Technical Assistance and Support Contract 3 (TASC3) **INDEFINITE QUANTITY CONTRACT SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**		
Cambodia HIV/AIDS Technical Support, USAID/Cambodia		
1	RFTOP Number	USAID/Cambodia-442-07-001
2	Date RFTOP Issued	April 2, 2007
3	Issuing Office	USAID/Cambodia
4	Contracting Officer	*Eleanor TanPiengco* E-mail: etanpiengco@usaid.gov
5	Proposals to be Submitted to	*Mealea S. Prak* Office: *855-23-728344* Email: sprak@usaid.gov, cc to: etanpiengco@usaid.gov
6	Proposals Due	April 27, 2007 5:00 p.m. (Phnom Penh time)
7	Payment Office	See Section G.4 Invoices
8	Name of Firm	
9	IQC Task Order Number	
10	DUNS number	
11	Tax Identification Number	
12	Address of Firm	
13	RFTOP Point of Contact	*Mealea Sok Prak* Office: *855-23-728344* Email: sprak@usaid.gov
14	Person Authorized to Sign RFTOP	Eleanor M. TanPiengco, Regional Contracting Officer
15	Signature	
16	Date	

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The United States Agency for International Development (USAID), Cambodia, requires support to provide long-term, in-country coordination and implementation of HIV/AIDS activities as detailed in Section C.1 Background.

B.2 CONTRACT TYPE

This is a cost-plus-fixed fee, completion type task order. For the consideration set forth in the task order contract, the Contractor shall provide the deliverables or outputs described in Section C and comply with all contract requirements.

B.3 BUDGET

a. This is a Cost Plus Fixed Fee (CPFF) Task Order. The estimated cost for the performance of the work required hereunder, exclusive of fee is $_____. The ceiling fixed fee is $_____. The total estimated cost plus fixed fee is $_____.

b. Within the estimated cost plus fixed fee, if any, specified in paragraph (a) above, the amount currently obligated and available for reimbursement of allowable costs incurred by the Contractor (and payment of fee, if any) for performance hereunder is $_____. The Contractor shall not exceed the aforesaid obligated amount unless authorized by the Contracting Officer pursuant to the clause of this contract entitled "Limitation of Funds" (FAR 52.232-22). See Section I of the basic IQC.

c. Budget Schedule:

To be determined.

B.4 PAYMENT

The paying office is as referenced in Section G.4.

B.5 OTHER RFTOP INFORMATION

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

END OF SECTION B

SECTION C –STATEMENT OF WORK

C.1 BACKGROUND

Cambodia's efforts against HIV and AIDS are led by the multi-sectoral National AIDS Authority (NAA) which reports directly to the Office of the Prime Minister. DFID has been the largest donor to the NAA; DFID will end its support to the NAA in December of this year. US CDC, in collaboration with UNAIDS, is working to strengthen the monitoring and evaluation capacity of the NAA. The Ministry of Health's National Center for HIV/AIDS, Dermatology and STIs (NCHADS) is the strongest and best funded of the line ministry programs; but continues to receive the bulk (>90%) of its funding from donors, including the Global Fund. Other Ministries actively involved in HIV and AIDS programs are the Ministry of Women's Affairs (MOWA), Ministry of National Defense (MOND), Ministry of the Interior (MOI), Ministry of Religion and Cults (MORAC), Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation (MOSALVY), and the Ministry of Education (MOE). Funding for each of these ministries is quite limited and human and institutional capacity is extremely weak. USAID implementing partners work most closely with NCHADS and to a lesser degree with other line ministries and the NAA. NGOs/CBOs/FBOs are very active in Cambodia and remain critical to sustaining Cambodia's success in reducing HIV prevalence and providing care and support for people affected by or infected with HIV. The overall public and private health sector is quite weak and lacks critical human resource and institutional capacity.

USAID has been providing support for HIV/AIDS prevention, care and treatment programs in Cambodia since 1993. In 2001, Cambodia was designated by USAID as a 'rapid response country,' and thus received significant increases in HIV/AIDS funds. In FY2006, under PEPFAR, USG Cambodia (USAID and CDC) developed a joint HIV/AIDS Strategy 2006-2010 and FY06 Country Operational Plan (COP). Combined USG HIV/AIDS annual funding for FY06 and FY07 is approximately $19 million/year; **however**, this amount is expected to be reduced by about 30% in FY08.

HIV prevalence in Cambodia remains one of the highest in the region. HIV Sentinel Surveillance (HSS) data from 2003 were used to estimate an HIV prevalence of 1.9% among Cambodia's general population of adults aged 15-49 years. Approximately 123,100 adults were estimated to be living with HIV/AIDS in Cambodia in 2003. The 2005 Cambodian DHS estimates that prevalence in the general population has continued to decline to 0.6%; but populations with concentrations of high prevalence remain.

C.2 OBJECTIVES

1. To increase access to quality HIV/AIDS/STI prevention and treatment services for Persons Engaged in High Risk Behaviors (PEHRBs);

2. To strengthen quality and sustainability of selected Continuum of Care (COC) networks which link facility based services with community based services;

3. To improve integration within COC of HIV/AIDS services with other relevant health services at the facility and community levels;

4. To strengthen national and provincial surveillance and monitoring and evaluation capacity and to increase data analysis and use at national, provincial and service delivery levels; and

5. To strengthen human and institutional capacity to improve overall performance and outcomes of HIV/AIDS health system and national HIV/AIDS program.

C.3 SCOPE OF WORK

Technical Focus of Task Order

A. Targeted Prevention and Treatment for Persons Engaged in High Risk Behaviors (PEHRBs)

The HIV/AIDS epidemic in Cambodia is still largely driven by commercial sex – male and female, brothel based and non-brothel based, direct and indirect (a.k.a. 'free-lance'). Though prevalence in the general population continues to decline, groups that engage in high-risk behaviors threaten Cambodia's progress in fighting HIV and AIDS. To stanch the transmission of HIV at its source, focused prevention activities must target persons engaged in high risk behaviors (PEHRBs):

Female Sex Workers (FSW): prevalence among FSWs over age 20 years declined from 47.3% in 1999 to 25.5% in 2003 and from 43.7% in 1999 to 8.3% in 2003 among FSWs less than age 20 years. Overall prevalence among brothel based FSWs remains at 20.8% and among indirect FSWs at 11.7%. Though brothel based FSWs report increased condom use with clients (up to 96%), they fail to use condoms with casual partners (66% sometimes/never) and sweethearts (75% sometimes/never). Direct FSWs have high turnover rates, are mobile and crossover to indirect SW in massage parlors, karaoke bars, beer halls and the street. Other entertainment venues include the growing number of casinos along the borders with Thailand and Vietnam. NCHADS recently reported that 80% of FSWs work outside of brothels.

Indirect or 'free-lance' Sex Workers (IDSW): there is a wide range of transactional high risk sexual behaviors, including individuals who engage in sex work on an *ad-hoc* basis or as secondary employment and who may not self-identify as sex workers. An important trend is that more persons of both genders who sell sex are moving into non-brothel-based transactional sex. Free-lance sex workers may have primary occupations occupations or economic situations which increase their risk of becoming infected with or transmitting HIV/AIDS/STIs, for example, working out of venues such as karaoke bars, massage parlors, casinos, bars and beer gardens, restaurants, and other entertainment industry settings, as well as hotels.

Male Clients of FSW: among sentinel groups in the 2003 BSS, first sexual intercourse for Cambodian males was between 21 and 23 years of age, approximately the same age as that of first marriage. Of this group, 59-80% reported ever having sex with a SW; 99% of them in brothels, but they also reported having sex with karaoke parlor workers and beer promoters. About half of those surveyed reported having concurrent sexual partnerships with sweethearts and 49-65% were currently married.

Men who have sex with men (MSM): the 2005 STI Survey indicated that 70% of MSM had multiple male partners, 50% sold sex to men, 15% bought sex from men, 25% had sex with women, 15% bought sex from women, 10% had sex with female sweetheart, and 5% sold sex to women. Consistent condom use with casual male partners was 23-55%, with male

sweetheart 18-49%, with male SW 18-66%, and with female SW 32-73%. STI prevalence ranged from 7.4-9.7%. MSM are a diverse population, many of whom do not self-identify as MSM, which makes them extremely difficult to reach.

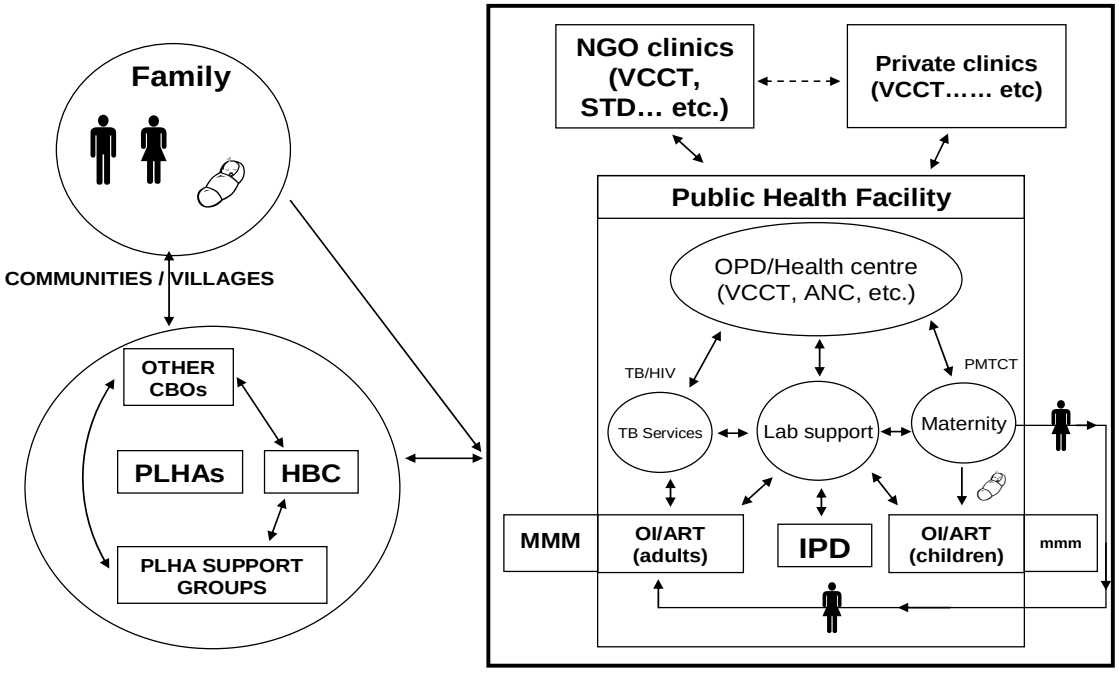
Drug Users/Injection Drug Users (DU/IDU) – small drug use surveys in urban areas indicate an alarming increase in DU/IDU. In 2004, 6% of non-injecting street children/youth who accepted voluntary confidential counseling and testing (VCCT) were HIV+, while 31% of injection drug users tested positive. A 2003 survey in current USG focus Cambodian provinces showed 25% of direct FSW, 11% of military, 7% of male casino workers, and 7% of indirect SW used methamphetamines. Data from 2004 in Phnom Penh and Poipet reported IDUs engaged in high risk injection, selling blood to buy drugs, group sex (M/F), multiple partners and transactional sex. Males reported sex with men and women, and FSW. Forty percent (40%) of participants reported not always/never using condoms. Drug use is relatively new and little understood in Cambodia, so size estimation has been challenging, and better quantitative and qualitative data on the habits and transmission patterns among IDUs are needed to inform and refine programming.

The above high risk groups tend to have multiple and overlapping risk behaviors, which increases individual risk for transmission of HIV, but also increases the number of opportunities for reaching high risk populations with prevention measures. USAID has supported particular activities targeting youth and uniformed services in the past. Although persons engaged in high risk behaviors belong to these groups, activities under this TO will not directly target youth and members of the uniformed services as a general population; rather, it will focus interventions on the sub-set of members of those groups who are engaged in high risk behaviors.

B. Strengthened Quality of Selected Continuum of Care (COC) Networks to Serve as Demonstration and Learning Sites

Cambodia's Continuum of Care (COC) network model for PLHA was developed and approved by the Ministry of Health in early 2003, and is based on the World Health Organization framework. The COC network model links HIV/AIDS/STI prevention activities with care and treatment, and delivers comprehensive services for persons infected and affected by HIV; namely VCCT, clinical care for OIs, ART, TB/HIV care, PMTCT and psychosocial support. COC covers the entire spectrum of HIV/AIDS disease, and includes activities for prevention of HIV transmission, timely detection of HIV infection, efficient referral of HIV+ persons to the health care system, and provision of treatment and care services, including home-based care services within communities. See COC diagram below.

Comprehensive CoC in Cambodia



Health service delivery

USAID support has been vital to setting national standards in the establishment and expansion of COC, as USAID-funded programs have provided technical assistance and support to new sites while the GFATM has supported ARV provision and other operating costs. By the end of 2006, 44 COC sites had been established in 34 ODs and in 19 provinces with 20,131 AIDS patients on ART, of which 1,787 were children.

Activities under this TO will support the strengthening of a limited number of COC networks to serve as demonstration and learning sites for COC expansion with GFATM or other sources of funding. Selected model networks will ensure high quality comprehensive services from facility based (VCCT, OI, STI, TB-HIV, ANC/PMTCT, labs, etc.) to home based care in communities, and effective referral and follow-up systems between each level of service. Of critical concern are improved integration of services, particularly, strong strengthening the linkages between HIV and TB, HIV and maternal health services, and HIV and reproductive health/family planning services. **Note**: **no ARVs or other medicines will be procured under this TO**.

C. Strengthened National Surveillance, Monitoring and Evaluation, and Data Utilization

Cambodia has a well developed surveillance system that provides essential information on its AIDS epidemic, particularly among the most at risk populations. The system, implemented by the National Center for HIV/AIDS, Dermatology and STIs (NCHADS), is considered a model of second-generation surveillance, and one of the most advanced in Asia. Substantial technical and financial investments by the USG have contributed to this system and the resultant information. Nine rounds of the annual HIV Sentinel Surveillance (HSS) have been conducted;

the tenth round is currently underway. Five rounds of the biennial Behavioral Sentinel Surveillance (BSS) have been conducted. The second round of the STI Sentinel Surveillance (SSS) was conducted in 2005, and is planned to be repeated every three years; USAID will not fund future SSS rounds, but will be able to utilize the data if/when available. The USG was a key donor in supporting the 2000 and 2005 Cambodian Demographic Health Surveys (CDHS). Priority for the USG under this TO will be less on further support of new surveys than on systemic and human capacity building to improve use of existing structures and information. Smaller-scale studies to fill information gaps or to evaluate specific aspects of HIV/AIDS programs may be considered under this contract.

The challenge now is to integrate findings of sentinel studies so that they may offer comparable results that can be applied at the national level, and to use CDHS 2005 and other information to refine HIV prevalence estimates and size estimations of key populations infected or affected. An additional task is to apply the important information from these surveys to monitor impact and outcomes of HIV/AIDS interventions and to refine programs, including the national response. Maintaining quality of surveillance results is a challenge due to varying capacity of local implementing bodies, and weaknesses in monitoring, supervision and quality assurance. The USG financial and technical support to develop NCHADS surveillance capacity has included survey planning, protocol development, data analysis, report writing, and dissemination of reports and use of surveillance data at local and national levels. Recognizing the need for strengthening, NCHADS plans to expand the scale and scope of its data management system, as well as enhance reporting and skills at the central, provincial and facility levels in data analysis and usage.

Activities under this TO will continue to support the RGC's and NCHADS' design, implementation and analysis of national HIV Sentinel Surveillance (HSS) and Behavioral Sentinel Surveillance (BSS), with a plan to progressively phase out large USAID support for operational costs and phase in technical and operational leadership from NCHADS. Critical technical inputs for design, implementation, analysis and data usage, and capacity strengthening will be maintained as needed, but are expected to be reduced over the life of the program.

D. Strengthened Human and Institutional Capacity

Policy

RGC support at the highest levels for evidence-based interventions has contributed to declining HIV prevalence. RGC efforts focus on understanding behaviors driving the epidemic and implementing appropriate preventive measures in response. Although political will is strong to address sensitive and often taboo subjects, efforts need to continue as new policy issues emerge.

USG Cambodia's technical inputs have contributed to technically sound, data-based RGC HIV/AIDS policies, strategies, guidelines, standard operating procedures, workplanning and laws at the national level of Cambodia's public health sector, as well as at provincial and operational district levels in USG focus areas. USG implementing partners play a valuable role in bringing field implementation experience and best practices to MOH technical working groups in relevant HIV/AIDS policy and programming areas. Ongoing participation and evidence-based contributions to policy work groups and other fora by USG technical staff and implementing partners under this TO is needed to support and shape priorities of the national AIDS program, ensuring that needs of PLHA and populations vulnerable to HIV are heard and met through

government planning. Both government counterparts and USG implementing partners gain HIV technical and leadership expertise through the planning and policy development process.

Systems Strengthening: Human and Institutional Capacity Development
The RGC National Strategic Plan for HIV/AIDS 2006-2010 (NSP) was developed with USG technical support, as were other RGC strategic plans and the 2002 Law on the Prevention and Control of HIV/AIDS, which gave legal recognition to the National AIDS Authority (NAA). The NSP and NCHADS rely heavily on donor technical input and financial support, as well as coordination and technical assistance from international implementing partners. Technical assistance under this TO will help ensure the NSP is implemented effectively, using best practices to achieve national and PEPFAR objectives.

USG national level work strengthens HIV technical and managerial capacity of key public sector institutions working in HIV/AIDS, including the NAA. At provincial and operational district levels, USG supports development, implementation and monitoring of integrated, inter-sectoral provincial HIV/AIDS plans. At the community level, NGOs/CBOs/FBOs, village health teams and locally elected officials are involved in program design, implementation and monitoring.

USG aims to strengthen country capacity to respond to HIV/AIDS, enabling government and implementing partners to effectively implement the NSP and shape Cambodia's HIV/AIDS policy environment, with structures in place for scale up and responsiveness to new demands as the HIV epidemic evolves. Significant gains have already been made as a result of prior donor investments; yet targeted institutional and human capacity building interventions under this TO are needed for further strengthening of government and USG implementing partner technical and managerial expertise in all areas of HIV/AIDS service provision, policy design, and program implementation.

Technical Response

USAID/Cambodia expects Offerors to submit a performance work statement which is both creative and realistic in their responses, thus Offerors are encouraged to propose activities and approaches other than the illustrative activities and approaches below. However, the proposed interventions should be in line with the Royal Government of Cambodia's National AIDS Authority's National HIV/AIDS Strategic Plan II (2006-2010), the MOH National HIV/AIDS Program's policies and guidelines, and those of the United States Government's Office of the Global AIDS Coordinator. (http://www.nchads.org/publication.php#Others; http://www.naa.org.kh/resource.htm; http://www.state.gov/s/gac/)

HIV/AIDS indicators set forth below are prescribed by the Strategic Information guidance issued by the Office of the Global AIDS Coordinator under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Offerors may propose additional indicators as needed to monitor the program. Offerors should describe methodologies for obtaining baselines and indicator data, as well as plans for analysis. A complete set of PEPFAR indicators is included in the *Indicators Reference Guide for Focus Countries and All Bilateral Programs (January 2007)* which can be found on the PEPFAR website: http://www.pepfar.gov/guidance/.

Illustrative activities and approaches for HIV/AIDS set forth below are not exhaustive, and Offerors are encouraged to creatively design activities and approaches for building national capacity and achieving results. Compliance with applicable PEPFAR implementation policies and technical guidance should be reflected in the proposal.

Offerors may obtain official guidance, such as the "Guidance to United States Government In-Country Staff and Implementing Partners Applying the ABC Approach To Preventing Sexually-Transmitted HIV Infections within The President's Emergency Plan for AIDS Relief ABC Guidance", **"**HIV/AIDS Palliative Care Guidance #1", "Guidance for Preventive Care Packages for HIV+ Adults and Children", "HIV Prevention among Drug Users Guidance #1: Injection Heroin Use" and other implementation and policy guidelines for implementation of the President's Emergency Plan for AIDS Relief on the website: http://www.pepfar.gov/guidance/.

Targets
Proposed activities and approaches must contribute, directly or indirectly, to achievement by 2008 of the following targets of the USG HIV/AIDS program in Cambodia. These targets are consistent with the Royal Government of Cambodia's (RGC) goals for prevention, care and treatment as set forth in the National Strategic HIV/AIDS Plan II (2006-1010).

- Provide treatment to 25,000 HIV-infected persons
- Provide counseling and testing for prevention of mother-to-child transmission (PMTCT) to 35,000 pregnant women
- Provide antiretroviral (ARV) prophylaxis for PMTCT to 420 HIV-infected pregnant women
- Provide counseling and testing for HIV to 250,000 persons
- Provide care to 105,000 people infected and affected by HIV/AIDS, including 70,000 with palliative care and 35,000 orphans and vulnerable children (OVC)

1. Prevention

Objectives: (1) To increase access to quality HIV/AIDS/STI prevention and treatment services for Persons Engaged in High Risk Behaviors (PEHRBs).

(2) To improve integration within COC of HIV/AIDS services with other relevant health services at the facility and community levels.

Prevention activities are guided by a balanced "ABC" approach at the macro-level of USAID/Cambodia's portfolio. In recognition of delayed average age of sexual debut of Cambodia's youth (which coincides with average age of first marriage), the country's concentrated HIV/AIDS epidemic, and the need to focus scarce USG resources on populations and behaviors that fuel HIV/STI transmission, the US State Department Office of the Global AIDS Coordinator (OGAC) is not requiring that activities under this TO meet abstinence programming earmarks. Nevertheless, "AB" prevention programming may be appropriate in the context of COC interventions such as home based care, prevention with adolescents and youth, as well as at the community level. And, emphasizing "B" and partner reduction is indeed an appropriate response to Cambodian social norms accepting of multiple sexual liaisons by males. Offerers should also explore how to better link HIV prevention activities with maternal health and reproductive health/family planning services at each level of the COC continuum. The chief focus under this TO will be prevention of new infections, targeting prevention of transmission of infection by PLHA to their sexual partners, among and between PEHRBs, and prevention of mother-to-child transmission (PMTCT).

Anticipated Results and Proposed Indicators (additional indicators may be proposed):

- Reduced risk of HIV/AIDS infection and transmission contains and slows the epidemic

- Number of individuals reached through outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
- Number of high risk persons adopting correct and consistent condom use
- Number of individuals reached through outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful (as noted above, especially with respect to home-based care and other applicable COC services)

- Increased numbers of pregnant HIV+ women receiving counseling and prophylaxis to prevent mother to child transmission

  - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results
  - Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT

Illustrative Activities and Approaches:

- Develop and promote strategies to increase pregnant women's ANC attendance, demand for PMTCT services, including VCCT, and ability to return for delivery at a health facility that provides ART.

- Increase access of PLHA, sero-discordant couples, and persons engaged in high risk behaviors to HIV prevention approaches such as behavior change interventions and prevention commodities such as condoms and syndromic treatment for STIs.

- Increase coverage of non-traditional venue-based approaches, such as outreach in karaoke bars, massage parlors, casinos, beer gardens, etc., to better reach people in environments in which high risk activity occurs or is initiated.

2. Voluntary Confidential Counseling and Testing (VCCT)

Objectives: (1) To increase access to quality HIV/AIDS/STI prevention and treatment services for Persons Engaged in High Risk Behaviors (PEHRBs).

(2) To strengthen quality and sustainability of selected Continuum of Care networks which link facility based services with community based services.

(3) To improve integration within COC of HIV/AIDS services with other relevant health services at the facility and community levels.

Expansion of Voluntary Confidential Counseling and Testing (VCCT) services, especially to marginalized and hard to reach populations, serves not only as a prevention activity but also as the entry point into care and treatment and support services for persons infected with HIV/AIDS and their partners and families. Offerers should also explore how to link VCCT with facility and community based maternal health and reproductive health/family planning services.

Anticipated Results and Proposed Indicators (additional indicators may be proposed):

- Increased numbers of persons know their sero-status and are able to protect themselves and their partners from HIV infection and transmission
    - Number of individuals who received counseling and testing for HIV and received their test results
    - Number of VCCT outlets providing counseling and testing according to national and international standards

- Increased proportion of PLHA screened for TB
    - Number of HIV+ persons tested for TB disease

Illustrative Activities and Approaches:

- Support quality improvement and expansion of VCCT services to ensure broader availability of counseling and testing services and ensure links to care and treatment.

- Support quality and coverage of outreach activities as (1) referral mechanisms to other services, and (2) risk reduction prevention activities for hard to reach and marginalized populations.

3. Care, Support and Mitigation

Objective: To strengthen quality and sustainability of selected Continuum of Care networks which link facility based services with community based services.

Care activities will include home-based care and strengthened referrals for PLHA (including HIV positive children) to clinical care and other services provided through the Continuum of Care (COC) network**. Note**: **activities under this TO will not support broad-based services for OVCs**.

Anticipated Results and Proposed Indicators (additional indicators may be proposed):

- Increased numbers of HIV + individuals receive clinical, community based, and/or home-based HIV-related palliative care
    - Number of individuals provided with facility-based, community based, and/or home-based HIV-related palliative care (including those HIV-infected individuals receiving clinical prophylaxis and/or treatment for TB)

- Lay health workers and community members are trained to provide community and home-based HIV palliative care
    - Number of individuals trained to provide community and home-based HIV palliative care (including HIV/TB)

- Strong referral procedures link co-infected TB patients to HIV/AIDS testing, care and treatment services
    - Number of HIV-TB co-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

- Strong referral procedures link HIV+ patients to TB preventive therapy

- Number of HIV-infected clients given TB preventive therapy

Illustrative Activities and Approaches:

- Strengthen skills of home based care teams to increase proficiency in care provision, in monitoring side effects, and promotion of treatment adherence.

- Improve referrals and follow up between community-based HIV/AIDS care and clinical care and treatment services.

4. Treatment

Objectives: (1) To strengthen quality and sustainability of selected Continuum of Care networks which link facility based services with community based services.

(2) To improve integration within COC of HIV/AIDS services with other relevant health services at the facility and community levels.

Treatment activities at the non-clinical, community level could include improving linkages to Maternal Health and PMTCT programs to ensure that treatment is available to HIV-positive mothers and effective follow-up is available for their children and partners. Similarly, barriers to access to ART by treatment-eligible PLHAs can be reduced by improving referral systems and by building lay health worker capacity to support success of ART, for example through adherence support, community outreach, and improved links between TB programs and ARV services. USAID works closely with the US CDC who provides direct technical assistance and capacity-building to the MOH in HIV treatment programs.

Anticipated Results and Proposed Indicators (additional indicators may be proposed):

- Increased numbers of medically-eligible HIV/AIDS clients receive quality ARV services according to Cambodian national and/or international treatment standards
    - Number of individuals receiving ARV therapy at the end of reporting period
    - Number of individuals who ever received ARV therapy by the end of reporting period
    - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

- Access to quality ART services for medically-eligible HIV/AIDS clients is improved in intervention areas
    - Number of service outlets providing antiretroviral therapy (includes PMTCT)

- Increased numbers of health workers are providing quality ART services according to Cambodian national and/or international treatment standards
    - Number of health workers trained to deliver ART services according to national and/or international standards (includes PMTCT)

Illustrative Activities and Approaches:

- Increase access to treatment for children and integration of non-clinical support for pediatric AIDS patients into community based health services.

- Support training of lay health workers and home based care teams to promote treatment readiness and counseling for adherence, management of side effects and provision of non-clinical drugs (in accordance with national and/or international guidelines for non-clinical ART care and support).

- Provide support for transport and improved access by ART patients to laboratory services, related clinical monitoring services, and commodities for pain management and dual protection from HIV/STI and pregnancy, such as condoms.

5. Strategic Information (SI)

Objective: To strengthen national and provincial surveillance and monitoring and evaluation capacity and to increase data analysis and use at national, provincial and service delivery levels.

SI activities will support NCHADS in the design, implementation, analysis and data usage of national HIV Sentinel Surveillance (HSS) and Behavioral Sentinel Surveillance (BSS). STI Sentinel Surveillance (SSS) will not be supported under this TO, but the data (if the surveillance is conducted) will be available for use. As capacity strengthening of the RGC in SI is critical for longer term sustainability, technical capacity building will be provided by the Offeror to NCHADS in collaboration with US CDC, but is expected to be progressively reduced over the life of the contract. The proposal must include a plan to phase-out large-scale USAID financial support for HSS and BSS operational costs, and focus technical support on ensuring that quality of surveillance information is maintained and that Cambodian capacity is built in data analysis, reporting, and use for HIV program improvement and monitoring of outcomes. USG (USAID and CDC) will work with the RGC and other development partners to transition operational costs to other funding sources, and to increase the technical and operational leadership provided by NCHADS.

Activities under this TO will strengthen SI capacity of Cambodian professionals working for NCHADS at national and provincial levels, as well as enabling the Offeror's subpartners (NGOs/CBOs/FBOs) to meet RGC and PEPFAR reporting requirements. The Offeror will also ensure that its subpartners regularly report monitoring data, either directly or through the Offeror, to NCHADS. Targeted special studies and data collection may be required to gain a better understanding of the characteristics of emerging populations at elevated HIV risk (e.g. MSM, IDUs, M/FSWs), overlapping and changing risk behaviors, and shifts in venues where high risk behaviors occur. These special studies would also ensure that program activities are effectively reaching target populations and behaviors, and are achieving the outcomes sought by the NSP and the USG.

Anticipated Results and Proposed Indicators (additional indicators may be proposed):

- Strengthened capacity of RGC and implementing partners (NGOs/CBOs/FBOs) to collect, analyze and utilize data
    - Number of local organizations provided with technical assistance for strategic information (M&E and/or surveillance and/or HMIS)
    - Number of individuals trained in strategic information (M&E and/or surveillance and/or HMIS)

Illustrative Activities and Approaches:

- Build skills in evidence-based analysis and use of information for policy and program implementation at the national and provincial levels.

- Support NCHADS in expanding scale and scope of its data management system, including training personnel in conducting SI activities and improved exchange of HIV program monitoring data with relevant RGC ministries and programs at the central, provincial, and district levels.

- Support HIV program technical supervisors in using routine monitoring data in supervision visits to increase service delivery staff capacity to analyze and improve service delivery.

- Provide technical assistance for data collection for evaluation of specific aspects of HIV/AIDS/STI programs, for example: analysis of emerging OI/ART adherence issues, estimation of population sizes of persons engaged in high risk behaviors; and evaluation of service coverage and quality for target populations.

- Provide international expertise to strengthen NCHADS' technical capacity to carry out integrated analyses of data from varied sources to increase understanding of Cambodia's HIV epidemic and refine national response, for example, analysis and reconciliation of CDHS 2005 HIV/AIDS findings with relevant 2006 and 2007 HIV/AIDS sentinel surveillance results.

6. System Strengthening: Policy Analysis and Human and Institutional Capacity Building

Objective: To strengthen human and institutional capacity to improve overall performance and outcomes of HIV/AIDS health system and national HIV/AIDS program.

As Objective 6 cuts across all other Technical Focus Areas (1 through 5 above), it is expected that this will be reflected in proposals submitted.

High-performing, sustainable health systems and national HIV/AIDS/STI programs require the ability to manage programmatic, technical, financial, and institutional activities to maximize provision of quality services and products to an increasing number of intended program beneficiaries, as well as to maximize efficiency, self-financing, and self-governance.

An essential aspect of systems strengthening and human and institutional capacity building under this TO entails transfer to Cambodians of key skills and responsibilities in technical, financial and managerial leadership. Offerors must propose human capacity development activities based on proven approaches that transfer key skills and expertise to enable health service providers—in both clinical and outreach settings—to effectively provide HIV/AIDS/STI services. Evidence of improved human capacity development ought to lead to an increased number of Cambodian professionals in leadership positions to promote long term sustainability of development activities.

Offerors are expected to include a design addressing the above-specified dimensions that demonstrates how Offeror will develop Cambodian human capacity.

As critical as human capacity is, the Offerors must also propose institutional capacity building and systems strengthening activities to improve the provision of HIV/AIDS/STI services at multiple levels and overall health system and health program performance. Institutional/ organizational capacity development of subpartners is also a critical component of this TO. Institutional systems strengthening and technical capacity building activities might include such key areas as planning and reporting, surveillance, health information systems, monitoring and evaluation, management and logistics, quality assurance, behavior change interventions, and financial and human resources management. **Note**: **this award will not include procurement of commodities**.

Anticipated Results and Proposed Indicators (additional indicators may be proposed):

- Improved quality of HIV prevention, care and/or treatment services
    - Number of local organizations provided with technical assistance for HIV-related institutional capacity building
    - Number of individuals trained in HIV-related institutional capacity building

- Reduced numbers of PLHAs facing stigma and discrimination due to their sero-status
    - Number of individuals trained in HIV-related stigma and discrimination reduction

- Increased support from community members for HIV-related activities within their communities
    - Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Illustrative Activities and Approaches:

- Enabling the policy and legal environment by building skills of HIV/AIDS public health sector officials and NGO personnel to develop and implement effective HIV policies, guidelines and plans, using best practices.

- Strengthening management and governance systems of public sector institutions and NGOs to enable these partners to effectively plan, manage, supervise, implement, monitor and evaluate HIV programs.

- Creating efficient referral systems and innovative linkages between HIV/AIDS services offered under the COC and other relevant health services and national programs (such as reproductive health/family planning, TB, STI prevention and treatment).

- Improving quality and volume of HIV/AIDS service delivery to intended program beneficiaries by building technical skills of provincial authorities, NGOs, and communities to assess problems, solicit input from PLHA, generate local solutions, and take the lead in planning interventions.

- Advocating at decisional levels for better COC services for PLHA, and for services that are “friendly” and responsive to HIV/AIDS/STI prevention, care and treatment needs of pregnant women and PEHRBs.

- When requested, assist in organizational and human capacity development of GFATM-funded sub-recipients working in model COC catchment areas.

B. Other Cross-Cutting Themes

In addition to the above, there are other overarching themes that cut across all program areas and are implementation-specific issues of importance to the Cambodian health sector development process. It is vital that the following cross-cutting themes be addressed with some specificity in the proposal.

a. Gender: USAID promotes gender mainstreaming in all programs thus provides two guiding questions that need to be considered in addressing gender issues:

1. Are men and women involved or affected differently by the context or work to be undertaken?

2. If so, how will this difference be addressed in order to manage for sustainable program impact?

Addressing these questions involves taking into account not only the different roles of men and women, but also the relationship and balance between them and institutional structures that support them.

b. Partnering and Linkages: Fostering collaborative linkages and partnerships among USG and GFATM-funded implementing partners and within the wider health sector community will be an important principle throughout the contract period. Effective linkages/partnerships will lead to closer coordination and collaboration among parties working to provide HIV/AIDS services through the COC to this program's target populations, and will further RGC leadership and capacity. Collaborative linkages and partnerships are intended to avoid duplication of efforts, minimize cross-purpose interventions, and to increase and improve the government's ownership and accountability. Carefully planned and soundly designed program activities which foster linkages/partnerships and re-orient incentive systems to service delivery and program performance are intended to lead to long term programmatic sustainability of interventions. Forming linkages/partnerships beyond both HIV/AIDS to other health programs and services, e.g. TB, maternal health, reproductive health/family planning, and STI prevention and treatment, and the health sector, e.g. drug use/prevention, beer gardens, karaoke bars, and casinos, are essential to meeting the objectives of this TO.

Deliverables and/or Performance Measures

1. Monitoring and Evaluation

USAID HIV/AIDS funds in Cambodia are subject to PEPFAR requirements, thus the Offeror will, at a minimum, report on all relevant PEPFAR indicators. A complete set of PEPFAR indicators is included in the *Indicators Reference Guide for Focus Countries and All Bilateral Programs (January 2007)* which can be found on the PEPFAR website: http://www.pepfar.gov/guidance/. Additional program indicators may be developed for more detailed program monitoring and reporting to the CTO.

The Offeror will be responsible for developing and executing a Monitoring and Evaluation (M&E) plan, in consultation with the CTO. Expected program results with illustrative indicators, mid-term milestones/benchmarks, end-of-project results should be elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator.

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

In light of ongoing restructuring of USG Foreign Assistance, the M&E plan may need to be updated to be harmonized with those of other partners throughout the performance period. Thus, the M&E plan may need to be revised as appropriate in collaboration with USAID.

2. Annual Workplan

The purpose of Annual Workplan is to ensure that USAID programs are managed for results. At the initiation of each program, there should be a clearly identified results framework. This framework will include the relevant USAID Strategic Objective (SO), Program Components (PC), Intermediate Results (IR), Performance Indicators, Activities, and Annual Performance Targets that the program will be managed, monitored and reported against. The Annual Workplan process will allow the implementing partner and USAID to review and adjust, if need be, the Activities and Annual Performance Targets so that the program achieves the stated results. Overall, the Annual Workplan should be a practical document that assists both the implementing partner and USAID in managing the implementation of the program. The Annual Workplan, Performance Monitoring Plan and Quarterly Program Reports will follow the results framework in structure, thus ensuring consistency across each document.

The Annual Workplan The contractor shall develop annual work plans in concert with other USAID partners, keyed to each USG fiscal year of the contract. The offeror shall provide an illustrative annual work plan for the first 15 months of the task order, which will be finalized in consultation with USAID during the first 30 days following the award. Subsequent 12-month work plans through the end of the task order will be prepared and submitted to the USAID/Cambodia CTO not later than 30 days before the close of each preceding operating year.

The work plans shall include, at a minimum:

a) Cover Letter – The cover letter should be approximately one or two pages. For new programs submitting the first Annual Workplan, this cover letter should present the expected results for the first year of the program. For subsequent Annual Workplans (year 2, 3, etc.) a brief background paragraph of the past years' expected results should be provided, followed by 2-3 paragraphs summarizing whether the results were achieved during the previous year. In writing the cover letter, it should be understood that the USAID CTO is fully cognizant of the core documents for the program, e.g. Scope of Work, original proposal, contract/cooperative agreement/grant document, and quarterly reports. There is no need to present the core documents again in the workplan. Therefore, the workplan is primarily a management tool that follows the results framework and establishes the sequence of activities planned to accomplish the stated Annual Performance Targets that, in turn, will produce the stated results.

b) Matrix of Activities – The majority of the Annual Workplan document should be the matrix of activities. **See Attached Format.** The matrix should provide "Annual Performance Targets" that are expected to be achieved during the period covered by the annual workplan. These targets will be directly linked to the stated Performance Indicators (e.g. % of accomplishment of an indicator).

c) Narrative Annex – The narrative part of the workplan should supplement the matrix and only provide clarification to the information presented that deviates from previously submitted core documents. It should be short and concise using bullet format as much as possible. The narrative annex should consist of two sections for each Intermediate Result mentioned in the workplan:

- Description of Activities. If the IR or Activity has been included in the core document, or if the stated activity is descriptive enough, it does not require a narrative description. If new activities are added, a description is required. If a previously implemented activity is canceled, an explanation should be provided.

- Assumptions and Risks. This should include the assumptions made in developing a new activity and the possible risks (outside the control of the implementer) that the activity will not be able to achieve the stated result.

The narrative annex should also provide a statement of how program activities will be in compliance with USAID's environmental procedures (codified in 22 CFR 216) and grant agreement provisions such as Congressional restrictions on working with the government.

3. Reporting Requirements

a) Annual and semi-annual progress reports: The Offeror will prepare and submit to the mission annual and semi-annual reports within 30 days after the end of the fiscal year and the end of March each year, respectively. The first semi-annual report will be due within 30 days after March 31st, 2008. Cambodia is required to submit an annual report to the Office of the Global AIDS Coordinator (OGAC), thus the reporting format will need to conform to that issued by OGAC. Semi-annual reports will be used by the Mission for monitoring and reporting purposes. A final format will be provided to the Contractor prior to the first due date.

b) Quarterly financial reports should contain, at a minimum, the following:

i. Total funds awarded to date by USAID into the task order;
ii. Total funds previously reported as expended by Contractor by main line items;
iii. Total funds expended in the current quarter by the Contractor by main line items;
iv. Total unliquidated obligations by main line items; and
v. Unobligated balance of USAID funds.

c) Short-term consultants' reports shall be submitted to the CTO in a mutually agreed upon format and time frame.

d) Special reports: From time to time, the Contractor may be required to prepare and submit to USAID special reports concerning specific activities and topics.

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

END OF SECTION C

SECTION D – PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

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

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

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

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

D.2 BRANDING

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

END OF SECTION D

SECTION E - INSPECTION AND ACCEPTANCE

E.1 TASK ORDER PERFORMANCE EVALUATION

USAID inspection and acceptance of services, reports and other required deliverables or outputs shall take place at USAID Cambodia or at any other location where the services are performed and reports and deliverables or outputs are produced and submitted. The Task Order CTO (TO-CTO) identified in Section G has been delegated authority to inspect and accept all services, reports and required deliverables or outputs.

END OF SECTION E

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The estimated period of performance for this task order is 39 months after date of award. The target dates are from June 2007-September 2010.

F.2. DELIVERABLES

See Section C for full information and definitive listing. All of the evaluation findings, conclusions, and recommendations shall be documented in the Final Report. All written deliverables shall also be submitted electronically to the CTO. Bound/color printed deliverables may also be required, as directed by the CTO. In addition to the requirements set forth for submission of reports in Sections I and J, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, the Contractor shall submit reports, deliverables or outputs as further described below to the CTO (referenced in Section G). All reports and other deliverables shall be in the English language, unless otherwise specified by the CTO.

F.3 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS

Regional Office of Procurement
USAID, RDM/A
5/F GPF Witthayu Towers A, 93/1 Wireless Road
Bangkok, Thailand 10330

Or

Regional Contracting Office
USAID Box 47
Bangkok
APO AP 96546

The Cognizant Technical Officer (CTO) will be designated separately.

F.4 PLACE OF PERFORMANCE

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

F.5 AUTHORIZED WORK DAY / WEEK

The contractor is authorized up to a six-day workweek in the field with no premium pay

F.6 REPORTS AND DELIVERABLES OR OUTPUTS

See Section C for full information and definitive listing.

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

(a) Contract Reports and Information/Intellectual Products.

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

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

(b) Submission requirements.

(1) Distribution.

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

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

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

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

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

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

(2) Format.

(i) Descriptive information is required for all Contractor products submitted. The title page of all reports and information products shall include the contract number(s), Contractor name(s), name of the USAID cognizant technical office, the publication or issuance date of the document, document title, author name(s), and strategic objective or activity title and associated number. In addition, all materials submitted in accordance with this clause shall have attached on a separate coversheet the name, organization, address, telephone number, fax number, and Internet address of the submitting party.

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

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

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

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

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

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

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

F.8 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for this activity is 935, except for the procurement of pharmaceuticals and condoms that remain subject to USAID-wide restrictions and source, origin and nationality requirements. Authority to procure in Code 935 countries of testing kits is detailed in Contract Information Bulletin (CIB) 01-04 dated February 22, 2001. In general, local procurement is authorized subject to the provisions of AIDAR 752.225-71, “Local Procurement (FEB 1997)”.

END OF SECTION F

SECTION G – TASK ORDER ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S AUTHORITY

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

G.2 TECHNICAL DIRECTION

The Office of Public Health, USAID/Cambodia, shall provide technical oversight to the Contractor through the designated CTO. The contracting officer shall issue a letter appointing the CTO for the task order and provide a copy of the designation letter to the contractor.

G.3 ACCEPTANCE AND APPROVAL

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

G.4 INVOICES

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

Electronic submission of invoices is encouraged. Submit invoices to Sophany Ob: SOB@USAID.GOV.

The SF-1034 must be signed, and it must be submitted along with the invoice and any other documentation in Adobe.

Paper Invoices shall be sent to the following address:

Office of Financial Management
USAID/Cambodia
Box P
APO AP 96546
USA

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

END OF SECTION G

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

Offerors must propose which positions should be designated as Key Personnel (not to exceed 3, inclusive of the Chief-of-Party) and provide resumes and references for the candidates proposed for such positions. Specify the qualifications and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach. The Chief of Party should have a proven track record of managing such programs. The applicant shall also include, in an annex, resumes for all key personnel candidates. Resumes may not exceed three pages in length and shall be in chronological order starting with most recent experience. Each resume 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 days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost proposal. As references may be checked for all proposed long-term personnel, a minimum of three references for each proposed long-term person is required. Offerors should provide current phone, fax and email address for each reference contact.

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

H.2 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English unless otherwise specified by the CTO.

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

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

H.4 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY

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

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

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

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

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

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

END OF SECTION H

SECTION I – CONTRACT CLAUSES

I.1 Reference "Population, Health, and Nutrition Technical Assistance and Support Contract 3 (TASC3) IQC.

END OF SECTION I

SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS

SECTION J - LIST OF ATTACHMENTS

Attachment Number	Title
J.1	List of Acronyms
J.2	Annual Workplan Matrix Format (and sample matrix)
J.3	USAID FORM 1420-17 Contractor Biographical Data Sheet*

* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/ . The copy of the form is being provided herewith for reference purpose only.

END OF SECTION J

SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

Not required.

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 GENERAL

The Government anticipates the award of one (1) cost-plus-fixed fee completion type task order as a result of this RFTOP; however, it reserves the right to make multiple awards or no award.

L.2 ACQUISITION SCHEDULE

The schedule for this acquisition is anticipated to be as follows:

	Date
RFTOP issued	April 2, 2007
Questions due	April 9, 2007, 5:00 p.m. (Phnom Penh time)
Answers to questions disseminated	April 11, 2007, 5:00 p.m. (Phnom Penh time)
Proposals due	April 27, 2007, 5:00 p.m. (Phnom Penh time)

All Questions relating to this RFTOP must be submitted to *Mealea S. Prak* at *sprak@usaid.gov* and copy *Eleanor Tanpiengco* at *etanpiengco@usaid.gov* via email no later than April 9, 2007, 5:00 p.m. (Phnom Penh time). Unless otherwise notified by an amendment to the RFTOP. Offerors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.

L.3 PROPOSAL INSTRUCTIONS

Your proposal for the attached statement of work shall contain the following:

1. A Contract Pricing Proposal Cover Sheet (SF 1411).

2. A certification that no USAID employee has recommended an individual for use under the proposed task order who was not initially located and identified by your organization.

3. Any proposed changes to the attached statement of work.

L.4 GENERAL INSTRUCTIONS TO OFFERORS

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

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

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

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

L.5 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

a. The technical proposal must set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation of program activities and the other cross cutting themes. The technical proposal should demonstrate responsiveness to the epidemiology, and health system and human capacity strengthening needs of proposed intervention areas.

The technical proposal must include an implementation plan for achieving the expected program results. The implementation plan should clearly outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the semi-annual, annual, and end-of-program results.

b. Offerors are expected to include a systems strengthening design addressing the specified dimensions and demonstrating how Offeror will strengthen Cambodian health systems and build local institutional/organizational capacity of the public sector and the Offeror's subpartners. (ref. page 14 and 15 of this RFTOP)

The Offeror will be expected to coordinate its proposed human and institutional capacity development activities with health systems strengthening initiatives already being conducted in intervention areas by other implementing partners, donors, and the host country government. The proposal must indicate the Offerors understanding of the activities implemented by the RGC and other organizations and discuss how activities will be coordinated.

c. Gender: In less than one page, the proposal should outline the most significant gender issues related to program implementation by reflecting on the questions in Section V.B.: Cross-Cutting Themes.

Offerors are encouraged to refer to gender analyses, especially "USAID/Cambodia Gender Analysis and Assessment", Volume I (http://pdf.dec.org/pdf_docs/Pnadf575.pdf) and Volume II (http://pdf.dec.org/pdf_docs/Pnadf576.pdf) as well as "A Fair Share for Women, Cambodia Gender Assessment."(UNIFEM, WB, ADB, UNDP and DFID/UK, 2004) which can be found on the World Bank website (www.worldbank.org/kh) under "Publications and Reports."

d. Institutional Capability: Offerors must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management and training, as well as their experience in managing similar programs in the past. Information in this section should include (but is not limited to) the following:

(1) Brief description of organizational history/expertise;
(2) Past experience and examples of accomplishments in developing and implementing similar programs;
(3) Relevant experience with proposed approaches;
(4) Institutional strength as represented by breadth and depth of experienced personnel in project relevant disciplines/areas;
(5) Sub-awardee or subcontractor capabilities and expertise; and
(6) Financial controls.

e. Past Performance: Offerors must submit a list of the three (3) most recent relevant U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, email address and telephone number of the Project Officer, activity manager or other contact person. Include the following for each award:

Name of awarding organization or agency;
Address of awarding organization or agency;
Place of performance of services or program;
Award number;
Amount of award;
Term of award (begin and end dates of services/program);
Name, current telephone number, current fax number, and email address (if one is available) of a responsible technical representative of that organization or agency; and Brief description of the program.

f. Key Personnel: See Section H.1 Key Personnel, for full information and instructions.

g. Management Plan: Proposals shall specify the composition and organizational structure of the entire project team (including home office support) and describe each staff member's role, technical expertise, and estimated amount of time each will devote to the project. Offerors may propose a mix of international and domestic advisors and specialists to cover the full range of objectives and activities.

Subgrantees/Subcontracts: Organizations might not possess all the skills required to achieve all the results identified in this RFTOP; therefore, organizations may enter into partnerships with other non-profit and for profit organizations as sub-grantees or sub-contractors to supplement skills. However, one organization shall be designated to serve as the prime organization and will be responsible for the achievement of results and the implementation of the program. If the applicant plans to collaborate with other organizations, government agencies or indigenous organizations for the implementation of the award, the services to be provided by each agency or organization shall be described. Offerors that intend to utilize subgrantees and/or subcontractors shall indicate the extent intended, the method of identifying subpartners, and the tasks/functions they will be performing. Offerors shall state whether or not they have existing relationships with these other organizations and the nature of the relationship (e.g., subgrantee, subcontractor, partnership, etc). A SIGNED letter of commitment from the proposed partner must be submitted. The applicant must specify the technical resources and expertise of proposed subcontract/subrecipient organizations. Technical plan information for proposed major subgrantees and/or subcontractors should follow the same format as that submitted by the applicant. Offerors must also submit signed letters of commitment and/or collaboration from the Ministry of Health at national and provincial levels.

h. Page Limitation: The length of the Technical proposal shall not exceed 30 (thirty) typed pages, with 1.0 lines of spacing, 11 point Arial font, and standard one inch margins. If submitting the proposal electronically, software must be compatible with Microsoft office. The performance monitoring plan/results framework, past performance information, and personnel resumes are excluded from this page limitation. All other parts of the technical proposal are included in the 30 page limit. There is no page limitation on the Cost Proposal. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

i. Offerors should study the selection/evaluation criteria (Section M.2 Technical Proposal Evaluation Criteria) and organize the proposal accordingly.

Required Branding Strategy

The offeror shall prepare and submit with the technical proposal, a Branding Implementation Plan and Marking Plan to implement the USAID Branding Strategy described below. The Offeror's branding implementation plan and marking plan shall be an attachment to its technical proposal.

A. USAID Branding Strategy:

Program Name: HIV/AIDS TECHNICAL SUPPORT FOR HIV/AIDS PREVENTION, CARE AND TREATMENT

How the USAID logo will be positioned on materials and communications:

All USAID logos on materials and communications produced under this task order will be positioned in accordance with the standardized USAID regulations on branding. In cases when the activity is jointly sponsored with other US Government (USG) and non-USG entities, the names and/or logos of these entities will be mentioned in the branding, with an equal level of prominence to the USAID logo.

Desired level of visibility:

All branding must comply with the standardized USAID regulations on branding. All branding for USAID, its partners, and other USG and non-USG entities engaged in a specific activity implemented under this task order, must have equal representation on all public or internal documentation, publications, advertising, presentations, brochures, etc.

Other organizations to be acknowledged:

When activities occur in coordination with other USG or non-USG partners, acknowledgement of the contribution and efforts of these organizations will be included in any relevant public or internal documentation, publications, advertising, presentations, brochures, etc.

B. Branding Implementation Plans must specifically address the following:

1. How to incorporate the message, "This assistance is from the American people," in communications and materials directed to beneficiaries, or provide an explanation if this message is not appropriate or possible.
2. How to publicize the program, project, or activity in the host-country and a description of the communications tools to be used. Such tools may include the following: Press releases, Press conferences, Media interviews, Site visits, Success stories, Beneficiary testimonials, Professional photography, PSAs, Videos, and Webcasts, e-invitations, or other e-mails sent to group lists, such as participants for a training session blast e-mails or other Internet activities, etc.
3. The key milestones or opportunities anticipated to generate awareness that the program, project, or activity is from the American people, or an explanation if this is not appropriate or possible. Such milestones may be linked to specific points in time, such

as the beginning or end of a program, or to an opportunity to showcase publications or other materials, research findings, or program success. These include, but are not limited to, the following: Launching the program, Announcing research findings, Publishing reports or studies, Spotlighting trends, Highlighting success stories, Featuring beneficiaries as spokespeople, Showcasing before-and-after photographs, Marketing agricultural products or locally-produced crafts or goods, Securing endorsements from ministry or local organizations, Promoting final or interim reports, and Communicating program impact/overall results.

C. The Marking Plan shall enumerate the public communications, commodities, and program materials and other items that visibly bear or will be marked with the USAID Identity. USAID's policy is that programs, projects, activities, public communications, or commodities implemented or delivered under contracts and subcontracts exclusively funded by USAID are marked exclusively with the USAID Identity. Where applicable, a host-country symbol or ministry logo, or another U.S. Government logo may be added.

L.6 COST PROPOSALS

The total budget for this task order is estimated to fall within the range of $10-13 million over the 39-month period of performance

Offerors shall submit a summary cost proposal by operating period using the following detailed budget format:

Cost Element	June 1, 2007 to Sept 30, 2008	Oct 1, 2008 to Sept 30, 2009	Oct 1, 2009 to Sept 30, 2010
Total Direct Labor ■ Salary and wages ■ Fringe Benefits Consultants Travel, Transportation and Per Diem Equipment and Supplies Subcontracts 1/ Allowances Participant Training Other Direct Cost Overhead G&A Material Overhead			
Total Estimated Cost Fixed Fee			
Total Estimated Cost Plus Fixed Fee			

1/ Individual subcontractors should include the same cost element breakdown in their budgets as applicable.

The above budget shall be supported by information in sufficient detail to allow a complete analysis of cost; specifically, a budget narrative must be included which discusses, by cost element, the basis of estimate for the budget line item. Contractor Employee Biographical Data Sheet (Form AID 1420-17) for the proposed personnel (either US, CCN or TCN), containing salary history for the previous three years. (Bio-data forms must be signed by both the employee and your organization). Offerors must propose costs that they believe are realistic and reasonable for the work in accordance with their respective Task Order Technical Proposals.

END OF SECTION L

SECTION M – EVALUATION FACTORS FOR AWARD

M.1 GENERAL INFORMATION

(a) The Government may award a task order without discussions with offerors.

(b) The Government intends to evaluate task order proposals in accordance with Section M of this RFTOP and award to the responsible contractor(s) whose task order proposal(s) represents the best value to the U.S. Government. "Best value" is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.

(c) The submitted technical information will be scored by a technical evaluation committee using the technical criteria shown below. The evaluation committee may include industry experts who are not employees of the Federal Government. When evaluating the competing Offerors, the Government will consider the written qualifications and capability information provided by the Offerors, and any other information obtained by the Government through its own research. Once this choice is made, USAID may engage in discussions or negotiations with the chosen contractor regarding any matter to be covered in the final task order.

For overall evaluation purposes, technical factors are considered *significantly more important than* cost/price factors. Numerical points will not be awarded for cost, and the relative importance of cost is substantially less than technical factors. The review of the cost proposal shall include primarily cost realism, allowability and reasonableness analyses. While cost is a factor, especially as between closely ranked technical proposals, it is expected that the choice of contractor for this work will be based on technical merit.

M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

Evaluation Criteria: Total 100 POINTS

The criteria listed below are presented by major category, so that offerors will know which areas require emphasis in the preparation of the technical proposal. Offerors should note that these criteria serve as the standard against which all technical information will be evaluated, and serve to identify the significant matters which offerors should address. Within each category, sub-criteria are weighted according to the points indicated. Sub-criteria that do not have weights assigned will be treated equally.

1. Technical Understanding and Approach to the Statement of Work 35 points

The extent of the offerors' understanding of and feasibility/ability to successfully perform the activities as described in the Statement of Work, using the appropriate technical strategies, approaches, and methodologies, and including an adequate consideration of gender in all stages of activity, as appropriate.

2. Quality of Personnel 30 points

Demonstrated ability to gain access to appropriate technical personnel that demonstrates technical experience and expert qualifications in all the programmatic areas outlined in the Statement of Work.

3. Management Approach and Corporate Institutional Capacity 25 points

a) Assessment of the prime and major subpartners' demonstrated depth and breadth of experience in areas identified in the Statement of Work.	(10 points)
b) Depth of organizational experience in managing relevant large-scale projects.	(5 points)
c) Ability to simultaneously and transparently manage task orders involving collaborative efforts drawing upon the full range of available skills and experience of the Offeror, and maintain clear and effective lines of communication between and among clients, technical, administrative, and logistical project staff.	(10 points)

4. Past Performance 10 points

1. Past performance assessment will focus on the offeror's demonstrated: (i) Timeliness of performance, including adherence to contract schedules, timely delivery of short-term technical advisors, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks; (ii) Cost control; (iii) Quality of products or services, including how cooperative and effective the Prime was in fixing problems; (iv) Customer satisfaction, including satisfactory business relationships with clients, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems; (v). Documented past success in implementing and achieving results in technical programs similar to those described in the SOW; and, (vi) Effectiveness of key personnel, including effectiveness and appropriateness of personnel for the job, and prompt and satisfactory changes in personnel or deliverables when problems were identified either by the contractor or by the client.

END OF SECTION M

ATTACHMENT J.1
List of Acronyms

ATTACHMENT J.2
Annual Workplan Matrix Format

ATTACHMENT J.3

USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA SHEET

Attachment J.1 List of Acronyms

a.k.a.	also known as
ARVs	Anti-retrovirals
ART	Anti-retroviral Therapy
ANC	Antenatal Care
BSS	Behavioral Sentinel Surveillance
CPFF	Cost-Plus-Fixed Fee
CBO	Community Based Organization
COC	Continuum of Care
CTO	Cognizing Technical Officer
CDC	Center for Disease Control and Prevention
COP	Country Operational Plan
DFID	United Kingdom Department for International Development
DU/IDU	Drug Use/Injection Drug Use
DHS	Demographic and Health Survey
FBO	Faith Based Organization
FSW	Female Sex Worker
FBOs	Faith-Based Organizations
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HMIS	Health Management Information System
HSS	HIV Sentinel Surveillance
IDSW	Indirect Sex Worker
IR	Intermediate Results
UNAIDS	Joint United Nations Programme on HIV/AIDS
MOU	Memorandum of Understanding
MOWA	Ministry of Women's Affairs
MOND	Ministry of National Defense
MOI	Ministry of the Interior
MORAC	Ministry of Religion and Cults
MOSALVY	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation
MOE	Ministry of Education
MSM	Men who have sex with men
NGO	Non-Governmental Organization

NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STIs
NSP	National Strategic Plan
OVCs	Orphans and Vulnerable Children
PEHRBs	Persons Engaged in High Risk Behaviors
PLHA	Person/People Living with HIV/AIDS
PC	Program Components
PMTCT	Prevention of Mother-to-Child Transmission
OD	Operational District
OIs	Opportunistic Infections
RFTOP	Request for Task Order Proposals
RGC	Royal Government of Cambodia
SO	Strategic Objective
SSS	STI Sentinel Surveillance
SI	Strategic Information
STI	Sexual Transmitted Infection
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
USG	United States Government
OGAC	U.S. Office of the Global AIDS Coordinator
TO	Task Order
TB	Tuberculosis
VCCT	Voluntary and Confidential Counseling and Testing

Attachment J.2

ANNUAL WORKPLAN MATRIX FORMAT

STRATEGIC OBJECTIVE: (From USAID Cambodia Strategic Statement) **PROGRAM COMPONENT: (From USAID Cambodia Strategic Statement)**																
INTER-MEDIATE RESULTS	**PERFORMANCE INDICATORS**	**ANNUAL PERFORMANCE TARGET**	**ACTIVITIES**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**

SAMPLE WORKPLAN MATRIX

STRATEGIC OBJECTIVE: SO12 - Improved Political and Economic Governance

PROGRAM COMPONENT #1: Promote and Support Anti-Corruption Reforms

INTER-MEDIATE RESULTS	PERFORMANCE INDICATORS	ANNUAL PERFORMANCE TARGET	ACTIVITIES	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
#1: Core Stakeholders' Working Group (SWG) develops strong horizontal and vertical linkages to other constituency groups	1. SWG is implementing a written strategic plan	**Strategic Plan Developed**	1.1a. Interview potential SWG members to assess willingness and commitment to collaborative efforts	X	X										
			1.1b Facilitate first SWG meeting; support SWG in conducting stakeholders' analysis			X									
			1.1c Build OD capacity and strengthening of SWG group cohesion			X		X		X		X		X	
			1.1d Assist SWG in developing a strategic plan including implementation Action Plan						X	X	X				
	2. SWG emerges as neutral source of fact based data on the state of corruption and applies data to support strategic advocacy, social marketing and media efforts designed to fight corruption	**Priority List of Research Needs Developed**	1.2a Assist SWG in determining research needs and obtaining outside expertise to conduct research			X		X		X		X			X
			1.2b SWG commissions baseline study				X								
		Baseline Survey Completed and Data used for Annual TI Index	1.2c SWG commissions survey to establish Cambodia as a participant in TI Annual Corruption Index												

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)	2. Contractor's Name

3. Employee's Address (include ZIP code)	4. Contract Number	5. Position Under Contract
	6. Proposed Salary	7. Duration of Assignment

8. Telephone Number (include area code)	9. Place of Birth	10. Citizenship (if non-U.S. citizen, give visa status)

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment

12. EDUCATION (include all college or university degrees)

13. LANGUAGE PROFICIENCY
(See Instructions on Reverse)

NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

14. EMPLOYMENT HISTORY

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.
2. Salary definition - basic pariodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.

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

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

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

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

Signature of Employee	Date

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

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

Signature of Contractor's Representative	Date

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