Issue Date: **September 06, 2007**
Closing Date: **October 09, 2007**
Closing Time: **1200 Hours Dominican Republic local Time**

TO: **Global Health (TASC III)**
Indefinite Quantity Contract (IQC) Holders

SUBJECT: **Request for Task Order Proposal (RFTOP) Number: 517-07-005**
under the Global Health TASC III Indefinite Quantity Contract

The Regional Contracting Office on behalf of the United States Agency for International Development in the Dominican Republic (USAID/DR) intends to award a Task Order under the Global Health TASC III Indefinite Quantity Contract (IQC) Series. The estimated cost of this activity is not to exceed a range of $16,000,000 to $17,000,000 for a five year period of performance. The place of performance will be the Dominican Republic. The requirements for this activity are described in the Statement of Work; Attachment I. Issuance of the Task Order is subject to availability of funds and successful negotiation of the Task Order budget and terms. This is envisioned to be a Cost Plus Fixed Fee (CPFF) Type of Task Order. Only one Award is anticipated.

USAID encourages your organization to indicate its interest in this Task Order by submitting a proposal in accordance with the instructions in Attachment II - Instructions to Offerors. The U.S. Government intends to evaluate proposals in accordance with the Evaluation Criteria in Attachment III and to make an Award to the Offeror submitting a responsive, reasonable offer which provides the greatest value to the U.S. Government, price and other factors considered.

To be considered under this fair opportunity process, the Offeror should submit the required documentation by the means indicated not later than the closing date and time indicated above. Please note that there is a page limitation imposed on the Technical Proposal. Proposing organizations should ensure that proposals are well-written, easy to read and follow, and contain only the requested information. Proposals that are verbose, padded, or otherwise include extraneous content will not be viewed favorably.

Proposals may be submitted by air courier or hand-delivered to the address below. Hard copy submissions need to include five copies of the Technical Proposal and one copy of the Cost Proposal and be accompanied by a compact disk with both proposals in an electronic format. The hard copy proposals must be received by the stated closing date and time.

Mailing and Hand-Carried Address:

Regional Contracting Office
USAID/Dominican Republic
Leopoldo Navarro # 12, Gazcue
Santo Domingo, Dominican Republic

Telephone: (809) 731-7048

Please be aware that this fair opportunity process in no way obligates the USAID to award a Task Order nor does it commit USAID to pay any costs incurred in the preparation and submission of a proposal. We request that any questions you may have be submitted in writing no later than Thursday, September 20, 2007, at 12:00 DR local time, to Ms. Rosa A. Jimenez at: rosjimenez@usaid.gov

Sincerely,

Kenneth Barberi
Regional Contracting Officer
USAID/DR

Attachments:

Attachment I – Statement of Work
Attachment II: Instructions to Offerors
Attachment III– Evaluation Criteria
Attachment IV –Reference Documents
Attachment V – Branding Strategy
Attachment VI - List of Acronyms

ATTACHMENT I

STATEMENT OF WORK

TITLE

Increased Access to Selected HIV/AIDS Interventions in Health Region V and the Border Provinces of the Dominican Republic.

I. OVERVIEW

The New Strategic Framework for U.S. Foreign Assistance concentrates U.S. foreign assistance on five priority objectives to meet the goal "to Help build and sustain democratic, well-governed states that respond to the needs of their people, reduce widespread poverty and conduct themselves responsibly in the international system."

These areas are:

- Peace and Security: recognizing these as platforms for further political, economic and social progress;
- Governing Justly and Democratically: recognizing that effective, accountable, democratic governance is a vital foundation for sustainable progress;
- Investing in People: recognizing that human capacity must be strengthened in order to promote and sustain success;
- Economic Growth: recognizing that economic progress and poverty reduction are critical underpinnings of sustainable development; and
- Humanitarian Assistance: recognizing the United States' commitment to alleviate human suffering and respond to destabilizing humanitarian disasters.

The USAID 2007 – 2012 HIV/AIDS Strategic Overview for the Dominican Republic (DR) builds on over 40 years of United States Government (USG) health and development experience. It focuses development assistance through the analytic lens provided in the New Strategic Framework for Foreign Assistance. It states that the USG will contribute to "the development and implementation of a successful comprehensive concentrated response to HIV/AIDS in a selected health region and the border area. Systems strengthening and human capacity development will be elements of the sustainability of the model. Haitian and Dominicans living in the intervention areas will have improved access to quality critical HIV/AIDS services." This Task Order is consistent with this new focus and strategic overview. It addresses the following HIV/AIDS specific program components:

- Prevention: Prevention of Mother-to-Child Transmission (PMTCT), Abstinence, Be faithful (AB), and other prevention(OP)
- Care: Palliative care, Orphans and Vulnerable Children (OVC), Voluntary Counseling & Testing (VCT)
- Treatment and Other: Antiretroviral (ARV) services, pediatric AIDS

As a cross-cutting theme of these components, the contractor will support strengthening PMTCT, VCT and integrated care services in selected public hospitals of the Secretaría de Salud Publica y Asistencia Social (SESPAS)/Ministry of Public Health and Social Assistance in Region V and the border provinces. The contractor shall also strengthen coordination between SESPAS and the Secretaría de

Educación (SE)/Ministry of Education; among NGOs, SESPAS, other donors (World Bank, Global Fund, Clinton Foundation) and among other USAID-financed activities, in order to form strong regional networks to provide quality sexual education and services in all settings. Finally, the contractor will work closely with the Centers for Disease Control and Prevention (CDC), The U.S. Department of Defense (DOD) in the context of its HIV/AIDS prevention program, and the Peace Corps in the accomplishment of its work.

II. PURPOSE

The purpose of this Task Order is to help achieve USAID/DR's Strategic Objective on HIV/AIDS by providing (1) technical assistance, institutional strengthening and support to the GODR for the implementation of selected HIV/AIDS prevention, treatment and care programs; (2) to provide technical assistance to NGOs, CBOs and FBOs that will receive grant assistance for HIV/AIDS program implementation; and (3) to implement a grant program to NGOs, CBOs and FBOs for the implementation of HIV/AIDS prevention, treatment and care. The grants mechanism is an effort to promote innovative, creative and flexible development approaches as well as bring in new partnerships or establish coalitions and networks to support a decentralization of health-care services in support of the on-going health sector reform. This contract will disburse sub-grants, provide training, and equipment/technology needed to implement HIV/AIDS prevention, treatment and care activities, coordinate the monitoring and evaluation (M&E) systems for data collection and reporting with USAID M&E centrally funded mechanism. These sub-grants should address discrimination against persons living with HIV/AIDS, gender-based violence and stewardship of program resources.

III. BACKGROUND

HIV/AIDS in the Dominican Republic. The DR has an estimated population of 9,200,000, with an additional 600,000 to 1,000,000 Haitian nationals working and living in the country. An estimated 1.1% of the adult population (or 67,000 people) is living with HIV/AIDS, with seroprevalence among those living in rural areas reaching 2.8%. In recent years the number of AIDS cases in women has grown steadily and La Dirección General de Control de Infecciones de Transmisión Sexual y SIDA (DIGECITSS)/National AIDS Program reports that 71% of new infections are in young women ages 15-24. The HIV prevalence among women seeking antenatal care has reached 4.5% in the eastern portion of the country and 5.9% and 3.4%, respectively, in the border provinces of Montecristi and Dajabón. Among most-at-risk populations, studies show HIV+ rates of 3.8% among Commercial Sex Workers, and in certain areas of the country, HIV prevalence in men having sex with men (MSM) is as high as 11%. HIV prevalence in the bateyes (sugar plantation communities) is estimated to be 5% in the adult population, peeking at 12% in men 40-44 years. There is evidence that young adolescents are initiating their sexual debut as early as 12 years of age in the bateyes, and even younger than 10 years of age in areas along the Haitian border. A study conducted at the end of 2001 estimated that 58,000 children ages 1-14 years are either at risk of or already are orphaned by AIDS. Of these, 10% were estimated to be living with HIV/AIDS, 2,800 (4.8%) were already orphaned and the rest would become orphans within the next 5-10 years (John Snow International/Instituto PROMUNDO: Orphans & Vulnerable Children).

Based on the most recent behavioral surveillance study (BSS), stigma and discrimination against persons living with HIV/AIDS (PLWHAs), MSMs, and Commercial Sex Workers continue to be significant issues. Approximately 54% of the population does not believe that PLWHAs should continue to work, and nearly 40% do not believe that students living with HIV should continue to attend school. In addition, 57% of psychologists, 34% of doctors and 25% of nurses interviewed reported a reluctance to provide health care to PLWHAs and MSMs. Persons living with HIV frequently cannot obtain or keep their jobs, and lose their private health insurance, thereby further jeopardizing their family income and reducing their access to treatment and care.

Violence against women and alcohol-related violence are significant issues in the DR. Research around the world demonstrates that gender-based violence has implications for almost every aspect of health. Women experience morbidity and mortality as a result of physical and sexual violence, which can exacerbate health conditions including HIV transmission.

Overarching Country HIV/AIDS Context

HIV/AIDS policy context and environment

In 1993 the DR passed legislation making it illegal to discriminate against persons living with HIV/AIDS and imposing fines on those who disobey this law (the AIDS Law). Although the human rights indicator in the AIDS Program Index increased from 58% to 63%, stigma and discrimination continue to victimize persons living with HIV/AIDS. The AIDS Law is poorly enforced and frequently violated with impunity by hotel and industry corporations. These employers often require HIV tests as a condition for hiring or to guarantee further employment. As a result, non-governmental organizations (NGOs) that represent PLWHAs do not feel fully empowered. Furthermore, neither government nor religious leaders communicate HIV/AIDS messages during public events. This lack of committed vocal leadership in HIV/AIDS prevention sends conflicting messages to the general public.

The Government of the Dominican Republic (GODR) recognizes the severity of the HIV/AIDS crisis as a growing national concern, and has taken steps to create a national response with assistance from bilateral and multilateral donors. In 2000, the DR established the Presidential Council for AIDS (COPRESIDA) through Presidential decree. COPRESIDA plays an important coordinating role for all HIV/AIDS activities in the country. COPRESIDA is the principal beneficiary for the $48 million grant from the Global Funds for AIDS, Tuberculosis and Malaria (GFATM) and serves as the coordinating unit for the $25 million World Bank loan, now in its final phase. The Country Coordinating Mechanism (CCM) has presented a proposal to the GFATM 7th round grant program. COPRESIDA is complying with the "Three Ones" and has developed, with participation of stakeholders and donors, the 2007-2015 National Strategic Plan (PEN) and a the framework for the National M&E Plan.

The Ministry of Health/SESPAS is the implementing partner for HIV/AIDS services and diagnostic tests in the public sector network. The National AIDS program/DIGECITSS is responsible for developing HIV/AIDS-related norms, protocols, and surveillance. The Ministry of Education is implementing a life skills program in public schools for high school students, which includes sexual education, AB prevention messages and promotes self-esteem, self-respect and tools to prevent and recognize forms of sexual abuse.

Within the DR, international agencies, local and international NGOs have worked closely and extensively to develop mutual trust and coordination mechanisms. The NGO sector is made up of indigenous NGOs, faith-based organization (FBOs) and international NGOs. Some of the local NGOs have formed alliances with international or other local organizations to provide more integrated services, such as in the bateyes, where they have formed coalitions.

USAID/DR HIV/AIDS Strategy and Program

USAID recognizes that NGOs, CBOs and FBOs have become important partners in the national response to HIV/AIDS. USAID views these organizations as key communicators and mobilizers in communities, particularly to those most at risk of HIV. They are also key partners in linking communities and individuals to care and support services. These organizations are uniquely situated to provide

needed follow-up, as well as community and home-based support for infected and affected individuals, including OVCs and their families. Partnering with such organizations is essential to ensure comprehensive programming for HIV/AIDS prevention, diagnosis, care and treatment in the DR.

While NGOs are essential to USAID/DR's HIV/AIDS strategy, experience has demonstrated that many of the NGOs have limited capacity to rapidly scale up services. Their ability to plan, organize, implement and monitor HIV/AIDS service provision is restricted by their limited management capacity. Observed weaknesses vary significantly by organization, but include difficulties in establishing effective management systems, providing effective leadership, communicating internally and externally, developing project proposals, hiring and supervising staff, recruiting and managing volunteers, implementing project work plans, monitoring and reporting on project activities, as well as mobilizing resources and managing project funds.

During FY 2007, USAID began to concentrate its HIV/AIDS programming efforts in Health Region V and areas along the border with Haiti, starting with the border provinces of Elías Piña and Dajabón and expanding in future years to other provinces along the Haitian border. National-level support will be limited to policy- and capacity-building efforts. NGOs can be found in both Region V and the border. It is expected that partners in the border provinces will form linkages with similar organizations (NGOs and FBOs) that are working in Haitian Provinces (Department) nearest to the border area. Currently, USAID/DR works with approximately 22 NGOs, FBOs and CBOs implementing approximately 40 activities. Most of these NGOs currently receive management support through USAID/DR existing HIV/AIDS program in partnership with Family Health International (FHI). The contract is due to expire in FY 2008. While our previous strategic focus was not concentrated in Health Region V and areas along the Haitian border, a few of the NGOs currently receiving support through this mechanism have implemented HIV/AIDS and TB activities in these geographical focus areas. Furthermore, as USAID/DR begins to concentrate its HIV/AIDS programming efforts in Health Region V and the 10 provinces along the Haitian border, new NGO partnerships will be developed and cultivated. One of the challenges will be to identify a sustainable cost effective solution to training. It will be to the benefit of the NGO community and the DR, to define a strategy whereby a local institution can develop the capacity to train health personnel, especially nurses and community workers in skills associated with the provision of HIV/AIDS services. The advantage of utilizing this strategy is its potential to create career opportunities. Also, the NGO community will benefit enormously from the possibility of receiving hands-on training to suit their needs based on up-to-date technical knowledge and local experience.

The USG HIV/AIDS strategy for the DR is in a period of transition. The strategy shift is based on both a 2006 assessment by a USAID health team and in consideration of planned future funding levels. Therefore, starting in FY07, the USG new strategy will begin to provide comprehensive interventions and support in focused geographic areas (Region V and in the border areas), and limited capacity building and policy support on a national scale. In the first year of this strategy, FY07, USAID/DR will transition previous support and initiatives to those described above. During FY07, USAID will continue with pre-existing support and simultaneously consolidate current models, strengthen NGOs and initiate scale-up in concentrated areas. A map of the Dominican Republic highlighting significant HIV/AIDS program locations has been included in the reference link in Attachment IV.

A. Region V

The selected geographic region for USG's comprehensive program is Health Region V, one of eight Health Regions in the DR. In this region, USG will support a comprehensive and integrated HIV/AIDS program. The HIV/AIDS program that will be developed and implemented in Region V will then serve as a model for similar programs in other health regions of the country. These model programs are also intended to influence other activities implemented by the GODR and partner organizations.

Region V clusters five provinces at the eastern-most end of the country, with a population of approximately 900,000. The Region has a high concentration of at-risk populations (migrant Haitian workers, Commercial Sex Workers, and persons living in bateyes) as a result of the tourism industry, significant construction activities, free trade zones and sugar mills. Region V has the highest seroprevalence rate in the DR, at 2.1% overall and 4.1% among pregnant women. The Region has the existing infrastructure necessary to support an integrated and comprehensive HIV/AIDS program, and it has been designated by GODR as one of three priority regions for the initiation of the national family health insurance program enacted by the new Social Security system. USG support has resulted in improved management systems and capacity of the 14 hospitals and five provincial health directorates in this health region. Several current USG interventions in HIV/AIDS are already under development in the region, and NGOs, CBOs, FBOs and public institutions provide prevention, treatment and care services. An existing public-private network in La Romana province provides treatment and care for PLWHAs. One of the networks of private providers has entered into a twinning agreement with Columbia University.

USAID's comprehensive interventions in Region V will address prevention, care and treatment. Prevention support will include a comprehensive abstinence, be faithful (AB) strategy targeting both pre-adolescents and adolescents through the public school system, out-of-school children, communities outreach by Peace Corps volunteers, and male and female adult populations stressing faithfulness and condom use. Other sexual prevention strategies will be tailored for high-risk populations and delivered through multiple channels such as community outreach by NGOs and Peace Corps Volunteers, condom social marketing and policy development, and service provision to military staff. Care services will include voluntary counseling and testing (VCT), palliative care through community- and home-based programs, and OVC programs implemented through health facilities and indigenous NGOs. Treatment support will be limited to strengthening treatment services for pediatric AIDS patients and improvement to laboratory services. ARV supplies will continue to be provided to the GODR through the Global Fund grant. The U.S. Department of Defense (DOD) will support prevention programming at Dominican armed forces health posts in the Region and Peace Corps volunteers located in the Region will provide communities with key prevention education. The Punta Cana Foundation, sponsored by the Punta Cana Hotel Corporation, is supporting HIV/AIDS prevention activities targeted to hotel employees and tourists. It is also funding a clinic to provide health services to the communities nearest to the tourism areas. They have expressed interest in co-funding HIV/AIDS prevention, treatment and care services in the Punta Cana region to provide services to hotel employees, hotel construction workers and communities.

System strengthening is a critical element of the regional strategy. As USAID interventions strengthen the systems in Region V, the experience and lessons learned can serve to guide the programming for the rest of the country. Specific models will include policy, strategic information systems, networks of service providers, and referrals and linkages between service providers and community-based programs.

B. Border areas

The USG decision to expand specific support to border areas is based on geography (as it remains a corridor for mobile populations to and from Haiti), epidemiologic and demographic factors, and on the lack of basic health services. A 2006 UNICEF/CRS BSS Survey on children and adolescents reports that 62.5% and 41.9%, respectively, of children 10-12 years interviewed in the border cities of Dajabón (on the Dominican side) and Quanamithe (on the Haitian side) had their first sexual relation before 10 years of age. Access to quality HIV/AIDS services is limited, and there is little coordination among the few NGOs and FBOs that do provide prevention and care services in these border areas. In addition,

as reported by the Ministry of Health (MOH)/SESPAS approximately 60% of all births in Dominican hospitals are to Haitian women who cross the border to deliver and return to their communities in Haiti shortly thereafter. The 2006 Sentinel Surveillance Study in pregnant women in ANC reports that four provinces in the border areas have seroprevalence with ranges of 3.4% to 5.9%, and 15-49% in women. In pregnant women 25-34 prevalence rates range between 4.2% and 8.1%.

In the border areas, USAID's program will include select interventions in prevention (AB, OP, and PMTCT), care (OVC, VCT and Palliative Care), and treatment (developing/ensuring appropriate local linkages) as well as policy/system strengthening. In addition, USAID/DR will explore ways to develop with USAID/Haiti a number of activities designed to address the needs of populations traveling frequently between the DR and Haiti. Such activities could include the development and dissemination of educational information in Spanish and Creole, the development of a referral card providing information on HIV/AIDS palliative care and treatment sites in Haiti, and developing a local health management information system (HMIS) so that hospitals on both sides of the border can more readily exchange information and explore the bi-national use of CD4 machines in the border region. USAID/DR will work with GODR to develop a bi-national agreement with the Government of Haiti that would permit further collaborative endeavors. DOD will support prevention programming at Dominican armed forces health posts in the area and Peace Corps volunteers located in the area will provide communities with key prevention education.

C. Central-level activities

Certain systems- and policy-level interventions are only effective when implemented at the national level. Advocating for the enforcement of the existing and future policies will be a focus of the USG leadership in its communication with the GODR. Through additional mechanisms, USAID/DR will support select capacity building activities that not only support the interventions at the regional level and along the border, but also have a national impact. These activities include assisting the MOE in strengthening a sex education and life skills curriculum for public schools. A targeted and appropriate abstinence, be faithful, use condom (ABC) strategy will provide information to students in primary and secondary public schools and technical assistance and diagnostic equipment in order to increase access to treatment for HIV+ children under 18-months of age. Specific policy reform efforts will include assistance to the National AIDS program in developing updated PMTCT and VCT norms and protocols; a National Condom Policy; expansion of HIV/AIDS services covered by the national health insurance program; promotion of programs to provide education tools to help women negotiate protection from their partners and to fight gender-based violence; and finalizing and implementing the National Monitoring & Evaluation system to strengthen these components within the "Three Ones" goal.

SUMMARY OF ASSESSMENTS

In 2005, the National Center of Maternal and Child Health Research (CENISMI) conducted a study on TB/HIV co-infection, and found co-infection to be 9%. In 2006, CDC conducted a characterization of the DR surveillance and epidemiological system. As a result a two-year work plan was drafted and agreed upon by all stakeholders. Also, at the end of 2006, the Pan American Health Organization (PAHO), UNAIDS, UNICEF and USAID/DR conducted an assessment of the National Response to HIV/AIDS. Results of this assessment which were solicited by the Secretary of Health are available. Documents on the health sector reform process and an assessment of hospitals systems and bio-security are also available through the USAID/DR REDSALUD Project. The 2007 Demographic and Health Survey (DHS) will be completed shortly and data made available, as well.

OTHER DONORS IN HEALTH

The United States is the single largest donor in the health sector in the DR, including its contribution to the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM). The World Bank (WB) has also provided a five-year $25 million loan for HIV/AIDS. USG HIV/AIDS contribution is roughly $6.5 millions per year and is estimated to remain stable or increase during the next three years. The USG health sector assistance for the next two years is $24 million, and includes health sector reform, tuberculosis, maternal and reproductive health and child survival, in addition to HIV/AIDS. The GFATM is the second largest HIV/AIDS donor with a $47 million, 5-year HIV/AIDS grant. In addition, it provides $5 million for tuberculosis activities through a five-year grant. The William Jefferson Clinton Foundation is providing approximately $1 million per year for the next four years. Other donors include UNICEF, UNFPA, and UNICEF that provide assistance and commodities in selected components. WHO/PAHO provides technical assistance and limited commodities to the public sector.

CROSS CUTTING THEMES

Bi-National Activities

The Secretary of Health has expressed interest in strengthening and implementing the components of the bi-national (Dominican Republic-Haiti) agenda on HIV/AIDS and tuberculosis. In addition, the GFATM has stressed the importance of including a bi-national component in country proposals to be presented to Round 7 of the GFATM. As such, meetings have been held between the two countries to achieve agreement on common strategies to reach people living in the border areas and among migrant workers. In addition, authorities and NGOs of Haiti's Department Central and the province of Elías Piña have drafted a two-year common work plan for HIV/AIDS, tuberculosis, malaria and maternal health. It is expected that authorities from the Haiti Department Northeast and the province of Dajabón will also start conversations and schedule dates to draft a similar plan.

Gender

Gender issues are a concern in the DR. According to the 2002 DHS, 24% of women (ages 15-49) at some point in their lives have been subjected to domestic abuse. Women expressed concerns regarding negotiating condom use to their partner, raising the issue of their partner's infidelity and/or disclosing their own HIV status, can jeopardize their physical safety and their family's economic stability. The relationship of domestic violence and HIV/AIDS has not been carefully studied in the Dominican Republic to date. To attempt to address this issue, the Congress of the Dominican Republic passed Law 24-97 on Gender-Based Violence. The law classified the different types of violence and sanctions, and created women delegates and prosecutors. The 2002 DHS and the currently underway 2007 DHS provide information regarding the magnitude of this issue. Other documentation tools to support this health issue are available in the country.

Corruption

According with 2006 National Cost of Corruption for Dominican Households study, Dominicans spent more than six billion RD pesos (USD 188 Million) paying bribes for public services. According with this study, the "index" of corruption in the DR was of 9.7, i.e., 9.7 of each 100 related steps or actions taken by Dominicans household were affected by bribes. In the health sector the index of corruption is 5.5 (according with the same assessment. Corruption in the health sector is a cause of medical personnel absenteeism or limited service hours, unnecessary medical procedures, procurement of health equipment and supplies at prices above the market value, bribes for getting services and other kinds of uncovered activities that reflect a lack of transparency in the sector.

Providing technical assistance to partners (NGOS, FBOs and CBOs) to increase transparency in the DR health sector will help the country to fight corruption.

Environmental Mitigation

According to Title 22 Code of Federal Regulations, Part 216, the health HIV/AIDS activity involving the handling and disposal of medical waste has been classified a ***Negative Determination with conditions.*** The contractor will therefore be required to submit an Environmental Mitigation Report for approval before commencing activities. The report must identify mitigation measures at the activity level and include a separate budget for implementation, monitoring and evaluation.

IV. SCOPE OF WORK

A) Objective.

The objective of the task order is three-fold: (1) to provide technical assistance, institutional strengthening and support to the GODR for the implementation of HIV/AIDS prevention, treatment and care programs; (2) to implement a grant program to NGOs, CBOs and FBOs for the implementation of HIV/AIDS prevention, treatment and care programs; and 3) to provide technical assistance to those HIV/AIDS program sub-recipients. Per the approved five-year strategic overview presented jointly with the FY07 mini-COP, the activities within this task order will have a geographic focus in the five provinces of Health Region V of the Dominican Republic where a comprehensive integrated prevention-care model with public-private partnerships will be developed and tested, and initially in the two Haitian border provinces of Dajabón and Elías Piña, with the possibility of extending to other border provinces in the future. It is expected that the level of effort be 65^% and 35%, respectively. Additionally, funding support may be requested for specific NGOs USAID/DR works with in other regions to maintain successful programs.

The contractor will be responsible for the following program elements:

Technical and Institutional Strengthening:

The contractor will be responsible for providing technical assistance, institutional strengthening and support to the National AIDS Program (DIGECITSS), public service providers and MOH Provincial and Regional Health Directorates to improve their stewardship capacity and the quality of service provision and to the Secretariat of Education to design and implement HIV/AIDS prevention interventions in schools. The level of effort expected is approximately 60% for the GODR components and 40% for the NGO's. The activities will focus on the development and implementation of an integrated approach that links communities and public and private health services to provide AB Life Skills Program in primary schools in AB; prevention programs to other segments of the population, strengthen the PMTCT and VCT services (opt-out option and provider-initiated counseling and testing); integrated care services with emphasis on pediatric AIDS to provide quality treatment and care; and care through community- and home-based programs, and OVC programs implemented through health facilities and indigenous NGOs. The contractor will also provide technical support and coordinate with the Presidential Commission for AIDS (COPRESIDA), the Women's Secretariat (SEM) and the Networks of PLWHA in order to support policy reform.

The contractor will be responsible for providing technical assistance to NGOs, FBOs, and CBOs in the following program elements: prevention of mother-to-child transmission, abstinence, be faithful, condoms and other prevention, palliative care, OVC, VCT, and ARV services. It will also provide

technical assistance in advocacy particularly to networks of PLWHAS.

The overall outcome will be the development of a comprehensive integrated prevention-to-care model in public/private partnerships in Region V and selected quality services along the border.

HIV/AIDS Grant Program:

The contractor will be responsible for the following: AB, C and other prevention (OP), PMCT, PC, OVC, VCT, and selected ARV services. The activities will focus on the development and implementation of NGO activities supporting: AB Life Skills programs with out-of-school and other vulnerable children; prevention interventions for populations considered most at-risk; community VCT services for population in hard-to-reach areas; post-test counseling and active referrals for care and treatment; support to pregnant women diagnosed with HIV in the PMTCT program; OVC programs care through community-based programs; integrated care services with emphasis in pediatric AIDS in those NGOs capable of providing clinical services; and home-based programs.

The initial activities will overlap and provide continuity for the NGO support activities undertaken by CONECTA and that complement the technical assistance activities undertaken by the same institution whose activities conclude September of 2008.

It is essential that the Contractor demonstrate the ability to coordinate and integrate activities with other USG partners as part of a comprehensive USG program. It is expected that the Contractor will collaborate with other USG contractors and grantees on selected activities, such as: (1) health sector reform efforts (direct coordination); (2) establishment of a monitoring and evaluation system (direct coordination); (3) health sector reform efforts (direct coordination); (4) Partners in Health and Columbia University which have been identified as twinning partners for the activities in La Romana province and the border province of Elías Piña (direct coordination). In addition the Contractor will coordinate with other USG agencies implementing HIV/AIDS programs in the country, i.e., CDC, PC, and DOD.

B) Period of Performance:

This will be a five year task order to be awarded a/o January 2008. The initial activities will overlap and complement the CONECTA project ending in September 2008, and those of other USG partners.

C) Task Order Components

Technical and Institutional Strengthening:

a) Technical Assistance to NGOs, CBOs and FBOs in the following program areas:

- Prevention (PMTCT, AB, Condoms and Other Prevention)
- Care (Palliative care, OVC, Counseling and Testing)
- Treatment and Other (ARV services)
- Policy (Stigma and Discrimination, gender, integration of services including family planning and TB)

Outcomes/Results:

Prevention

- Effective support networks for persons living with AIDS,
- A referral system for pregnant women diagnosed with HIV as part of comprehensive PMTCT services, including increased partner testing, referral to pediatric AIDS services for children and increased continuity of care.
- School children targeted with AB life skills activities.
- Out-of-school children targeted with innovative BCC activities.
- Adult groups, especially males, targeted with prevention messages (Be faithful) as well as condom promotion activities and testing referrals, care and treatment services.
- Access to condoms coordinated through community outreach for Commercial Sex Workers, their clients and partners, MSMs and most at-risk populations (MARPs) in bateyes and among migrant workers.
- STI management.
- Community involvement in HIV prevention.

Palliative Care/Basic

- Increased access by PLWHA and their families to the continuum of care in Region V and the border area.

OVC

- NGOs community support networks provided to OVCs in the border area and Region V including a complete package of care.

Counseling and Testing

- MARPS and population in bateyes communities have access to VCT and sexually transmitted infection (STI) services through MOH and NGO service network.
- Systems established in communities for referral of HIV+ patients to care and treatment. Outreach to male population for voluntary counseling, testing and prevention activities.

ARV Services

- Public-private service networks provide integrated management and treatment of HIV/AIDS in adults and children.

Policy

- Support to and empowerment of PLWHA networks to promote awareness and enforcement of AIDS Law, particularly in terms of preventing stigma and discrimination and addressing gender-based violence issues.

COMPONENT B

Technical Assistance, Institutional Strengthening and Support to the GODR

1) MOH HIV/AIDS services, including ARV Services. Contractor must coordinate with CDC program to promote implementation of rapid testing at VCT service sites. Introduction of Providers Initiated Counseling and Testing (PICT-Opt-Out Option). Implementation of triple ARV therapy in PMTCT and early detection and services for children with HIV/AIDS (Pediatric AIDS). Close coordination with the BASICS and REDSALUD Projects in order to ensure quality of services

Outcomes/Results:

- Updated national PMTCT and Pediatric AIDS norms and protocols to provide triple therapy and ARV services to pregnant women diagnosed with HIV and early detection and services of children with HIV/AIDS.
- Opt-out option implemented in PMTCT and VCT services.
- Same-Day results approach in HIV/AIDS services in Region V and Border Area.

2) Life Skills Program with the MOH/MOE for School Children. Assist in the development of AB Life Skills Policy to be implemented at primary schools by MOH and MOE. The Life-Skill Program developed will be implemented by public and private schools in Region V and the border area.

Outcomes/Results:

- AB life skills education program discussed at the national level, and implemented in primary public and private schools in Region V and border areas as a demonstration project.

3) Policy Development. Development of HIV/AIDS policies jointly identified with the MOH and other stakeholders, as appropriate

Outcomes/Results:

- A condom policy by MOH and COPRESIDA that includes market segmentation and a framework that will ensure access to condoms by MARPS implemented.
- A policy supporting the use in the community of appropriate pain management therapy for PLWHAS at the end-of-life stage developed.
- PLWHAs included in GODR Program "Comer es Primero".
- Discussion initiated with GODR and Consejo Nacional de la Niñez (CONANI)/National Children's Council to explore the development of a system to support OVC victims of sexual abuse.
- GODR, COPRESIDA and principal stakeholders have modified the 1993 AIDS legislation to integrate OVC issues.
- New testing and counseling strategies (opt-out option, providers initiated counseling and testing, and same-day results) developed.
- Sound prevention-to-care policies based on reliable epidemiological criteria developed.
- National VCT norms modified; opt-out option and provider- initiated testing implemented in all services.
- Policies developed for provision of same day results of tests.

<u>HIV/AIDS Grant Program:</u>

a) Grant Program:

The Contractor will design and implement a $17.1 million program aimed at providing technical assistance and support to MOH and MOE activities, as described before and to provide funds and institutional strengthening to NGOs, CBOs and FBOs for the implementation of a comprehensive integrated prevention-care model program in public-private partnership in support of AB, C and OP, V C T, P C, and OVC. Illustrative interventions to be supported under the grant program include:

- Prevention of Mother-to-Child Transmission. Support to women diagnosed HIV+ by PLWHAS networks.
- AB education outreach for out-of-school children. AB and C in the adult population in communities (especially B messages with adult males).
- Prevention interventions for populations considered most at risk (Commercial Sex Workers, MSMs, IDUs, men with concurrent partners, Bateyes and migrants).
- Community VCT services for population in hard to reach areas, post test counseling and active referrals for care and treatment, including the integration of two mobile units.
- Care through community- and home-based programs, in Region V and the Border Region.
- OVC
- Advocacy. Reduce Stigma and Discrimination for PLWHAS.

The Contractor is expected to assist USAID in the growth of civil society through the participation of experienced NGOs and the addition of new NGOs, FBOs and CBOs to the USAID network. Selection criteria for the identification of potential new partners (NGOs not yet funded) based on population to be served, innovative approaches, geographic focus and emerging needs will be developed.

The grant program should include a rapid response mechanism for awards not to indigenous NGOs, CBOs and FBOs. It is expected that approximately six to eight rapid response grants be provided annually.

In addition, the Offeror should propose a plan to allow for a rapid start-up of the grant program to avoid program gaps.

Outcome/Results:

The Contractor should be able to demonstrate how the following outcomes/results will be achieved through the grant program:

Prevention
- The networks of persons living with AIDS have an effective support and referral system for pregnant women diagnosed with HIV via PMTCT services that increases partner testing, referral to pediatric AIDS services for their children and continuity of care.
- Out-of-school youth are engaged in BCC activities, to promote abstinence or safer sex practices
- Adult groups, especially males, are targeted with prevention (Be faithful) as well and condom promotion activities and referred to testing, care and treatment services.
- High risk groups are engaged in safer sex practices

Condoms and other Prevention Activities
- Commercial Sex Workers, their clients and partners, MSMs and MARPs in Bateyes and migrant workers have access to condoms through community outreach
- Commercial Sex Workers, their clients and partners, MSMs and MARPS in Bateyes and migrant workers have access to other prevention services.

Palliative Care/Basic
- PLWHAs and their families have increased access to the continuum of care in Region V and the Border Area

OVC
- NGOs Community support networks have provided OVCs in the border area and Region V

with a complete package of care.

Counseling and Testing

- MARPS and population in Bateyes communities have access to VCT and STI services through MOH and NGOs service networks.
- Communities have systems established for referral care and treatment for HIV+ patients.

b) Institutional Strengthening of NGO Administrative and Financial Systems

The Contractor will conduct an assessment of potential grantees to determine the need for institutional building and technical assistance in order to enable them to meet USG accountability standards by the end of three to four years. The contractor will present a plan with benchmarks for those grantees that will require technical assistance in institution building to improve management and administrative systems, organizational development, and financial management. The following tasks listed below should be used as the basis for these institutional strengthening services. These steps shall not be considered all-inclusive or restrictive in nature and will not constitute relief from due professional care and judgment. They shall be modified, with USAID's approval, to fit local conditions, PEPFAR guidance and, specific project design and implementation procedures.

The contractor may propose mechanisms whereby more experienced NGOs give institutional strengthening and technical assistance to NGOs, CBOs, and FBOs that it chooses as sub-grantees.

- Conduct an assessment of potential NGO, CBO and FBO recipients' financial and administrative capabilities.
- Prepare a plan to provide management assistance to NGOs, using resources effectively and efficiently and targeting those most in need of assistance. It is estimated that new NGOs without USAID experience will need systematic, intensive technical assistance. Others such as the networks of persons living with AIDS or the NGOs with activities in the Bateyes communities that have been under the USAID/DR HIV/AIDS contracting mechanism may still required intensive managerial assistance. Still other NGOs will need periodic, ad hoc assistance. The exact number is unknown and although this might change, 8 in Region V and 4 in Border Region are suggested for planning and budgeting purposes.
- Provide management and organizational development assistance to the NGOs, based on their institutional development plans and needs.
- Establish a suitable internal controls, procurement, and accounting systems.
- Ensure annual audits are carried out by USAID-approved auditing firms, as required.

Outcomes/Results:

- Increased number of competent local partners implementing USAID-funded HIV/AIDS programs in the focus areas.
- Indigenous NGOs, CBOs and FBOs with reliable administrative and financial systems.
- Matured NGOs able to provide technical assistance and support to other NGOs, CBOs and FBOs.
- Integrated public-private networks established to provide the continuum of care.

Performance Monitoring and Evaluation

Adhering to OGAC's M&E requirements, the Offeror should propose a monitoring and evaluation plan for assessing progress towards annual and end-of-strategy targets per indicators list below. The plan will identify the source and frequency of data to ensure USAID has data available for the Annual

Report and other reporting requirements. The Contractor will collaborate closely with USAID/DR Monitoring and Evaluation Mechanism (MEASURE) in order to implement an M&E System that will ensure timeliness and guarantee quality and accuracy of data. In addition, the Contractor should be able to collaborate with M&E skills training for NGOs, CBOs, and FBOs.

All targets for subsequent years will be agreed upon by USAID at the beginning of each FY. FY 2007 and FY2008 upstream and downstream indicators are described in Attachment A. Targets for subsequent years will be agreed upon with USAID before the start of the FY.

Reporting Requirements

The Contractor will be required to submit three copies in English of the following reports to the Cognizant Technical Officer (CTO). The need for Spanish versions of these reports will be determined later by USAID/DR on a case-by-case basis.

1. Annual workplan and projected expenditures

The offeror's should include in the proposal a work plan for the first year of implementation. The plan should include a transition strategy to ensure a smooth transition of activities and avoid implementation gaps. In order to avoid a gap in funding for selected NGO, extra points for rapid start-up will be granted. Within 90 days after the award of the Task Order, the Contractor will submit a final work plan and projected expenditures broken down by quarter for the first year. Subsequent annual work plans will be due 30 days before the end of the previous year.

2. Training Plan

The contractor will submit annual training plans that include all local and offshore training. The first year training plan will be due 120 days after the award of the Task Order.

3. Monitoring and Evaluation Plan

Per the description provided under Monitoring and Evaluation above, the Contractor will submit a final monitoring and evaluation plan within 90 days after the award of the Task Order.

4. Quarterly and Annual Progress Reports

The Contractor will provide quarterly reports (the last of which each year will be an Annual Report). This report should cover all activities proposed in the annual workplan, and should inform on progress made and on plans for the next quarter. The reports should also include financial information and status of Host Country counterpart contributions.

5. Final Report

The completion or final report will highlight major successes achieved under the Task Order, with reference to established results and targets, and should discuss any shortcomings and/or difficulties encountered. The report should also outline lessons learned and recommendations for follow-on activities.

- END OF ATTACHMENT I –

ATTACHMENT II: INSTRUCTIONS TO OFFERORS

I. TECHNICAL PROPOSAL

The Technical Proposal in response to this Request For Task Order Proposal (RFTOP) should address how the Offeror intends to carry out the Statement of Work (SOW) contained in Attachment I. It should also convey a clear understanding of the work to be undertaken and the responsibilities of all parties involved. The Technical Proposal should be organized by the Technical Evaluation Criteria listed in Attachment III.

Detailed information should be presented only when required by specific RFTOP instructions. Technical Proposals are limited to 40 pages (ANY PAGES OVER 40 PAGES WILL NOT BE EVALUATED), and shall be written in English and typed on standard 8 1/2" x 11" paper (216mm by 297mm), single spaced, 10 characters per inch with each page numbered consecutively.

Cover pages, dividers, table of contents and the following attachments are not subject to the page limit:

Resumes/Curriculum Vitae (CVs);
Letters of Commitment from proposed Personnel;
Draft Performance-Based Management System (not to exceed 10 pages in length);
Branding Implementation Plan (BIP);
Marking Plan (MP);
Past Performance Summary Table; and
Past Performance Key Personnel Placement Table.

No other attachments will be considered. A page in the Technical Proposal which contains a table, chart, graph, etc., is counted as a page within the page limitation.

1. Technical Approach

Offerors will submit a technical approach that will convincingly demonstrate that the Offeror understands Government's requirements and describes how the Offeror intends to achieve the specific objectives described in the Statement of Work (SOW). The narrative technical approach must set forth the Offeror's conceptual approach and methodology for the achievement of the overall program objectives. Further, it should demonstrate a sound knowledge of past accomplishments and a clear sense of the on-going challenges that exist in implementing programs in the complicated context of the Dominican Republic. It must be realistic, seek to maximize results within budget

resources and ensure a prompt and effective launch of activities. Specifically, the technical approach must address how the Offeror will provide technical assistance, training, equipment and other resources to achieve each objective. The approach should be directed towards meeting all program requirements, be sufficiently flexible to react to unforeseen developments and address gender where appropriate.

Within the draft Performance-Based Management System (PBMS), the Offeror shall develop performance indicators to measure the results for each program objective and, to the extent possible, establish baseline measurements and targets to assess the impact of proposed interventions. The PBMS should demonstrate how this system will: help clarify and focus program objectives; serve as an early warning system, forecasting, and reporting tool; promote on-going discussions pertaining to program scope and direction; and aid in effective management decision making. The PBMS shall also include an explanation of how data and information will be collected, analyzed, and used. Since performance management is, by definition, a dynamic process, the PBMS review process should be clearly articulated. It is the Offeror's responsibility to ensure that all costs associated with the implementation of the PBMS are considered in the proposal.

2. Gender Considerations

The Technical proposal must reflect attention to gender concerns. Appropriate gender analysis should be applied to the range of technical issues that are considered in the proposal. Proposals must address two questions:

a. How will gender relations affect the achievement of sustainable results?
b. How will proposed results affect the relative status of men and women?

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

3. Proposed Personnel and Staffing Plan

The Technical Proposal shall include an overall Staffing Plan for the program (included in the page limitation). The Offeror must describe the roles and responsibilities of home office management staff, field office staff, their assigned management and decision-making authorities, and the relationship the Offeror will have to any Sub-Contractors if needed.

In the Staffing Plan, the Offeror shall demonstrate its technical staffing expertise and capacity as well as an understanding of the Government's requirements. The Staffing Plan shall include an overall matrix that reflects positions proposed by the Offeror to best achieve the program's objectives. The Staffing Plan should account for all proposed staffing, but specific individuals need not be named against those positions except as described below. The Staffing Plan should describe how the home office will provide backstopping and technical assistance to the program.

The contractor will recruit resident and short-term personnel with strong professional skills, distinguished in their respective fields of expertise, with prior global and preferably regional experience in HIV-Aids interventions. All staff should have an awareness of local culture and traditions, and an understanding of the situation in the Dominican Republic.

This Task Order comprises a range of activities, counterparts and participants and therefore requires significant coordination and organization to ensure coherence and consistency. The skills and expertise of the Chief of Party (COP) and the home office project manager are critical to the success of this effort and to the optimal use of resources.

The project will have an office in the Dominican Republic which will be staffed by one expatriate-only

if necessary- (the COP) and Dominican staff with complimentary capabilities. Over the duration of the contract – as the local staff becomes more capable – trained local staff shall assume greater responsibilities.

Staff should consist of experts who will work to achieve a variety of objectives. A key expense item for this project would be the employing of consultants, both Dominican and TCNs, as needed. Our bias would be to hire local DR experts, wherever available. The local team would consist of one long term advisor (the COP) and the rest local staff, such as a Deputy Chief of Party, Technical directors, regional coordinators, a Grants & Contracts manager, an Administrative and Financial manager, and other support staff.

Offerors should include a listing of all advisors and experts who will participate on the project and include brief resumes as well as letters of commitment only for key personnel. In addition, they should indicate their approach to staffing patterns between resident advisor/s and intermittent advisors. The Contractor may propose alternate staffing and level of effort. However, the Contractor must provide a detailed explanation of how this proposal will enhance the effectiveness of achieving the objectives.

Optimally, the COP would have experience in managing medium to large bureaucracies.

Proposed Key Personnel will be assessed on the appropriateness of their experience in positions similar to that for which they are proposed, their success in those positions and their academic and professional background. Prior experience in a politically sensitive environments and familiarity with the region are preferable. Previous development experience with donor-funded programs will be considered favorably. It must be emphasized that each proposed Key Personnel must be proactive, have good advisory and training skills, along with excellent inter-personal skills.

For each Key Person proposed, the Offeror will submit a complete and current resume for each detailing the individual's qualifications and experience. Résumés may not exceed four pages in length, and shall be in chronological order starting with most recent experience. Each résumé shall be accompanied by a SIGNED letter of commitment from each individual indicating his/her (a) availability to serve in the stated position within 30 days of the effective date of the Award and for the stated term of service; and (b) agreement to the compensation levels as set forth in the Cost Proposal. **Offerors shall also submit not less than three (3) references of professional contacts, with complete contact information (current), including e-mail addresses and telephone numbers, for each proposed individual.**

In addition, it should be noted that USAID neither requests nor desires exclusivity agreements between Offerors and proposed individual. USAID reserves the right to interview any personnel prior to field placement

4. Institutional Capabilities

Offerors should describe their experience (and that of Sub-contracts, if any) in implementing similar programs in terms of magnitude and complexity and briefly describe lessons learned under these past programs and how these lessons-learned would be applied to this program.

5. Past Performance

Offerors should provide relevant information regarding: their track record in implementing similar activities to those outlined in the SOW (included in the page limitation). Offerors shall provide detailed past performance information for themselves and any major Sub-Contract, including a chart of not less

than five relevant Awards performed within the last three years that are similar in size, scope and objectives to what is contained in the Statement of Work (not included in the page limitation). At minimum, the list should include for each referenced Award:

- The name of the organization;
- The activity title,;
- A brief description of the activity;
- The period of performance;
- The Award amount, and;
- The name and telephone number and e-mail address of at least two contacts at the organization for which the service was performed. Include the names and contact information of the donor representatives who most directly observed the work. If the Offeror encountered problems on any of the referenced Awards, they may provide a short explanation and the corrective action taken. Offerors shall not provide general information on their performance.

The proposal should include a chart listing the Key Personnel (not included in page limitation) proposed for all such Awards received over the last three years. The chart should include the following: Key Personnel proposed and expected duration of the position; Key Personnel actually performing under the Award and actual duration of assignment; replacement of Key Personnel, if any, and date of and reason for the replacement.

Special Instructions

- **Duty Post:** Work under this activity will be performed in DR. Any work to be conducted outside of DR requires advance approval by USAID/DR.
- **Language requirements and other required qualifications:** Proficiency in English and Spanish is required for expatriate staff.
- **Logistical support:** The contractor is responsible for providing all logistical support.
- **Travel:** All Contractor travel to DR requires use of a consultant approval and travel authorization from USAID/DR CTO.
- **Documents**: In the course of implementation, the Contractor will produce documentation and guidelines that may be replicated or used by USAID/DR or other institutions.
- **Workweek:** Residents advisors are authorized to work a five-day week in DR. Non-resident advisors (less than 90 days) are authorized to work a six day week.
- **Confidentiality Agreements**: The advisors will sign confidentiality agreements with the counterpart institutions and USAID/DR if requested.
- **Local Staff:** The Chief of Party (COP) shall make a firm effort to recruit and train local staff for operating roles so that the role of foreign advisors can be diminished over time.
- **Press Contacts:** Prior to having interviews with foreign or local press, making press releases, holding news conferences, or other communications with the news media regarding activities

under this Activity, the COP/Senior Advisor(s) and any other project personnel will consult with USAID/DR and appropriate officials of the host country entities receiving assistance concerning any such proposed communications. The COP agrees to coordinate such communications with USAID/DR and the host country entity, as necessary, to ensure that the role of the host country entity is accurately explained and described.

- **Counterpart Concurrences/Clearances:** The contractor will coordinate directly with USAID/DR for this Activity. Resident advisors are required to brief USAID/DR weekly or upon request, and short-term advisors are required to brief USAID on all in-country trips on a weekly basis or upon request.

B. COST PROPOSAL

The Government estimated cost is ranging between US$16 million to $17 million for a five year period. Revealing the cost range for the task order does not mean that offerors should necessarily strive to meet the maximum amount. The offeror must propose costs that it believes to be realistic and reasonable for the work in accordance with the offeror's technical approach. Cost proposals will be evaluated as part of the best value determination.

The Cost Proposal shall be submitted in a separate volume from the Technical. Proposal and include a budget using the following:

(a) One summary matrix shall be provided for the five year period (including subcontractors costs).
(b) One summary matrix shall be provided for the five year period, for the prime offeror, and for each proposed subcontractor. (Subcontractor's line item shall be removed, if the cost matrix will be used for subcontractor's budget).
(c) One summary matrix shall be provided for each project year, for the prime offeror and for each proposed subcontractor.

COST ELEMENT	AMOUNT
Direct Labor (salaries)	
Fringe Benefits	
Overhead	
Total Labor and OH	
Other Direct Cost	
Travel, Transportation, and Per Diem	
Equipment and Supplies Allowances	
Grants under Contracts	
Subcontracts/consultants	
Others (Specify)	
Total Other Direct Costs	
G&A	
Total Estimated Cost	
Fixed Fee	
Total Estimated Cost Plus Fixed Fee	

Offerors shall budget for any associated level of effort or other administration costs within the budget line items showed above.

Budget Summary for Year (X)

COST ELEMENT	AMOUNT
Direct Labor (salaries)	$_____
Fringe Benefits	$_____
Overhead	$_____
Total Labor and OH	$_____
Other Direct Cost	
Travel, Transportation, and Per Diem	$_____
Equipment and Supplies Allowances	$_____
Grants under Contracts	$_____
Subcontracts/consultants	$_____
Others (Specify)	$_____
Total Other Direct Costs	$_____
G&A	$_____
Total Estimated Cost	$_____
Fixed Fee	$_____
Total Estimated Cost Plus Fixed Fee	$_____
	$_____

Budget Line Item Definitions and Illustrations

Salary and Wages: FAR 31.205-6, AIDAR 732.205-46 and AIDAR 752.7007 provides for compensation for personal services. Direct salary and wages should be proposed in accordance with the offeror's personnel policies and meet the regulatory requirements. For example, costs of long-term and short-term personnel should be broken down by person years, months, days or hours. Biographical Data Sheets are required for all proposed staff being proposed (form is attached, also, can be obtained at http://www.usaid.gov/forms). Specific discussion of the estimated annual escalation of salaries and other costs salaries can be found in Section H.7, Personnel Compensation.

Fringe Benefits: FAR 31.205-6 provides for allowances and services provided by the contractor to its employees as compensation in addition to regular wages and salaries. If fringe benefits are provided for as part of a firm's indirect cost rate structure, see FAR 42.700. If not part of an indirect cost rate, a detailed cost breakdown by benefits types should be provided.

Consultants: FAR 31.205-33 provides for services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the contractor. For example, costs of consultants should be broken down

by person years, months, days or hours.

Travel, Transportation, and Per Diem: FAR 31.205-46, AIDAR 731.205-46 and AIDAR 752-7032 provide for costs for transportation, lodging, meals and incidental expenses. For example, costs should be broken down by the number of trips, domestic and international, cost per trip, per diem and other related travel costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per diem should be based on the Offeror's normal travel policies, and may refer to the Federal Standardized Travel Regulations for cost estimates.

Equipment and Supplies: FAR 2.101 provides for supplies as all property except land or interest in land, FAR 31.205-26 provides for material costs, and FAR 45 prescribes policies and procedures for providing Government property to contractors, contractors' use and management of Government property, and reporting, redistributing, and disposing of contractor inventory. For example, costs should be broken down by types and units, and include an analysis that it is more advantageous to purchase than lease. A list of proposed non-expendable property purchases shall be submitted. Specify all equipment to be purchased, including the type of equipment, the manufacturer, the unit cost, the number of units to be purchased. The Offeror should include a detailed procurement plan for equipment to be purchased under this contract containing explicit information on how procurements will be accomplished.
Equipment procurement under this contract is subject to the contract clause entitled "Title to and Care of Property" (AIDAR 752.245-71).

Subcontracts/Consultants: FAR 44.101 provides for any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract. Cost element breakdowns should include the same budget items as the prime as applicable. Sufficient Information to determine the reasonableness of the cost of each specific subcontract and consultant expected to be hired must be included. Similar information should be provided for all consultants as is provided under the category for personnel.

Allowances: AIDAR 752.7028 provides for differentials and allowances with further references to Standardized Regulations. For example, allowances should be broken down by specific type and by person, and should be in accordance with offeror's policies and these regulations and policies. The Independent Government Cost Estimate for these services includes allowance limits established by the U.S. Department of State. Allowances may include: post differential, danger pay, housing for resident expatriates, relocation expenses, education allowances, and other related allowances.

Other Direct Costs: FAR 31.202 and FAR 31.205 provides for the allowability of direct costs and many cost elements. For example, costs should be broken down by types and units. This may include office rent, cleaning, maintenance and utilities costs, bank fees, courier services, books and periodicals, photocopying, passports and visas fees, medical exams and inoculations, insurance (other than insurance included in the Offeror's fringe benefits). This may also include specific information regarding the type and cost of communication at issue (i.e. mail, telephone, cellular phones, interne etc.) as well as any

other miscellaneous costs, which directly benefit the program proposed by the Offeror. If seminars and conferences are included, the Offeror should indicate the subject, venue and duration of proposed conferences/seminars, number of attendees and their relationship to the objectives of the program, along with estimates of costs. The narrative should provide a breakdown and support for all other direct costs. This will allow for assessment of the realism and reasonableness of this types of costs.

Overhead, G&A and Material Overhead: FAR 31.203 and FAR 42.700 provides for those remaining costs (indirect) that are to be allocated to intermediate or two or more final cost objectives. For example, the indirect costs and bases as provided for in an offeror's indirect cost rate agreement with the Government, or if approved rates have not been previously established with the Government, a breakdown of bases, pools, method of determining the rates and description of costs. All indirect rates offerors propose (in the above budget format) must match those ceiling rates proposed in Section B. Some offerors may not have indirect cost pools, which allocate costs in the manner identified above. For those items which the offeror does not utilize to allocate indirect costs, please identify in the proposal that these categories are not applicable.

Fixed Fee: FAR 15.404-4 provides for establishing the profit or fee portion of the Government pre-negotiation objective, and provides profit-analysis factors for analyzing profit or fee. For example, proposed fee with rationale supported by application of the profit-analysis factors.

Note: Individual subcontractors should include the same cost element breakdowns in their budgets as applicable.

- **END OF ATTACHMENT II -**

ATTACHMENT III: EVALUATION CRITERIA

The Evaluation Criteria are divided into two parts:
(1) Technical Evaluation Criteria, and;
(2) Cost Criteria. Cost proposals will not be scored. However, where proposals are considered essentially equal, cost will be the determining factor.

A. TECHNICAL CRITERIA

1. **Technical Approach (35 points)**

   a. Extent of the offeror's understanding of the situation of the HIV/AIDS epidemic in the DR and the National Response and of USAID's program goals.
   b. Demonstrated understanding of the scope of work and feasibility of reaching USAID/DR health Strategic Objective results in the context of the overall health sector situation of the Dominican Republic.
   c. Demonstrated understanding of the appropriate, cost-effective interventions/approaches most likely to have a significant impact on achieving USAID/DR objectives.
   d. Innovativeness, pragmatism and creativity in the overall approach to attain the planned outputs and results during the timeframe o the contract.
   e. Strength of the analysis of potential obstacles, risks and problems that could be encountered during program implementation and feasibility and appropriateness of the proposed solutions.
   f. Commitment to local empowerment and to strengthening in country expertise.
   g. Demonstrated capacity and ability to coordinate with a variety of actors in the sector, utilizing the strengths and capacities of other organizations, wether GODR, NGO or private sector.

2. **Gender Considerations (5 points)**

   a. How will gender relations affect the achievement of sustainable results?
   b. How will proposed results affect the relative status of men and women?

3. Qualifications of Proposed Personnel (40 points)

   a. Academic and technical qualifications, professional competence and demonstrated experience, including experience in carrying out similar activities in developing countries.
   b. Demonstrated cultural sensitivity is a plus.
   c. Spanish/English proficiency at a 3/3 level for international personnel a requirement.
   d. Participation of qualified Dominican technical staff.
   e. Extent to which the proposed staff skills complement one another.

4. **Institutional Capabilities (10 points)**

a. Merit of proposed organization of the offeror's local office and headquarters support and extent to which the proposed organizational structure is managerially streamlined, practical and efficient.
b. Strength of the first year work plan to ensure a smooth and effective transition of program implementation with CONECTA, including mobilization timetable for key personnel to the ground. Rapid start-up for the grant program will be positively evaluated.

5. **Past Performance (10 points)**

a. Prior experience in doing similar type of work, as required under the Task Order.

B. COST CRITERIA

Award selection will be made on a best value basis, where all non-cost factors will be approximately equal to cost. However the Government reserves the right to award to other than the lowest cost proposal. An award resulting from this RFTOP will be made to the offeror that proposes the greatest value to the Government from the technical and cost standpoint.

Although cost is not being scored, it will be evaluated separately. According to FAR Part 15.404-1 (d) Cost realism evaluation shall be performed as part of the evaluation process to: (a) verify the Offeror's understanding of the requirements; (b) assess the degree to which the cost/price proposal accurately reflects the approaches and/or risk assessments made in the technical and management approach as well as the risk that the Offeror will provide the supplies or services for the offered prices/cost; and (c) assess the degree to which the cost included in the cost/price proposal accurately represents the work effort included in the Technical Proposal.

- **END OF ATTACHMENT III -**

ATTACHMENT IV: LINK OF REFERENCE DOCUMENTS

http://www.usaid.gov/dr/procurement.htm

RFTOP 517-07-005

- END OF ATTACHMENT IV -

ATTACHMENT V: BRANDING STRATEGY

This Branding Strategy (BS) outlines the framework in which materials and communications used to promote the program deliver the message that the assistance is from the American people, as well as to ensure appropriate use of the USAID identity markings. To implement the BS, Offerors shall develop two separate plans with different, but related purposes.

A. Branding Implementation Plan (BIP)

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

B. Marking Plan (MP)

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

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

Branding Strategy

In line with **ADS** Chapter 320 (Branding and Marking) and USAID's overall policy, all assistance delivered through this activity shall be clearly credited to the American people. That said, the context in which this activity will be implemented poses some unique challenges and will require close and constant coordination with the CTO and USAID Dominican Republic as well as a keen awareness of the multiple and various political sensitivities involved. Within one week of deployment, the Offeror should seek a full briefing from the CTO and USAID Dominican Republic on these sensitivities and should ensure that all those engaged with the project are fully briefed and hue to agreed guidelines, including for example in the use of appropriate terminology.

Name: Unless otherwise advised by the CTO or USAID Dominican Republic, the activity will be referred to as "**USAID Increased Access TO HIV/AIDS Interventions in the Dominican Republic Project".**

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

These attachments should be no more than three pages each and are not counted within the page limit for the Technical Proposal.

- **END OF ATTACHMENT V –**

ATTACHMENT VI

List of acronyms

AB	Abstinence, Be faithful
ABC	Abstinence, Be faithful, use Condom strategy
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
BSS	Behavior Surveillance Service
BCC	Behavior Change Communication
CBO	Community Based Organization (s)
CDC	Centers for Disease Control and Prevention
CONANI	National Children Council / In Spanish: Consejo Nacional de la Niñez
COPRESIDA	Presidential Council for AIDS
CSW	Commercial Sex Worker
DAF	Dominican Armed Forces
DHAPP	Department of Defense HIV/AIDS Prevention Program
DHS	Demographic Health Survey (ENDESA in Spanish)
DIGECITSS	Dirección General de Control de Infecciones de Transmisión Sexual y SIDA
NAP	National AIDS Program (in English)
DOD	Department of Defense
DR	Dominican Republic
FBO	Faith-Based Organization (s)
FP	Family planning
FHI	Family Health International
GFATM	Global Fund to Fight Tuberculosis and Malaria
GODR	Government of the Dominican Republic
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IDUS	Inject able Drug User
M&E	Monitoring and Evaluation
MARPs	Most at-Risk Populations
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men having Sex with Men
NGO	Non-governmental Organization (s)
OVC	Orphan and Vulnerable Children
OP	Operation Plan
OGAC	Office of Global AIDS Coordination
PAHO	Pan-American Health Organization
PCDR	U.S. Peace Corps in the Dominican Republic
PC	Peace Corps
PICT	Provider Initiated Counseling and Testing
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	Person(s) Living with HIV/AIDS
PMTCT	Preventing Mother-to-Child Transmission

RFA	Request for Agreement/Request for Application
SESPAS	Ministry of Health (In Spanish: Secretaría de Salud Publica y Asistencia Social)
SEE	State Ministry of Education (In Spanish Secretaría de Estado de Educación)
SEM	Women State Secretariat (Secretaría de Estado de la Mujer)
SO	Strategic Objective
STI	Sexual Transmitting Disease
TA	Technical assistance
TB	Tuberculosis
UNAIDS	United Nations AIDS
UNICEF	United Nations Children's Funds
UNFPA	United Nations Population Funds
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary testing and counseling
WB	World Bank
WHO	World Health Organization