staffing

(25/100)

Responsiveness to each of the bullets provided below will be taken into consideration by the technical review committee in determining the overall score, but will not be individually scored.

- Project Director and other key personnel demonstrate knowledge skills and abilities to implement this program, with past performance on projects of similar size and scope. They have proven expertise in influencing health policy and program decisions among senior-level donor and government counterparts in the region. Experience is significant and relevant to achieve the goals of the program.
- Proposed project personnel demonstrate solid expertise in the area for which they are being considered. Proposed core staff and consultants demonstrated requisite expertise, skills and experience, and knowledge of the African context to implement the Task Order.
- Staffing pattern is structured to respond to the diverse geographic and technical requirements of the program description. National origin, language, and gender diversity are taken into consideration.

C. Quality of Management Capacity and Approach

(25/100)

Responsiveness to each of the bullets provided below will be taken into consideration by the technical review committee in determining the overall score, but will not be individually scored.

- The proposal presents a clear and efficient management plan and organizational structure for accomplishing all aspects of Task Order implementation in a sustainable fashion;
- Proposed sub-contractors, private sector, and local partners possess complimentary skills which are balanced and well utilized in program implementation.
- Efficient plans for rapid start up of the project and for managing multiple requests from USAID, countries and partners, Adequate plans for how the program will manage a complex set of activities in multiple countries and balance competing demands including reporting requirements;
- The proposal demonstrates the Applicant's institutional capacity, organizational systems and competence to creatively plan, implement, monitor and report on the range of activities outlined in this RFTOP in both regional and country-specific contexts.

D. Performance Monitoring and Evaluation

(15/100)

The Monitoring and Evaluation Plan will be evaluated according to the following criteria.

Responsiveness to each of the bullets provided below will be taken into account by the technical review committee in determining the overall score for this category, but will not be individually scored.

- The application presents a comprehensive, realistic Performance Monitoring Plan that clearly outlines its approach to monitoring and evaluation, and research. The plan delineates ambitious but achievable performance targets and benchmarks for achieving the results outlined in the program description. Special attention should be paid to finding indicators that measure impact and not just process.

- The plan should demonstrate what will be achieved by year one and by the end of the project. Indicators for targets, and benchmarks should show how they lead to the achievement of results.
- The plan should describe the methodology to be used for data collection that is cost effective and timely.

E. Past Performance

Past performance will be taken into consideration but will not be scored. The following areas will be looked at:

- Quality
- Cost Control
- Timeliness
- Business Relations
- Use of Small Businesses under previous contracts

COST EVALUATION

USAID will evaluate the total cost proposed for the principal tasks identified in this RFTOP for realism, completeness and reasonableness. Proposals will be evaluated by comparing the differences in the value of technical evaluation criteria with differences in cost to the US Government. The importance of cost as an evaluation factor will increase with the degree of equality of the proposals in relation to the remaining evaluation factors. When the applicants are considered essentially equal in terms of technical capability, or when cost is so significantly high as to diminish the value of the technical superiority of the proposal, cost may become a determining factor for award.

IX. ANNEXES

Annex 1: Key AWARE-I Collaborating Institutions and Networks

INSTITUTIONS	TECHNICAL AREA EXPERTISE
CEFA/CAFS: Center for African Family Studies (Togo)	Training, research, capacity assessment, strategic planning
CEFOREP: Centre Régional de Formation et Recherche en Santé de la Reproduction (Sénégal)	Training, research, monitoring in reproductive health
CIC-Doc: Centre d'Information de Conseil et de Documentation (Burkina Faso)	Information documentation, management development, training in HIV/AIDS, voluntary counseling and testing
INTERCAP: Interafricaine Renforcement Parlementaires. (Sénégal)	Advocacy for health including reproductive health and AIDS
GIMPA: Ghana Institute of Management and Public Administration (Ghana)	Monitoring and evaluation
IRSP: Institut Régional de la Santé Publique (Benin)	Long/short term training in public and management
ISED: Institut de la Santé et de Développement (Sénégal)	Long / short term training in leadership, management development, and national health accounts.
CESAG: Centre Africain d'Etudes Supérieur en Gestion (Sénégal)	Long/short term training in commodities management, management development, procurement
MWANGAZA Action: (Burkina Faso)	Social mobilization, education, and governance
CBCHB: Cameroon Baptist Convention Health Board (Cameroon)	Training and mentoring, in preventing mother to child transmission of AIDS, provision of primary health care services
KATH: Komfo Anokye Teaching Hospital (Ghana)	Management, technical training particularly in skills transfer in HIV/AIDS, care and treatment of AIDS
SMIT: Service des Maladies Infectieuses et Tropicales, Université de FANN (Sénégal)	Skills transfer, technical training modules, technical assistance, care and treatment
NETWORKS	TECHNICAL AREA OF EXPERTISE
CONCERTATION: Network of National Mutual Health Organizations (Senegal)	Advocacy, management, counseling in community health financing
FAAPPD: Forum des Parlementaires Africains et Arabes sur la Population et le Développement (Sénégal)	Advocacy, technical assistance, networking, policy development and implementation.
FASFACO: Fédération des Associations Sages-femmes d'Afrique Centrale et de l'Ouest (Burkina Faso)	Advocacy in reproductive health
Réseau des Journalistes Sahéliens en Population et Développement: Network of Sahélien Journalistes (Sénégal).	Advocacy, technical assistance in reproductive health, public relations and communications
SAGO: Société Africaine de Gynécologie et Obstétrique (Mali)	Research, advocacy in reproductive health, technical assistance and networking
NAP+/WA: Network of People Living with AIDS in West Africa (Cote D'Ivoire)	Advocacy for people living with HIV/AIDS, people level communications
WANASO: West African Network of AIDS Organizations (Mali)	Advocacy for AIDS organization, coordination, standardization of AIDS programs
SWAA: Society of Women Against AIDS (Senegal)	Policy advocacy for policy for AIDS, community level education and communications.

Annex 2: AWARE II TASC3 REFERENCE DOCUMENTS

(Available Electronically on the TASC3 Website at <http://ghiqc.usaid.gov/tasc3/>)

U.S. Foreign Assistance Framework

www.state.gov/documents/organization/79748.pdf

U.S. Foreign Assistance Standardized Program Structure and Definitions

www.state.gov/f/releases/factsheets2006/79645.htm

U.S. Foreign Assistance Reform: Achieving Results and Sustainability in Support of Transformational Diplomacy

www.state.gov/f/releases/factsheets2006/68202.htm

ADS 320, Acquisition and Assistance

www.usaid.gov/policy/ads/300/

USAID FORM 1420-17 Contractor Biographical Data Sheet

www.usaid.gov/forms/

The USAID/West Africa Regional Health Program: Mid Term Assessment, Academy for Educational Development, Africa's Health in 2010 Project, July 2006.

http://pdf.usaid.gov/pdf_docs/PDACI087.pdf

AWARE I Best Practices, Policies and Success Stories Documents available at:

<http://www.usaid.gov/missions/westafrica/health/index.htm>

AWARE-HIV/AIDS 2003-2008: Strengthening West Africa's Response to the Epidemic, Family Health International, 2008

<http://www.fhi.org/NR/rdonlyres/e75cohbsjbrlscw777qkkj66y5sucru4k76dnzssfokgphw2n6zsbblxtmxod2usqx37k6cawewra/AWARECloseoutReportHV.pdf>

AWARE-HIV/AIDS Final Technical Report, Family Health International, October 2008 (attached)

AWARE-RH Final Technical Report, EngenderHealth, October 2008 (attached)

Annex 3: MAP OF USAID WEST AFRICA REGION

