ATTACHMENT I

Statement of Work

I. Title- Improving Maternal & Child Care/ Health Systems

II. Purpose- The purpose of this task order is to support the GODR in improving equitable access to quality maternal and child health (MCH) services by focusing on critical interventions and management improvements that emphasize quality and efficiency. The program will build on previous successful program models in both maternal and child health and health systems and, will continue to support the gradual implementation of the Family Health Insurance under the subsidized scheme, to guarantee financial access to maternal and child health care for poor families, while strengthening the capacity of service providers to deliver efficient, quality and timely care.

III. Period of Performance- The period of performance for this task order is 5 years from an estimated award a/o November of 2008. To minimize implementation gaps it is expected that the Contractor demonstrate the ability to have a fast start up of operations in country upon the award.

IV. Background

A. The Setting-

The Dominican Republic occupies the eastern two thirds of the island of La Hispaniola which it shares with Haiti. Based on the last census conducted in 2000 the population is estimated at 9,100,000. One of the greatest risks to political, social and economic stability within the Dominican Republic stems from sharing the island with Haiti. Haiti's deteriorating economic, social and political system has increased migration to DR. These factors have created an overload to the already inadequate health, education, and social systems. Despite the economic growth experienced through 2002, the country was unable to significantly reduce poverty levels estimated at 26%. In less than two years of economic crisis (2003-2004) poverty levels increased by 50%. It is clear that the country's economic growth has not translated into an equivalent improvement in the quality of life of the majority of the population.

Two thirds of the total health expenditures (7.0% of GDP) are private out-of pocket expenditures. According to a recent USAID-funded study, people in the lowest quintile spend up to 43% of the total household income for health. Health indicators demonstrate the inability of the health system to adequately address the health needs of the population particularly of the most vulnerable. According to preliminary data from the 2007 Demographic and Health Survey, maternal mortality remains high (159 per

100,000 live births) despite the fact that 98.7% of all deliveries take place in a hospital setting. Adolescent pregnancy is high (23%). Infant mortality is 31 per 1000 live births and, neonatal mortality accounts for 68% of the total infant mortality (22 per 1000 live births). Vaccination rates have improved but continue to be low (72.6% for DPT3 and 64.8% for Polio). HIV prevalence among pregnant women is 2.3 % with specific areas where the prevalence is as high as 8.2% (Elias Pina) and 8.4% (Montecristi). The DR is one of the countries in the continent with the highest tuberculosis incidence at 80-90 new cases/100,000 inhabitants. The geographical location and climate conditions put the Dominican Republic in a vulnerable position in terms of vector transmitted diseases, mainly malaria and dengue. Hurricanes and tropical storms are a seasonal and predictable occurrence in the Dominican Republic causing major damage and creating significant public health issues and increased disease burden on the population. Severe flooding and large areas of standing water in the aftermath provide breeding grounds for mosquitoes and posed other significant health hazards.

B. GODR response

The public health sector has 1075 establishments with 1.2 beds per 1,000 inhabitants, and one doctor per 743 inhabitants. There are health establishments in practically all the municipalities in the country. Nevertheless, the distribution is not directly related to the health profile and the health demands from the population. According to the Plan Decenal de Salud (2006-2015) , PLANDES, there is sufficient evidence to show that although there are still geographical barriers to health care by social excluded groups, the main sector problems are not due to limited coverage, but to lack of effectiveness and quality of care across the spectrum (control, prevention and care).

The reform process initiated in 2001 with the enactment of the Social Security Law and the General Health Law aims at addressing the inequity, ineffectiveness and inefficiency of the health system to respond to the health needs of the population. Key elements of the reform have been the gradual implementation of universal insurance, more efficient use of the resources allocated for health by shifting from financing the supply (historical budgets) to financing the demand (productivity), and decentralization of several Ministry of Health (MOH) functions. The Social Security System has advanced to its main objective of providing financial protection against illness for the poor and vulnerable populations as a means of overcoming one of the main obstacles to accessing health care. Expanded coverage of the Family Health Insurance, is essential for achieving sustainable quality access to maternal and child health services. Over 1.0 million poor are currently enrolled in the Family Health Insurance. The target is to reach 3.5 million Dominicans enrolled in the FHI by 2011, which will provide the critical financial protection. The reforms, taking place at a slower pace, aim at improving the efficiency and quality of services of public providers and the capacity of the MOH as steward of the system. The challenge becomes guaranteeing access to high quality care for all population seeking services in public hospitals, regardless of the financing source (Social Security or MOH).

The PLANDES document provided as a reference document in numeral IX below, defines priority actions for the 10 year period (Carta de Prioridades). The USAID strategy for MCH /Health Systems will contribute to the following: complying with the right for social protection in health for the population by jointly developing the National Health and Social Security Systems and achieve universal access to health services ; addressing the problems of efficiency, effectiveness and quality of care; reducing infant and child mortality; reducing maternal mortality by improving the quality of prenatal, delivery and postnatal care and preventing adolescent pregnancy; and, reducing the HIV mother to child transmission, among others.

C. USAID Overall Health Strategy

USAID overall strategy focuses on increasing equitable access to sustainable quality health services, thus helping achieve long-term improvement in the well-being and productivity of Dominicans. Our program also concentrates on advocating for and supporting policies that are conducive to increasing access to quality health services by vulnerable populations, thus, contributing to a more equitable system. Finally USAID works with vulnerable populations to empower them to actively participate in health by improving their health seeking behavior and the community involvement in overseeing the performance of the health system in responding to their health needs.

USAID's health portfolio includes five priority areas: Health Reform and Decentralization, HIV/AIDS, Tuberculosis , Maternal and Child Health, and Family Planning.

Health Reform and Decentralization: USAID supports health sector reform and the decentralization process and fosters the establishment and operation of the universal social insurance system. It strives to improve the managerial and technical capacities of the health system; the strengthening of the management capacity of health providers and the stewardship role of health directorates to improve transparency and efficiency; the strengthening the role of hospital administration councils and the oversight role of the communities; and the further implementation of the family health insurance in demonstration program areas. As efficiency improves it is expected that limited resources are better utilized to address the health problems of vulnerable populations. To improve quality of care, USAID emphasizes the improvement of technical and managerial capacities of health personnel, supports the definition and implementation of norms and protocols and assists the MOH to implement an accreditation system for service providers.

HIV/AIDS: USAID supports the GODR efforts to curb the HIV/AIDS epidemic by supporting prevention, treatment and care programs. The current program focuses in Health Region V and selected Haitian border areas where systems strengthening and human development capacity will be the elements of a sustainability model. Prevention of mother- to-child transmission and Pediatric AIDS are key components.

Tuberculosis: USAID supports the strengthening of the National Tuberculosis Program for the effective prevention, detection and cure of the disease. The program emphasizes

: the implementation of the direct observed treatment short course(DOTS) which requires increasing the number of treatment centers, extensive staff training and community-based outreach; the strengthening of the national laboratory network; the expansion of multi-drug resistance (MDR treatment facilities) and, d) to improve HIV/AIDS co-infection management.

Maternal and Child Health: USAID objective is to increase sustainable access to quality maternal and child heath care with the ultimate goal of reducing maternal and child morbidity and mortality. USAID supports the improvement of the quality of pre-natal and obstetric care and neonatal care; the improvements of quality standards of vaccination programs contributing to the Millennium Challenge Corporation (MCC) goal of vaccination coverage.

Family Planning: USAID supports access to FP for vulnerable populations, integration of FP services into existing HIV and RH programs, and NGOs to act as both service providers and advocates for vulnerable populations. USAID works with the MOH and non- governmental organizations (NGOs) to ensure contraceptive security and access to family planning services by vulnerable populations. It also supports the strengthening of transparent contraceptive procurement and logistics systems and the advocacy role of the National Population and Family Council (CONAPOFA) and the Contraceptive Security Committee (DAIA) to guarantee contraceptive availability and family planning services in the public and private sectors. USAID –funded family planning program will graduate by the end of FY09.

D. USAID Maternal and Child Health /Health Reform Program

USAID/DR has developed a long history working with maternal and child health issues in the Dominican Republic. Since the late 1960s and 1970s, USAID/DR has supported the MOH and NGOs to ensure adequate provision of health care to women, children and youth. NGOs have played an important role in this regard by filling the gap in service provision caused by the inefficiencies of the public system. As the public providers assume the role of service providers for poor Dominicans, the role of the NGOs should complement the public sector role.

For the past five years, the USAID-funded Maternal and Child Health program implemented by Family Health International (CONECTA Project), has aimed at increasing sustainable access to quality maternal and child health care with the ultimate goal of reducing maternal and child morbidity and mortality. Interventions have included: quality improvement of obstetric care with emphasis on management of obstetric complications; vaccination coverage and: access to potable water. Most recently, and through the BASICS project in partnership with UNICEF, we have been supporting a pilot intervention for the prevention of neonatal sepsis in three public hospitals which is being expanded to additional 2-3 hospitals.

USAID's Health Sector Reform/Health Systems program implemented by Abt Associates (REDSALUD), has supported GODR efforts to address Dominican health

system inequities, inefficient use of resources and poor quality of services, specifically in Region V, in the eastern portion of the country. The concentrated effort has allowed the establishment of an "instructional region," from where capacity building innovations are examined, adapted, and adopted. The strategy has focused on four main elements:

- Sector Stewardship and Public Health- (providers' accreditation system, epidemiologic surveillance, control of endemic diseases and epidemics);
- Social Participation and Control- (hospital administration counsels, transparency pacts, open forums);
- Decentralized Provider Networks and Service Provision-(integrated management of resources and services, management of users, quality and accessibility, regional services provider network) ;
- Health Insurance and Health Risk Management- (risk and insurance management, and enrollment in the family health insurance of vulnerable groups).

The major achievements of the USAID program to date can be summarized as follows:

- ✓ Emergency Obstetric Care (EOC) has been implemented in 18 hospitals as a demonstration and subsequently adapted by the MOH as a national strategy and sponsored by other donors (UNFPA and PAHO).

- ✓ All of vaccination posts in Region V comply with certification criteria. This has impacted on the Region's immunization coverage (from 48.0% in 2002 to 72.1% in 2007). Although still low, regional coverage is above the national average by 8.3%.

- ✓ Four major maternity hospitals were selected for a pilot intervention focused on prevention of bacterial infections and infection management in delivery rooms. Key changes are already taking place in clean labor procedures.

- ✓ Region V is considered a reference region by health authorities. Hospitals in the region have received National Quality Awards for their management practices among all public sector entities. Management tools developed and implemented with USAID's assistance have been adopted by the MOH for nationwide implementation (e.g., individual birth registry, health provider certification norms, and customer/patient care strategy).

- ✓ Human capacity development in public institutions has been a critical strategy intervention for both maternal and child health and health reform. To date, 120 participants have been sponsored in the graduate program in management of health services and social security and many others have benefited from South-to- South training in Colombia. The graduates are making a difference in changing the health systems paradigms. As tutors, they provide support to peer institutions in the Region in the implementation of different management tools. Training has been an essential tool for the implementation of the Emergency

Obstetric Care strategy implemented in 18 hospitals and, for improving the quality of vaccination programs, among others.

In the next five years, the USAID strategy will focus on an integrated technical and systems approach to effectively improve access by women and children to quality maternal and child services, through the consolidation and expansion of models developed under current USAID-projects. The expansion strategy has been defined based on the availability of resources and the potential for further expansion of the improvements. "Centers of Excellence" will be developed over the life of the strategy with MOH and USAID selecting the order in which the regions will be included based on defined criteria.

E. Geographical Focus-

A three pronged geographic focus has been defined for the new strategy:

- Focus on Region V will continue as work begun is not at a self-sustaining level as yet. Gradual withdrawal of support is envisioned as milestones are met. Nevertheless, this Region will remain as the laboratory to observe and practice the different management improvements for the institutions selected to become "Centers of Excellence" in their own Region.
- Building upon early successes of: the Emergency Obstetric Care program in 18 hospitals, the immunization program, the reform efforts in 14 hospitals in Region V, and the pilot newborn health initiative being undertaken in three high volume maternity hospitals, the new strategy will establish "Centers of Excellence" in each region, in concert with the GODR and based on defined criteria. These Centers of Excellence will serve as hubs from which regionally trained personnel can return to their own institutions with new skills permitting diffusion of good practices while using a minimum of USAID's scarce resources. Programs and trainings will be competency-based with a focus on clinical and management excellence.
- USAID will continue to provide selective technical support to the national MOH and the Social Security institutions on an "as needed" basis. Other work at the national level includes working with the health professional associations to diffuse evidence based research and create a professional environment for uptake of new and proven old practices.

Parallel to this strategy, a $5.0 million two-year Batey Initiative is being designed. Selected bateyes will receive special attention in maternal and child health. This initiative seeks to promote healthy behaviors and incorporate very poor populations into the formal health system.

V. Task Order Objective

The Contractor under the Task Order will provide services to carry out a joint MCH/Health Systems program, building on the program successes to consolidate and disseminate best practices, to contribute to increased equitable access to sustainable

quality Maternal and Child services. Likewise, it is expected that the Contractor's activities complement health-related activities being carried out by other partners, i.e. Newborn Health (the BASICS project); HIV/AIDS (Academy for Educational Development); the Batey Initiative; Tuberculosis (PAHO and TB CAP) and Family Planning phase-out (PROFAMILIA, the DELIVER project). Although the main thrust of this effort should be the development of Centers o Excellence within the public health system, the Offerors are requested to propose an approach to strengthening social participation in aspects such as health promotion, increased demand for services (e.g. vaccination), better informed consumers and, social oversight and control.

Two separate components are described for the purpose of the task order, although it is expected that the two components be designed and implemented in an integrated fashion. For the implementation of the activities under the task order, the Contractor, jointly with USAID and the GODR, will identify the establishments (secondary and or tertiary level of care public hospitals, Provincial Health Directorates, etc) that will be developed as Centers of Excellence. The proposal should include recommended criteria for selection that will serve as the basis with the discussion. The proponents should describe a strategy for introduction of best practices to the Centers of Excellence and, dissemination of best practices from the centers of excellence to the other establishments of the Regional network. Due to the cost and multi-year commitment required by this strategy, GODR and other donor involvement in a unified strategy is critical. The institutional contractor, jointly with USAID, will explore the option for the GODR to leverage resources from the World Bank loan and other potential sources for this effort.

A. Component 1-Maternal and Child Health

In an era of declining resources, it is increasingly critical to be able to leverage resources, keep a place at the table on key issues where it is possible to catalyze efforts, and use funding in a targeted manner to achieve impact. In line with current Agency efforts, country programs are working to demonstrate impact in focused key areas. These areas of global priority are maternal and newborn mortality reduction, improving immunization coverage, and malnutrition reduction.

Likewise, USAID/DR will make use of LAC regional funding priorities to further country goals. Regional efforts over the next five years include enhancing uptake of evidence based practices, reduction of overuse and abuse of technology, and diffusion of key evidence based practices for maximum impact e.g. Active, Management of the Third Stage of Labor (AMSTL), prevention, detection and treatment of pregnancy induced hypertension (PIH), and newborn sepsis.

The USAID/DR plan will work to assist the Government of the Dominican Republic to reach their own goals which also endorse the Millennium Development Goals (reduction of maternal mortality by 75%, reduction of under five mortality by 67%, and, halting the progress of HIV/AIDS, between 1990 and 2015). Maternal and Child Health (MCH) services will include antenatal care; safe delivery; post-natal maternal and

neonatal care; breastfeeding; immunizations; and linkages for the prevention of mother-to- child transmission of HIV (PMTCT).

The MCH component will encompass several major elements:

- **Safe pregnancy and Delivery -** To contribute to the reduction of maternal morbidity and mortality, this phase of the program will seek the institutionalization of Emergency Obstetric Care (EOC) and the strengthening of the technical capacity, through competency-based training, of all cadres of health professionals involved in antenatal, delivery and post-natal care. Antenatal care services should be effective in helping women to maintain normal pregnancies through identification of pre-existing conditions including HIV; early identification of complications arising during pregnancy; health promotion and disease prevention; and birth preparedness and complication readiness planning.

  Targeted research will be conducted to assess ways of implementing and tracking efforts to enhance care. For example, the tracking of the new emergency obstetric and newborn care indicator intra-partum case fatality (proportion of deliveries that result in late stillbirths or early neonatal deaths {24 hours} in a given obstetric facility) in large institutions. Such analysis can inform the analysis of delivery trauma, overuse of cesarean sections, and lack of timely interventions.

- **Humanization of care/improved quality of care.** Despite the success of the Dominican Republic in terms of coverage in providing antenatal care, hospital births, and modern family planning services, quality of those services lags. Reasons for poor quality are diverse and include lack of key instruments and equipment in sufficient volume and quality, health system problems with over concentration of low risk patients in high risk environments, poor control of nosocomial infections, and lack of empowerment of women to demand quality respectful care, which includes client/family preferences that equip women to make informed choices. Key concepts within family-centered care are non-separation of mother and newborn, respect for the woman's privacy and modesty, fully informed consent, faith in normal biological function without overuse or abuse of technology, a family friendly welcoming environment, and active participation in decision making. Issues needing special attention to improve quality of care include nosocomial infections, development of antimicrobial resistance, and drug quality. Centers of Excellence should model excellent infection control and pharmaceutical committees. Quality of care will be addressed on both the provider and consumer sides through piloting and using such methodologies as participatory "collaborative", exchange programs to see success models of "kangarooing" newborns, volunteer involvement in high risk nurseries, etc.

- **Post-partum Continuum of Care (Mother and Child).** A huge gap in care coverage has been post-natal care before 72 hours of age. With 68 per cent of neonatal mortality occurring within the first week of life, having a skilled provider evaluate mother and infant status within the first three days is critical. The current standard of care is to discharge mother and infant at 6-8 hours of age with the first post-partum visit scheduled after 15 days. Overuse of high risk centers for low risk births creates an environment of multiple patients to a bed, very early discharge, lack of client teaching, lack of opportunity to establish breastfeeding under watchful guidance, lack of observation of both mother and infant for early complications, etc. The Offerors will need to work at policy and implementation levels to help resolve health system issues which promote over concentration of patients, lack of access to post-partum visits for both mother and infant within 72 hours, presence of qualified staff 24 hours seven days per week, and adequate training for the staff who actually provide the care particularly nights and weekends.

- **Enhancement of Health Seeking Behavior-** Induced demand, health seeking behavior and improving client education and empowerment will be a crosscutting theme in all areas though its value may be most evident in obstetric, newborn and infant care (identification of pre-natal risks, post-partum continuum, breastfeeding, ORT, vaccination, etc). Through creation of demand by an informed populace, practices such as overuse of cesarean section associated with an increased risk of maternal and newborn mortality, are expected to be reduced. Special education and empowerment of the adolescent will likewise be a crosscutting emphasis in all reproductive health, obstetric services, breastfeeding and immunization. Community education about healthful practices that results in behavior change can safeguard health and improve fetal and maternal well-being in pregnancy. Healthful practices include child spacing, infection prevention, good nutrition, and avoidance of harmful practices, such as unsupervised intake of herbs or modern pharmaceuticals to induce abortion or labor.

- **Enhanced immunization coverage.** Immunization rates have lagged in Region V where USAID has focused their efforts and even worse in other regions. In areas of poor access, the population has become accustomed to waiting for annual campaigns to immunize their children, putting newborns in particular way behind schedule for protection against multiple communicable diseases. More important than access, has been addressing program management issues. Assistance has been given in logistics system management. Gains in Region V must be consolidated and lessons learned shared with other regions where progress has been less favorable. In 2007 only 48.8 per cent of children were fully vaccinated in contrast to 70.9 per cent in Region V where USAID partners worked. A critical issue for the Expanded Immunization Program (EPI) is the accuracy and reliability of the immunization coverage data, both in terms of the way the data are registered and collected as well as in terms of how the data are

consolidated and processed. The work done in this respect in Region V will be examined and consolidated to promote its dissemination.

In addition to describing the approaches for the implementation of activities for the above elements, the Oferrors will identify appropriate mechanisms to work collaboratively with the BASICS newborn project on newborn related components. BASICS receives both bilateral and regional monies to address reduction of neonatal sepsis, integrate modern practices to enhance quality of care, provides leadership in the LAC Newborn Alliance working on neonatal morbidity and mortality region-wide, and update policy and practice relating to newborns. Also, it well known that continuing universal access to family planning reduces maternal mortality by roughly 35 per cent. The Offerors will describe how they will collaborate with the implementers to institutionalize FP activities within a reformed and decentralized health care system.

B. Component 2- Health Systems

The successful experience in the improvement of quality of care and resource management in the health institutions supported by USAID in Region V should be the motor of change for other health regions in such a way that the positive effects on the health of the population have a bigger impact on the overall health system.
The health systems component will continue to focus on improving/ strengthening the efficiency in the use of the resources and the quality of care of public health providers with emphasis in Maternal and Child Health, although it is expected that the improved systems will have a spill out effect and benefit overall health care provision .

USAID will continue its presence in Region V (on a gradually reduced scale) to allow for the consolidation of ongoing processes, and continue to serve as the demonstration region for the dissemination phase. Using Region V and its human resources as the motor of change, we propose to identify jointly with the GODR, a number of hospitals and Provincial Health Directorates (DPSs) with potential to become Centers of Excellence and motors of change in their respective provinces and/or regions. In this new phase, improved management processes will provide direct support to ensure efficiency and quality in maternal and child care services by supporting both clinical and administrative related processes. It is expected that the Contractor coordinate very closely with AED, the new HIV/AIDS institutional Contractor, to jointly identify the systems and management processes required to support the provision of HIV/AIDS services particularly as it pertains to the focus population (MCH).

The strategic approach will continue to focus on the following major elements:

- **Quality Improvement (Gestion de Calidad)** - Aims at improving clinical and management/ administrative processes for priority MCH programmatic areas such as: prenatal, peri-natal, and postnatal care and, family planning; newborn care, in close coordination with BASICS; integrated care for HIV/AIDS

(Counseling and testing, PMTCT, treatment) in close coordination with AED; adolescent services, and selected infant and child health interventions with an emphasis on vaccination. Illustratively, clinical processes would include: managed care; norms and protocols; biosafety; and, clinical audits. Illustratively, administrative/management processes would include: logistics/supply management; MIS; vital records keeping; user/patient care (Atencion al Usuario); development and implementation of tools for reference and counter-reference, etc.

- **Resource Management** –. Effective and efficient utilization of resources is critical given the limited resources allocated for health care. We will continue to support costing and cost control; productivity; prospective budgets; logistics management; incentive strategies; transparency and accountability as well as strategic management, planning, governance, and accountability Given the foundation work that has been done in Region V, basic elements of operating a regional network of public providers could be tested as demonstration in Region V. This could include among others definition of resolution capacity of individual providers; an effective referral system; economy of scale processes, etc.

- **Stewardship and Public Health Programs** –Selected Provincial Health Directorates will be developed as Centers of Excellence for improving their stewardship role at the local level in: epidemiological surveillance for the main diseases affecting the population; capacity enhancement for the control of endemics and epidemics and for the promotion of public health programs and, we will continue our assistance to develop and implement a certification/accreditation program for service providers. In addition, assistance will be provided for the development of the DPS capability to timely and adequately lead the health response in the event of a disaster. Disaster preparedness should include but not be limited to: the definition of roles and responsibilities for all local actors in the event of a disaster, clearly defined plans and action critical paths and, systems in place to ensure timely and adequate flow of information, supplies, etc.

- **Governance/ Social Participation**- the Offerors should propose appropriate mechanisms to link organized community groups to the local health system and to strengthen the community's ability to exercise their rights as active participants and consumers in taking care of the health of their respective communities. Social participation is essential among others to: ensure an appropriate system's response to their health needs; promote healthy behaviors and contribute to better informed consumers and induced demand for MCH services; support to the conformation and operation of hospital administrative boards; oversight and accountability.

- **Family Health Insurance**- USAID has supported the implementation of the

Family Health Insurance with emphasis on the subsidized scheme. Currently there are more than one million poor Dominicans enrolled throughout the country. The GODR goal is to achieve insurance universal coverage by the year 2015. As the gradual enrollment of poor families in the Family Health Insurance provides financial protection for health care, it is critical that timely access to quality health services be guaranteed at the same time that the financial viability of both the risk administrator and the providers is preserved. This will require strong and capable institutions. In this regard, the Offerors will propose appropriate interventions to assist both the providers and the Social Security System institutions.

Expected Outcomes:

- Over the course of five years a minimum of 10 Centers of Excellence will be established. To be designated a Center of Excellence, institutions will be evaluated against rigorous standards to be worked out collaboratively with the MOH. Criteria will include qualitative indicators as well as improved outcomes.

- Centers of Excellence support the dissemination of best practices and serve as training facilities for other establishments of their respective regional provider network.

- Cadres of master trainers are empowered to replicate any competency-based training which needs to be moved throughout the health system.

- Safe motherhood and selected child quality services contribute to reducing maternal and child morbidity and mortality.

- Dissemination of best practices developed for the immunization program contributes to both improved immunization coverage and immunization data registration and processing.

- Improved efficient clinical and resource management/ administrative processes support priority MCH programmatic areas.

- Health seeking behavior is enhanced through the strengthening of community-based work and the MOH promotion and prevention programs.

- Communities capable of actively participate in taking care of the health of their respective communities and effectively represent the community's interests at the hospital administration boards and other appropriate settings.

- Regional network developed and tested in Region V serves to identify best approaches for the development of other regional networks. Networks developed around the Centers of Excellence.

- Provincial Health Directorates (DPSs) developed as Centers of Excellence have enhanced stewardship capability for maintaining effective epidemiological surveillance, for controlling endemics and epidemics, for the promotion of public health programs and for the certification/accreditation of public and private health providers.

- A health disaster preparedness planning model of local capability to timely and adequately respond in the event of a natural disaster (e.g. tropical storm or hurricane) developed and tested.

VI. Special Considerations

Gender- 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. The following questions should be addressed: a) Are men and women involved or affected differently by the context or work to be undertaken? b) if so, how will this difference be addressed through managing for sustainable impact?

Environmental Mitigation- The plan will identify mitigation measures at the activity level and a budget for implementation monitoring and evaluation. The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered ad that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204, which, in part, require that the potential environmental impacts of USAID-funded activities are identifies=d prior to a final decision to proceed and that appropriate environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFTOP.

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

No activity funded under this Task Order will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE) or environmental assessment (EA) duly signed by the Bureau Environmental Officer.

According to Title 22 Code of Federal Regulations, Part 216 and the Initial Environmental Examination (IEE) the Health Activity involving handling and disposition of medical waste has received a **Negative Determination with Conditions.** Therefore, the Contractor is required to submit an environmental mitigation plan for USAID's approval prior to Task Order award.

Coordination/Collaboration- The technical proposal will include a description of the strategies and approaches for close collaboration, synergies and complementarities with Newborn Health (BASICS); HIV/AIDS (Academy for Educational Development); Tuberculosis (PAHO and TB CAP); Family Planning Phase-out (PROFAMILIA, DELIVER) and the Batey Initiative, in development stage.

Investment in human capital - 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. Investment in human capital and development of local capacity will continue to be a key strategic approach for USAID program. There is a continuous need to develop a critical mass to motivate and implement the change. The proposal should describe strategic approaches for enhancing health personnel capacity both technical and managerial such as graduate programs, on the job training, mentorship programs, and south to south collaboration (both between Regions and with countries in the LAC Region undergoing similar processes).

VII. Staffing Requirements-

Offerors are expected to include in their proposal a mix of highly qualified personnel which expertise is consistent with their proposed approach to attain the results. As described in Section A under c. -Management Approach - and d. - key Personnel, the staffing pattern should include an organizational chart with a justification for the proposed staffing pattern and level of effort. In addition to demonstrated expertise in their particular relevant fields (maternal and child health, health systems, health reform) and a minimum of 5 years experience in a technical assistance role in health in a developing country (preferable in the LAC Region), key personnel must have excellent communication skills and, a demonstrated ability to work in a team environment and with government counterparts. In addition to the requirements above, the proposed Chief of Party should have the following characteristics:

-Formal education in public health, health management or an equivalent field at the master's degree level at minimum;
-Minimum 10 years experience working in public health a/or health reform programs in developing countries;
-Previous experience as a COP in health related projects for a minimum of two years.
-Fluent in both English and Spanish; excellent presentation and writing skills.
-Demonstrated ability to build effective working relations with senior government Officials, partners and counterparts.

Offerors shall include a roster of short term technical assistance specialists. Short term technical assistance plans will be finalized during the implementation planning process, at which time the contractor will make maximum use of local consultants as appropriate.

VIII. Reporting Requirements-

The Contractor shall adhere to the reporting requirements listed below. All reports shall be submitted in English within 30 days after the end of each reporting period. The need for a Spanish version of the reports will be determined by USAID on a case by case basis. The exact format for preparation of reports will be jointly determined between the Contractor and the Cognizant Technical Officer (CTO). In addition, the Contractor shall provide timely responses to any request pertaining to the annual operational plan and subsequent semi-annual reports.

1. Annual Workplan and Projected Expenditures

The proposal should include a workplan for the first year of implementation. The plan should include a transition strategy to ensure a smooth transition of activities and avoid implementation gaps. Within 90 days of the Task Order award, the contractor will submit a final revised workplan and projected expenditures broken down by quarter for the first year. Subsequent year workplans will be due at the beginning of each FY.

2. Training Plan

The Contractor will submit annual training plans that include all local and off shore training. The first year plan will be due 180 days after the award of the Task Order.

3. Monitoring and Evaluation Plan (M&E)/Performance-based Management System (PBMS)

The Offerors will include in the proposal a monitoring and evaluation plan. A revised M&E plan with agreed upon yearly targets will be due 120 days after the award of the Task Order. See Attachment II – Instructions to offerors for more details. The M&E plan should include the proposed strategy for assessing progress towards program milestones, results and targets. The plan will identify the source and frequency of data to ensure USAID has data available for the semi-Annual reviews and the Annual Report. The plan should also describe how quality and accuracy of data will be guaranteed. A list of illustrative indicators in section IX below is not restrictive. The offeror may propose additional indicators to measure progress and impact of the activities.

4. Quarterly and Annual Progress Reports

The Contractor will provide quarterly reports on progress made and on planned activities for next quarter. The reports should include a financial report and status of host country contributions. Annual reports should be results oriented against set up targets and should discuss any shortcomings a/or difficulties encountered in addition to describing remedial actions.

5. Final Report

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

IX- Illustrative Indicators

- Percentage of ANC clients who receive a complete course of iron folate.
- Percentage of pregnant women with four or more ANC visits.
- Percentage of women with a skilled birth attendant (SBA) present for delivery.
- Percentage of deliveries by a SBA which provide AMTSL correctly (three components).
- Percentage of nurse attended deliveries where the nurse has received special training in management of normal births.
- Percentage of time qualified physicians is in the center of excellence to cover maternal and newborn care (includes nights, weekends, holidays, etc.).
- Percentage of mothers delivering in a center of excellence who have family centered care (support person of choice at birth, newborn kept in mother's room, extended visiting hours for close family members, classes in care of self and newborn, etc.).
- Percentage of SBA deliveries that provide essential newborn care.
- Percentage of mothers that can state three or more danger signs for self and for infant with appropriate action to take.
- Percentage of newborns receiving a post-partum visit within three days of birth.
- Percentage of high risk newborns linked to post-partum care resources.
- Percentage of women receiving a post-partum care visit within three days of birth.
- Percentage of infants exclusively breastfed for six months or longer.
- Percentage of children with diarrhea treated with ORT and/or zinc.
- Percentage of children with pneumonia taken to appropriate care.
- Percentage of children who are fully immunized at one year of age.