Technical Assistance and Support Contract 3 (TASC3)
SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)

Technical Support for Malaria Prevention and Control Activities in Cambodia

1	RFTOP Number	RFTOP No. 486-07-020
2	Date RFTOP Issued	July 31, 2007
3	Issuing Office	Regional Office of Procurement, USAID, Regional Development Mission/Asia Bangkok, Thailand
4	Contracting Officer	Eleanor TanPiengco, Regional Contracting Officer E-mail: eTanpiengco@usaid.gov
5	Proposals to be Submitted to	Karittha Jenchiewchan, Procurement Specialist Email: kjenchiewchan@usaid.gov Maria Rosario M. Arenas, Sr. Acquisition Specialist Email: marenas@usaid.gov
	Question and Answer Due	August 7, 2007
7	Proposals Due	August 17, 2007
8	Payment Office	See Section G.4 Paying Office
9	Name of Firm	
10	IQC Task Order Number	
11	DUNS number	
12	Tax Identification Number	
13	Address of Firm	
14	RFTOP Point of Contact	Karittha Jenchiewchan, Procurement Specialist Email: kjenchiewchan@usaid.gov Maria Rosario M. Arenas, Sr. Acquisition Specialist Email: marenas@usaid.gov
15	Person Authorized to Sign RFTOP	Eleanor TanPiengco, Regional Contracting Officer
16	Signature	
17	Date	

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The USAID, Regional Development Mission/Asia (USAID/RDMA) requires support for Malaria Prevention and Control Activities in Cambodia 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) Completion Type 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 Malaria Prevention and Control Activities in Cambodia.

II. INTRODUCTION

In July 2005, the United States Government announced a five-year, $1.2 billion initiative (the President’s Malaria Initiative, PMI) to rapidly scale up malaria prevention and treatment intervention in sub-Saharan Africa. Realizing that malaria is a global health problem rather than one that is confined to Africa, funding in addition to PMI has been made available to other endemic countries.

Cambodia is unique in regard to malaria because it is known as home to the most drug-resistant strains of *P. falciparum* in the world. Resistance to previous first-line anti-malarial drugs, chloroquine and sulfadoxine-

pyrimethamine (SP), successively originated in western Cambodia and spread elsewhere in the late 1950s to 1970s.

For the last few years, there has been increasing evidence that the field efficacy of artesunate-mefloquine, the artemisinin-based combination therapy (ACT) currently used as the first-line therapeutic regimen against uncomplicated falciparum malaria according to the Cambodian National Malaria Control Program (NMCP), is on the decline near the western border with Thailand. Therefore it is necessary to keep vigilance against any possible outbreak of multi-drug resistance malaria in Cambodia. The potential spread of such virulent strains of the malaria parasite is a global threat.

III. BACKGROUND: Malaria Prevention and Control Activities in Cambodia

The decrease of malaria incidence in Cambodia in the last decade is a major public health achievement experienced by the Kingdom and is an outcome of collaborative efforts between the Royal Government of Cambodia, international aid agencies and donor institutions in various countries.

However, malaria continues to rank among the top health problems facing Cambodia today and thus is given high priority by the Government. It ranks third in cause of outpatient visits, fifth in cause of inpatient admissions, and second in cause of inpatient deaths. In 1997, there were 170,387 cases and 865 deaths; these figures dropped to 100,943 and 396 in 2006, in a total population of 14 million. Since a large proportion of patients are treated in the private sector, the true magnitude of the disease can be considerably higher than that reported through the public health system. The Ministry of Health (MoH) estimates that the real number of malaria cases and deaths is possibly at least several times as high as officially recorded. Parasite rates of 30 to 50% commonly found in high risk areas in the past may still exist in some remote endemic pockets. Some 600,000 people (5% of total population) live permanently in or dependent upon the forest and jungle areas, which cover 62% of the country's total area of 181,035 km^2. In addition, one to two million people are temporarily exposed to malaria each year. These high-risk groups are comprised of ethnic forest inhabitants (Montagnards), organized groups (military, plantation workers, road construction workers etc.), refugees/internally displaced persons, new forest settlers, and other temporary migrants e.g. gem-miners, hunters, forest-products collectors, etc.

About 60% of confirmed malaria cases are caused by *Plasmodium falciparum.* Multidrug resistance continues to be a problem especially in western Cambodia, where *P. falciparum* shows complete resistance to chloroquine and sulfadoxine-pyrimethamine (SP), and high-level resistance to mefloquine. *P. vivax* is thought to remain sensitive to chloroquine (CQ) in Cambodia but there was no valid assessment of CQ efficacy in *P. vivax* in recent years. In addition, there are widespread fake anti-malarial drugs in private drug outlets and retailers, where self-prescription or prescription without proper diagnosis is common.
The goal of the Cambodia National Malaria Control Program (NMCP) is to reduce malaria-related mortality and morbidity in the population through the implementation of a comprehensive national malaria control strategy. To accomplish this, the program has established 4 strategic objectives:

1. To increase awareness and care-taking practices on malaria prevention and proper health seeking behavior in malaria endemic populations;
2. To improve preventive measures especially the complete coverage of bed-net distribution and ensuring re-impregnation according to schedule in endemic areas;
3. To increase access to early diagnosis and treatment (EDAT) of malaria, to improve diagnostic accuracy and ensure appropriate treatment.
4. To strengthen the institutional capacity of NMCP from central to peripheral levels.

The health system in Cambodia is organized from Ministry of Health MoH to the province to the district to the commune and then to the village. This public system is supplemented with private services, either authorized or informal. Particularly in rural provinces without foreign non-governmental organization (NGO) support, salaries and morale of public health care workers are low. Most staff works at least half time in the private sector and most people use private curative facilities.

There remain a number of challenges in all aspects of malaria control in Cambodia. These challenges are associated with poor diagnostic practice, mis-dosing of anti-malarial drugs, poor adherence of provider/client to the national treatment guidelines, and the abundance of sub-standard anti-malarial drugs in the community. All of these, together or in part, may lead to the development and intensification of anti-malarial drug resistance.

Unfortunately for a country such as Cambodia, loss of the current first-line anti-malarial drugs would leave no practical therapeutic choices to the MoH in the near future.

IV. STATEMENT OF WORK

This Request for Task Order Proposal (RFTOP) is intended to enhance NMCP activities by providing technical assistance and support to improve the diagnosis and treatment of malaria, continue surveillance of anti-malarial resistance, and educate the community about malaria prevention, control and appropriate health seeking behaviors. These activities would be implemented in collaboration with the MoH and the private sector.

Specifically, it aims at improving clinical facilities to higher standards, ensuring uninterrupted supplies of good-quality anti-malarial drugs and diagnostic tests, implementing operational research on anti-malarial resistance and supporting the dissemination of information, education and communication (IEC) materials on rational treatment of malaria. These activities would be implemented in 2-3 targeted provinces in western Cambodia that are at high risk of multi-drug resistant malaria outbreaks. These provinces will be determined in consultation with the National Malaria Center (CNM) based on the latest malaria situation.

The proposal should address the following key activities in the targeted provinces in western Cambodia:

1. Provision of pre/in-service training in laboratory diagnosis of malaria and implementation of quality assurance (QA) and quality control (QC) in routine diagnostic practice;
2. Development of effective strategies for the clinical management of malaria cases with emphasis on compliance to rational treatment with artemisinin-based combination therapy (ACT);
3. Development and dissemination of IEC messages with emphasis on appropriate health seeking behaviors to prevent the development and spread of anti-malarial drug resistance; and
4. Collaboration with other malaria control implementation partners in country and across the border, including possible sub-grants to NGOs, and potential public/private partnerships on the aforementioned activities.

V. SPECIFIC TASKS

The contractor shall undertake the following tasks:

Task 1: Diagnosis

Although the NMCP advocates early diagnosis and treatment by utilizing various diagnostic modalities and artemisinin-based combination therapy (ACT), there are still a number of gaps in the activities that limit the successes of their malaria control strategies. Diagnosis based on clinical grounds is still commonly used in both public and private sectors. Clinical diagnosis (as opposed to biological or parasite-based diagnosis) is known to be non-specific, thus resulting in over-diagnosis and over-treatment, an unnecessary increase in drug pressure and possible intensification of drug resistance in the area. Therefore, it should be discouraged.

With the increased cost of ACTs compared with monotherapy, accurate diagnosis will be critical to target anti-malarial drug use to infected patients and reduce the unnecessary use of these drugs, which occurs when patients are presumptively treated for malaria. USAID views biological diagnosis as key to successful case management and will support strengthening of malaria diagnosis in peripheral MoH facilities. Collaborative development of malaria laboratory training with existing agencies working on malaria and laboratory strengthening training for other diseases, such as tuberculosis, is encouraged.

a.) Microscopy
Although microscopy is recognized as the gold standard malaria diagnostic method, efforts to improve malaria microscopy in Cambodia have not been serious and sustainable enough. Attempts should be made to strengthen microscopic diagnosis where it already exists and establish more facilities at the district level.

Cambodia has some excellent malaria microscopists, but they tend to concentrate at the CNM in Phnom Penh or at major referral hospitals in provincial centers. Recent refresher courses organized by the World Health Organization (WHO) and the U.S. Naval Medical Research Unit No. 2 (NAMRU-2) helped to strengthen the

malaria microscopy manpower in Cambodia. However, an effectively functional microscopy system requires more than good microscopist workforce.

A system of quality assurance (QA) and quality control (QC) will soon be established with the CNM serving as the central malaria diagnostics and reference center. The center will help in the cross-checking of malaria smears from all regions systematically and on a regular basis with a molecular-based diagnostics backup already available at CNM. Microscopy is also necessary as a reference for other diagnostic methods. Even a malaria control program that relies heavily on Rapid Diagnostic Tests (RDTs) still needs good microscopy for the QA & QC of RDTs. Decentralization of reference microscopy to selected provincial health facilities maybe more practical and will help reduce CNM workload. Functional linkage between peripheral labs and a reference center for the validation of both malaria smears and RDTs should be established.

One of the obstacles in microscopic diagnosis is the poor-quality laboratory supplies (glass slides, Giemsa stain, etc.) received at the peripheral health facilities from the MoH's central procurement office. CNM has no responsibility in the acquisition and distribution of those supplies. The MoH acquisition process is based on competitive bidding but product quality cannot be guaranteed. Poor quality supplies lead to diagnostic errors and discourage staff from performing good work despite their competency in microscopic diagnosis.

b.) Rapid diagnostic test (RDT)
The RDT that has been used by the NMCP is the kind that detects only *P. falciparum*. Given the significant changes in malaria epidemiology in Cambodia in recent years with *P. vivax* now accounting for an average of 50% of malaria cases (or as high as 80% in the dry season in western Cambodia), this test, at its best, detects only half of the patients who suffer from the infection. However, an RDT that detects both *P. falciparum* and non-*P. falciparum* costs more than twice the one which detects only *P. falciparum*.

RDT quality at peripheral health facilities is also cause for concern. The NMCP has started some useful initiatives to address the problems of inappropriate RDT storage conditions (too hot, too humid) with the invention of "evaporative cooler boxes" as possible storage containers for the test kits in the field. However, more work is needed beyond this pilot project in order to establish a sustainable system of RDT QC/QA. Effective use of RDTs for malaria control cannot be attained independently of microscopy.

The NMCP has also been innovative in developing approaches to reach marginalized populations with the EDAT program. The utilization of Village Malaria Workers (VMWs) in piloted areas is an example. VMWs are community volunteers with little formal clinical training who are equipped with RDTs and malaria treatment. All RDTs used by VMW should be subject to a QC/QA system.

Although RDT is distributed through the extensive social marketing scheme, it appears that the sales of Malarine (the version of artesunate-mefloquine combination, or "AM4," distributed in the private sector in Cambodia) exceed those of the RDTs suggesting treatments frequently are being initiated without RDT diagnosis. This practice needs to be corrected. Most febrile illnesses necessitating a malaria test will not be malaria and thus the sale of RDT should far exceed that of Malarine.

Principal Sub-tasks:

a) <u>Microscopy/RDT strategy development</u>: Under the guidance of NMCP and in collaboration with other partners, this sub-task assists NMCP to develop an implementation strategy and plan for the effective use of microscopy and RDTs at different levels of the health system and in different clinical settings in the 2-3 targeted provinces in western Cambodia.

b) <u>Procurement of reagents, supplies and equipment for malaria microscopy and RDTs at provincial and district levels</u>: Under the guidance of the NMCP, procure (with warranty and scheduled maintenance services) binocular microscopes, good-quality reagents and supplies necessary for malaria microscopy and distribute them to laboratories at the provincial and health center levels in the 2-3 targeted provinces in western Cambodia. A long-range plan for possible self-sustainability of microscopy services by the MoH should be considered. High-quality RDTs capable of detecting both *P. falciparum* and non-*P.falciparum* should be procured.

c) Pre-/in service training in laboratory diagnosis and quality control: This sub-task will work with the NMCP and other partners to strengthen malaria diagnosis, including both microscopy and RDTs, including the following:
1. Coordinate with other partners in the development of a plan for microscopy training of MoH lab technicians, including pre-service training for incoming laboratory workers and refresher training for current technicians;
2. Provide support for on-the-job training for MoH laboratory workers in malaria microscopy, RDTs, QA and QC for both methods at the provincial and district levels in the 2-3 targeted provinces in western Cambodia. These training activities maybe coordinated with other planned activities related to improving laboratory diagnosis of other diseases, e.g., tuberculosis; and
3. Provide assistance to the NMCP with the development and implementation of a plan for the QC of microscopy and RDT diagnosis, including regular supervisory visits, systematic review of a predetermined percentage of positive and negative blood smears, and simultaneous use of both tests in a defined percentage of cases to check accuracy.

Potential Performance Indicators:

Microscopy quality

- establishment of malaria diagnosis QC/QA network in the USAID-assisted provinces
- % of USAID-assisted microscopy labs accredited by the central malaria diagnostics and reference center annually

Microscopy availability

- % of USAID-assisted referral hospitals/health centers with functioning malaria microscopy services

Microscopy manpower

- Number of microscopists trained with USAID funds

RDT availability

- % of USAID-assisted health facilities with RDTs that possess an RDT which detects both *P. falciparum* and *non-P. falciparum*.

RDT quality

- system for the validation of RDTs established

Task 2: Treatment

Despite the introduction of artesunate-mefloquine combination (AM) under the NMCP in Cambodia in 2000, several problems associated with malaria treatment remain, including:

1. limitation in the accessibility to drugs (drug supply frequently interrupted);
2. drugs not prescribed or taken appropriately (failure to comply with rational therapy);
3. widespread sub-standard drugs in the private sector; and
4. because of 1., communities seek out other avenues for treatment such as traditional healers, drug shops, or private providers.

The NMCP must strive to protect AM, which are the last efficacious drugs approved by the WHO for purchase with the Global Fund for Aids, Tuberculosis and Malaria (GFATM) funds, by increasing the overall effectiveness of malaria case management. Ensuring prompt and effective ACT treatment to all patients with confirmed or suspected falciparum malaria in Cambodia remains a challenge for the NMCP given the current health care infrastructure and treatment seeking behaviors.

Principal Sub-tasks:

a) Training/supportive supervision of health workers in the treatment of uncomplicated malaria, severe malaria and malaria in pregnancy: Under the guidance of the NMCP, and through sub-grants to NGOs and working with the MoH/NMCP, this sub-task will support the MoH and NMCP in pre- and in-service training and supportive supervision of health workers in the 2-3 targeted provinces to ensure safe and effective ACT prescribing and dispensing practices according to NMCP guidelines. It will also support training on the recognition and management of severe malaria according to NMCP guidelines.

b) Drug management: Anti-malarial drug quality must be ensured. Their procurement, distribution and use should be well-monitored. Ensuring drug quality in the private sector should be considered as priority.

Potential Performance Indicators:
Rational therapy

- % of AM and chloroquine (CQ) prescribed based on biological diagnosis at USAID-assisted government health facilities.
- Number of people trained in malaria treatment and prevention, disaggregated by place of work (government, private sector) with USAID funding.
- Assessment of USAID-assisted clinic facilities' compliance with clinical standards
- USAID-assisted facilities' provider staff with a written performance appraisal

Drug management

- Existence of a QA system for anti-malarial drug management in USAID-assisted provinces
- Number of USAID-assisted service delivery points experiencing stock-outs of specific tracer drugs
- % of USAID-assisted government health facilities at district levels that have AM and CQ available for the treatment of uncomplicated malaria;
- % of anti-malarial drug samples that fail QC tests
- Number of people trained in drug efficacy and drug quality studies with USAID funding

Task 3: Behavior Change Communication (BCC) and Information, Education and Communication (IEC) for malaria

Both the NMCP and partners agree that BCC/IEC related to malaria advocacy, prevention, and control are in need of strengthening. A recent household survey conducted as a part of the Global Fund activities revealed that more than 40% of health facilities reported having been out of stock of ACT for more than 7 days. Within the community, only 40% of the patients suffering fever sought care from a trained health care worker within 48 hours. Furthermore, over 70% of the community first accessed care for febrile illnesses in the private sector (private pharmacies and clinicians).

One attempt at increasing the coverage of early diagnosis and treatment (EDAT) is through social marketing of Malarine (or AM supplied by the public sector) and its accompanying RDT. Unfortunately only 40-60% of patients living in high-risk malaria areas are aware of Malarine, and only 17-25% know that they have to take the full course.

As stated earlier, poor quality and counterfeit anti-malarial drugs are still abundant in Cambodia. The local malaria endemic population needs to be aware of this and be discouraged from purchasing those drugs. However, this is difficult in practice without improving peripheral health care infrastructure. Improved patient education and care-seeking behavior are needed at various points in the malaria case management process.

Principal Sub-tasks:

a.) Facilitate the development of a locally appropriate plan for dissemination of IEC messages and provide technical assistance for IEC/BCC activities in the 2-3 targeted provinces. The messages should include rational therapy of malaria, address sub-standard and counterfeit drugs and encourage care seeking at government facilities or appropriate private or community based services. Information and education for both consumers and health workers should be made available.

b.) Expand partners capable of effectively reaching communities
Provide a mechanism to increase and expand the role of community-based organizations and local community volunteer network in educating, promoting and facilitating the adoption of behaviors that will result in significant decreases in irrational anti-malarial drug use, consumption of counterfeit drugs and self-treatments.

c.) Coordinate with USAID–supported health and education programs and other partners to implement an effective BCC and IEC activities.

Potential Performance Indicators:

- % of villages in USAID-assisted provinces covered by BCC/IEC activities
- % of health facilities in USAID-assisted provinces with MoH-approved IEC material

- % of schools in USAID-assisted provinces with MoH-approved malaria IEC material

Task 4: Capacity Building through collaboration

Programs should strengthen in-country capacity and foster collaboration as in-country capacity is the foundation for long-term success. Sustainable health systems and services at the national and local level depend critically on the engagement and commitment of key stakeholders - local people, government, civil society, enterprises, NGOs and donor institutions. In addition, good cooperation and coordination among USG implementing partners and other donors is necessary.

VI. REPORTING, DELIVERABLES & ADMINISTRATIVE REQUIREMENTS

The following sub-sections describe the nature and content of plans and reports required for planning, implementation and monitoring of the Task Order. Most of these deliverables are interrelated. The format of all of the different plans and reports should be compatible with NMCP and USAID plans and designed to allow analysis among the completed activities, expenditures, and results for each year of the program.

1 ACTION PLANS

1.1 Three-Year Strategic Plan

Within 90 days of signing the contract, the Contractor will submit a “draft” three-year strategic plan that encompasses the activities required to achieve results, the corresponding time frames, and an estimated budget required to achieve the four tasks. In contrast to the Annual Action Plans (described in 2.1.2 below), the three-year Strategic Plan will focus on the three-year chain of actions needed to achieve the targeted end results of the NMCP strategies. The Contractor will work closely with the NMCP and other stake holders in developing the final plan.

1.2 Annual Action Plans

Within 90 days of signing the contract, the Contractor will submit an Annual Action Plan for Year 1, designed with input from NMCP, USAID/Cambodia, and USAID/RDMA. This Annual Action Plan, and Annual Action Plans for subsequent years, will describe the activities and interventions to be carried out and the corresponding time frames. The Annual Action Plan will also incorporate a Financial Report and annual budget plan. The Annual Action Plans will provide information in a format mutually agreed with the NMCP, USAID/Cambodia and USAID/RDMA.

The Contractor will develop the Annual Action Plans in collaboration with the NMCP and other USG partners. The plans are subject to first the endorsement by the NMCP and MoH before receiving approval from the USAID CTO for the TASC3 Task Order. The CTO will review and approve plans to ensure that they are within the TASC3 Scope of Work.

1.3 Small Grants Management Plan

The Contractor will submit a final small grants management plan within 60 days after the signing of the Task Order agreement. This plan is expected to be developed in collaboration with the CTO and should describe: the grant solicitation process, grant oversight responsibility, and evaluation of grant results.

The contractor shall be responsible for developing guidelines (subject to the USAID/RDMA CTO and Regional Contracting Officer approval) for submitting grant proposals, establishing specific eligibility criteria and developing procedures for the review and approval of grants and developing procedures for monitoring the funded projects and reporting results. Such grants under contract (GUCs) shall be limited to the following: (a) the total value of any individual grant to any organization shall not exceed $100,000 for US organizations (no limit to no-US); (b) the USAID CTO will be significantly involved in establishing selection criteria and must approve the actual selection of grantees; (c) the Contractor must apply the same requirements that apply to USAID-executed grants; and (d) USAID retains the right to terminate the grant activities unilaterally in extraordinary circumstances (see ADS 302.3.4.8)

2 MONITORING AND EVALUATION

2.1 Performance Management Plan

Expected program results with illustrative indicators are provided in this document. However, during the initial program planning period and within the first 60 days after the arrival of the first long-term TA team member in Cambodia, the contractor shall work closely with the NMCP and RDM-A team to select final indicators, establish and/or select baseline data and performance targets for each indicator, and finalize a Performance Management Plan (PMP), which monitors progress towards achieving results. The PMP will be developed in accordance with USAID guidelines. To the extent it is possible, performance-monitoring systems will be integrated into, and will enhance existing MoH management information systems.

There will be semi-annual joint USAID performance reviews involving all USAID/RDMA-funded malaria partners in the region to monitor the achievement of results based on the targets specified in the PMP.

2.2 Semi-Annual Performance Management Reports

All Performance Management Reporting will be in the format specified by USAID/RDMA. The report shall discuss progress against the PMP, results achieved, constraints affecting implementation and proposed solutions.

Performance management reports will include program outcomes, and results based on the three-year strategic plan, annual action plans, and the indicators and targets in the PMP. As specified in these plans, the data for performance monitoring may be from a variety of sources, including: (i) the MoH Health Information System (HIS); (ii) facility and community level assessments; (iii) field visits; (iv) other relevant analyses and reports; and (v) the Contractor's primary monitoring and reporting system for this Task Order. For each six-month period the contractor shall report against appropriate indicators included in the PMP.
The Performance Management Report format should contain at a minimum the following information:

- Activities and interventions implemented in last six months;
- Reported Results;
- Planned activities and interventions for next six months;
- Expected future results;
- Performance;
- Compelling individual-level success stories; and
- Documentation of better practices that can be replicated or taken to scale.

2.3 Quarterly Performance Reports

The Quarterly Performance Reports shall discuss progress against the Annual Action Plan (2.1.2), results achieved, constraints affecting implementation and proposed solutions. The report shall also address whether and how constraints reported in previous reports have been addressed and resolved and shall also include discussion of activities and events planned for the next quarter.

The Quarterly Performance Report format should contain at a minimum the following information:

- Progress (achievements) since the last report;
- Problems described in previous report solved or still outstanding and intentions to address outstanding problems;
- New problems encountered since previous report;
- Proposed solutions to outstanding and new problems; and
- Plan for next quarter.

2.4 Final Task Order Report

This final report will highlight major successes achieved during the Task Order period with reference to established objectives and indicators, and should also discuss any shortcomings and/or constraints

encountered. The Contractor will submit a detailed final report within 60 days of completion of the Task Order which includes:

- A financial report detailing how funds were expended, by line item;
- A summary of the accomplishments against work plans, giving the final tangible results; and
- A summary of deliverables/benchmarks, addressing lessons learned during implementation and suggesting ways to resolve constraints identified.

3. FINANCIAL REPORTING

Financial Status Report information will be provided in a functional format to allow an examination of the cost of carrying out major action plan activities rather than simply providing conventional “budget categories” for major expenditures.

Fifteen days before the end of each calendar quarter, the contractor shall submit a detailed quarterly financial report with separate line items illustrating all vouchered and accrued monthly expenses. The report should contain at a minimum the following information:

- Total life-of contract budget;
- Total funds awarded to date;
- Total funds expended by the Applicant to date, including direct and indirect administrative costs;
- Total expended (actual plus estimated accrued); and
- Estimated expenditures for remainder of year.

In addition, the Contractor will be responsible for contributing to USAID/RDMA submission to the Malaria Obligations Reporting Application (MORA) of financial tracking information to USAID/W. Currently this annual report consists of a breakdown of finances by ‘functional activities’ and commodities as defined by the Presidential Malaria Initiative. (See sample attached.)

4. MISCELLANEOUS REPORTING REQUIREMENTS

Implementation problems: The Contractor shall immediately report to the USAID Contracting Officer and the Cognizant Technical Officer (CTO) any implementation problems affecting work quality, price or delivery schedules.

Document specifications: All plans, reports and other documentation prepared under this Task Order shall be provided in English as a finished document electronically. Documents will be prepared in Microsoft Word, Microsoft Excel and/or Microsoft PowerPoint.

Report of USAID-funded property: In accordance with USAID acquisition regulations, the Contractor is required to submit Annual Inventory Reports of all non-expendable, USAID-funded property in the Contractor’s custody (based on the calendar year). Copies will be submitted to USAID/RDMA.

(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/RDMA, 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 October 1, 2007 to September 30, 2010.

F.2. DELIVERABLES

See Section C, Paragraph VI, 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/RDMA
5/F GPF Witthayu Towers A, 93/1 Wireless Road
Bangkok, Thailand 10330

Or

Regional Office of Procurement
USAID Box 47
Bangkok
APO AP 96546

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

F.4 PLACE OF PERFORMANCE

The contractor shall set up an office in Cambodia to manage the activities under this task order. The place of performance under this Task Order is Cambodia with possible travel 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.6 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 000. Approval to procure Rapid Diagnostic Tests (RDTs), insecticide treated nets (ITNs), and antimalarial medicines from code 935 countries shall be subject to USAID-wide restrictions and source, origin and nationality requirements and shall be reviewed case by case upon request. 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/RDMA 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)
Senior Technical Advisor	(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
J.1	USAID FORM 1420-17 Contractor Biographical Data Sheet *
J.2	Past Performance Report – Short Form (OMB No. 9000-0142)
J.3	Six-Monthly Performance Monitoring Report
J.4	Cambodia's MoH Strategic Plan for Malaria Control (2006-2010)
J.5	Malaria Obligations Reporting Application (MORA)

* 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 Karittha Jenchiewchan, Procurement Specialist and Maria Rosario M. Arenas, Sr. Acquisition Specialist, via email at kjenchiewchan@usaid.gov, and marenas@usaid.gov, no later than August 7, 2007. Unless otherwise notified by an amendment to the RFTOP no question 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:

a. A Contract Pricing Proposal Cover Sheet (SF 1411).
b. 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.
c. 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 Offerors 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 Offerors 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 Offerors do 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 Offerors to obtain information on the Offerors' past performance. The Offerors are advised that USAID may obtain past performance information from sources other than those identified by the Offerors. 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.
d. 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.
b. 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.
c. 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.
d. 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 approach must set forth the conceptual approach, methodology and results to be achieved by the Offerors' program. The rationale for the appropriateness of the suggested approach should be explicit.

The technical proposal shall address how your organization plans to carry out the statement of work, not to exceed 20 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 12 months of the 36-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 20-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. Cover page
b. Executive Summary – Page 1-2
c. Technical Approach – Pages 3-15
d. Key Personnel and Staffing – Pages 16-17
e. Management Plan – Pages 18-20

1. <u>Technical Approach:</u> Please describe the proposed strategy and approach. The narrative should be brief, concise and provide a clear description of what the Offerors proposes to do, why, and with whom and how the Offerors will effectively assess the achievement of program objectives. The Offerors should be able to

demonstrate, with sufficient evidence, the merits of the proposed approach and its wider application based upon lessons learned and past experiences.

2. Key Personnel and Staffing: Offerors must specify the composition and organizational context of the entire implementation team (including home office support). Proposed personnel not yet identified may be shown as “TBD” (to be determined).

   Offerors should provide summary job descriptions and qualifications of all key professional staff, local and expatriate, to be funded under the contract, as part of the technical proposal and as deemed appropriate to implement the major tasks described in the SOW in section C. Resumes/CVs for these staff, not to exceed 3 pages, should be provided, including the developing-country experience of expatriate staff and recent references from persons familiar with the individual’s work. Proposals should include copies of letters from all key professional staff to the effect that they will accept the position in question for the entire period of the contract, should the Offerors receive an award.

   Below is an illustrative breakdown of possible positions, depending on the individual skills mix of key personnel proposed:

   Chief of Party

   The offerors are required to appoint a Chief of Party (COP).

   The COP will be responsible for overall planning and management of activities under this Task Order. The COP is primarily responsible for facilitating senior level policy and technical dialogue with the NMCP, MoH, other Ministries and international partners. S/he will also assist USAID/RDMA and USAID/Cambodia with effective use and coordination of U.S. Government resources.

   Additional Qualifications:

   - Graduate degree in public health, public administration, health finance, health economics or related discipline.
   - Excellent communications skills, both oral and written in English and, preferably, in Khmer.
   - Demonstrated success at providing technical assistance to a developing country MoH. Please provide references of MoH counterparts. Preference in descending order for experience in Cambodia, Southeast Asia, a low-income country, other developing countries.
   - Recent, prior experience in the management of a long-term health technical assistance program of similar nature and scope, including negotiating work plans, interfacing with donors, Ministry, other development partners; developing terms of reference, identifying technical assistance sources, and ensuring high quality.
   - Demonstrated excellent interpersonal and cross-cultural skills.
   - Skills and experience anticipated in some combination of the following: negotiation, advocacy, health policy development and strategic planning, information management, health human resources, decentralization of health systems and local health planning, managing community participation, health care quality improvement, and technical areas of malaria.

   Senior Technical Officer/s

   The work of the COP will be facilitated by senior level position technical advisor/s. Offerors are required to appoint a Senior Malaria Technical Office (SMTD), who will provide technical assistance and support to improve the diagnosis and treatment of malaria, continue surveillance of anti-malarial resistance, and educate the community about malaria prevention and control. The SMTO will also provide guidance and oversight to the technical members of the local team and short-term technical consultants. The SMTO also plays a role in ensuring the technical quality of USAID/RDMA malaria activities implemented through sub-grants.

   The Offerors may add additional Senior Technical Officers if the Offerors deem it appropriate.

   Additional Qualifications:

- Graduate degree in public health or related discipline, preferably at the doctoral level (MD with MPH, PhD or equivalent in qualifications and experience).
- Excellent communications skills, both oral and written in English and, preferably, Khmer. For candidates not fluent in Khmer, please provide information on other language skills and a plan for Khmer language training.
- Minimum of 10 years experience implementing and evaluating public health programs in Southeast Asia or other less-developed countries.
- An excellent understanding of the malaria-related issues in Cambodia.
- Demonstrated capacity to advise the Chief of Party on technical issues related to malaria-related health policies and strategies, interventions, and innovations.
- Demonstrated capacity to compile, evaluate and maintain the malaria-related evidence base to support advocacy, policy dialogue and planning with the MoH, Provincial and District Health Teams and implementing partners.
- Demonstrated experience in providing oversight and guidance to technical staff and short-term consultants concerning the focus and timely completion of their work.

The staffing plan for a Cambodia-based team will be finalized following award of the Task Order and consultations with USAID/Cambodia and USAID/RDMA. The team should be recruited locally to the extent possible to optimize use of existing Cambodian human resources. The technical team should be based in one or each of the 2-3 targeted Western provinces.

For the purposes of this application, Offerors should propose a draft staffing plan for the US-based and Cambodia-based teams that takes into consideration the purpose and scope of the Task Order, the roles and skills of named key staff and the complementary array of local and short-term assistance that will be available.

Local technical assistance
The Cambodian-based team should be small but have the necessary managerial and technical skills required ‘on site.’ The draft staffing plan should include a description of the key roles and responsibilities as well as the minimum qualifications and experience required for each proposed position. It is not necessary to identify named candidates, although Offerors are encouraged to describe their proposed approach to recruitment of local staff.

Short-term technical assistance
USAID/RDMA recognizes the need for short-term technical assistance to complement the skills and enhance the work of Cambodia-based staff.

It is the preference of USAID/RDMA that, to the extent possible, Offerors utilize short-term technical assistance resources available locally (in Cambodia and the Southeast Asian Region) and actively promote South-South technical assistance to foster South-South exchange and minimize travel costs.

Continuity is an important aspect of short-term technical assistance and Offerors are encouraged to identify consultants who will be able to make repeated visits to Cambodia and develop highly functional working relationships with Cambodia-based staff and country counterparts. To this end, Offerors are encouraged to: 1) identify a focal point and alternate who are committed to providing ongoing assistance. The qualifications, skills, experience and minimum availability of each focal point and alternate should be provided; and 2) provide information on additional technical assistance resources that can be mobilized by the Offerors.

3. Management Plan: As part of the narrative, Offerors should provide a clear description of how the task order will be managed, including the approach to addressing problems and challenges. Proposals should outline which subcontractors will conduct the various tasks listed earlier, and describe the roll of, and contractual arrangement with each subcontractor (if any). Offerors should propose a management plan that demonstrates the Offerors’ understanding of management barriers that could occur during project implementation on both a global and country level, and how the Offerors plan to overcome these barriers. The plan should also demonstrate how the Offerors will use existing in-country resources for rapid start up. This plan should also address show the Project Director will liaise with the Cognizant Technical Officer (CTO), in-country staff, and reporting and management among other partners and sub-contractors, if

applicable. Offerors are encouraged to include an organizational chart in an Annex to the technical proposal.

The contactor shall fulfill the following administrative requirements:

- Set up a project office in Cambodia;
- Recruit and field local and international consultants and experts as needed. Where feasible, the contractor shall make maximum use of available local expertise for short-term assignments. In fielding all short-term experts but particularly with expatriate short-term expertise, the contractor shall ensure continuity of technical assistance by utilizing a limited pool of specialists who make repeated visits to work on continuing activities;
- Organize in-country logistics and travel for meetings, site visits and other activities outlined in the approved program implementation plan;
- Ensure compliance with all applicable USAID rules and regulations. Financial support for this program comes from RDM-A's malaria-specific funds for infectious diseases. The contractor shall manage funds ensuring strict adherence to all USAID funding guidelines and regulations.

Program support provided through the Contractor is intended to support training, technical assistance, assessment, and follow-up rather than to replace NMCP and other donor support for operating costs.

4. Corporate Institutional Capability and Experience: As part of the narrative, the Offerors should furnish evidence that they, along with their proposed subs, have the ability to plan, implement and monitor similar programs effectively. The quality of an Offerors' past performance on similar programs is a factor in consideration of award. The Offerors should furnish information on all U.S. Government contracts, grants, or cooperative agreements involving similar or related programs over the past three years in which their organization has been involved. The information should include (at a minimum) the following for each program:

   • Name and address of funding organization;
   • Name, address and phone number, if possible, of the individual from the funding agency and the funding agency's number assigned to the contract, grant or cooperative agreement;
   • A brief description of the program;
   • Start and end dates, or projected end date of the Offerors' involvement with the program; and
   • Provide independently verifiable evidence on past performance.

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

A. USAID Branding Strategy:

Program Name: Malaria Prevention and Control Activities in Cambodia

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

Budget Format: A budget with narrative providing detailed justification of costs anticipated under this proposed task order should be provided in the following format:

a. For each line item proposed, please provide a summary cost breakdown, by element, of the respective anticipated costs of performing under this task order. The elements include: salaries, fringe, consultant fees, travel/transportation/per diem, other direct costs, equipment, sub-contracts, grants, indirect costs (overhead, G&A, etc., if applicable), and fee.
b. Detailed level of effort and labor cost estimates must be submitted in accordance with the Statement of Work. Please provide a separate line item for each proposed individual and identify each by name, labor category, daily rate, and the level of effort for that individual. Please provide a salary history for the prior three years, for "key" individuals and professional staff.
c. Detailed level of effort and cost estimates for consultants who will perform under the task order. Additionally, please provide ceiling rates for consultant positions for which an individual is not specifically named according to the following position classification: US Senior Level, US Junior Level, CCN Senior Level, CCN Junior Level, TCN Senior Level, and TCN Junior Level.
d. Provide a breakdown for all anticipated costs for indirect costs (i.e., the amount, type, and unit cost) in accordance with the NICRA.
e. Fixed Fee is subject to the maximum specified in the IQC.
f. Total Estimated Cost plus Fixed Fee.

The total budget for this task order is estimated to fall within the range of $2,400,000 to $ 3,000,000 for the 36-month period.

Offerors shall submit its cost proposal in the following Contract Line Item Number (CLIN) format. Offerors shall also submit a summary cost proposal by operating period and CLIN, using the following detailed budget format:

Cost Element	Year 1	Yr 2	Yr 3
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.

L. 6 APPLICABLE DOCUMENTS

Applications must be consistent with Cambodia's MoH Strategic Plan for Malaria Control (2006-2010), which is attached.

(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 required 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 APPROACH 40 points
   a. Is complete and responsive to the USAID/Cambodia and USAID/RDMA health program objectives, level of focus, efforts, and monitoring and evaluation of results. (15 points)
   b. Demonstrates an understanding of health sector issues in Cambodia. (10 points)
   c. Integrates sustainable capacity building as a core principle in each of the actions proposed. (5 points)
   d. Offers a realistic proposal to strengthen and expand priority interventions, laid out in the technical approach and demonstrates strong linkages with in-country partners such as the Global Fund for Aids, Tuberculosis and Malaria (GFATM). (10 points)

2. KEY PERSONNEL AND STAFFING 20 points
   a. Expertise of Chief of Party in a range of comprehensive services required to improve the efficient and transparent management of scarce health resources, especially strengthening malaria program implementation at the provincial level. (10 points)
   b. Expertise of Senior Malaria Technical Advisor in a range of comprehensive services required to improve malaria prevention, diagnosis, and case management, including strengthening surveillance for resistance and implementing behavior change communication. (10 points)

3. MANAGEMENT PLAN 25 points
   a. Appropriateness and rationale of the proposed Personnel Structure (long- and short-term) to the proposed technical approach. (5 points)
   b. Capacity to meet short-term technical assistance needs associated with the Task Order. (5 points)
   c. Capacity to recruit local technical assistance and to foster South-South exchanges. (5 points)
   d. Capability to support personnel and field operations. (5 points)
   e. Success in forming alliances with other organizations and/or donors. (5 points)

4. CORPORATE INSTITUTIONAL CAPABILITY AND EXPERIENCE 15 points

Past performance on and demonstrated capability to plan, implement and monitor similar programs, including starting program activities rapidly and meeting USAID reporting and accountability requirements.

TOTAL 100 Points

(End of Section M)

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)

ATTACHMENT J.3
TASC3: SIX-MONTHLY PERFORMANCE MONITORING REPORT

Sample report formats

TASC3: SIX-MONTHLY PERFORMANCE MONITORING REPORT

Contractor:
Contract Number: Reporting Period:
From:
To:

SECTION I. CONTRACTOR'S REPORT
1. Activities and Interventions: summarize activities and interventions carried out in the last six months which were previously reported as “planned activities”
2. Reported Results: summarize the tangible results.
3. Planned Activities and Interventions: list future activities and interventions planned to be implemented within the next six months.
4. Expected Future Results: summarize the tangible results expected at conclusion of the next 6-month period and whether this expectation is still reasonable.
5. Performance: for each of the activities described in number 1 and 4 above, state whether on-target or not, and comment, particularly in terms of meeting benchmarks, or other requirements established for the period and explain reasons why benchmarks or requirements were not met, as appropriate.
6. Compelling individual-level success stories: short paragraph (optional).
7. Documentation of better practices that can be replicated or taken to scale: activities that have worked well in USAID/RDMA’s geographically- focus area that can be replicated in other provinces or countries in the region.
Note: Not to exceed ten (10) pages.

SECTION II. CTO'S COMMENTS
The Cognizant Technical Officer (CTO), whether in USAID/RDMA or in the field, will complete Section II and pass his/her comments on to the Contracting Officer for possible further comment. The CTO will obtain input from counterparts or others, as appropriate, prior to completing this section.

1) Comment on Contractor's technical performance (quality of technical assistance, professional services, etc.) and provide examples, if appropriate.
2) Comment on Contractor's administrative performance (timeliness in meeting schedules and/or delivering materials/products) during the quarter and give examples, if appropriate.
3) Comment on Contractor's management (cost-effectiveness, quality of communication with staff and with USAID) for the quarter and provide examples as appropriate.
4) React to Contractor's assessment of performance regarding any of the activities/Benchmarks described in section IA. above.
5) Note areas for potential Contractor improvement regarding achievement of Benchmarks and Tangible Results or any of the items covered.

CTO/OFFICE SYMBOL: DATE:

SECTION III - CONTRACTING OFFICE'S COMMENT (OPTIONAL)

- The Contracting Officer may, if he or she wishes, add comments on any areas of concern in regard to Sections I and II above or identify actions to support, correct, or improve Contractor's performance.
- The CTO will provide timely feedback to the Contractor relative to Section II and Section III (optional) comments

CO/OFFICE SYMBOL: DATE:

ATTACHMENT J.4
CAMBODIA'S MOH STRATEGIC PLAN FOR MALARIA CONTROL (2006-2010)
(Please see .pdf of email)

ATTACHMENT J.5
MALARIA OBLIGATIONS REPORTING APPLICATION (MORA)
(Please see .xls of email)