

**INVESTING IN PEOPLE  
THROUGH HEALTH:  
ACTION FOR WEST AFRICA REGION  
AWARE II  
TASC 3 TASK ORDER**

**REQUEST FOR TASK ORDER PROPOSALS**  
**Investing in People through Health**  
**Action for the West Africa Region II**  
**(AWARE II)**

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**Investing in People through Health  
Action for the West Africa Region II  
(AWARE II)**

**I. BACKGROUND**

The current regional program, Action for West Africa Region (AWARE), will end in July 2008, and a new program will begin in April 2008 in order to have some overlap. The current program consists of three pillars: the provision of targeted technical assistance, the identification, dissemination, and replication of best practices and policies, and capacity building of regional institutions and networks. The purpose of this Request for Task Order Proposal (RFTOP) is to acquire the services of one of the TASC 3 IQC holders to design a new regional program building upon the successes of the current regional program by improving the enabling environment for policy adoption and best practice replication and scale up. The new program will continue to assist USAID/WA in developing, coordinating, facilitating, and providing high quality technical support to public and private health institutions in West Africa.

**A. Statement of the Development Problem**

Development challenges in West Africa are regional in scope. With a population of more than 250 million inhabitants, the West African region has the largest number of rebuilding and developing nations in the world according to the new USG Foreign Assistance Framework. According to United Nations indicators, the West Africa region remains one of the world's greatest development challenges. The region ranks as the poorest with the lowest level of human capital development, and the highest population growth rate.

There are currently more than six million people in West Africa living with HIV/AIDS. However, the prevalence is variable and generally low in the region as the epidemic remains localized in high risk populations such as commercial sex workers and their partners, and truckers along trade routes. National adult prevalence in any one country has yet to reach the alarming levels seen in southern Africa as most countries in the region are still below three percent. Nevertheless, the region is at great risk for an epidemic given the fact that more than 50 percent of the population are children and youth under the age of twenty-five years. There is a need for treatment for those already infected; however, if a more generalized epidemic is to be averted, there is a greater need for effective, appropriate HIV/AIDS prevention education for the large number of children and youth.

The region is characterized by both high maternal mortality (greater than 800 deaths per 100,000 live births on average) and high infant mortality (greater than 100 deaths per 1000 live births on average). There are limited quality prenatal, delivery, and post-partum services and the use of modern contraceptives is less than 10 percent in most countries in the region. The unmet need for family planning remains above 25 percent in most countries due to poor access to services and a range of cultural and social factors. Similarly, fertility rates remain extraordinarily high at 5-7 children per woman, contributing significantly to infant, child and maternal mortality. The compounded issues of gender violence and low social and socioeconomic status of women continue to place women at high risk for unwanted pregnancies and sexually transmitted infections (STIs), including HIV/AIDS. Factors contributing significantly to the high under-five mortality include malnutrition (attributable to 60 percent), acute respiratory infections, diarrhea, malaria, measles, delivery and neo-natal complications.

Contributing to these poor health statistics are weak health systems exacerbating specific health problems. These include: limited capacity of the public and private sector to deliver quality services; poorly maintained infrastructure; and an alarming exodus of trained professionals from the public sector. Fragmented programming of resources on the part of governments and donors, weak regional leadership and managerial expertise, and negligent governance and accountability are also fundamental constraints to the delivery of quality health services.

In a region characterized by porous borders, factors that contribute to instability in one country spill over to other countries. Populations affected by internal conflicts seek refuge in neighboring countries, often taxing already fragile infrastructures in the receiving country. Apart from conflict situations, people are mobile for economic and commercial reasons. Petty traders, commercial sex workers, truckers, and herders move freely in search of better economic opportunities. Within a weak regulatory atmosphere, this mobility contributes to the spread of both animal and human borne diseases.

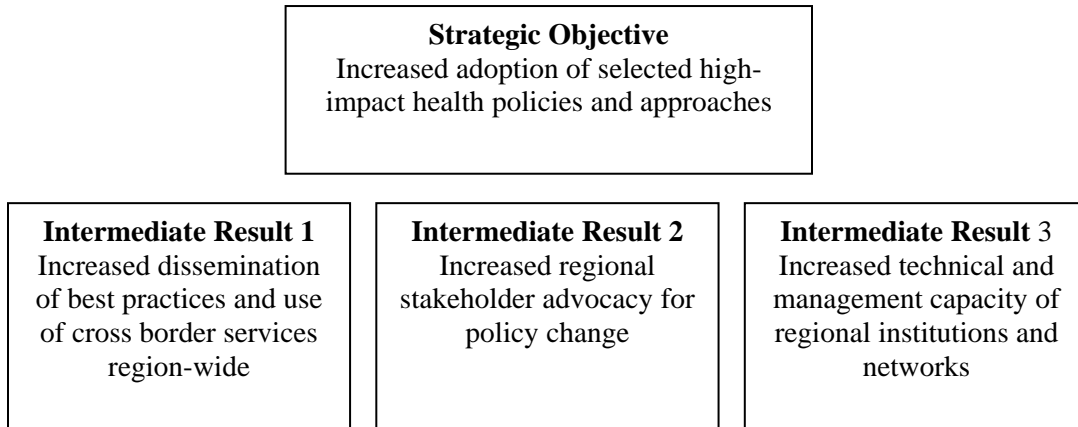
Despite the weak regulatory atmosphere, there is increasing political will to address the region's common economic, political and especially health challenges to offer hope for all of West Africa. The emergence of regional political and economic institutions is extremely encouraging, particularly, the 15-country Economic Community of West African States (ECOWAS) and its specialized agencies, which include the ECOWAS Parliament, the Council of Health Ministers, and the West African Health Organization (WAHO). Similarly, the private sector is assuming a leadership role in the design and implementation of technically sound training and health service delivery programs.

Significant financial resources for development and health programs are coming into the region through new sources such as Global Fund for AIDS, Tuberculosis and Malaria (GFATM-Global Fund), the World Bank, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), U.S. President's Malaria Initiative (PMI), and the Millennium Challenge Corporation (MCC). An increasing number of private foundations (e.g., Gates, Clinton, Soros) and commercial endeavors are entering the health arena in the region. In addition, several multilateral and bilateral organizations have health as their priority and are increasing funding in the sector. Importantly, there is a growing number of political as well as a civil society networks involved in advocating for improved health services and taking the message to the people.

## **B. USAID/WA's Health Sector Response to the Development Problem**

The USAID/WA Mission recognizes that a concerted regional effort is needed to coordinate a response to and reinforce progress against the region's development challenges. Building on the preceding Family Health and AIDS Project, USAID/WA's health office developed a health program providing technical assistance; promoting the identification and replication of selected evidenced-based best practices sound policies across the region; and building the capability of regional and national networks and institutions to offer technical assistance to governments and other implementing bodies. The current \$11.5 million annual budget for regional health activities is implemented primarily through two cooperative agreements: Action for the West Africa Region-Reproductive Health (AWARE-RH), implemented by EngenderHealth (SO-641-CA-688-A-00-03-00065), which intervenes in reproductive health, family planning, malaria, maternal/child health and avian influenza, and Action for the West Africa Region-HIV/AIDS (AWARE HIV/AIDS), implemented by Family Health International (SO-688-A-03-00066-00), which intervenes in the area of AIDS and sexually transmitted infections (STIs).

**Figure 1: USAID/West Africa Strategic Objective 9**



### ***Investing In People-Transformational Diplomacy***

Although the terms “strategic objective” and “intermediate results” are not used in the new framework for programming USG foreign assistance, the current approach, as shown above in Figure 1, supports the USG Transformational Strategic goal of *Investing in People*. In accordance with the new joint Strategic Plan for the U.S. Department of State and U.S. Agency for International Development (2007-2012), USAID/WA activities build sustainable capacity of countries to meet the health needs of their populations. Specifically, the regional health program addresses the USG strategic priority of strengthening local capacity and ensuring the adoption of best practices as a way of ensuring the health of West Africans. The new regional project will continue to contribute to the Health Program Area and the following Program Elements: HIV/AIDS, Maternal and Child Health; and Family Planning and Reproductive Health.

### ***Technical Assistance in Provision of Health Services***

In the first pillar of the regional approach, USAID/WA, through AWARE, brings extensive technical expertise and proven best practices in health service provision to countries with shared needs with the potential to bring these models to scale in collaboration with host governments and other donors. USAID/WA provides training, technical and planning assistance to transfer these approaches, and collaborates closely with other donors to support full execution of these models and their replication at additional locations. The program supports a network of “centers of excellence” for different health services around West Africa and facilitates active sharing and exchange of these experiences with health workers from other countries needing to improve their own programs. The Contractor will continue these activities, providing technical expertise directly from its own staff, as well as strengthening the capacity and use of regional partner institutions to provide this assistance to programs throughout the region.

### ***Policy Advocacy and Replication of Best Practice in Health Policies and Service Delivery***

As the second pillar of the regional approach, USAID/WA supports the development and adoption of adapted health policies and service delivery guidelines together with host governments. The direct interventions of the USAID/WA health program are quite modest, but the indirect impact on health in the region, through strengthening the enabling environment for service provision, is much greater. The Contractor and USAID/WA will agree on a regional

policy agenda to promote with regional governments. USAID/WA will engage other donors and governments for overall policy change, and the Contractor will inform and facilitate sharing of practical experiences among decision-maker peers to operationalize these efforts. The Contractor will continue to work with other countries in the region to adopt these policies and with other donors to finance scale-up of these proven best practices. Two recent examples of policy improvements are particularly important.

- The program assisted the network of parliamentarians in several countries to adapt and adopt model legislation to protect the rights of HIV-infected people and signed these rights into law in eight countries. This directly benefits over 1 million infected individuals and lays the groundwork for 44 million adults in those countries to change their attitudes about the virus and seek HIV testing.
- Health Ministers from all 15 ECOWAS member states signed a resolution to remove tariffs from all malaria-related commodities. Taxes on imported drugs and materials are a factor, making bed nets and other products too expensive for many families to afford. This is not yet ratified by Ministers of Finance, but is a critical first step. Once this begins to take effect, it will make these products more accessible to nearly 143 million women and children in the region.

### ***Capacity Building of Regional Institutions***

In the third pillar of the regional approach, USAID/WA systematically strengthens the technical, management, organizational, and marketing skills of a cadre of institutions and networks with potential to provide technical assistance and training in the region. With each institution and network, USAID/WA, through its partners, conducted organizational assessments, provided capacity building support, and engaged them to implement various aspects of the health programs. As a result, these institutions play a stronger leadership role and serve as a dependable source of regional, technical assistance and advocacy for health programs in West Africa. These development activities also helped institutions broaden their own resource base, making their programs more sustainable. The Contractor will collaborate with these institutions to achieve both long and short-term program results with the expectation that these regional institutions will become strong enough to provide high quality technical services on their own, on a contract basis.

- As a result of USAID's support, MWANGAZA, a community mobilization non-governmental organization based in Ouagadougou, Burkina Faso, now provides technical assistance to Save the Children, the United Nations Fund for Population Activities and Helen Keller International in the area of community mobilization throughout the region.
- Centre Regional de Formation et de Recherche en Sante de la Reproduction (CEFOREP) is a regional reproductive/family planning (RH/FP) training and service delivery center based in Dakar, Senegal, that, with support from AWARE, provides excellent quality technical assistance to the Ministry of Health in Senegal, the World Health Organization and several other local partners in clinical reproductive health services in the region.

### ***Partnership with the West Africa Health Organization (WAHO)***

USAID/WA directly funds a capacity development grant with WAHO, the health secretariat of the ECOWAS. WAHO's mandate includes: regional coordination, upholding standards for training, and the exchange of medical manpower with the goal of attaining the highest possible

standard and protection of health for the people in the region. WAHO also ensures dissemination of health information and engages in health policy development and advocacy to ensure that pertinent health issues are addressed consistently at the regional, national, and community levels. The organization's influence extends through the Council of Health Ministers of the 15 ECOWAS countries which harmonize health policies of member states, pool resources, and cooperate with one another for a collective effort to address the challenges of the region. WAHO promotes the transfer and sharing of the regional health resources but is not an implementing or funding agency. National governments are dependent on national and donor resources to implement programs. The WAHO mandate makes it an obvious partner for USAID/WA and other donors.

USAID/WA and the current partners assist WAHO in developing and articulating major health policies for adoption at the regional level. The ECOWAS Council of Health Ministers has consequently endorsed three important measures: a reproductive health commodities strategy for West Africa; a community-based management approach to treating acute respiratory infections, malaria, and diarrhea in children under five; and the elimination of taxes and tariffs on malaria related commodities throughout the region. USAID/WA plans to continue direct support to WAHO/ECOWAS.

### *Collaboration with Other Donors*

The USAID/WA Health Program and its implementing partners collaborate with multilateral, bilateral and international donor agencies to harmonize strategies and approaches; to conduct joint planning meetings; to provide the technical assistance needed to integrate and expand best practices into existing programs; and to advocate for specific policies and approaches that will strengthen program implementation. Specific examples of donor collaboration include: coordination with UNFPA to support the development of a reproductive health strategy; participation in the West Africa Regional Network for Malaria; work with UNICEF to develop a region-wide strategy for community-integrated management of childhood disease; close coordination with the World Bank project for cross border intervention for HIV/AIDS; and strong support of WAHO in the development of policies across the region.

More importantly, USAID/WA established a strong working relationship with the Global Fund to Fight HIV/AIDS, tuberculosis and malaria (GFATM). To date, GFATM has disbursed \$6.6 billion to more than 450 programs in 136 countries. The USG contributes over one-third of this total and because of this, has a vested interest in the stewardship of GFATM, globally and particularly in the West Africa region. In West Africa, more than \$2.2 billion has been awarded to 21 countries. As a financing organization without regional or country offices, GFATM relies heavily on technical support from international, regional, and bilateral partners to help GFATM recipients, the country coordination mechanisms (CCMs), in developing proposals, in meeting disbursement criteria, and in dealing with complex implementation issues.

The USAID/WA Health Program collaborated with the GFATM to help improve the disbursement of funds within and the performance of country-level grants in West Africa. USAID/WA with other donor partners is providing technical assistance to several GFATM country programs on monitoring and evaluation (M&E), commodity procurement management, and governance. USAID/WA and GFATM secretariat in Geneva collaborated to salvage several country programs that were losing their grants due to poor performance or lack of accountability. This collaboration facilitated access to millions of grant dollars that the country programs were about to lose from the Global Fund. This is an example of USAID/WA's vision of leveraging funds from other organizations to foster the implementation of country and regional programs in West Africa. USAID/WA will continue to play the lead role in the endeavor, but the Contractor

will provide support for and seek means to expand this tested strategy for marshalling additional financial resources for the scaling up activities and making better use of funds.

#### *Other Activities*

The West Africa Ambassadors' AIDS Fund (WAAF) was developed to encourage US embassies to participate more actively in country-level response of PEPFAR, especially in countries that have received no or limited USAID support. The WAAF's primary objectives are to:

- Increase U.S. leadership in assisting countries in developing national HIV/AIDS programs;
- Make available targeted support for innovative HIV/AIDS activities and local initiatives in USAID non-presence countries to support PEPFAR objectives in the region
- Promote activities of regional significance which align with PEPFAR objectives.

The WAAF is an important means in providing strategic assistance to fight HIV/AIDS in non-USAID presence countries. To date, most efforts have been small one year projects with discrete activities. These activities should be adapted as targeted interventions to be scaled-up by host governments or other donors. WAAF presents a unique opportunity to greatly extend the USG's impact in the region. In the future, USAID/WA plans to continue this highly appreciated activity. However, USAID/WA will improve the effectiveness of the small grants process by adding precision to the competitive criteria for funding and improving the prospects for continuation of activities after the initial grant period. The Contractor will recognize the importance of this small grant mechanism and continue to implementing the activity as an integral component of the HIV/AIDS program.

USAID/WA also uses a number of centrally-funded specialty services for its regional health program. They are:

- **Policy Development Initiative (PDI)/The Futures Group** focuses on developing supportive legal-policy frameworks and more effective institutional arrangements in the public sector; seeks to increase political commitment and articulation of policies and operational guidance for reproductive health and HIV/AIDS; assists stakeholders in the development of model laws and implementation guidelines for reproductive health and HIV/AIDS.
- **DELIVER/ John Snow, Inc.** provides technical assistance to improve the availability of contraceptives and other essential commodities in selected countries; improves resource mobilization for commodity security, particularly contraceptives; strengthens local institutions to provide technical assistance for commodity security and management; and supports the Global Fund in the development and management of integrated procurement and logistics systems.
- **Rational Pharmaceutical Management Plus (RPM+)/ Management Sciences for Health** provides technical expertise and assistance to Global Fund recipients to develop and finalize procurement and supply management plans that are required for the release of funds for the grants; provides technical assistance and training to implement the plans; and provides capacity building and training to select regional institutions to support pharmaceutical management for AIDS, tuberculosis and malaria.



- **ACCESS Project/ Johns Hopkins Program for International Education in Gynecology and Obstetrics** formulates long-term training capacity of national programs and regional institutions; and integrates various reproductive health components into a continuum-of-care that maximizes maternal and newborn health survival at all points along the household-to-hospital continuum.
- **MEASURE/ Macro International** improves the collection, analysis and presentation of data for use in planning, policymaking, management, and monitoring and evaluation; provides technical assistance to select regional institutions to improve their monitoring and evaluation capabilities.
- **Central Contraceptive Procurement/ USAID Global Health** provides an efficient mechanism for consolidated USAID purchases of contraceptive and other reproductive health commodities for Mission designated programs.

### *Future Directions*

The current regional program works diligently to create a positive enabling operating environment for national programs to plan and implement quality health service delivery programs. To accomplish this, the regional activities focus on establishing the conditions that make excellent service delivery possible, by:

- Introducing policies and strategies that break down barriers and permit positive legal, regulatory and operational frameworks for services;
- Building skills and mobilizing agents of change that can influence and impact the availability and accessibility of appropriate services;
- Developing systems and tools that improve the effectiveness and efficiency of services and underpin optimal service delivery functioning;
- Strengthening regional institutional capacities and forming collaborative relationships that can provide bold leadership for consensus, harmonization and technical excellence for the design and implementation of service policies and delivery strategies; and
- Leveraging funds from other donors, governments, and the private sector to permit the replication of model service delivery at the national level.

Additionally, the program works closely with other donors and the GFATM to harmonize donor efforts and to ensure efficient use of donor funds. The regional program also successfully builds on previous national, regional and worldwide efforts such as the work in assuring health commodity security, quality assurance, standard setting, and the promotion of service delivery models.

USAID/WA's current approach, which encourages regional partnerships and targeted technical assistance, is effective in merging technical experience with vision and resources to achieve much greater health impact than USAID can do alone. For example, when the USAID/WA program established the first center for the prevention of mother to child transmission of HIV (PMTCT) in Mauritania, although the bulk of resources were provided by UNICEF and the World Bank MAP project, without the advocacy work of the AWARE project, the center would not have been established. The Ministry of Health and these other donors are now collaborating to replicate the services at additional sites and to expand to national coverage.

The new project will continue in the path of the current program, building on its successes and encouraging sustainability. Of particular importance is the use of the existing local organizations

to provide the needed technical assistance to governments in the region. This is truly the basis of *transformational development* and will be the cornerstone of the new program. One specific measure of success will be the extent to which these institutions and personnel are using their expertise in policy and program development and technical assistance in the region. In its proposal, the Contractor will develop a transition plan which outlines how the Contractor will continue collaboration with these institutions/networks and promote their engagement as regional technical leadership institutions. Table 1 includes key institutions identified and strengthened to date under AWARE I.

The new project will continue collaboration and foster a strong working relationship with WAHO, supporting specific activities such as its highly successful Young Professional Internship Program, as well as other regional policy bodies, donor partners and the Global Fund.

**Table 1: Key AWARE-I Collaborating Institutions and Networks**

<b>INSTITUTIONS</b>	<b>TECHNICAL AREA EXPERTISE</b>
CEFA/CAFS: Center for African Family Studies (Togo)	Training, research, capacity assessment, strategic planning
CEFOREP: Centre Régional de Formation et Recherche en Santé de la Reproduction (Sénégal)	Training, research, monitoring in reproductive health
CIC-Doc: Centre d'Information de Conseil et de Documentation (Burkina Faso)	Information documentation, management development, training in HIV/AIDS, voluntary counseling and testing
INTERCAP: Interafricaine Renforcement Parlementaires. (Sénégal)	Advocacy for health including reproductive health and AIDS
GIMPA: Ghana Institute of Management and Public Administration (Ghana)	Monitoring and evaluation
IRSP: Institut Régional de la Santé Publique (Benin)	Long/short term training in public and management
ISED: Institut de la Santé et de Développement (Sénégal)	Long / short term training in leadership, management development, and national health accounts.
CESAG: Centre Africain d'Etudes Supérieur en Gestion (Sénégal)	Long/short term training in commodities management, management development, procurement
MWANGAZA Action: (Burkina Faso)	Social mobilization, education, and governance
CBCHB: Cameroon Baptist Convention Health Board (Cameroon)	Training and mentoring, in preventing mother to child transmission of AIDS, provision of primary health care services
KATH: Komfo Anokye Teaching Hospital (Ghana)	Management, technical training particularly in skills transfer in HIV/AIDS, care and treatment of AIDS
SMIT: Service des Maladies Infectieuses et Tropicales, Université de FANN (Sénégal)	Skills transfer, technical training modules, technical assistance, care and treatment
<b>NETWORKS</b>	<b>TECHNICAL AREA OF EXPERTISE</b>
CONCERTATION: Network of National Mutual Health Organizations ( Senegal )	Advocacy, management, counseling in community health financing
FAAPPD: Forum des Parlementaires Africains et Arabes sur la Population et le Développement (Sénégal)	Advocacy, technical assistance, networking, policy development and implementation.
FASFACO: Fédération des Associations Sages-femmes d'Afrique Centrale et de l'Ouest (Burkina Faso)	Advocacy in reproductive health
Réseau des Journalistes Sahéliens en Population et Développement: Network of Sahélien Journalistes (Sénégal).	Advocacy, technical assistance in reproductive health, public relations and communications
SAGO: Société Africaine de Gynécologie et Obstétrique (Mali)	Research, advocacy in reproductive health, technical assistance and networking

NAP+/WA: Network of People Living with AIDS in West Africa (Cote D'Ivoire)	Advocacy for people living with HIV/AIDS, people level communications
WANASO: West African Network of AIDS Organizations (Mali)	Advocacy for AIDS organization, coordination, standardization of AIDS programs
SWAA: Society of Women Against AIDS (Senegal )	Policy advocacy for policy for AIDS, community level education and communications.

## II. SCOPE OF WORK

### A. Title of Task Order

“Investing in People through Health – Action for the West Africa Region II (AWARE II)”

### B. Duration of the Task Order

It is estimated that the period of performance will be three years.

### C. Purpose of Task Order

The purpose of this Task Order is to design, coordinate, facilitate and provide high-quality technical support to a variety of public and private health entities in West Africa. The objective is **to create a positive operating environment enabling countries to plan and implement selected high quality health service delivery programs for people of the region.**

The Task Order Contractor will develop, support, harmonize and coordinate activities at the *regional level*, creating conditions whereby quality services will be effectively delivered on a large scale across the region. The Contractor will work with and through West African partners and stakeholders to address constraints hindering successful delivery of services in the region; to facilitate the adoption of policies; and to introduce and scale-up quality health services for the people. The Contractor’s role is not to implement services, but to design upstream interventions that:

- **Establish and implement a strategic vision and planning process:** Coordinate and involve the maximum number of West African stakeholders to provide a constructive forum for debate and consensus on the best approaches to address challenges of the region.
- **Advocate for and make operational policy implementation and harmonization:** Break down barriers and facilitate a positive legal, regulatory, and operational framework to support service delivery.
- **Replicate evidence-based best practices, approaches and programs:** Promote the adoption and adaptation of selected best-practices to continue to improve the effectiveness and efficiency of health services. Support systems strengthening to make the operating structure technically and managerially sound as well as accountable.
- **Strengthen West African institutional and civil society network capacities and mobilize a qualified professional cadre so they will serve as technical change agents** to increase the availability, accessibility, and quality of equitable services.
- **Marshall and monitor new funds from donors working in the region and encourage the better use of existing resources:** Identify resources; advocate and market programs to potential donors; and conduct brokering between potential

donors and recipients to scale up and implement cost-effective and efficient service delivery programs.

- **Broker and foster collaborative and coordinated relationships:** Provide bold leadership for consensus, harmonization, and technical excellence in the design and implementation of policies, strategies and approaches for quality service delivery.

The Contractor will serve as a *facilitator* and will play a *catalytic and supportive* role. The Contractor will provide technical and monetary support to regional partners to create a positive and enabling environment with the end result being the adoption of policies, strategies, and programs throughout West Africa. The main thrust of this effort will be to empower African leadership and ownership. In other words, West Africans will be fully vested in program activities and involved in achieving success. Africans will identify the problems and determine the solutions. In summary, West African partners will be key stakeholders and drivers of the strategic planning processes.

In order to carry out this process, USAID/WA provides, in Figure 1 (See Section III), a schematic results framework to guide the Contractor in the development of its plan of action. The expected results are the Task Order deliverables. This SOW offers the Contractor maximum flexibility to conceive and propose inventive solutions, and USAID/WA encourages the Contractor to be innovative in its technical approach. The Contractor's proposal will present its overall approach, and a three year implementation plan with corresponding performance measures for its proposed plan. The Contractor will develop a detailed first year work plan which USAID/WA will further refine with the Contractor after the Task Order award, and will approve within 30 days of the award.

#### **D. Areas of Technical Concentration**

As elaborated above, this Task Order is about creating an enabling environment for high quality services delivery. Within the technical areas, funds will be programmed for activities that include among other things: influencing policy implementation, replicating best practices, service delivery demonstration, behavior change and communications modeling, management and system strengthening, capacity building and leadership development, training and skills transfer, system management and development, leveraging of funds, and performance monitoring and evaluation. The Contractor will give special attention to the integration of services in order to optimize their benefits for the populations of West Africa.

To this end, USAID/WA's funding for the next five years will *primarily* concentrate in the technical areas of HIV/AIDS and family planning/reproductive health. In addition, USAID/WA anticipates funding for avian influenza. In all areas of technical concentration, this program will promote the constructive participation of both women and men in decision making processes as well as ECOWAS and USAID gender policies. The following outlines the technical interventions as defined by USAID operational directives. Funding will be determined on an annual basis during the work planning.

*For HIV/AIDS*, preventing the spread of the epidemic in the region and enhancing access to information and care for those who are infected will be the primary focus. Program activities will create an environment that mitigates the effects of cross-border transmission and prevents mother to child transmission, as well as promotes other preventative measures (abstinence, be faithful and condoms); encourages voluntary counseling and testing; and improves the management and use of care and treatment services. In addition, policy analysis, systems strengthening and strategic information will be addressed. The regional platform will undertake a multi-country

dialogue and coordinate activities for consistent surveillance and monitoring techniques of HIV resistance.

***For family planning/reproductive health***, addressing the enormous unmet need for family planning and reproductive health services will be the primary focus. The primary policy and program elements of the project will expand access to and use of high quality voluntary family planning services and information, and reproductive health care. Reduction of unintended pregnancies, promotion of positive reproductive health behaviors of men and women, and reduction in abortion and maternal and child mortality and morbidity are all key elements.

***For avian influenza***, should funds become available, activities will be targeted at limiting the spread of avian influenza in animals, preventing a human influenza pandemic, and in the event of a pandemic, providing appropriate humanitarian response.

Substantial funding for AIDS, tuberculosis, and malaria will also be made available in the region through the Global Fund and the President's Malaria Initiative. USAID/WA will selectively direct its resources toward helping countries secure GFATM funding and develop policies, programs, and approaches to respond appropriately to these very important diseases. ***For malaria and tuberculosis***, appropriate activities will be designed to advocate for and promote the prevention, treatment, and control of these diseases. In addition, the USAID/WA will actively support the implementation of the President's Malaria Initiative in West Africa.

The West Africa Health Technical Advisory Group identified ***maternal and child health and especially child nutrition activities*** as currently under-funded in the region. USAID/WA will try to leverage and secure funding for these important technical areas. The purpose will be to increase the availability of proven life-saving interventions that address the major killers of mothers and children while at the same time improving their health and nutrition status. The Contractor will work with USAID/WA to advocate for an increase in funding from other multi-lateral and bilateral donors, stay abreast of technical issues, and play a catalytic role in influencing improved maternal and child health and nutrition in the region. USAID/WA will also develop substantive programs for maternal and child health, water and sanitation, and other neglected diseases as funds become available.

## **E. Geographical Scope**

USAID/WA supports 21 countries in a diverse and expansive region (See Map in Annex 3). The Contractor will be expected to work in any or all of the countries of the region. All countries in the region will benefit by being regional partners and stakeholders, but the level and intensity of human and financial resources will vary country by country and availability of funds. USAID/WA, with the Contractor, will help to develop a common vision for the region and advocate for its implementation at the national level in all countries. USAID/WA, in consultation with USAID/Washington and other donor partners, will review priority countries and activities and will update as necessary. The Contractor with USAID/WA will also develop mechanisms to prioritize country activities in order to allocate the limited funding and to balance between specific country needs and regional activities.

## **F. Anticipated Funding Level**

Depending on availability of funding, USAID/WA anticipates funding levels by specific Foreign Assistance framework budget Element vary from year to year, but overall distribution of direct USAID resources may be as follows: Reproductive Health/Family Planning – 60%, HIV/AIDS – 30%, and Maternal/Child Health – 10%. In addition, there may be operating year budget (OYB)

transfers, field support/buy-ins to the Task Order from other USG agencies and bilateral missions, and other coordinated or joint funding from multilateral, bilateral or private entities.

USAID/WA will determine the exact level of resource allocations and specific technical areas on an annual basis at the annual work planning time. Given the volatility in the region and the uncertainty of available funds, the budget may increase or reduce according to available resources. Consequently, the Contractor must be able to adapt to varying budget allocations.

### **G. Management and Staffing**

A key factor in the success of the current AWARE projects has been the highly experienced professional technical staff and their ability to influence senior-level donor and government counterparts in the region to consider new policies and service delivery approaches. With the modest level of direct USAID resources available for the program, the indirect health impact achieved by this team through their technical guidance and influence in the region has far exceeded the results which might have been achieved by the USAID funds they managed directly.

### III. EXPECTED RESULTS

#### A. Guiding Principles for Performance

In preparing the proposal the Offeror will incorporate the following *guiding principles*. These principles will also be used to assess the offeror's performance during program implementation.

**Alignment with the USG Foreign Assistance Framework:** The program must be compatible with the USG Foreign Assistance Framework and must contribute to the overall goal of "helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system." To do this, the Offeror will meet one of the five priority objectives, *investing in people*. The Offeror will contribute to the achievement of this objective in the health Program Area thereby helping "nations achieve sustainable improvement in the well-being and productivity of their populations through effective and accountable investments in education, health and other social services." The Offeror will work mainly in the HIV/AIDS, Family Planning and Reproductive Health, and Maternal and Child Health Program Elements; however, the Offeror will be expected to work in other Program Elements under the health Program Area if funding becomes available.

**Building on past experience:** The Contractor will not "reinvent the wheel," but rather build on previous experiences and use lessons learned to continue with replication and scale-up of effective and efficient programs. While the emphasis is on building on past experiences, the Contractor is not limited to doing this, therefore, innovation and identifying new approaches is expected.

**Using African talent and experience:** AWARE II will maximize the use of Africans in the planning and implementation of *all* aspects of the program. The Contractor should fully involve African partners and stakeholders in consensus building and decision making. The Contractor is encouraged to collaborate with existing partner institutions and networks (see Table 1) in the implementation of activities, as well as to identify new entities in order to define a qualified pool of institutions and professional cadre which can provide technical assistance and training to governments, donors, and other sector organizations in the region. A *significant proportion* of funding for this Task Order will be spent on programs in the field and not at headquarters.

**Leveraging funds from other donors:** Given the limited direct resources available under AWARE II, replication and scale up of activities will be dependent upon the Contractor's ability to catalyze, broker, and leverage available funds from other donors, governments, and the private sector. Being a catalyst means mobilizing resources around a problem, issue or solution, proactively propelling change and building the necessary capacity to address the problem. Being a broker means identifying needs and potential resources, and then matching the two to develop and implement programs. Leveraging is gaining the political will and technical support among political leaders and donor partners to mobilize additional financial and human resources to advance and implement proactive programming.

**Managing for cost effective results:** This will include designing and measuring activities that assess 1) the indirect impact of improved policies and service delivery approaches; 2) the increased effectiveness of regional institutions to actively provide technical support themselves; and 3) the multiplied coverage of "best practices" through replication by other-donor and government resources. The Contractor will seek to improve effectiveness, accountability and transparency of partner institutions and host government entities. To this end, the Contractor will involve and support participation in health services and decision-making by the media, civil

society and other non-government organizations. This will lead to more transparent governance, to more accountable performance by health service providers and donors, and to increased visibility and effectiveness of anticorruption efforts.

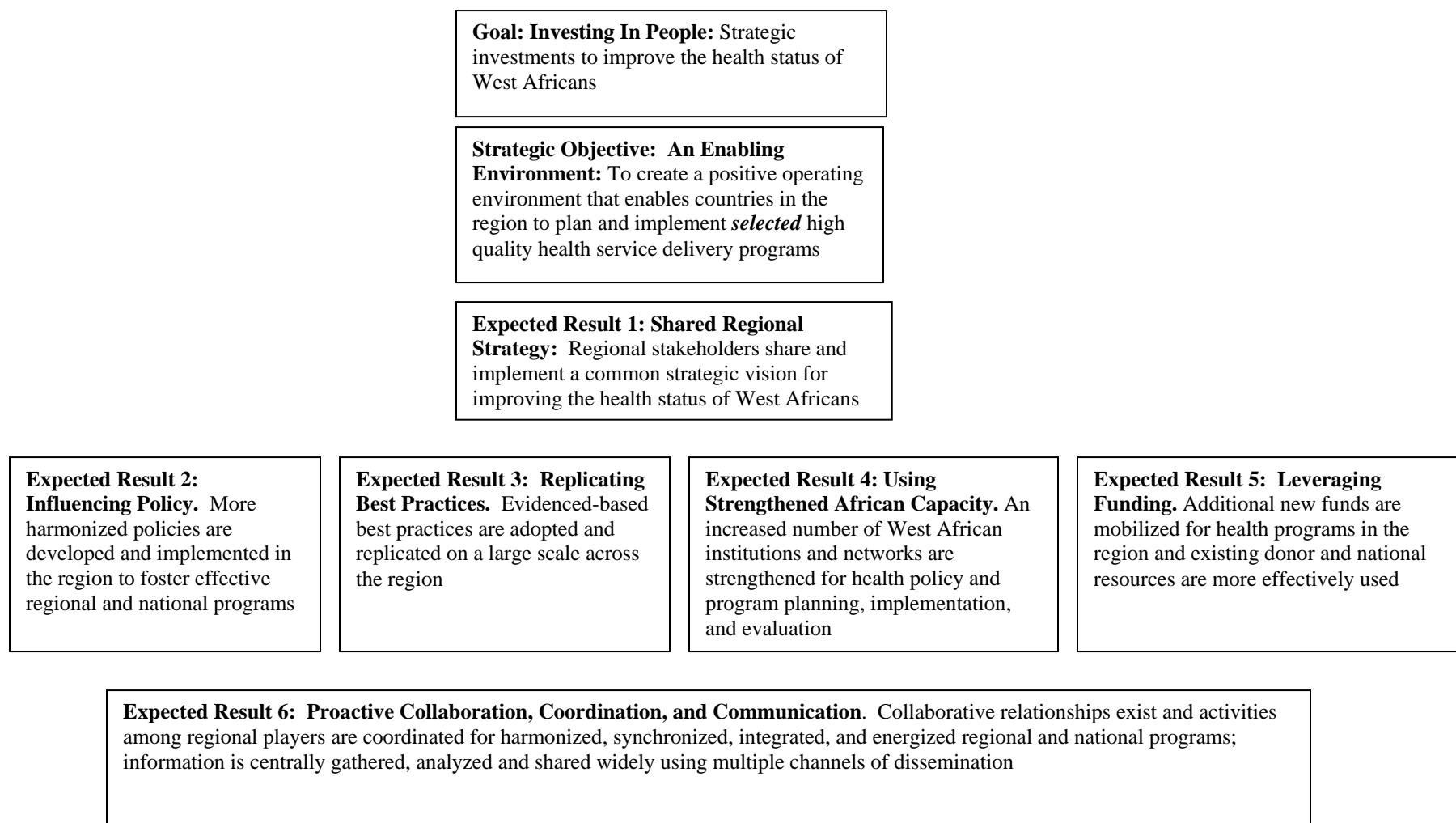
## **B. Specification of Deliverables/Statement of Work/Expected Results**

Each result specified in the strategic results framework (See Figure I) is a deliverable under the terms of this Task Order. Each is described in the matrices in this Section. Each matrix states the expected result, defines it, lists considerations and lessons learned, provides illustrative tasks and sample output and outcome performance measures, notes expectations for monitoring and evaluation, and makes suggestions for possible special studies.

The illustrative tasks and performance measures provide examples of *what* the Offeror should achieve during the duration of the Task Order and should be considered as examples of the *standard of performance* expected under this Task Order. In its proposal, the Offeror should define its proposed technical content and show *how* it intends to achieve the expected results.



**Figure 1. AWARE II STRATEGIC RESULTS FRAMEWORK**



<b>EXPECTED RESULT 1: Shared Regional Strategy.</b> Regional stakeholders share and implement a common strategic vision for improving the health status of West Africans
<b>Definition:</b> Common view among stakeholders of the region’s needs, constraints, opportunities, capacities, and actions necessary to reach articulated goals and expected results
<p><b>Considerations/Lesson Learned for Visioning and Strategic Planning:</b></p> <ul style="list-style-type: none"> <li>• The project vision should fully embrace the transformational diplomacy principles as articulated in the US Department of State and USAID 2007-2012 Strategic Plan, and should align with mutually supportive principles of other partner, donors and stakeholders alike. US assistance must play a catalytic role in supporting regional partners’ own vision for advancement.</li> <li>• The vision statement and action plan should serve as advocacy tools for promoting policy change and program development in the West African region.</li> <li>• Adequate strategic information and analysis determines leverage points for highest impact on regional health problems, issues and constraints and gauges potential for maximum return on investment. Both public and private sector regional partners must be involved in identifying constraints and concerns and in proposing relevant culturally acceptable solutions.</li> <li>• The strategic vision and action plans should be designed to develop and promote a systematic and harmonized approach which aims to enhance program efficiency and effectiveness.</li> <li>• The resulting action instrument should guide operational planning, priority and target setting, program implementation and performance monitoring and also should facilitate setting priorities and selecting appropriate target groups. Performance measures should be built into the design to ensure transparency and accountability.</li> <li>• The final strategy document must represent consensus building and ownership over time and it must be periodically updated to reflect changing circumstances and new health challenges in the region.</li> <li>• Action interventions selected to implement the vision represent strong analysis of the existing data, permit use of “state of the art” and evidence-based approaches, and are appropriate or adaptable to the West African setting.</li> <li>• WAHO mandate includes regional coordination of health policies, developing standardize technical guidance, facilitating the standardized development of medical manpower, and disseminating the latest medical and health information. WAHO works through the Council of Ministers of Health in 15 countries of the region. USAID/WA should continue to work with and support this influential body.</li> </ul>
<b>Illustrative Tasks and Outputs/ Outcomes :</b>
Develop conceptual framework to guide development of regional strategic plan and new health agenda Outputs/Outcomes: Conceptual framework, detailed plan of action
Conduct evidence-based assessments of regional needs, priorities, constraints and opportunities Outputs/Outcomes: Evidence based tools to match program with needs, baseline assessments and data
Identify and fully engage relevant stakeholders in assessments, planning process, and updates Outputs/Outcomes: Participation of relevant stakeholders, use of dynamic communication mechanisms (interactive web tools, user-friendly list-servs, consultations, updates)
Develop and implement a regional strategy for improving the health of West Africans with broad involvement of stakeholders Outputs/Outcomes: Completed regional plan, number of plans completed and implemented by stakeholders, number of times plan updated, broader number/type of stakeholders involved, number of countries from region represented
Design mechanism to continuously monitor health trends and data used by stakeholders in planning, monitoring and evaluation Outputs/Outcomes: Monitoring mechanisms in place, data disseminated widely, stakeholders using evidenced based information in development of programs
Conduct advocacy and promotion of strategy to governments, stakeholders, donors Outputs/Outcomes: Advocacy plan(s) developed and implemented, number of actions influenced by advocacy interventions; increased commitment of African stakeholders, bilateral and multilateral partners and donors
<b>Performance Measures Focus:</b> Broad stakeholder participation, achievement of harmonization, promulgation of plan, use of data and communication mechanisms, use of plan to select strategic interventions and improve outcomes
<b>Monitoring and Evaluation Tools:</b> Annual reports; mid term/evaluation reports, annual management reviews
<b>Special Studies:</b> Low cost case studies of specific use and impact of the strategic plan

<b>Expected Result 2: Influencing Policy.</b> More harmonized policies are developed and implemented in the region are to foster effective regional and national programs
<b>Definition:</b> Advocacy for policies and legal change that breaks down barriers and foster a positive legal, regulatory and operational framework, including the enactment and implementation of laws, international conventions and treaties, national planning, and revision of service delivery standards, norms and guidelines
<b>Considerations/Lessons Learned for Policy Advocacy and Implementation and Harmonization:</b> <ul style="list-style-type: none"> <li>• All efforts to promote policy change should be evidenced based and make use of analysis to assure maximum impact. Professional associations can play a significant role in the technical validation of technical policies, procedures and guidelines. Also professional organizations can be used as advocacy networks and information dissemination channels regarding health policies. Civil society and media groups must be involved in information dissemination and serve as “watch dog” for implementation of new policies.</li> <li>• Policy change is not just the act of passing a law, but rather a full range of legal, regulatory and operational/and technical procedures involving a full implementation process.</li> <li>• New activity should build on regional experience and key leadership institutions and networks in advocacy and policy development. WAHO has a particularly important role to play in policy development and dissemination. It is also important to involve key networks that enhance civil society participation.</li> <li>• The use of cross-country analysis and regional implementation approaches have strengthened advocacy efforts and have resulted in consistency in regional policies and programs.</li> <li>• Monitoring adoption of and implementation of regulatory or programmatic guidance is an essential part of policy reform, and should involve West African advocacy groups and professional organizations.</li> <li>• A special effort must be made to create greater equity in access to and use of quality health services and resources.</li> <li>• Every opportunity must be explored to improve the enabling environment through policy changes in other sectors such as nutrition, gender, youth, education, agriculture, and micro-enterprise which have a strong impact on health status.</li> </ul>
<b>Illustrative Tasks and Outputs/ Outcomes:</b>
Develop and prioritize policy agenda through involvement and consensus of regional partners and stakeholders Outputs/Outcomes: Common priorities for policy changed, increased participation of partners
Develop policy analysis and advocacy methodology that involves partners and stakeholders Outputs/Outcomes: Proven, effective methodology accepted by partners and professional associations; increased policy change and implementation
Analyze conditions that support the adoption and harmonization of existing policies or the need to develop new policies in the region and countries using West African institutions, identifying traditional barriers, language and cultural considerations Outputs/Outcomes: Reports on the number of policies adopted and harmonized; increased effectiveness of advocacy; accelerated policy adoption
Use existing and develop new advocacy tools, skills and plans relevant to West Africa and adapt to specific country settings. Where possible, frame standardized advocacy messages/tools and use public information and civil society networks for dissemination Outputs/Outcomes: Reports on advocacy interventions available; increased effectiveness of advocacy; accelerated policy adoption
Ensure joint policy development and monitoring of implementation through regional institutions and networks Outputs/Outcomes: Reports on and number of interventions involving regional institutions and network; increased skill base for policy advocacy
<b>Performance Measure Focus:</b> Effectiveness of policy monitoring and implementation process; how involvement of stakeholders in advocacy and monitoring of implementation increases speed of policy adoption and use and sustainability
<b>Monitoring and Evaluation:</b> Annual reports; mid term and final evaluations; annual management reviews
<b>Special Studies:</b> Research that compares and tests monitoring systems in different countries, research to develop policy indicators

<b>Expected Result 3: Replicating Best Practices.</b> Evidenced-based best practices are adopted and replicated on a large scale across the region
<b>Definition:</b> A best practice is an effective, evidence-based intervention, experience, initiative, model, or program that can be standardized and adapted for replication and franchising across the region.
<b>Considerations/Lessons Learned for Best Practices:</b> <ul style="list-style-type: none"> <li>• Replication on large scale necessitates using prior experience with identification, introduction and replication of best practices in the region.</li> <li>• Best practices proven to work in the West African context through the prior project experience should, as appropriate, be selected for national level replication and scaled up.</li> <li>• Replication or scale up must be adapted to the individual country setting, taking into account the entire system of delivery, the country context, and the resources. Better knowledge and sharing of lessons learned through the process can accelerate successful adaptation within the region.</li> <li>• The success of the implementation and scale up of a best practice depends on involvement, commitment and “ownership” by all relevant actors. Program partners must be fully involved in the effort to gain consensus and acceptance, harmonize approaches, and develop consistent strategies for replication.</li> <li>• Given the limited funds of USAID/WA, scale up at a regional or national level would be dependent on leveraging other government, private sector or donor funds.</li> <li>• African institutions and local talent should be given priority in providing necessary expertise for south-to south technical assistance in the replication and scale up of best practices.</li> </ul>
<b>Illustrative Tasks and Outputs:</b>
Map needs, identify gaps and country variation; relate to strategic plan to determine areas of greatest potential impact within HIV/AIDS, FP/RH, MCH Outputs/Outcomes: Prioritized list of best practices for replication
Develop a long-term plan to guide replication Outputs/Outcomes: Long-term plan/timeline for replication agreed and implemented by partners
Establish clearinghouse and data bases documenting best practices and implementation experience Outputs/Outcomes: Mechanism for documentation is operational, and information disseminated widely
Seek involvement and participation of other knowledgeable partners in replication Outputs/Outcomes: Number of partners involved in replication process; Partner documents, websites, workshops, technical assistance promote replication of best practices
Aggressively disseminate results Outputs/Outcomes: Reports on dissemination interventions/activities; wide use/ knowledge of best practices
Transfer skills to African institutions to plan, design, and replicate best practices Outputs/Outcomes: Database of African partner institutions with their technical expertise, use of Africans in replication is documented
Identify funding sources for replication and scale up and mobilize addition resources Outputs/Outcomes: Reports of the amount of funds made available; increased funding for replication available
Use regional consultants to assure ownership of best practices and approaches Outputs/Outcomes: Database of available African consultants; increased ownership and sustainability
Develop a system of replication based on the franchising model, and determine other management skills and tools needed for rapid scale up Outputs/Outcomes: Documentation of a replication mechanism; increased standardization; accelerated replication
<b>Performance Measure Focus:</b> Efficiencies and development of new means of replication, more efficient management systems for replication, capacity of partners to support replication, reduced overheads and costs of funding, increased and more timely replication
<b>Monitoring and Evaluation:</b> Annual reports; mid term/final evaluations, annual management reviews
<b>Special Studies:</b> Studies of franchising systems developed to increase replication of interventions

<b>Expected Result 4: Using Strengthened African Capacity.</b> An increased number of West African institutions and networks are strengthened and used for health policy and program planning, implementation, and evaluation
<b>Definition:</b> Assessing capabilities, transferring skills, building systems, strengthening institutions, and using this capacity for health program and policy planning, implementation including south-to-south collaboration and technical assistance
<b>Considerations/Lessons Learned for Capacity Building and Institutional Transformation:</b>
<ul style="list-style-type: none"> <li>• The ultimate objective of capacity building and institutional development activities is the achievement of sustainable skills within the region</li> <li>• Over the past years, national and regional institutions and networks have undergone significant capacity strengthening, and several of the technical leadership institutions in the region have assumed leadership roles. The new activity should build on this experience and further build capacity in a broad range of regional and national institutions to plan, implement and evaluate health programs in the region.</li> <li>• Capable institutions and individual talent should be drawn from all countries of West Africa to assist in the design, implementation and evaluation of health programs in West Africa. These institutions should be able to satisfy most of the demand for consultancies and training of the regional program</li> <li>• Partner institutions should independently perform and use the activities and competencies which they have attained. There may be a need for mentoring and coaching with a vision to transfer skills, but the goal is for independent mastery of competencies.</li> <li>• Strengthened institutions should eventually replicate these activities to other institutions in form of south-to-south technical assistance and in the absence of USAID assistance.</li> <li>• These institutions and networks will include: national, regional, bilateral, and multilateral organizations as well as national governments, public and private sectors but also civil society, faith-based institutions and other non-governmental organizations.</li> </ul>
<b>Illustrative Tasks and Outputs:</b>
Continue to conduct detailed institutional management, technical, and marketing assessments of selected institutions Outputs/Outcomes: Assessment reports; increased awareness of institutions and their functions
Identify specific needs for organizational and technical strengthening and draw up detailed plans for each institution and network Outputs/Outcomes: Finalized development and capacity plans implemented; improved and relevant training programs
Conduct skills transfer and capacity building activities Outputs/Outcomes: Number of technical assistance interventions undertaken by regional African institutions; increased capacity of key technical leadership institutions and networks
Develop and implement activities where the regional institutions and networks act as implementing partners Outputs/Outcomes: Activity reports of technical assistance provided by African institutions and networks
Develop regional pool of West African consultants to assist with scale up and replication, and policy change and implementation monitoring Outputs/Outcomes: Regional Database of regional consultants available; regional skills pool increased; more south-to-south consultancies
Develop a small grant mechanism to support local institutions, the WAAF program, etc for demonstration and pilot activities for programs in West Africa, for innovative ideas Outputs/Outcomes: number of small grants awarded and implemented by a variety of implementers; regional skills pool increased, more south-to-south consultancies
Facilitate brokering of technical assistance and training by West African institutions and consultants Outputs/Outcomes: Activity reports of technical assistance provided by African institutions and networks; regional skills pool increased; reduced cost by using regional talent and institutions
<b>Performance Measure Focus:</b> Increased institutional capacity, development of more efficient and cost effective methods of skills transfer, involvement of stakeholders for sustainability, increased depth of skills within region, impact in terms of efficiencies, effectiveness, and cost saving
<b>Monitoring and Evaluation:</b> Annual reports; mid-term/final evaluation, annual management reviews
<b>Special Studies:</b> Impact and significance of the work of regional and national institutions/networks in advancing improved program planning/implementation; performance assessment at different stages of development; research on effectiveness of alternate approaches to capacity strengthening

<b>Expected Result 5: Leveraging Funding.</b> New funds are mobilized for regional health programs and existing resources are more effectively used
<b>Definition:</b> Best use of existing funds and mobilizing additional funds from all potential sources. Resources can include direct monetary contributions, cost sharing, matching and in-kind contributions
<b>Considerations for Strategic Budgeting:</b>
<ul style="list-style-type: none"> <li>• The USG Foreign Assistance Framework places strong emphasis on improving transparency of USG development resources, and strengthening accountability for what is achieved with those resources.</li> <li>• Scarce project resources are directed to strategically develop, share, demonstrate and test policies, approaches and programs. In most cases, scale-up to the national level must depend on aggressive leverage of funds from public and private and donor sources.</li> <li>• Achieving the project goal will require identifying funding sources, designing new mechanisms, active and systemic leveraging of other sources of funding and building alliances with other host governments, multilateral and bilateral donors, private foundations and commercial contributors. This may also require creating new funding mechanisms and instruments (i.e. cost sharing, new style agreements, etc)</li> <li>• Most donors in the region have expressed willingness to undertake synergistic joint programming and cost sharing which could yield more cost effective programming in the region. This would require streamlining of procedures and reporting.</li> <li>• Some funds may not be used as efficiently and effectively as needed. Significant diagnostic measures are needed to problems and develop strategies to maximize optimal use of available resources.</li> <li>• While there are considerable funds for health development in the region (e.g. Global Fund, PEPFAR, PMI, WAAF), the available funds have not been awarded or disbursed. The project should play a key role in brokering and leveraging funds by assisting countries to meet requirements, solve implementation problems that jeopardize funding, and encourage actions to liberate blocked funds.</li> </ul>
<b>Illustrative Tasks and Outputs:</b>
Identify/prioritize funding sources and develop systematic plan for harvesting, leveraging, and brokering funds Outputs/Outcomes: Inventory, and mapping of available funds; systematic plans and updates available
Develop tracking mechanism to monitor and assess resources across the region Outputs/Outcomes: Documents, user-friendly websites, and informed use of funding sources
Broker specific joint planning, matching and cost sharing arrangements, and on-going coordination among donors and public and private funding Outputs/Outcomes: Report on planning and coordination activities available; increased efficiency and effectiveness of funding; increased number of joint initiatives; increased funding harmonization
Assist recipients with major donors such as GFATM, MCC, PEPFAR, PMI, UNICEF, UNFPA, WHO Outputs/Outcomes: Increased flow of funds within the region; increased number and size of grants; documentation of assistance provided available
Identify grantee problems and provide technical assistance to solve them, including improved management and accountability Outputs/Outcomes: Reports on the technical assistance provided to solve identified problems and the number of funding suspensions and interruptions decreased; increased flow of funds, number of problems identified and solved; number of funding suspensions and interruptions decreased
Develop financial tools and skills transfer to governments and regional institutions and networks to improve management and fund accountability Outputs/Outcomes: Capacity strengthening tools developed and implemented; decrease in management problems
Build competency and market the sustained capacity of selected regional partners to directly access national and donor funding and provide south-to-south technical assistance Outputs/Outcomes: Agreements and MOUs with other donors signed, activities implemented; increased number of trained personnel, increased south-to-south consultancies; reduced reliance on external assistance
<b>Performance Measure Focus:</b> Efficiencies of recipients, reduced overheads and costs of funding, funding problems and solutions, increased funding flows and more timely funding flows
<b>Monitoring and Evaluation:</b> Annual reports; mid-term/final evaluation, annual management reviews
<b>Special Studies:</b> Studies of specific problems, their identification and solutions; special tracking studies of funding flow improvements due to project interventions

<p><b>Expected Result 6: Proactive Collaboration, Coordination, and Communication.</b> Collaborative relationships and coordinated activities among regional players are harmonized, synchronized, and integrated to better support development and implementation of national programs. Information is gathered, analyzed, and exchanged among stakeholders</p>
<p><b>Definition:</b> Stakeholders and partners strive to develop positive and mutually beneficial working relationships yielding synergistic results to achieve the common goal. Includes joint planning among public and private sector, donors, stakeholders, careful and purposeful coordination and maximum exchange of information</p>
<p><b>Considerations/Lessons Learned for Strategic Collaboration, Coordination and Communication:</b></p> <ul style="list-style-type: none"> <li>• USAID/WA will lead the coordination regional activities with regional partners and donor;</li> <li>• Regional program is complicated, involves a large variety of partners and stakeholders in 21 countries. Operational success depends on the ability to manage and nurture a complex array of relationships.</li> <li>• Planned coordination and communications are more effective than ad hoc efforts. Stakeholders must increase use of all available coordination and communication mechanisms to develop, facilitate and sustain productive relationships with collaborating and implementing partners.</li> <li>• Collaboration includes activities that involve joint planning, funding, evaluation, cost-sharing, but may also involve division of labor, optimal use of the comparative advantage of partners and stakeholders.</li> <li>• Collaboration among donors, partners, and stakeholders can lead to consistent approaches, wider coverage, more programmatic depth or integrated program content.</li> <li>• Coordination helps reduce duplication and increase effectiveness and efficiency of implementation.</li> <li>• There should be an active use of modern media and communication techniques to increase dynamic exchanges and dissemination channels for partners, stakeholders, and the general public.</li> </ul>
<p><b>Illustrative Tasks and Outputs:</b></p>
<p>Assess and map capacities to gauge comparative advantage and align strengths with tasks Outputs/Outcomes: Document identifying comparative advantages; improved alignment with tasks</p>
<p>Develop mechanism for interagency collaboration and coordination Outputs/Outcomes: Mechanisms documented, approved, and implemented; increased efficacy in programming</p>
<p>Share work plans to identify areas of duplication and overlap of programs and services Outputs/Outcomes: Documentation of periodic joint planning with other donors, joint-planning documents; areas of duplication identified and reduced</p>
<p>Develop a formal communication plan to increase stakeholder involvement and continuous updating of collaborative efforts Outputs/Outcomes: Communication plan developed and implemented, reports on activities involving stakeholders</p>
<p>Encourage stakeholder site visits, peer monitoring and evaluation Outputs/Outcomes: M&amp;E reports, joint trip reports; increased stakeholder involvement</p>
<p>Standardize interventions, best practices, and other program models to encourage adoption and replication Outputs/Outcomes: Reports on the number of best practices standardized and replicated; increased replication of best practices</p>
<p>Centralize and formalize data collection, exchange of management information, and shared analyses Outputs/Outcomes: partner information management system in place and used; reports of data use in decision making for program planning and implementation</p>
<p>Develop standardized reporting, performance monitoring, and evaluation among partners Outputs/Outcomes: Standardized reporting forms; increased use of standardized data collection, analysis and dissemination tools and mechanisms</p>
<p>Seek cross-sector synergies with nutrition, education, economic development agriculture, gender, and youth programs in design and implementation Outputs/Outcomes: Reports on cross-sector interventions; development of a newsletter and interactive website; increased instances of joint planning</p>
<p><b>Performance Measure Focus:</b> Efficiencies produced by collaboration of recipients, reduced overheads and costs of funding, and greater use of resources for cross-sector synergies and integration</p>
<p><b>Monitoring and Evaluation:</b> Annual reports; mid-term/final evaluations, and annual management reviews</p>
<p><b>Special Studies:</b> Documentation of how collaboration produces standardization, streamlining, other efficiencies, cost savings, and greater coverage of interventions.</p>

## IV. MANAGING FOR MAXIMUM RESULTS

### A. Management for Results

The Offeror will design a technically sound program with both a management plan and an organizational structure focused on accomplishing the six expected results in Figure 1. The proposed director and senior staff should have extensive experience in planning, directing, managing, and evaluating large and complex projects in the health sector. The core staff and consultants must possess demonstrated expertise, skills and experience, and knowledge of the West African context to implement the full range of technical, field and administrative tasks required under this Task Order Proposal. The Offeror is strongly encouraged to seek West African technical and management staff for the range of positions proposed.

The Contractor's primary office must be located in Accra, Ghana. In-country management staff must have the authority and management control to interface directly with USAID/WA in management decision-making, thereby reducing management costs.

**Government-Furnished Property:** The Government will provide Government-furnished property from AWARE I awards; the list of Government-furnished property is attached.

### B. Program Accountability

All of the expected results are within the manageable interest of the Contractor. The Contractor's performance will be measured on the achievement of the expected results, not inputs or level of effort. The success of AWARE I has shown that USAID/WA, through its implementing partners has:

- the ability to influence, organize, and support others around commonly shared goals, leading to the achievement of desired results; and
- the probability of success is high enough to warrant expending program and staff resources.

The Contractor will organize and manage this Task Order to acquire the best return on the USG investment, using the best available technology and seeking synergistic, integrated approaches to have a multiplier effect, to avoid duplication, and to yield the greatest impact of resources allocated. The Contractor will be held accountable for program results, good technical management, and sound financial management and full accountability of funds, thus the Contractor will be transparent and forthcoming in reporting its progress and problems in these areas.

USAID/WA requires the Contractor to provide adequate oversight and management for all project resources and management of sub-contract and grant funds. In an effort for cost reduction, USAID/WA demands a significant proportion (greater than 80 percent, excluding fee and NICRA) of funds to be spent on field programs instead of home office expenses. The field officer must have technical and managerial competencies and be empowered to do the job on the ground.

### C. Measuring and Monitoring Results

The Offeror will develop a detailed Performance Milestone Plan (hereafter called Milestone Plan) which will present *performance measures* and *milestones* towards the achievement of each Expected Result over the life of the Task Order. This plan will serve as a Monitoring and



Evaluation tool for both the Contractor and USAID, and as a schedule against which the payment of the fixed fee will be made. The Annual Workplan, which will be updated as needed, will detail the activities taken to achieve the milestones.

The Milestone Plan sets forth the major results and activities with target dates and shows a clear link between achieving the milestones and their contribution to achieving overall program results. In the proposal, for each milestone, the Offeror will address how the milestone accurately predicts progress towards achievement of the Expected Results described in the Statement of Work.

The plan will measure the direct accomplishments of the project and show the indirect results and impact of project activities on health in West Africa. The offeror will earn a percentage of the fixed-fee based on the accomplishment of the milestones in the Milestone Plan. The Offeror will propose the fee structure that will be paid upon the completion of each milestone.

The Offeror will also propose a Program Monitoring and Evaluation Plan which will detail the plan for collecting, evaluating, and validating the data used to measure the achievement of the proposed milestones. At an overall project level, the Contractor must develop a monitoring and evaluation plan addressing at least four major functions:

- **Track country data within the region.** Country-level indicators and results as well as selected region wide indicators for use in regional strategy building and analysis must be monitored.
- **Measure regional program impact.** The system must measure significant impacts of the regional level program. The Contractor will develop an evaluation and special studies plan to document program experiences— failures and successes—to better articulate the progress of the program to date and its significance in mobilizing regional results for improved population health status;
- **Disseminate and communicate results.** Wider use of results and reporting of them on a regional project website or other means of dissemination are necessary for an effective monitoring and evaluation plan.
- **Collaborate in the development and use of performance monitoring mechanisms.** The offeror will collaborate with partners and stakeholders on the development of indicators and share responsibility in performance monitoring.

**A Note on the Regional Program:** Evaluating the impact of a regional program focused on improving the enabling environment is more challenging than evaluating the impact of a country-specific, direct service-delivery program. The Contractor’s focus is not on service delivery, but rather on the environmental conditions for providing high quality services. Measurement tools should take into consideration the transformational impact of investments for producing change. The time between measuring intervention (input) and population-based impact is longer. Meaningful measurement may require more costly means of data collection and analysis, including special studies and qualitative research.

The Performance Milestone Plan and the Monitoring and Evaluation Plan will explain the *significance* of regional work – the consequences of strategizing; influencing policy and advocacy agendas; leveraging and brokering donor and partner resources; catalyzing the response of partners; disseminating information within and outside of the region; and providing technical support to and coordination, integration and harmonization of programs are all key monitoring

areas. The Contractor should pay particular attention to monitoring and reporting on leveraged resources and joint-programming efforts from other donors.

Both plans will cover the entire three year contract performance period, including detailed explanations of planned activities for each Expected Result. The Monitoring and Evaluation Plan will be updated throughout the contract period as required. The dates for completion of milestones in the Milestone Plan will be updated as necessary, but the actual milestones and the amount of fixed-fee paid will be determined at the time of contract award.

**Note:** The Performance Milestone Plan contained in the Technical Proposal shall state what percentage (but not the dollar amount) of the proposal fixed fee will be paid upon completion of the milestones. The dollar breakdown for payment of fee, if any, shall be contained as part of the business/cost proposal.

## V. QUALITY ASSURANCE PLAN

A variety of mechanisms will be used to monitor the progress/success of the activity and the contractor's performance:

- Weekly progress meetings/phone calls during contract mobilization;
- Feedback from other donor and country counterparts;
- Formal and informal site visits by USAID Regional HIV/SIDS and Reproductive and Family Health Advisors and other personnel;
- Meeting to review quarterly reports.
- Period impact evaluations.

The USAID CTO will conduct periodic performance reviews to monitor the progress of work and the achievement of results under this contract, based on the contract terms and conditions. USAID will assess the contractor's progress in project implementation and success in meeting benchmarks, as defined in the Milestone Plan. The information provided and exchanged through quarterly progress reviews of the performance milestone plan and the other mechanisms mentioned above will form the basis for assessing and reporting on contractor performance.

The contractor shall submit, for technical review, all information and appropriate documentation necessary to demonstrate and support the achievement of milestones to the Cognizant Technical Officer (CTO), with a copy to the Contracting Officer. The contractor shall also provide an explanation and/or justification if any milestones have not been achieved according to the schedule. The CTO will lead a review of the documentation to determine if the milestones have been met. The CTO and Contracting Officer (CO) will discuss the CTO's recommendations, and the CO will approve or disapprove the payment of fee.

In addition to the technical performance requirements stated in Section C., above, the contractor will be held fully accountable for responsible management of its contract. Of particular concern shall be the following:

- satisfactory performance record, which includes effective independent cost control;
- amounts of cost overruns and under runs, and reasons for them;
- compliance with terms and conditions of contract, particularly areas where the Contracting Officer approval or consent is needed prior to execution of action,

purchase of equipment, consent to subcontract, formalization of constructive change, timeliness of reports and other deliverables;

- task completion as against completion date as stated in the contract Work Plan/Performance Milestone Plan, with explanation for completion delays; and,
- terminations for default or convenience.

## **VI. REPORTING REQUIREMENTS**

The Contractor will adhere to requirements listed below. Reports will be submitted by the due date for approval by the USAID/WA Cognizant Technical Officer (CTO). Reports requiring review and clearances, when necessary, are listed under each requirement. The Contractor will consult with the CTO on the format and expected content of report prior to submission. In particular, the Contractor will work closely with USAID/WA in the update of the Annual Work Plans and Monitoring Plans.

### **A. Financial Reporting**

The Contractor will submit to USAID/WA through the CTO a quarterly financial report 15 days before the end of each USAID fiscal year quarter through the life of the Task Order. The financial reports should show detailed line item budgets, expenditures and accruals and show a pipeline analysis as well as a table with expenditures, accruals and other financial information requested. The report must include detailed information on the use and impact of its “Small Grants Fund” as well as progress made and amount of new funds leveraged for health programs in the region. Funding may vary each year and the Contractor must adapt to expanding or decreasing funding levels. To conform to financial reporting needs of the US Foreign Assistance Framework (“F Framework”), the Contractor will also work with USAID/WA staff to attribute overall annual budgets to F Framework Program Elements and Sub-Elements. The Contractor will also provide estimates of quarterly expenditures according to these initial budget attributions. This may be estimated on a percentage basis from overall accruals to minimize financial management burden.

### **B. Annual Work Plan/Performance Milestone Plan and Monitoring and Evaluation Plans**

As part of the Task Order Proposal, the Contractor must produce a **provisional**, detailed Annual Work Plan, Performance Milestone Plan, and Performance Monitoring Plan for consideration and approval by USAID/WA. Within 30 days after the signing of the Task Order Contract, the Contractor will finalize the Milestone and Monitoring Plans together with, and in a format to be provided by USAID/WA. The Contractor will then submit the finalized plans for final approval.

The Annual Work, Milestone, and Monitoring Plans must describe the time frame and sequence of all activities targets and anticipated results with a detailed budget for each activity. Milestone performance indicators will be defined and will measure the Contractor’s performance. The Contractor and USAID/WA staff will complete a joint quarterly monitoring exercise of Performance Milestone Plan execution and achievement of deliverables and benchmarks. This will be based on the plan itself and will not require an additional narrative report for each quarter. Each subsequent Annual Work Plan/Performance Milestone Plan and Monitoring Plan should be the result of a joint planning exercise with relevant advisory groups, partners and stakeholders and USAID/WA.

### **C. Annual Performance Reports**

The Contractor will submit an annual report on its performance, based on the Performance Milestone Plan in relation to expected results, including both successes and areas for improvement. The annual performance report should be prepared in accordance with specific guidance issued by USAID/WA. The report will elaborate several types of information including: performance indicator data; Operational Plan indicator data; progress towards objectives and expectations regarding future results achievements. The report must specify the following:

- Evidence that activity outputs are adequately contributing to the expected results and ultimately to the achievement of the Task Order Objectives;
- Status and timeline of input mobilization efforts;
- Status of critical assumptions and causal relationships defined in the results framework, as well as related implications for performance toward expected results;
- Status of related partner efforts contributing to the achievement results;
- Status of the operating unit's management agreement and any changes needed to the approved strategic plan;
- Pipeline levels and future resource requirements;
- Contractor team effectiveness and adequacy of staffing;
- Vulnerability issues and related corrective efforts; and
- Highlights of success stories to be used in public relations and other results reporting.

Following the submission of the annual performance report, USAID/WA will conduct a formal performance review with the Contractor. USAID/WA will request from the Contractor a quantitative status report quarterly on performance monitoring indicators. USAID/WA and Contractor will make mid-course corrections and adjustments if needed in the work plan and monitoring plan.

### **D. Baseline and Special Reports**

The Contractor may need to provide special and/or baseline reports for USAID/WA's portfolio review or as an activity within the Milestone Plan. In addition, the Contractor will document best practices and success stories on achievements suitable for dissemination to potential program users or for public relations purposes.

### **E. Final Task Order Report**

Major successes achieved during the entire Task Order Period with references to meeting established objectives, results, and indicators will be highlighted in the final report as well as any deficiencies or constraints encountered. The final report will also serve to present the lessons learned and the significance of the AWARE II approach and impact on health in the West African sub-region. The Contractor will submit to the CTO the detailed Final Task Order Report within 60 days of completion.

The report will include:

- i. A summary of accomplishments in relation to the work plans, providing final tangible results, summary of deliverables/benchmarks, addressing lessons learned during implementation and suggesting ways to resolve constraints identified; and any recommendations for future programming.
- ii. A financial report detailing how funds were expended by line item.

## **F. Distribution of Reports**

Reports described in this section must be submitted in original form with two copies to Task Order CTO. Substantive technical reports and intellectual property and products produced under the Task Order must also be submitted in electronic format and hard copy to the USAID Development Experience Clearinghouse: Email (the preferred means of submission) is: [docsuubmit@dec.cdie.org](mailto:docsuubmit@dec.cdie.org). The mailing address via US Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, Maryland, MD 20910.

## **VII. INSTRUCTIONS FOR PROPOSAL SUBMISSION**

### **A. General Instructions**

Offerors should submit task order proposals electronically - internet email with up to 3 attachments (6 MB limit) per email compatible with MS WORD, Excel, PDF, in a MS Windows environment. There has been a problem with the receipt of \*.zip files due to the anti-virus software. Therefore, Offerors are discouraged from sending files in this format as we can not guarantee receipt by the internet server.

Please submit your task order proposal to the following e-mail address: [accracontract@usaid.gov](mailto:accracontract@usaid.gov) no later than April 18, 2008 at 3:00 p.m. local Ghana time. The subject line of the email should state the RFTOP number (-----) and the name of your firm. You will receive an email confirming receipt of the task order proposal.

Offerors are reminded that e-mail transmission is not instantaneous. In some cases, delays of several hours occur from transmission to receipt. For this RFTOP, the initial point of entry to the government infrastructure is USAID's Washington mail server.

Offerors are also requested to submit one original and five paper copies (and duplicate CDs) of a technical proposal and one original and two paper copies (and duplicate CDs) postmarked no later than the closing date stipulated above. All mail is subject to US Embassy electronic imagery scanning methods, physical inspection, and is not date and time stamped prior to receipt by USAID and the Contracting Officer. Please be advised that since the issuing office receives regular international mail only once weekly, submission via commercial courier is advised:

#### **Regular Mail:**

Attn. Deborah Simms-Brown, RCO  
Office of Acquisition & Assistance (OAA)  
USAID/West Africa  
2020 Accra Place  
Dulles, VA 20189-2020

#### **Hand Delivery/Commercial Courier:**

Attn. Deborah Simms-Brown, RCO  
Office of Acquisition & Assistance (OAA)  
USAID/West Africa  
No. 24 Fourth Circular Road  
Cantonments, Accra

-Regardless of the method used the Technical Proposal and Cost Proposal must be kept separate from each other. Technical Proposals must not make reference to pricing data in order that the technical evaluation may be made strictly on the basis of technical merit.

The US Government is not obligated to make an award or to pay for any costs incurred by the Offeror in preparation of a proposal in response hereto.

**Unnecessarily Elaborate Proposals:** Brochures or other presentations beyond those sufficient to present a complete and effective proposal in response to this RFTOP are not desired and may be construed as an indication of the Contractor's lack of cost savings. Elaborate artwork, expensive paper and binding, expensive visual and other presentation aids are neither necessary nor wanted.

## **B. Instructions for Preparation of the Technical Proposal:**

The technical proposal in response to this solicitation should be specific, clear, and complete, and should respond to the instructions set forth in this Section. The technical proposal should be written in English and should be no more than 40 pages in length. It should be organized according to the technical evaluation criteria listed in below and should address the key principles described above and the specific points specified below.

**Proposal Format:** The technical proposal must not be more than **40 pages**. Proposals will be on pages of 8-1/2 inch by 11-inch paper (210 mm by 297-mm paper), single-spaced, 11-point or larger type in a single column, with one-inch margins on all sides and tabs to distinguish each section. Proposals may contain matrices, tables and figures if they synthesize needed information. Proposals may contain text boxes, and text may be in 10-point font, as long as the boxes are formatted so as to not unduly interfere with readability. Cover pages, dividers, table of contents, and attachments (i.e., key personnel resumes, and letters of commitment, supporting documentations) do not count within the 40-page limitation.

The technical proposal at a minimum should include the following:

**Cover Page:** The RFTOP title, name of organization(s) submitting the proposal, contact person, telephone and fax numbers, address and email, plus identification of all formal partner organization must all be included.

**Executive Summary (not to exceed 5 pages):** Briefly summarize the technical and managerial approach to reach the proposal goals, objectives, and expected results. Briefly describe technical and managerial qualifications of the Contractor.

**Proposal Body (not to exceed 35 pages):** The technical proposal should describe *how* the Contractor intends to carry out the work statement, and give details of what performance indicators will be used to measure success. It should also demonstrate a clear understanding of the work to be undertaken and delineate the responsibilities of all parties involved. The Offeror shall address the following areas:

**Technical and Management Approach:** Describe your overall technical and managerial approach to carrying out the statement of work and how the expected results will be achieved. The illustrative tasks and performance measures, listed in the Expected Results section, provide examples of *what* the Offeror should achieve during the duration of the Task Order and should be considered as examples of the *standard of performance* expected under this Task Order. The Offeror must specify *how* it will achieve these expected results. The Offeror will present a detailed Milestone plan and Monitoring and Evaluation Plan for the life of the Task Order (see Section IV, C). The offeror will be responsible for proposing measurable performance indicators and milestones, baselines, targets, and measurable outputs and outcomes. These performance measure and milestones will be used in monitoring the Task Order performance and impact. Significant technical considerations include:

- **How** the Offeror proposes to set up its consortia to include indigenous partners in the various aspects of the program planning and implementation.

- **How** the Offeror proposes to build local capacity in the region, transfer skills, and *use* African personnel (staff or consultants) and institutions in the design and implementation of program activities.
- **How** the Offeror will maintain momentum by further developing and using with the existing institutions and /networks that have been built under previous USAID/WA effort.
- **How** the Offeror will prioritize country activities while working with other countries and the region as a whole.
- **How** the Offeror will coordinate with other donors and collaborate with other entities providing technical support within the region such as to Global Fund grantees, Technical Support Institutions, U.S. Government bilateral initiative teams (PMI, PEPFAR).

**Organization Capacity and Management:** The Offeror should describe the organizational and management structure to successfully undertake this Task Order including how they will utilize the capabilities of proposed subcontractors effectively and efficiently. The Offeror should provide an organizational chart, illustrating the responsibility and relationships between prime and subcontractor, lines of authority and accountability, and patterns for utilizing and sharing resources.

**Key Personnel:** A key factor in the success of the current AWARE projects is the highly experienced professional technical staff and its ability to influence senior-level donor and government counterparts in the region and to adopt new policies and service delivery approaches. The Offeror should have demonstrated ability to manage USAID funding and to influence priority budget and program decisions of other large donors in the region (i.e. Global Fund).

Key personnel will include the Project Director and any necessary technical advisors. The Offeror has maximum flexibility in putting together a team that demonstrates the following strengths:

- Candidates for the Project Director must have a minimum of fifteen (15) years of experience managing large-multi-donor-funded health grants at national and international levels. At least ten (10) years of this experience should be in West Africa;
- Candidates for key technical advisors must demonstrate senior-level expertise in the following areas: HIV/AIDS, FP/RH, MCH, nutrition, health policy/advocacy, supply chain management, institutional capacity building;
- All candidates must demonstrate proven ability to negotiate and influence policy and program decisions with senior government and donor officials;
- Candidates must have an advanced degree in public health or another relevant technical area; and
- All candidates should be fluent (FSI rating S/R 3+/3+) in French and English. Portuguese is desirable.

The Offeror shall provide;

- A complete staffing plan with underlying rationale (including support staff), an organizational chart demonstrating lines of authority and staff responsibility, and brief position descriptions for each technical staff position proposed for the life of the task order.
- A matrix of all proposed personnel and the relevant skills that they bring to the performance of this activity. Resumes for all proposed staff should be included as an annex.

If the Offeror proposes the use of subcontractor personnel in any key personnel position, the proposal shall explain how potential conflicts between on-the-job relationships and employer-employee relationships will be resolved.

As an annex to the technical proposal, the Offeror shall submit resumes or curriculum vitae of key personnel planned for performance of the work (Bio-data sheets with salary information should be attached to the cost proposal, not the technical proposal). Resumes/curriculum vitae may not exceed two pages in length per individual and shall be in chronological order starting with the most recent experience. Each resume/ curriculum vitae shall be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of number of days after award and (b) intention to serve for a specified duration.

A wealth of technical expertise already exists in Africa in the areas of HIV/AIDS, FP/RH, MCH, nutrition, health policy/advocacy, supply chain management, institutional capacity building. The Offeror shall propose an appropriate mix of talent and expertise to implement the AWARD II project and utilize non-African expertise only when skills or experience in specific project areas are lacking from African countries. It is particularly important to tap the talents and resources of the African private sector in promoting economic development.

**Past Performance:** Past performance sub-factors include quality, cost control, timeliness, and business relations. In evaluating past performance, the Offeror’s past performance in using small business concerns under previous contracts will be taken into consideration. The Offeror shall identify five past (within the last three years) or current contracts for efforts similar to the requirement and include contact information as well as information pertaining to problems encountered on the identified contracts and the Offeror’s corrective action. “Similar” in this context means in relation to size, scope, and complexity, as well as to a specific subject matter.

In evaluating past performance, USAID shall consider the information provided by the Offeror, as well as information obtained from other sources. Furthermore, USAID shall determine the relevance of similar past performance information.

The past performance references required by this section shall be provided as an attachment to the Technical Proposal.

**Instructions for Preparation of the Cost/Business Proposal.**

This will be a three-year task order with an estimated dollar range for the order between \$10 million to \$30 million over the life of the order. The offeror is expected to propose a realistic budget to support the expected results described in Section II of this RFTOP.

The offeror shall provide two budgets, one detailing all the proposed salaries, other direct costs, and fixed fee; and one based on the results identified in the technical proposal.

Cost Elements	Total
001. DIRECT LABOR	\$ _____
002. TRAVEL, TRANSPORTATION & PER DIEM	\$ _____
003. ALLOWANCES	\$ _____
004. EQUIPMENT	\$ _____
005. SUBCONTRACTS	\$ _____
006. OTHER DIRECT COSTS	\$ _____



007. INDIRECT COSTS	\$ _____
008. FIXED FEE	\$ _____
TOTAL ESTIMATED COST PLUS FIXED FEE	\$=====

The offeror’s budget shall include the following information:

A detailed level of effort estimate. Please provide a separate line item for each proposed individual and identify each by name and labor category as set forth in the contract. Biographical Data Sheets (AID Form 1420-17) supporting unburdened daily rates for proposed candidates.

The offeror shall provide the computations that were utilized in developing the proposed locally-hired national personnel and other non-U.S. expatriate salary. The offeror shall show the unburdened rate and any other costs applied to develop the proposed salary.

A detailed estimate for other direct costs (for example, travel, allowances, etc.). Please explain the basis and budget narrative for the estimate for each category of cost; and

If subcontracting is contemplated, other than the approved subcontractors identified in Section H.21 of the basic award, the offeror shall indicate the types of work to be subcontracted, stating: The percentage of each type of work subcontracted, the extent to which competition was or will be solicited prior to selection, subcontractor(s) selected and reasons therefore, and the method of analyzing prospective subcontractor proposals.

USAID will provide government-furnished equipment, so any equipment costs should minimal.

In the cost proposal, for each milestone, the Offeror should include the milestone plan and percentage of fixed-fee based on the accomplishment of the milestones in the Milestone Plan. The offeror shall include the dollar breakdown for payment of fee as part of the business/cost proposal. The Offeror’s proposed the fee structure that will be paid upon the completion of each milestone.

**VIII.EVALUATION CRITERIA FOR AWARD**

The evaluation criteria have been tailored to the requirements of this TO, to allow USAID to choose the highest quality proposal. These criteria: a) identify the significant areas that the Offerors should address in their proposals and b) serve as the standard against which all proposals will be evaluated.

The Government intends to evaluate task order proposals in accordance with technical evaluation factor provided below and award to the responsible contractor whose task order proposal represents the best value to the U.S. Government. “Best value” is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.

The submitted technical information will be scored by a technical evaluation panel using the technical criteria shown below. The evaluation committee may include industry experts who are not employees of the Federal Government. When evaluating the competing Offerors, the

Government will consider the written qualifications and capability information provided by the Offerors, and any other information obtained by the Government through its own research.

For overall evaluation purposes, technical evaluation factors will be rated in descending order of importance by technical, with technical factors considered significantly more important than cost. Sub-factors within each primary factor will be evaluated equally.

## **A. Technical Evaluation Criteria**

### **1. Quality of Technical Approach** (sub criteria are of equal importance):

- Proposed technical approach is comprehensive, prioritized, technically sound and reflects an understanding of the West African context and USG Foreign Assistance priorities;
- The proposed interventions lead to program harmonization, integration, and collaboration with partners, stakeholders and donors;
- Annual Work/Milestone Performance Plans are logical and shows clear linkages between proposed program activities and the achievement of the Expected Results within the time frame of the Task Order; and
- Performance Monitoring and Evaluation Plan present realistic and robust performance measures that will reflect the impact of the regional health program.

### **2. Milestone Plan (MP)**

- Realistic timeline;
- Fee allocation vis-à-vis higher-level indicators as opposed to process indicators; and
- Milestones linked to performance results, requirements and standards, per the stated indicators

### **3. Quality and Diversity of Staffing**

- Task Order Project Director and other key personnel demonstrate expertise in influencing health policy and program decisions among senior-level donor and government counterparts in the region;
- Key personnel and other project personnel demonstrate solid expertise in health sector planning, directing, managing, and evaluating large complex programs; proposed core staff and consultants demonstrated requisite expertise, skills and experience, and knowledge of the African context to implement the Task Order;
- African professionals are proposed in senior and core capacities and their skills, capabilities and expertise are used in a substantive way in the management and implementation of the program.

### **4. Quality of Management Capacity and Approach**

- The proposal presents a clear and efficient management plan and organizational structure for accomplishing all aspects of Task Order implementation;
- Proposed sub-contractors and local partners possess complimentary skills and that those skills are fully utilized in every aspect of Task Oder implementation, not just presented at proposal submission; and
- The proposed management approach promotes the progressive transfer of skills and responsibilities to West African individuals and entities throughout program implementation.

### **5. Past Performance**

- Quality
- Cost Control

- Timeliness
- Business Relations
- Use of Small Businesses under previous contracts

Proposals will be evaluated based on adjectival ranking for overall proposal and each section of the proposal respectively. The following weighted adjectives will be used in assessing the criteria set forth: outstanding (4), very good (3), good (2), marginal (1) and unacceptable (0).

#### **B. Cost/Price Evaluation**

The proposed total estimated cost plus fixed fee, if any, will be evaluated for reasonableness, completeness, credibility and the probable cost of performance (cost realism). The ability for the Offeror to control cost based on the proposed cost management plan shall also be considered. All evaluation factors, other than cost or price, when combined, are significantly more important than cost or price.

Award will be made to the Offeror whose proposal contains the combination of those criteria offering the best overall value to the U.S. Government. This will be determined by comparing differences in the value of technical and management features with differences in cost to the Government. In making this comparison, the Government is more concerned with obtaining superior technical or management features than with making an award at the lowest overall cost to the Government.

## ANNEX 1: ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
AWARE	Action for West Africa Region
AWARE-HIV	Action for West Africa Region-HIV/AIDS
AWARE-RH	Action for West Africa for Reproductive Health
CBCHB	Cameroon Baptist Convention Health Board
CCM	Country Coordination Mechanism
CAFS	Center for African Family Studies
CEFOREP	Centre Régional de Formation et de Recherché en Santé de la Reproduction
CESAG	Centre Africain d'Etudes Supérieure en Gestion
CICDoc	Centre d'Information de Conseil et de Documentation
CTO	Cognizant Technical Officer
DFID	United Kingdom Department for International Development
ECOWAS	Economic Community of West African States
FAAPPD	Forum of African and Arab Parliamentarians on Population and Development
FP/RH	Family Planning and Reproductive Health
FY	Fiscal Year
GH	Global Health
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IQC	Indefinite Quantity Contract
IRSP	Institut Régional de Santé Publique
ISED	Institut de la Santé et Développement
KATH	Komfo Anokye Teaching Hospital
M&E	Monitoring and Evaluation
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health
NAP+	Network of African People Living with HIV/AIDS
NICRA	Negotiated Indirect Cost Agreement
OYB	Operating Year Budget
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMI	U.S. President's Initiative for Malaria
PMTCT	Prevention of Mother to Child Transmission
RCO	Regional Contracting Officer
RFTOP	Request for Task Order Proposal
SAGO	Société Africaine de Gynécologie et Obstétrique
SMIT-CRF	Service des Maladies Infectieuses et Tropicales – Centre Régional de Formation
SWAA	Society for Women and AIDS in Africa
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNAIDS	United Nations for AIDS
USAID	United States Agency for International Development
USAID/WA	United States Agency for International Development/West Africa
USG	United States Government
WAAF	West Africa Ambassador's Fund for A IDS
WAHO	West Africa Health Organization
WANASO	West African Network of AIDS Organizations
WHO	World Health Organization

## **ANNEX 2: TASC3 REFERENCE DOCUMENTS**

(Available Electronically on the TASC3 Website at <http://ghiqc.usaid.gov/tasc3>)

- Strategic Plan for Transformational Diplomacy: Fiscal Years 2007 – 2012, U.S. Department of State and U.S. Agency for International Development, Revised May 7, 2007
- West Africa Regional Strategy Statement: 2006-2010, US Agency for International Development, West Africa Regional Office, June 2006 (Draft)
- The USAID/West Africa Regional Health Program: Mid Term Assessment, Academy for Educational Development, Africa's Health in 2010 Project, July 2006.
- Organizational Capacity Assessments
  - Management and Technical Assessment Summaries
  - TOCAT Summaries
- Best Practices Documents
  - AWARE-RH (1)
  - AWARE-HIV/AIDS (6)
- Inventory List (Illustrative Only)
  - AWARE-RH
  - AWARE-HIV/AIDS
- West Africa Regional Map

**ANNEX 3: MAP OF USAID WEST AFRICA REGION**

