Technical Assistance and Support Contract 3 (TASC3) **SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**		
Technical Support for HIV/AIDS Prevention, Care and Treatment		
1	RFTOP Number	RFTOP No. 486-07-009
2	Date RFTOP Issued	March 1, 2007
3	Issuing Office	Regional Office of Procurement, USAID Regional Development Mission/Asia Bangkok, Thailand
4	Contracting Officer	Carey N. Gordon, RCO E-mail: cagordon@usaid.gov
5	Proposals to be Submitted to	Maria Rosario M. Arenas, Sr. Acquisition Specialist Email: marenas@usaid.gov
6	Proposals Due	March 29, 2007
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	Name: Maria Rosario M. Arenas, Sr, Acquisition Specialist Email: marenas@usaid.gov
14	Person Authorized to Sign RFTOP	Carey N. Gordon, Regional Contracting Officer
15	Signature	
16	Date	

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The USAID Regional Development Mission/Asia (RDM/A) requires support for the implementation of its HIV/AIDS prevention, care and treatment program as detailed in Section C.

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

I. Title

The title of the program in this task order is Technical Support for HIV/AIDS Prevention, Care and Treatment.

II. Introduction

The purpose of this task order is to provide technical support to the USAID HIV/AIDS prevention, care and treatment program focused on the most-at-risk populations (MARPs). The contractor awarded this task order will be responsible for implementing country –specific support activities in China, Laos, Papua New Guinea and Thailand, as well as activities across countries in a regional basis in the Asia Pacific.

This task order supports activities designed to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on people living with HIV/AIDS (PLHA) and their families. This entails reducing transmission among MARPs (injecting drug users (IDUs), males who have sex with males (MSM), female sex workers (FSWs) and their clients), as well as people living with HIV/AIDS (PLHA). By the end of the task order, it is expected that the following tangible outcomes will have been achieved:

(1) Strategic information made more available and useful;
(2) Access to comprehensive prevention interventions for MARPs increased;
(3) Access to care, support and treatment for PLHA and their families increased;
(4) Enabling environment strengthened, focusing on increasing participation of civil society, including regional networks, and developing and implementing supportive policies and regulations;
(5) Effectiveness of USG-supported programs enhanced by leveraging with other donor resources; and,
(6) Capacity development and scale-up of successful, innovative models.

Proposals submitted should clearly identify how the bidder will achieve the regional and country specific targets within the estimated budget levels provided.

III. BACKGROUND: HIV/AIDS AND RDM/A PROGRAM STRATEGY IN THE REGION

The HIV/AIDS epidemic in the Asia-Pacific region is local as well as cross-border in nature. The epidemic is concentrated in specific “hotspots”, usually urbanized areas, and on specific MARPs in those hotspots; while at the same time having the potential to spread from one hotspot to another due to high mobility patterns. These key populations are best defined by the high-risk behaviors of injecting drug use, multiple and concurrent sexual partners, plus unprotected sex. Common labels for identifying who is engaging in these behaviors are: injecting drug users (IDU), female sex workers (FSW) and their clients, and males who have sex with males (MSM). Contextual factors that add to vulnerability include drug trafficking, a high demand-driven sex industry, stigma and discrimination directed against vulnerable populations, prison environments, poverty, and migration driven by both poverty and economic opportunity. The opening of the Regional Development Mission/Asia in Bangkok in 2003 facilitated the development of an interim HIV/AIDS strategic plan for the Greater Mekong region for the period 2003-2006. Regional funds for the program are being used for HIV/AIDS efforts in Burma, China (southern two provinces of Yunnan and Guangxi), Laos, Papua New Guinea and Thailand.

The mandate of the USAID Regional Development Mission/Asia (RDM/A) Office of Public Health is to manage programs in USAID non-presence countries, to develop high-impact programs to address the most important epidemiologic needs, to design and manage cross-border activities and other programs for mobile populations, and to pilot test comprehensive responses that can then be scaled up in

partnership with host governments, other donors and multilateral agencies – especially the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

Specifically, the goals of USAID RDM/A's HIV/AIDS strategy in the Asia-Pacific region is to reduce the incidence and prevalence of HIV/AIDS and to mitigate its impact on people living with HIV/AIDS (PLHA) and their families. This entails reducing HIV transmission among MARPs: IDUs, MSM, FSW and their clients, as well as reducing transmission from PLHA who know their own HIV status. Additionally, other HIV/AIDS-vulnerable groups represented by incarcerated populations, and mobile and migrant populations, will also require some focus. The objective is to increase the use of effective responses to HIV/AIDS, focusing primarily on prevention, but also including care, support and treatment.

When issued, this task order will be managed by USAID RDM/A in close collaboration with all US Government (USG) Agencies and Embassies in the targeted countries in the region. The contractor will collaborate closely with the USG teams in each country (US Centers for Disease Control and Prevention/CDC, Department of Defense/DOD, Department of Health and Human Services/HHS, Department of Labor/DOL, Peace Corps, as well as USAID and US Embassy staff), other international and bilateral donors, non-government agencies and host government agencies at all appropriate levels to achieve expected results.

IV. CURRENT USAID EFFORTS IN THE REGION

To achieve the goals outlined above, the RDM/A strategy focuses on five major components:

- Strategic information
- Comprehensive prevention interventions for MARPs
- Increased access to care, support and treatment for PLHA and their families
- Strengthening an enabling environment
- Enhancing the effectiveness of USG supported programs by leveraging other donor resources

Capacity development and scale-up of successful models are crosscutting themes that embrace all five components.

The first component is to make strategic information more available and useful through improved data collection and analysis. Activities include: expansion of second-generation surveillance data collection and analysis at country and regional levels; annual regional analyses of surveillance data; data-for-decision-making seminars for policy-makers and program managers; design and implementation of a plan to collect and analyze indicators; MARP size estimations; establishment of a regional database for monitoring and evaluation data; and workshops to share lessons learned.

The second component is increasing access to comprehensive prevention interventions for MARPs and PLHA. Activities include: peer and outreach behavior change communications; HIV counseling and testing; use of media for targeted messages; targeted condom and lubricant promotion; STI diagnosis and treatment services; drop-in and wellness centers; and substitution therapy, as well as other HIV prevention for IDUs. Within this component, RDM/A has pioneered the model of the minimum package of services (MPS) for MARPs. This model is built on the concept that the most effective prevention, particularly for MARPs, is targeted prevention; and targeted prevention that leads to behavior change/safer behaviors is optimal when the various components or services that at-risk individuals need (especially prevention but also care and treatment) are all available and accessible in proximity to each other, in geographic-specific hotspots for MARP activity. The hotspots are identified through a combination of epidemiologic and other data, and may change over time. Quality of interventions and coverage of targeted populations are key to the MPS concept.

The third component is to increase access to care, support and treatment for PLHA and their families. Activities include: clinical management of HIV; HIV/TB linkages; community- and home-based care; development of PLHA advocacy groups at the community, sub-national, and national levels and a regional advocacy network of these groups; anti-retroviral therapy (ART) consumer education and

treatment literacy; interventions for orphans and vulnerable children; and region-wide sharing of models for scale-up.

The fourth component is to strengthen an "enabling environment" which encourages participation of civil society, and promotes supportive policies and regulations. Activities include: building capacity of PLHA and other civil society, particularly those representing and/or reaching MARPs; supporting host government-civil society partnerships to build trust and understanding; surveying stigma and discrimination to identify best points of entry for their reduction; and training for government officials on the use of resource allocation tools.

The fifth component is enhancing the effectiveness of USG-supported programs by leveraging other donor resources in expanding the successful RDM/A-initiated models for coverage of services for MARPs and PLHA. The critical other donors/partners in the region are: the Global Fund to Fight AIDS, TB and Malaria (GFATM – the Global Fund), the Asian Development Bank (ADB), the World Bank, the UNAIDS Regional Support Team, and other bi-lateral donors.

To achieve the above five components, RDM/A will provide funding and other support for structured coordination of NGOs and networks reaching MARPs and PLHA, along with government and international organization partners. Another critical method for achieving results is to partner with ASEAN, APN +, the A-Squared consortium, the Purple Sky Network (MSM), and other regional networks.

V. STATEMENT OF WORK

In pursuit of the above objective and goals, the contractor will carry out the activities described below in the following countries, as well as on a region-wide basis: China, Laos, Papua New Guinea, and Thailand. Anticipated levels of effort for each country are outlined below. Parallel USAID bilateral efforts are being conducted in other countries in the Asia-Pacific region (e.g., Cambodia, Indonesia, Philippines, and Vietnam) and there may be instances when it will be useful to share program content and technical experts.

The contractor shall collaborate with the USG interagency teams on the ground – CDC, DOD, HHS, DOL, Peace Corps, and USAID – regarding coordination of prevention, care, and treatment activities. In addition, where appropriate, the contractor shall participate in the USG interagency technical working group meetings.

The contractor's work (resources and activities) under this task order is expected to be divided on an annual basis geographically as follows:

Regional	20%
China	33%
Laos	10%
Papua New Guinea	25%
Thailand	12%
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Total	**100%**

VI. REGIONAL AND COUNTRY-SPECIFIC TASKS

The specific tasks applicable to each geographic area are as follows:

A. Regional

The regional program is expected to provide technical assistance, enhance opportunities for sharing lessons learned; and through working together with other RDM/A HIV implementing agencies (IAs), develop and implement model programs, particularly for service provision, that can be scaled up by the USG, other donors, and host governments. In addition, it is expected that technical assistance and implementation support to local NGOs, government, and regional institutions to strengthen HIV/AIDS prevention, care and support services in the Asia-Pacific region will also be provided.

The contractor shall complete the following tasks:

1) provide technical assistance to implementing partners in the region and to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
2) collect and analyze regional epidemiological data to help identify HIV/AIDS trends and hotspots and engage key regional decision-making organizations in the development of targeted advocacy strategies;
3) conduct community-based voluntary counseling and testing operations research that will inform the design of programs in the region;
4) develop state of the art tools to routinely monitor change over time in sexual behavior and quality of life of PLHA, both on and not on anti-retroviral therapy (ART), in both community and facility-based settings.
Note that while there are no planned country-specific activities under this Task Order for Burma, the contractor may be called upon, in its regional role, to provide some HIV technical assistance to MARP and non-government PLHA community groups supported by other RDMA implementing agencies and partners in Burma.

The following table outlines the proposed allocation of effort and resources for the regional program by program area (definitions for each program area are found in Annex 1):

Program Area (Program SubElement)	
Other policy analysis & system strengthening	21%
Host country strategic information	32%
Program design & learning	47%
Total	100%

B. China:

China's response to HIV/AIDS has strengthened considerably since the Government of China's (GoC) 2003 public acknowledgements of the seriousness of the HIV threat, and subsequent articulation of the magnitude of HIV/AIDS prevention, care, and treatment needs in China. As a result, GoC is now committing increasing amounts of its own resources to the problem, as well as proving to be an open and enthusiastic partner with other stakeholders and donors in the response. U.S. CDC is a substantial USG HIV partner in China, and USAID, U.S. CDC, and DOL operate under a unified USG/China HIV/AIDS strategy and operational plan. That strategy is centered on providing the GoC and other partners with effective, high quality MARP-focused prevention intervention models, linked to quality care and treatment for PLHA (minimum package of services).

USAID's role under the strategy is to support partners at the community-level in creating and implementing the minimum package of services model for MARPs (FSW, MSM, and IDU) and PLHA. This modeling is done in collaboration with U.S. CDC's parallel support to provincial and other government partners in strengthening the GoC health system and related HIV public services, and is implemented in the southern two provinces of Yunnan and Guang Xi, in a number of hotspots. The priority hotspots in Yunnan are the urban areas of Kunming and Gejiu, and in Guang Xi, they are Nanning, Ningming, Pingxiang and Luzhai. In addition, the contractor will provide technical assistance to key GFATM sites in these provinces. The Yunnan and Guang Xi models are, in turn, expected to provide the basis to scale up effective MARP-focused prevention, care and treatment interventions by GoC and other donors, both in other parts of Yunnan and Guang Xi and in other provinces of China.

Therefore, under this Task Order, the contractor shall:

1) provide HIV technical assistance to community and local partners receiving USAID support through other IAs and stakeholders;
2) provide sub-grants and technical assistance as appropriate to government and other partners; and,
3) provide technical assistance for scaling-up the MARP MPS by GoC, GFATM, and other donors. In addition to GFATM, the other major donor in HIV in China is DfID.

By the end of this Task Order, the contractor shall have provided the targeted MARPs with substantially increased access to quality behavior change prevention interventions, and HIV voluntary counseling and testing, as well as increased access to care and treatment; and to have substantially assisted in replication of the MARP MPS model by GoC and other donors.

The following table outlines the proposed allocation of effort and resources for China by program area (definitions for each program area are found in Annex 1):

Program Area (Program SubElement)	
Condoms and other Prevention	49%
Palliative Care Basic Health	9%
Counseling and Testing	19%
ARV Services	13%
Program Design and Learning	10%
Total	100%

C. Laos

The Laos People's Democratic Republic (LPDR) response to HIV/AIDS, particularly in its focus on MARPs (SW, MSM, IDU), is in its nascent stage and, therefore, the PEPFAR mandate is particularly apt for USAID work there: encourage bold leadership at every level to fight HIV/AIDS; apply best practices within the bilateral programs in concert with host governments' national HIV strategies; and encourage partners to coordinate; adhere to sound management practices, and harmonize monitoring and evaluation efforts. Laos is a low prevalence country (0.1%); however, HIV prevalence in some populations, such as service women (Lao term for female sex workers), has been increasing. USAID's expected results are to help Laos maintain low prevalence rates among MARPs, and thus maintain negligible rates among the general population. This will be achieved by increasing quality and coverage of interventions (minimum package of services) for MARPs (SW, MSM, IDUs), strengthening interventions for PLHA, improving surveillance, and supporting stronger local responses. The targeted geographic HIV hotspots should include: Vientiane, Savannakhet, and Luangprabang. The contractor may propose additional geographic HIV hotspots for targeted activities, dependent on the budget and the ability to create synergies with MARP and PLHA programs or interventions resourced by others.

Therefore, under this Task Order, the contractor shall:

1) provide HIV technical assistance to community and local partners receiving USAID support through other IAs and stakeholders;
2) provide sub-grants and technical assistance as appropriate to government and other partners; and,
3) provide technical assistance for scaling-up the MARP MPS by LPDR and other donors.

There are no other U.S. government (USG) agencies currently working in HIV in Laos. Laos is now receiving funding from GFATM for HIV/AIDS and leveraging these resources for effective prevention, care and treatment is key to the USG strategy. The only other major donor in Laos in HIV is Canada (as part of a regional project focusing on migration and HIV).

By the end of this Task Order, the contractor shall have provided the targeted MARPs with substantially increased access to quality behavior change prevention interventions, and HIV voluntary counseling and testing, as well as increased access to care and treatment.

The following table outlines the proposed allocation of effort and resources for Laos by program area (definitions for each program area are found in Annex 1):

Program Area (Program SubElement)	
Condoms and other Prevention	40%
Counseling and Testing	30%
Other/Policy Analysis and System Strengthening	18%
Program Design and Learning	12%
Total	100%

D. Papua New Guinea

Papua New Guinea's rapidly growing HIV/AIDS epidemic presents a grave threat to the country's development prospects and a potential threat to the region due to the fluid movement of persons and relative lack of official concern or action. While there are larger levels of support now coming from other donors, particularly AusAID and the Asian Development Bank (ADB), USAID's added-value has been in modeling of prevention interventions for MARPs, specifically SW and MSM. Therefore, with the resources provided, the USAID response will focus on technical, programming, and financial support for targeted HIV prevention, with linkages to access to quality care and treatment interventions among SWs and MSM (minimum package of services), while building relationships and linkages with the government, other donor agencies, NGOs, Faith-Based Organizations, People Living with HIV/AIDS (PLHA), and other partners to better coordinate an effective national response to HIV/AIDS. The targeted geographic HIV hotspots are: Port Moresby and other priority urban centers to be identified by the contractor, and dependent on the budget and the ability to create synergies with MARP and PLHA programs or interventions resourced by others.

Therefore, under this Task Order, the contractor shall:

1) provide HIV technical assistance to community and local partners;
2) provide sub-grants to local partners; and,
3) provide technical assistance for scaling-up the MARP MPS by PNG and other donors.

There are no other USG agencies currently working in HIV/AIDS in Papua New Guinea. By the end of this Task Order, the contractor shall have provided the targeted MARPs with substantially increased access to quality behavior change prevention interventions, and HIV voluntary counseling and testing, as well as increased access to care and treatment.

The following table outlines the proposed allocation of effort and resources for Papua New Guinea by program area (definitions for each program area are found in Annex 1):

Program Area (Program SubElement)	
Condoms and other Prevention	51%
Palliative Care Basic Health	10%
Counseling and Testing	14%
Other/Policy Analysis and System Strengthening	15%
Program Design and Learning	10%
Total	100%

E. Thailand

Thailand's response to HIV/AIDS is the longest-established and most advanced in the Asia-Pacific region. One result is that the Royal Thai Government (RTG) has committed itself to providing ART to all Thai who need it, and is doing an excellent job of moving towards accomplishing this goal. Unfortunately, the RTG HIV prevention response has faltered. U.S. CDC-Thai Ministry of Public Health (MOPH) data from 2003 and 2005 revealed a steep climb in HIV prevalence among Thai MSM, from approximately 17% (2003) to

over 28% (2005). Meanwhile, IDU prevalence has remained unacceptably high for over a decade, 40-60%. And though the RTG has long experience in effectively carrying out prevention with establishment-based FSW and their clients, the nature of sex work is changing in Thailand; while much sex work remains establishment-based, there is now more street-based and indirect sex work. Further, given the high number of persons already infected in Thailand, each year over the next decade there will be more and more Thai's who require ART, and so it remains to be seen whether the RTG's excellent ART public services will be able to continue to meet this demand.

The sheer number of PLHA in Thailand also requires focused PLHA prevention interventions. Up to now, most GFATM funding has been provided for care and treatment, and negligible amounts have gone towards prevention, with only a small part of that going towards prevention with MARPs. The only other major HIV donor supporting activities in Thailand is Canada (as part of a regional project focusing on migration and HIV). U.S. CDC is the largest USG agency partner working in HIV in Thailand, and USAID, CDC, DOD, and Peace Corps operate under a unified USG HIV operational plan. That operational plan is centered on supporting, with the RTG, high quality MARP-focused prevention intervention models, linked to quality care and treatment for PLHA (minimum package of services), as well as PLHA-focused HIV prevention models. USAID's role under the operational plan is to support partners at the community-level in creating and implementing the minimum package of services model for MARPs and PLHA (with the focus for PLHA being prevention with positives). This modeling is done in collaboration with U.S. CDC's parallel support to provincial and other government partners in strengthening the RTG health system and related HIV public services. With limited USAID HIV resources in Thailand, the focus will primarily be on MSM, incarcerated populations, and PLHA prevention with positives, plus some focus on IDU. The geographic hotspots for USG interventions in Thailand are Bangkok, Chiang Mai, Chiang Rai, Pattaya, and Phuket.

Under this Task Order, the contractor shall:

1) primarily provide HIV technical assistance to community partners receiving USAID support through other IAs and partners;
2) provide sub-grants and technical assistance as appropriate to government and other partners; and,
3) provide technical assistance for scaling-up the MARP MPS and PLHA interventions by RTG and possible future GFATM resources.

By the end of this Task Order, the contractor shall have provided the targeted MARPs with substantially increased access to quality behavior change prevention interventions, and HIV voluntary counseling and testing, as well as increased access to care and treatment; and to have substantially assisted in replication of the MARP MPS and PLHA prevention models by RTG and other donors.

The following table outlines the proposed allocation of effort and resources for Thailand by program area (definitions for each program area are found in Annex 1):

Program Area (Program SubElement)	
Condoms and Other Prevention	56%
Counseling and Testing	33%
Laboratory Infrastructure	1%
Program Design and Learning	10%
Total	100%

VII. MEASURING RESULTS: MONITORING AND EVALUATION

The contractor is responsible for developing and executing a Monitoring and Evaluation (M&E) plan, in consultation with the USAID RDM/A M&E team. Expected program results with illustrative indicators, mid-term milestones/ benchmarks, end-of-project results partially provided in this document should be further elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator.

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

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

VIII. PROGRAM MANAGEMENT

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

IX. REPORTING REQUIREMENTS

A. Annual work plan: The contractor shall develop annual work plans in concert with other USAID partners, keyed to each US fiscal year of the contract. The offeror shall provide an illustrative annual work plan for the first 16 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 RDM/A CTO not later than 30 days before the close of each preceding operating year.

The work plan shall include, as a minimum:

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

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

1. Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by country and program area;
2. Problems encountered and whether they were solved or are still outstanding;
3. Proposed solutions to new or ongoing problems;
4. Success stories (if available);
5. Documentation of best practices that can be taken to scale; and.

6. List of upcoming events with dates.

C Quarterly financial reports shall be submitted quarterly to RDMA. They should be disaggregated by country and at sub-element level and contain, at a minimum:

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

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

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

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

(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 RDM/A, Bangkok, Thailand, 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 June 1, 2007 to September 30, 2012.

F.2. DELIVERABLES

See Section C, Paragraph IX, for full information and definitive listing. In addition to the requirements set forth for submission of reports in Sections C and I, 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 Sections F.2 and 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

The Task Order Contracting Office is:

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 USAID RDM/A Cognizant Technical Officer (CTO) will be designated separately.

F.4 PLACE OF PERFORMANCE

The contractor shall maintain a regional office in Bangkok, Thailand to manage the activities under this task order. The place of performance under this Task Order is Thailand and other countries as identified in this task order. Travel is required within the Asia region and elsewhere.

F.5 AUTHORIZED WORK DAY / WEEK

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

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 Population and Health, USAID RDM/A 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 to receive payment, all deliverables must be accepted and approved by the CTO.

G.4 PAYING OFFICE

The paying office for this Task Order is:

To be determined.

G.5 ACCOUNTING AND APPROPRIATION DATA

Budget Fiscal Data: To be provided.

(End of Section G)

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

The key personnel proposed by the Contractor are considered to be essential to the work being performed. Unless otherwise agreed to in writing by the Contracting Officer, the contractor shall be responsible for providing such personnel as specified in the Task Order. Failure to provide key personnel designated above may be considered nonperformance by the contractor unless such failure is beyond the control, and through no fault or negligence of the contractor. The contractor shall immediately notify the Contracting Officer and CTO of any key personnel's departure and the reasons therefore. The contractor shall take the necessary steps to immediately rectify this situation and shall propose a substitute candidate for each vacated position along with a budget impact statement, if requested, in sufficient detail to permit evaluation of the impact on the program. The contractor without the written approval of the Contracting Officer and the CTO shall make no replacement of key personnel.

The contractor shall provide the following key personnel for the performance of this task order:

Title	Name
Chief of Party	(To be Determined)

H.2 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

The Contractor and any employee or consultant of the Contractor is prohibited from using U.S. Government facilities (such as office space or equipment) or U.S. Government clerical or technical personnel in the performance of the services specified in the Task Order unless the use of Government facilities or personnel is specifically authorized in the Task Order or is authorized in advance, in writing, by the 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
Annex 1	Program Area Sub-Element Definition
Annex 2 – Table 1	Required Targets for FY 2007 and FY 2008
Annex 2 – Table 2	Downstream (USAID Direct Support) Targets for FY 2007 and 2008
J.1	USAID FORM 1420-17 Contractor Biographical Data Sheet *
J.5	Past Performance Report – Short Form (OMB No. 9000-0142)

* 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.

(End of Section K)

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. After evaluation of initial proposals, USAID expects to select the contractor which will receive the task order to perform the statement of work. 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.

All Questions relating to this RFTOP must be submitted to Maria Rosario M. Arenas, Sr. Acquisition Specialist, via email at marenas@usaid.gov, no later than March 9, 2007. Unless otherwise notified by an amendment to the RFTOP, no questions will be accepted after this date. Offerors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.

L.2 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. A list of at least three (3) recently completed contracts/subcontracts or on-going contracts/subcontracts that are similar to the attached statement of work, for federal, state, and local governments or for commercial firms within the last three years. To ensure uniformity of information for conducting the reference checks, the Offeror shall complete Part 1 (Blocks 1 through 9) of the Past Performance Report – Short Form (OMB No. 9000-0142) for the listed contracts/subcontracts. This form is attached. If the offeror encountered problems on any of above mentioned contracts, it may provide a short explanation of the problem and the corrective action taken. Space is provided in Block 6 of the Short Form for this. If the offeror does not follow the prescribed format, then care must be taken to ensure that the substance of the requested information is provided. Reference information should include recent email, fax, and phone numbers and address of contact persons. USAID may contact representatives from the references provided by the offeror to obtain information on the offeror's past performance. The offeror is advised that USAID may obtain past performance information from sources other than those identified by the offeror. USAID will use the past performance information to assess the quality of the organization's past performance and capability to implement programs similar to that described in the statement of work.

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

L.3 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.4 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

The technical proposal shall address how your organization plans to carry out the statement of work. not to exceed 25 pages including, a technical approach, personnel plan, and management approach, a draft monitoring and evaluation (M & E) plan and a draft implementation workplan for the first 16 months of the 64-month task order. Graphs, tables, charts, cover pages, dividers, table of contents, and attachments (draft work plans, resumes, tables summarizing qualifications of proposed personnel, tables), are not included in the 25-page limitation. All narrative pages must be formatted for readability and avoid unusual formatting. Approximate lengths of each narrative section in the technical proposal are recommended to be as follows:

a. Executive Summary – Page 1
b. Technical Approach – Pages 2-15
c. Key Personnel and Management Plan – Pages 16-20
d. Draft M & E Plan and Implementation Work Plan– Pages 21-25.

1. The Technical Approach must include a clear description of the conceptual approach and the general strategy (i.e. methodology and techniques) being proposed; a description of the target population or a detailed description of the process by which the target population will be identified. It should outline specific, focused activities; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the program is completed. Offerors are encouraged to propose innovative programs designed to reach the desired outcomes/results.

Offerors are encouraged to demonstrate how interventions link to prevention, care and treatment programs across the continuum of services supported by the USG, other donors and organizations, and the government. The offerors are also encouraged to demonstrate their ability to establish operations in the targeted geographic areas; copies of MOUs or letters of support from the host government should be attached/provided.

Offerors should clearly identify their strategic approach to achieve the regional and country specific targets and leverage other resources as described in the statement of work in Section C..

Contractors submitting proposals should provide estimated targets by indicator for the first 16 months of the program (from June 1, 2007 to September 2008) in the format shown in Annex 2 - Table 1 and Annex 1 - Table 2. For planning purposes, it is anticipated that the targets will progressively increase annually (12-month period) at a minimum of 10% from the previous year's targets. These subsequent year targets will be negotiated with USAID RDM/A annually during work plan development based on availability of funds and program performance. For clarity:

1. Table 1 refers to required targets for core indicators (number of individuals served) for both downstream (direct) and upstream (indirect) targets (see detailed definition in the annex).
2. Table 2 refers to required targets by program area in addition to the core indicators (in Table 1). But required targets for this table represent targets which can be associated with counts of uniquely identified activities and services that receive USAID funding (downstream only).

3. Proposed indicators will be aggregated by country and regional activities.
4. In some cases, items in the list of indicators may not be applicable to proposed activities, and therefore no proposed targets are required. N/A should be noted in the table.

The list of proposed indicators aligns with PEPFAR program level standard indicators. They are the minimum requirement for setting targets and monitor progress of HIV/AIDS activities. But contractors may propose other indicators which would be added to the M&E planning which might facilitate enhanced monitoring of proposed activities and complement PEPFAR indicators, in particular, with respect to regional activities.

2. The Key Personnel and Management Plan must specify the composition and organizational context of the entire implementation team (including home office support). The offeror shall indicate the names and provide a resume for each proposed candidate (managerial and technical) that clearly outlines his or her experience and background. Resumes should not exceed 4 pages for each person. Please supply proposed position descriptions for the proposed staff. Proposed personnel not yet identified may be shown as "TBD" (to be determined).

Personnel Requirements. The offeror shall propose key technical personnel and other personnel as prt of the technical proposal as deemed appropriate to implement the major tasks described in the statement of work in Section C. For those personnel based in the field, the RDM/A leaves to the offeror to determine the appropriateness of employing overseas and/or local hires. However, RDM/A strongly recommends that the offeror provide sufficient personnel to be based in Bangkok to address the complexity of implementing a regional program, including the establishment of country offices as appropriate. Contractor presence in Bangkok is strongly recommended in order to facilitate management and coordination with USAID RDM/A. It is required for the Chief of Party to be located in Bangkok. In addition, the contractor should consider locally (non-overseas)-hired country coordinators; such staff should have played important coordination and country-level support roles in past and current population and health programs.

1. Chief of Party - The offeror is required to appoint a Chief of Party (COP). The COP must demonstrate exceptional managerial and operational experience, and preferably experience in managing complex, multi-national/regional activities involving coordination with multiple program partner institutions. The COP must also demonstrate exceptional written and oral communications skills in English. Familiarity with the political, social, and cultural context of working Asia is a strong plus.
2. Other Personnel - The offeror has the discretion to determine the proper number and mix of additional key personnel, short-term technical staff, and others to meet task order requirements, to be described in the technical proposal**.**

The offeror should also clearly describe its ability to manage activities carried out under the statement of work, provide technical support and necessary oversight, and work with USAID/RDM/A staff, other USG agencies and Embassies, and other important project partners. The offeror shall explain the potential for the management approach to effectively contribute to achieving project targets and objectives. The offeror shall describe in the proposal the proposed role of each technical staff/advisor in the program and specify whether s/he will be country-specific or regionally based. The offeror shall also clearly describe the role of and contractual arrangement with each subcontractor (if any), the approach for managing of proposed subcontractors (if any), and demonstrated past experience managing subcontractors (if applicable).

3. The draft M &E Plan must include semi-annual, annual, and end-of-program indicators and targets to measure the progress of the proposed activities and the achievement of results. The plan must also describe the monitoring system that will enable it to track these indicators regularly. The draft Implementation Work Plan for the first 16 months of the task order must also include a detailed Implementation Schedule for achieving expected program results. The offeror is encouraged to propose innovative implementation mechanisms to reach the desired results and an aggressive but realistic schedule of performance milestones as steps toward achieving proposed results. The implementation

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

4. 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 and will not be included in the page limitation.

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.5 COST PROPOSALS

The total budget for this task order is estimated to fall within the range of $ 24 million to $ 26 million for the 64-month period.

Offerors shall submit its cost proposal in the following Contract Line Item Number (CLIN) format, by country and by operating period as well as a summary for all countries and for the overall period of performance. Please note that the numbers of rows in the table below, or the illustrative CLINs, are not intended to reflect USAID's expectations regarding the final identity and/or number of CLINS that may result in the task order issued, but are intended for illustrative purposes only. Detailed costs associated with each CLIN such as salaries, indirect costs, travel, equipment, and fee, shall be provided separately in the proposal for evaluation purposes.

CLIN	**Description (PEPFAR Program Area)**	June 1, 2007 to Sept 30, 2008	Oct 1, 2008 to Sept 30, 2009	Oct 1, 2009 to Sept 30, 2010	Oct 1, 2010 to Sept 30, 2011	Oct 1, 2011 to Sept 30, 2012
CLIN 1	Condoms and other Prevention Activities					
CLIN 2	Palliative Care					
CLIN 3	Counseling and Testing					
CLIN 4	HIV/AIDS Treatment/ARV Services					
CLIN 5	Laboratory Infrastructure					
CLIN 6	Other/Policy Analysis and System Strenghtening					
CLIN 7	Host Country Strategic Information Capacity					
CLIN 8	Program Design and Learning					
	Total					

Offerors shall also submit a summary cost proposal by operating period and CLIN, 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	Oct 1, 2010 to Sept 30, 2011	Oct 1, 2011 to Sept 30, 2012
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. 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) After evaluation of initial proposals, USAID expects to select the contractor which will receive the task order to perform the statement of work. 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. However, 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) Evaluation Process: Proposals timely received will be reviewed and considered against the criteria indicated in Section M.2. 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

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

40 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. Key Personnel and Management Plan — 40 points

   a. Key Personnel. The demonstrated quality of the proposed Chief of Party as well as demonstrated access to appropriate technical personnel with technical experience and expert qualifications in all the programmatic areas outlined in the Statement of Work. (20 points)

   b. Management Plan. The offeror shall clearly describe its ability to manage activities carried out under the Statement of Work, provide technical support and necessary oversight, and work with USAID/RDM/A staff, other USG agencies and Embassies, and other important project partners. The offeror shall explain the potential for the management approach to effectively contribute to achieving project targets and objectives. The offeror shall describe in the proposal the proposed role of each technical staff/advisor in the program and specify whether s/he will be country-specific or regionally based. The offeror shall also clearly describe the role of and contractual arrangement with each subcontractor (if any), the approach for managing of proposed subcontractors (if any), and demonstrated past experience managing subcontractors (if applicable). (20 points)

3. Corporate Institutional Capacity — 20 points

   a. Assessment of the prime and major subcontractors' demonstrated depth and breadth of experience in the geographic and program areas identified in the Statement of Work. (5 points)
   b. Demonstrated ability to establish operations in targeted countries. (5 points)
   c. Depth of organizational experience in managing relevant large-scale projects. (5 points)
   d. Ability to simultaneously and transparently manage multiple complex tasks 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. (5 points)

100 Points

(End of Section M)

Annex 1

Program SubElement Definition

Program SubElement 1.1.1: Preventing Mother-to-Child Transmission
Definition: Prevent mother-to-child HIV transmission (PMTCT) including counseling and testing for pregnant women, ARV prophylaxis for HIV-infected pregnant women and newborns, counseling and support for maternal nutrition and safe infant feeding practices. PMTCT-plus ARV-treatment activities should be coded under Sub-Element 1.1.10 (HIV/AIDS Treatment and Anti-Retroviral Drugs) and Sub-Element 1.1.11 (HIV/AIDS Treatment and Anti-Retroviral Services).

Program SubElement 1.1.2: Abstinence/Be Faithful
Definition: Promote abstinence, fidelity, delay of sexual activity, partner reduction messages, and related social and community norms.

Program SubElement 1.1.3: Medical Transmission/Blood Safety
Definition: Support a nationally coordinated blood program, which includes policies; infrastructure, equipment and supplies; donor-recruitment activities; blood collection, distribution, testing and transfusion; training; and management to ensure a safe and adequate blood supply.

Program SubElement 1.1.4: Medical Transmission/Injection Safety
Definition: Support policies, training, waste-management systems, advocacy and other activities to promote (medical) injection safety, including distribution/supply chain, cost and appropriate disposal of injection equipment and other related equipment and supplies.

Program SubElement 1.1.5: Condoms and Other Prevention Activities
Definition: Support other activities aimed at preventing HIV transmission including purchase and promotion of condoms, sexually transmitted infection (STI) management (if not in palliative care settings/context), messages/programs to reduce injecting drug use and related risks.

Program SubElement 1.1.6: Palliative Care: Basic Health Care and Support
Definition: Basic health care and support, which includes: all clinic-based and home/community-based activities for HIV-infected adults, children, and their families that are aimed at optimizing the quality of life for HIV-infected clients and their families throughout the continuum of illness by the means of symptom diagnosis and relief, psychological and spiritual support, clinical monitoring, related laboratory services and management of opportunistic infections (excluding TB) and other HIV/AIDS-related complications (including pharmaceuticals), and culturally-appropriate end-of-life care. Basic health care and support also includes clinic-based and home/community-based support, social and material support such as nutrition support, legal aid, and housing, and training and support of caregivers. Clinic-based and home/community-based care and support activities for HIV-positive children within programs for orphans and other vulnerable children affected by HIV/AIDS would fall under sub-element 1.1.8 (Orphans and Vulnerable Children). ARV treatment should be coded under subelement 1.1.10 (HIV/AIDS Treatment and Anti-Retroviral Drugs) and subelement 1.1.11 (HIV/AIDS Treatment and Anti-Retroviral Services).

Program SubElement 1.1.7: Palliative Care: TB/HIV
Definition: Exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals), as well as screening and referral for HIV testing, and clinical care related to TB clinical settings. If TB programs provide other basic health care and support services such as clinical or psychosocial services, these services would be coded under sub-element 1.1.6 (Basic Health Care and Support). If TB programs expand to provide clients with anti-retroviral treatment (ART), such services would fall under Sub-Element 1.1.10 (HIV/AIDS Treatment and Anti-Retroviral Drugs) and Sub-Element 1.1.11 (HIV/AIDS Treatment and Anti-Retroviral Services). Note: General TB treatment, prevention, and related programming must be funded with CSH/Infectious Diseases funds directed for TB, not with HIV/AIDS funds.

Program SubElement 1.1.8: Orphans and Vulnerable Children
Definition: Improve the lives of orphans and other vulnerable children and families affected by HIV/AIDS. Strengthen communities to meet the needs of orphans and other vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents to meet their own needs, creating a supportive social and policy environment. Activities could include training caregivers, increasing access to education, economic support, targeted food and nutrition support, and legal aid. Institutional responses would also be included. ARV treatment of children is excluded from this category and should be coded under Sub-Element 1.1.10 (HIV/AIDS Treatment and Anti-Retroviral Drugs) and Sub-Element 1.1.11 (HIV/AIDS Treatment and Anti-Retroviral Services). Palliative care, including basic health care and support and TB/HIV prevention, management and treatment, as well as their related laboratory services and pharmaceuticals, when delivered within programs for orphans and other vulnerable children affected by HIV/AIDS, should be coded under this aspect. Other health care associated with the continuum of HIV/AIDS illness, including HIV/TB services, when delivered outside a program for orphans and other vulnerable children affected by HIV/AIDS, should be coded under Sub-Element 1.1.6 (Basic Health Care and Support) or Sub-Element 1.1.7 (TB/HIV).

Program SubElement 1.1.9: Counseling and Testing
Definition: Provide HIV counseling and testing are provided for those who seek to know their HIV status (as in traditional voluntary counseling and testing) or as indicated in other contexts (e.g., STI clinics). Counseling and testing in the context of preventing mother-to-child transmission is coded under sub-element 1.1.1 PMTCT.

Program SubElement 1.1.10: HIV/AIDS Treatment/ARV Drugs
Definition: Distribution, supply chain, logistics, pharmaceutical management, and cost of ARV drugs.

Program SubElement 1.1.11: HIV/AIDS Treatment/ARV Services
Definition: Infrastructure, training clinicians, and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under palliative care either Sub-Element 1.1.6 (Basic Health Care and Support) or Sub-Element 1.1.7 (TB/HIV)

Program SubElement 1.1.12: Laboratory Infrastructure
Definition: Develop and strengthen laboratory facilities to support HIV/AIDS related activities including purchase of equipment and commodities, provision of quality assurance, staff training, and other technical assistance. Specific laboratory services supporting testing (e.g., under Sub-Element 1.1.9 [Counseling and Testing], Sub-Element 1.1.1 [PMTCT] or Sub-Element 1.1.3 [Blood Safety]), palliative care (Sub-Element 1.1.6 [Basic Health Care and Support] or Sub-Element 1.1.7 [TB/HIV]), and treatment (Sub-Element 1.1.11 [ARV Services]) should be included under the codes for those activities.

Program SubElement 1.1.13: Other/Policy Analysis and System Strengthening
Definition: Further other HIV/AIDS-related activities to support national prevention, care, and treatment efforts. This includes strengthening national and organizational policies and systems to address human resource capacity development, stigma, and discrimination, and gender issues; and other crosscutting activities to combat HIV/AIDS including activities to support the implementation of Global Fund programs.

Program SubElement 1.1.14: Host Country Strategic Information Capacity
Definition: Establish and/or strengthen host country institutions' management information systems (MIS) and their development and use of tools and models to collect, analyze and disseminate a variety of information related to the program area. These may include, but are not limited to MIS for government ministries or other host country institutions, needs assessments, baseline studies, censuses and surveys, targeted evaluations, special studies, routine surveillance, data quality assessments, and operational research. This sub-element may also include developing and disseminating best practices and lessons learned and testing demonstration and/or pilot models. Related training, supplies, equipment, and non-USG personnel are included.

Program SubElement 1.1.15: Program Design and Learning
Definition: Develop and conduct needs assessments, baseline studies, targeted evaluations, special studies or other information-gathering efforts specifically for the design, monitoring and evaluation of USG-funded programs. This subelement may also include developing and disseminating best practices and lessons learned, testing demonstration and/or pilot models, or the preparation of strategic plans and other short-term programming tasks. Note: All such activities that are carried out by partners as an integral part of their monitoring and evaluation efforts for programs funded under other sub-elements should be included within those sub-elements.

Annex 2 – Table 1

Annex 2 – Table 2

ATTACHMENT J.1

USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA SHEET

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

ATTACHMENT J.2
Past Performance Report – Short Form (OMB No. 9000-0142)

(Please see PPR-Shortform.pdf of email)