Issuance Date: July 26, 2007
Closing Date: August 27, 2007
Time: 10am (local Maputo Time)

SUBJECT: Request for Task Order Proposal (RFTOP) No. 656-07-008
Malaria Prevention and Control Activities and Provincial Health Services Strengthened
USAID/Mozambique

To: TASC I11 IQC Holders

USAID/Mozambique intends to award a Task Order for Program in Malaria Prevention and Control Activities and Provincial Health Services Strengthened in Mozambique under TASCS III IQC series as described in attached Statement of Work.

This request for Task Order Proposal (RFTOP) consists of the following sections:

A Proposal Preparation Instructions B Evaluation Criteria C Statement of Work D Attachments E Questions and USAID Responses (separate file document)

The government contemplates award of one Cost Plus Fixed Fee (CPFF) Task order with a total estimated cost of US$11,710,393.00 over 3 years period of performance, ending in September 2010. Issuance of Task Order is subject to availability of funds and successful negotiation of Task Order terms. Revealing the cost range for the task order does not mean that the offerors should necessarily strive to meet the maximum amount. The offeror must propose costs that it believes are realistic and reasonable for the work.

Proposals and amendments thereof must be addressed to The Regional Contracting Officer and submitted in electronic format ONLY to Mrs. Marianne Pinto-Teixeira via e-mail at mteixeira@usaid.gov

Any questions regarding this RFTOP should be received no later than 17:00 on August 1, 2007, at Maputo, Mozambique time, in writing to Mrs. Marianne Pinto-Teixeira via e-mail at mteixeira@usaid.gov. Any responses to questions regarding this RFTOP may be furnished to all proposed offerors, if such information is necessary to offerors in submitting proposals, or if the lack of such information would be prejudicial to uninformed offerors.

Please note that this does not constitute any guarantee that Task Order will be awarded nor does it constitute any authorization by USAID to reimburse costs incurred in the preparation of a proposal.

Sincerely,

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Proposal Preparation Instructions

INTRODUCTION

Infant, child, and maternal mortality are all too high in Mozambique, among the highest in Africa and the world and health infrastructure and service provision remains extremely weak. Malnutrition, infectious diseases and parasites, especially malaria, and the rapid spread of AIDS dominate the country's epidemiological profile.

In July 2005, the United States Government announced a new five-year, $1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions in high-burden countries in sub-Saharan Africa. The goal of the President's Malaria Initiative (PMI) is to reduce malaria-related mortality by 50% after three years of full implementation. This will be achieved by reaching 85% coverage of the most vulnerable groups---children under five years of age and pregnant women---with proven preventive and therapeutic interventions, including artemisinin-based combination therapies (ACTs), insecticide-treated nets (ITNs), intermittent preventive treatment of pregnant women (IPTp), and indoor residual spraying (IRS). Mozambique is one of 15 countries included in the PMI.

In order to successfully implement this RFTOP SO8 aims, through this award, to support and strengthen the capacity of the MOH at the central and provincial levels to increase the quality of health services, especially related to malaria.

BACKGROUND

On-going Program

Although infant, child, and maternal mortality rates in Mozambique have been decreasing in recent years, they are still among the highest in Africa and the world. While the Government of Mozambique is committed to building an equitable health system that is affordable and sustainable, the health infrastructure, provision of services, and networks are not sufficiently developed to meet the health needs of a highly dispersed population, resulting in poor quality healthcare.

SO8 provides several tiers of support to the MOH. Interventions are being implemented through an integrated program that will strengthen the policy and management environment, increase access to proven and effective primary health services, and increase community demand for and participation in managing and influencing the availability and quality of health care services. The focus of the SO8 program at the provincial/district/community level is on selected districts in the four provinces (Nampula, Zambezia, Gaza and Maputo) whose combined population accounts for 40% of the total population in Mozambique. Activities include a combination of interventions at the national and central level and within the four provinces within SO8's geographical focus area.

At the national level the USAID | DELIVER PROJECT´s four main strategies are: i) improve the Human Resource Capacity in Logistics and Management at Central de Medicamentos e Artigos Medicos (CMAM); ii) maintain and improve contraceptive logistics management throughout the integrated supply chain; iii) improve advocacy for contraceptive security for future sustainability; and iv) support logistics for malaria prevention and treatment activities. CMAM is the MOH's unit responsible for the central level logistics functions of forecasting, procurement, and distribution of all medicines and consumables for the MOH. The Project works in close partnership with the National Malaria Control Program and the Reproductive Health Program in activities relating to logistics of malaria and reproductive health commodities

At the central level the Forte SAUDE contractor, is responsible for strengthening the ability of the MOH to manage its large and comprehensive programs, establish new and improved CS/RH policies, and help ensure overall transparency and accountability.

Through PVO partners, SO8 provides community-level interventions designed to strengthen health service delivery through increasing access to proven and effective child survival and reproductive health (CS/RH) services, and increase community-level demand for these services.

The specific objective of support to be provided to Provincial Health Directorates (DPS) and District Health Directorates (DDS) in the four focus provinces of Nampula, Zambezia, Gaza and Maputo is to:

1. Provide technical assistance to DPS and DDS to *improve the quality* of CS/RH services delivery to Health Centers and hospitals, especially concerning malaria; and
2. Provide technical assistance and *support to the overall management* of service delivery at the Provincial, District and facility level, especially concerning malaria.

Presidential Malaria Initiative

Malaria in Mozambique accounts for about six million reported cases per year, 44% of all outpatient consultations, and 65% of all pediatric hospital admissions. The estimated malaria prevalence among children 2-9 years of age in Mozambique ranges from 40% to 80%. Malaria is reported by the Ministry of Health (MOH) to be the primary cause of death among children admitted to pediatric services in Mozambique (32% in 1998, 42% in 1999 and 40% in year 2000). Approximately 20% of pregnant women in rural areas are infected with malaria parasites and, among primigravidae (first pregnancies) this figure can reach 30%. Anemia due to malaria is a major cause of morbidity and mortality in children and pregnant women and malaria is a leading cause of low birth weight in the newborn.

Although the World Health Organization reports that 100% of Mozambique's population of 19.4 million is at risk of malaria, it is unlikely that there is malaria transmission in central urbanized areas of the capital, Maputo, where approximately 1 million (5% of the population) people reside. Thus, for the purposes of establishing targets for the PMI in Mozambique, it will be assumed that 95% of the population (or 18 million people) are at risk of malaria.

According to the most recent Demographic and Health (DHS) survey, carried out between September and December 2003, 18% of women between 15 and 49 years of age had a bed net, but only 12% of pregnant women and 10% of children under five had slept under an ITN the previous night. A survey in Manica and Sofala Provinces following the large measles-ITN distribution campaign in November 2005 showed >90% usage rates among residents who had a bed net. Indoor residual spraying supported by the MOH and the Lubombo Spatial Development Initiative covers parts of 46 districts, but the proportion of households covered is not known. No up-to-date information exists on national or provincial coverage with ACTs or IPTp.

The goal of the PMI is to reduce malaria-related mortality by 50% compared to pre-Initiative levels by 2010. The following targets will be reached for populations at risk of malaria in Mozambique:

1. More than 90% of households with a pregnant woman and/or a child under five (in areas not covered by IRS) will own at least one ITN;
2. 85% of children under five (in areas not covered by IRS) will have slept under an ITN the previous night;
3. 85% of pregnant women (in areas not covered by IRS) will have slept under an ITN the previous night;
4. 85% of houses in geographic areas targeted for IRS will have been sprayed;
5. 85% of pregnant women and children under five will have slept under an ITN or in a house that has been sprayed with a residual insecticide within three months before the last transmission season;
6. 85% of pregnant women who have completed a pregnancy in the last two years will have received two or more doses of SP for IPTp during that pregnancy;
7. 85% of government health facilities will have ACTs available for the treatment of uncomplicated malaria; and
8. 85% of children under five with suspected malaria will have received treatment with an antimalarial drug in accordance with national malaria treatment policies within 24 hours of the onset of their symptoms.

1. STATEMENT OF WORK

This request for task order proposal (RFTOP) is intended to focus on the following objectives in collaboration with the MOH:

a) Under the guidance of the National Malaria Control Program (NMCP), and contingent on the availability of funding through the PMI:

   1. It will provide training/supportive supervision to health workers in the prevention and treatment of malaria in pregnancy and in treatment of uncomplicated and severe malaria;
   2. It will develop and disseminate IEC messages for malaria in pregnancy and for children under 5 years of age;
   3. It will develop implementation strategies for microscopy and Rapid Diagnostic Test (RDT) use and provide pre-/in service training in laboratory diagnosis and quality control for malaria;
   4. It will support ACT implementation at provincial, district and health facility levels; and,

5. It will work closely with other malaria implementing partners, including sub-grants to NGOs FBO, and potential public/private partnerships.

b) Under the guidance of each Provincial Health Directorate, and contingent on the availability of funding through PMI and MCH:

1. It will strengthen the capacity of supervision, monitoring and evaluation in the areas of CS/RH, EPI, nutrition and malaria at the provincial and district levels;
2. It will assist the four focus (Nampula, Zambezia, Gaza and Maputo) provincial health directorates to strengthen staff management, leadership and planning skills to sustain effective health service delivery; and
3. It will facilitate the coordination of USAID health funded activities between provincial and district levels and work in collaboration with the FORTE Saude contract to facilitate the communication between the four provincial health directorates and the central MOH.

1.1 Specific Tasks

The contractor shall undertake the following tasks:

Task 1: Preventive Activities

According to the 2003 DHS survey, 84% of pregnant women attend an antenatal clinic (ANC) at least once during their pregnancy in Mozambique. Approximately 81% of pregnant women make two or more visits, although these visits tend to take place late in pregnancy. As would be expected, ANC attendance rates were found to be lower in rural than in urban areas. Several partners have reported that ANC attendance rates increased following distribution of free ITNs in those clinics. It is new MOH policy to provide ITNs to all pregnant women receiving care at public ANCs.

Intermittent preventive treatment for pregnant women was approved as a national policy in May 2004. Because of high HIV seroprevalence rates, the NMCP recommends that women receive three doses of SP during their second and third trimesters. Implementation started in 2006 in provincial and district capital hospitals and NMCP and MOH Family Health Section are expanding this intervention to all 1,000 health facilities nationwide that provide ANC services this year. The NMCP and Family Health Unit staffs have collaborated in developing and implementing the policy, while the reproductive health officials have provided training on IPTp to the Provincial Coordinators for HIV/AIDS Tuberculosis and Malaria, staff from NGO implementing partners, and MOH maternal and child health nurses who provide ANC services that include IPTp, ITN distribution as well as prevention of mother-to-child transmission of HIV/AIDS (PMTCT).

In FY07, many of the President's Emergency Plan for AIDS Relief (PEPFAR) PMTCT partners will introduce cotrimoxizole prophylaxis for seropositive women, which will preclude the provision of SP because of an increased risk of adverse drug reactions. Close coordination with the MOH Family Health Section to develop appropriate ANC protocols and guidelines will be required, while PEPFAR and PMI implementing partners will assist in training and supervision of ANC providers to make sure that these two important interventions are delivered in a coordinated and complementary manner.

Principal Sub-Task:

c) Training/supportive supervision of health workers in prevention/ treatment of malaria in pregnancy

As the MOH plans to expand IPTp to more peripheral health facilities over the next year, a review of existing training and IEC materials related to malaria in pregnancy will be needed and the MOH will require additional support in training and supportive supervision of health workers and for disseminating health messages about malaria in pregnancy.

In collaboration with non-governmental organizations (NGOs), private voluntary organizations, (PVOs) and Faith-based Organizations (FBOs) this sub-task will provide training and supportive supervision to health care workers in IPTp and the diagnosis and management of malaria in pregnancy. Materials for such training and supervision have already been developed by WHO and others, but may need to be

adapted to the local situation. It will optimize delivery of the full package of ANC services which includes PMTCT by linking PEPFAR and PMI implementing partners working in the same health facilities and technical advisors working with central level reproductive health staff to review and refine protocols and guidelines to include pregnant women who are HIV positive.

Performance indicators:

- Intermittent preventive treatment with SP in pregnant women will have been implemented in all health facilities in 11 provinces
- 85% of pregnant women who have completed a pregnancy in the last 2 years will have received 2 or more doses of SP for ITPp during that pregnancy
- 90% of households with a pregnant woman (in areas not covered by IRS) will own at least one ITN

Task 2: Case Management

Diagnosis: Malaria diagnosis in most MOH facilities in Mozambique is based on clinical grounds. Only about 20% of all malaria diagnoses are based on microscopic examination and the quality of those diagnoses is unclear. The Instituto Nacional de Ciências da Saúde has been responsible for the training of malaria microscopists. Senior microscopists from the Instituto Nacional de Ciências da Saúde and the NMCP have made periodic supervisory visits to provincial laboratories for refresher training. The most recent refresher training conducted in November/December 2005 included two microscopists from each province. The Secção de Laboratórios of the MOH is responsible for evaluating laboratory equipment and reagent needs and for the training of staff in the use of new equipment. A plan for laboratory diagnosis, including which tests will be recommended and quality control, has been drafted and was recently approved (see annex 1).

With this newly drafted policy on the role of microscopy and rapid diagnostic tests (RDTs) in malaria diagnosis the NMCP has as it's goal to introduce the use of RDTs in public health facilities in 2007 and strengthen microscopic diagnosis were it already exists. RDTs have already been introduced at health facilities in Maputo Province as part of the LSDI Project in 2003.

Treatment: Over the last four years, Mozambique has undergone two changes in national malaria treatment policy. In 2002, AQ-SP was introduced as an interim first-line treatment until ACTs could be adopted. In late 2004, the policy was changed to AS-SP, with another ACT, artemether-lumefantrine (AM-LUM) as the second-line therapy. Sulfadoxine-pyrimethamine was chosen over AQ because of the side effects of AQ and the potential for cross resistance with chloroquine. Quinine is the third-line drug and is recommended by the NMCP for the treatment of severe malaria. New MOH treatment guidelines for malaria were recently released and distributed to all provinces (see summary of guidelines attachment). Although not included in the written guidelines, the NMCP has stated that artesunate rectal suppositories can be used for the emergency treatment of severe malaria in children in settings in which intramuscular or intravenous quinine can not be administered, as recommended by the WHO. The treatment guidelines also state that AS-SP should not be used in children under six months of age but no alternative is offered (see Annex 2).

Implementation of AS-SP started in Maputo Province in late 2002 as part of the LSDI. The MOH began to scale up implementation of AS-SP in the remainder of the country beginning in early 2006, but the level of ACT roll out varies from province to province, being most advanced in Maputo, Gaza, Sofala, Zambézia, and Nampula Provinces. The Provincial Coordinators for HIV/AIDS, TB and Malaria were trained on the new policy in 2006 as part of a one-day workshop and they were then made responsible for training health workers at the district and health facility levels. At the present time, only those health facilities with a physician are using AS-SP. It is expected that all levels of health facilities (including community health posts) will be implementing ACTs by 2007. Problems with ACT implementation have also been reported, including drug stock outs, AM-LUM being using as the first-line drug, and frustration on the part of patients because of poor health worker attendance at health facilities.

The Central de Medicamentos e Artigos Medicos (CMAM), under the direction of the National Health Directorate within the MOH, has primary responsibility for supplying the national public health system with medicines and medical supplies. Currently, antimalarials are distributed through two mechanisms: the kit system, which is considered a "push" system, and the 'via classica,' which is a "pull" system.

The kit system distributes three different kits (A, B and C), each with its own pre-defined set and quantity of essential medicines. Kits are delivered directly to provinces, from which they are then sent out to the health centers, health posts and community health workers on a monthly basis. Hospitals do not receive medicine

kits. All of the kits being procured this year for distribution in 2007 will contain AS-SP. Artemether-lumefantrine and quinine (tablets and ampoules) are not used at the lower levels of the health system, and therefore are not included in any of the kits.

The so-called "via classica" is the system for distributing antimalarials to warehouses and hospitals at the central, provincial, and district levels. In the "via classica," warehouses, hospitals, and facilities submit requisitions to the distribution point above them for the medicines they will need for the next quarter.

Ensuring prompt, effective, and safe ACT treatment to 85% of patients with confirmed or suspected malaria in Mozambique will represent one of the greatest challenges for the NMCP, given the need for training of health workers and education of patients about the new treatment policy. In addition, it is likely that the current guidelines for first and second line treatment will change in the coming year. This new change would address the concerns of the potential for SP resistance to emerge, because of the recently widely implemented ITPp SP regimen. Since increasing ACT coverage rates is a high priority both for the NMCP in their National Malaria Strategic Plan for 2006-2009 and the PMI, the PMI will coordinate its activities with those of the NMCP and other partners.

Principal Sub-tasks:

With the increased cost of ACTs compared with AQ-SP, accurate diagnosis will be critical to target antimalarial drug use to infected patients and reduce the unnecessary use of these drugs that occurs when patients are presumptively treated for malaria. The PMI views malaria laboratory diagnosis as a key component of good case management and will support strengthening of malaria diagnosis in MOH facilities with diagnostic laboratories. The PMI also recognizes the benefits of combining malaria laboratory training with training done by partners working on other diseases, such as tuberculosis.

a) Microscopy/RDT strategy development

Under the guidance of NMCP and in collaboration with CDC, the MOH, and other partners, this sub-task assists the NMCP to develop a national implementation strategy and plan for the use of microscopy and RDTs at different levels of the health system and in different clinical settings in the country, including decisions on which age groups should be targeted for malaria laboratory diagnosis.

b) Procurement of microscopes and refurbish central malaria reference laboratory

Under the guidance of the NMCP, procure and distribute 80 binocular microscopes, and 80 microscopy kits among 11 provincial/district hospital laboratories. Refurbish, through construction, laboratory equipment, including a multi-headed teaching microscope, and office supplies, the primary reference diagnostic training center at the Institute of Health in Maputo.

c) Pre-/in service training in laboratory diagnosis and quality control

In collaboration with CDC, this sub-task will work with the NMCP and the Instituto Nacional de Saude (INS) to strengthen pre-service and in-service training for MOH laboratory technicians in malaria diagnosis, including both microscopy and RDTs. Close coordination will also take place with the HIV/AIDS activities. This will include the following:

1. Development of a plan for microscopy training of MOH laboratorians, including pre-service training for incoming laboratory workers and refresher training for current technicians;
2. In collaboration with the CDC, Provision of an in-depth refresher course on malaria for senior laboratory staff at the reference diagnostic and training center. These will be the professionals responsible for training laboratory technicians at the provincial level, quality control, and other activities related to malaria diagnosis;
3. Provision of support for on-the-job training for MOH laboratory workers in malaria microscopy and the use of RDTs at the province level (all 11 provinces). This activity should be coordinated with other planned activities related to improving laboratory diagnosis of other diseases, e.g., HIV/AIDS, tuberculosis, etc.; and
4. Provide assistance to the NMCP with the Development and implementation of a plan on quality control of microscopy and RDT diagnosis, including regular supervisory visits, systematic review of a

predetermined percentage of positive and negative blood smears, and simultaneous use of both tests in a small percentage of cases to check accuracy.

d) Training/supportive supervision of health workers in treatment of uncomplicated and severe malaria and malaria in pregnancy and children under 5 years of age

Under the guidance of the NMCP, and through sub-grants to NGOs/FBOs and working with the MOH/NMCP, this sub-task will support the MOH and NMCP in pre- and in-service training and supportive supervision of health workers to ensure safe and effective ACT prescribing and dispensing practices according to NMCP guidelines and in coordination with the MOH Integrated Management of Childhood Illness (IMCI) program. It will also support training on the recognition and management of severe malaria according to NMCP guidelines, which conflict with the stock of AS-SP that are now being distributed as a blister through the "via classica" and in the medicine kits. This will require additional training and attention. In addition, this sub-task will need to be closely linked with the activities of other implementing partners already supporting training related to IMCI and maternal and child health, including IPTp.

Performance indicators:

- 85% of government health facilities will have ACTs available for the treatment of uncomplicated malaria;
- 85% of children under five with suspected malaria will have received treatment with an antimalarial drug in accordance with national malaria treatment policies within 24 hours of the onset of their symptoms

Task 3. Behavior Change and Communication (BCC) and Information and Education and Communication (IEC) for malaria with focus on pregnancy and children under 5 years of age

Both the NMCP and partners agree that BCC/IEC related to malaria advocacy, prevention, and control is in need of strengthening. The NMCP reports that public awareness about how to prevent and treat malaria is low, particularly in rural areas, in spite of the MOH's twice yearly promotion of National Malaria Awareness Days.

The MOH has taken some steps to begin addressing this problem. A draft communication strategy called, "Moving from Malaria Awareness to Behavior Change Communication" has been developed. In addition to the draft communication strategy, the MOH has included a section on "Health Promotion and Mobilization" in its interim 2006 Strategic Plan for Malaria Control. These two documents offer a starting point for developing a unified and comprehensive national plan for BCC related to malaria. The MOH also plans to work more closely with NGOs, traditional healers, community leaders, and community-based organizations to improve local residents' understanding of and ability to deal with malaria.

Principal Sub-Tasks:

a. Facilitate the development of locally appropriate/plan for dissemination of IEC messages for malaria in pregnancy

This sub-task will work through sub-grants to NGOs/FBOs to support a review of existing information on knowledge and perceptions related to malaria in pregnancy in Mozambique and, based on already existing IEC/BCC materials for malaria in pregnancy, development of locally appropriate messages to make women aware of the risk of malaria during pregnancy, conduct pre-delivery testing of malaria knowledge promote early and regular attendance at ANCs, (more than 2 visits, early first visit, etc.) and the use of IPTp beginning early in the second trimester of pregnancy, and completion of the recommended three treatment doses.

b. Provide technical assistance for IEC/BCC activities

Provide experienced BCC advisors to assist the Health Education Department (RESP) at the central MOH and the Provincial Health Educators to implement IEC/BCC activities that are culturally suitable and appropriate to increase the acceptance of and access to the key malaria interventions--ITNs, IPTp, ACTs, and IRS.

c. Expand partners capable of effectively reaching communities

Provide a mechanism to increase and expand the role of faith-based organizations (FBO), community-based organizations, local in educating, promoting and facilitating the adoption of behaviors that will result in significant decreases in malaria in urban and rural communities.

Performance Indicators:

- 30% of districts that organized IEC activities (with exception of community radio programs)
- 90% of Health facilities with MOH approved IEC material
- Greater than 60% of schools with MOH approved malaria IEC material

Task 4: Monitoring and Evaluation (M&E)

Malaria is included in the reporting system of notifiable diseases managed by the Departamento de Epidemiologia which requires all public health facilities to report on the number of malaria cases on a weekly basis. Although cases are stratified by age group (<5 years old and ≥5 years old), no effort is made to distinguish clinically diagnosed cases from those that are confirmed by laboratory testing. The data are transmitted to the provincial and, subsequently, to the national level. While this program is considered to be the best functioning health information system in the country, it has limited capacity and there are concerns about the accuracy, completeness, and timeliness of the data.

The NMCP also collects information on malaria case fatality rates from a sentinel surveillance system based in provincial, general, and rural hospitals throughout the country. UNICEF has recently completed an exercise to map the geographic location and extent of malaria control interventions nationwide, but with the rapid scale-up and evolution of malaria interventions in Mozambique, information will need to be updated on a regular basis.

Strengthening monitoring and evaluation capabilities is a high priority for the NMCP and its partners. A nationwide Malaria Indicator Survey that will provide baseline information for the 2007-2009 Strategy and Plan is planned for early 2007. In late 2007, Mozambique will conduct a mortality survey in follow-up to the 2007 National Census with funding from PEPFAR and technical assistance from the U.S. Bureau of Census and the University of North Carolina MEASURE/Evaluation Project. The INCAM survey will determine the levels of HIV and malaria mortality over the previous twelve months as initially reported during the Census. A total population of approximately 844,000 residents in all 11 provinces will be covered by the INCAM survey.

Principal Sub-Tasks:

a) Assess/strengthen MOH malaria sentinel site surveillance system

In collaboration with CDC and other partners, this sub-task will assist the Departamento de Epidemiologia and the NMCP to assess and improve the quality, accuracy, completeness, and timeliness of malaria-related surveillance data (cases of malaria and anemia, severe malaria, and malaria- and anemia-related deaths) and reporting at the district, provincial, and national levels, with particular emphasis on supporting sentinel malaria surveillance sites.

b) Development and implementation of an integrated M&E plan

Following on the UNICEF mapping exercise on the status of malaria interventions throughout the country, this sub-task will work with the NMCP, the CDC, and other partners to develop and implement a single, comprehensive and integrated monitoring and evaluation plan for malaria in Mozambique that would make use of data from various sources, including:

- Large-scale, population-based household surveys (e.g., DHS, MICS, MIS);
- Routine data from sentinel sites;
- Data from occasional surveys or evaluative activities that are designed to answer a specific question (e.g., antimalarial drug efficacy testing; insecticide resistance testing); and
- Other data sources.

It will also include supportive supervision of health workers and strengthening of the capacity of the NMCP (through either direct support or assistance) to collect and analyze data, reach conclusions, and respond in a rational and timely fashion.

c) Assist NMCP improve Information and Communication Technology (ICT) systems and infrastructure

The Contractor will assist the NMCP to assess the current ICT systems and how these meet current ICT needs for advocacy, decision-making and communications.

- Support NMCP to more effectively use available health information for M&E decision-making at all levels and to communicate within different departments in the MOH and at all levels, including provincial levels.
- Support NMCP to streamline routine operational tasks, training and reassigning human resources to focus on health sector information analysis and application.
- Support the NMCP to acquire needed ICT equipment (including computers, copier machines, and fax machines) and technical assistance to maintain these equipment and systems.
- Assist the NMCP to improve the quality and use of information collected routinely for M&E and through the heath information system.
- Assist MOH to use ICT to enhance information sharing.

d) Antimalarial efficacy studies at sentinel sites

This sub-task will support antimalarial drug efficacy studies first- and second-line drugs at geographically-representative sites throughout the country in coordination with the NMCP in using standard WHO protocols for such testing.

Performance indicators:

- A functioning malaria sentinel surveillance system
- Development and implementation of a cost-effective plan for ongoing monitoring of antimalarial drug efficacy.

Task 5: Focus Provinces Health Services Strengthened

In the second year of implementation, activities under this task order will be expanded to include areas related to maternal and child health, reproductive health/family planning and nutrition through the provision of technical assistance (TA) to support the four focus Provincial Health Directorates (DPSs). This task will: a) strengthen supervision capacity; b) improve the quality of monitoring and evaluation in the areas of CS/RH, EPI, nutrition and malaria; c) strengthen staff management, leadership and planning skills to sustain effective health service delivery; and d) facilitate coordination and M&E data quality collection of USAID funded activities in the four focus provinces by working in collaboration with the FORTE Saude contract which provides technical assistance to MOH central level staff.

This task will focus on improving the efficient and transparent management of scarce health resources at the Provincial level to enable Mozambique's health sector to derive maximum benefit from all available support. The task will strengthen critical systems within the four geographically focused (Nampula, Zambezia, Gaza and Maputo) Provincial Health Directorates (DPSs) for planning of health services and for monitoring program performance.

The USAID health team interventions implemented through four separately awarded Cooperative Agreements will strengthen and improve the quality of service delivery and use in select districts, in the four focus provinces, working with District Health Directorates (DDS) and community outreach programs. The responsibility of this task will be to ensure MOH policies and priorities are communicated from the DPS level down to the DDS level and that quality data is collected from the lowest levels, to be consolidated into the Health Information Systems at the DPS level and then transmitted to the central level at the MOH, facilitated by the Forte Saude contract..

Sub-tasks will be more thoroughly specified during formation of the second year's annual work plan to include Task 5, but below is an illustrative indication of activities to be performed under this award:

Principal Sub-Tasks

a) Strengthen the capacity of supervision, monitoring and evaluation

In working with the FORTE Saude contract and USAID-funded health PVOs, the contractor must assist the four focus DPSs to implement policies and strategies defined at the central level in areas related to MCH, RH, nutrition and malaria. This support will include technical assistance, training and supervision of health workers, at provincial and district levels.

b) Strengthen staff management, leadership and planning skills

In collaboration with the FORTE Saude contract and other USAID health partners, provide assistance to the Provincial Health Directorates to sustain effective health service delivery as follows:

- Assist the provincial health directorates to develop a curriculum based on a review of key management and leadership issues negatively impacting on service delivery;
- Assist the provincial health directorates to train core teams that will implement the management, leadership and participatory supervision programs. These teams will be encouraged to seek other resources to develop cascade training system to reach all health units in the districts;
- Assist the provincial health directorates to train core teams that will sustain the promotion of quality assurance;
- Assist the provincial health directorates to institutionalize quality and efficiency of service delivery as a key tenet of its MCH, RH, nutrition and malaria services;
- Assist the provincial health directorates to perform multi-year strategic planning.

c) Coordination at provincial level

Coordination will need to be done at three levels for all four focus provinces.

The first level will be to coordinate activities to support the DPS, especially concerning trainings to be provided at provincial level for provincial and district level staff.

The second level will be to coordinate USAID health funded PVOs providing support to each focus province, especially concerning data quality and collection and training to be provided at the district level.

The third and final level will be to work in collaboration with the FORTE Saude contract to facilitate the communication between each of the four DPSs provincial health directorates and the central MOH.

Performance Indicators:

- Percentage of primary health care facilities fully implementing IMCI protocols;
- Number of people trained in maternal/newborn health through USG-Supported programs
- % of health centers meeting quality assurance standards

1.2 Capacity Building

Programs should strengthen in-country capacity and foster collaboration as in-country capacity is the foundation for long-term success. Sustainable health systems and services at the national and local level depend critically on the engagement and commitment of key stakeholders - local people, government, civil society, enterprises, NGOs and donor institutions.

2. REPORTING, DELIVERABLES & ADMINISTRATIVE REQUIREMENTS

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

2.1 ACTION PLANS

2.1.1 Three-Year Strategic Plan

Within the first 60 days after the arrival of the first long-term TA team member in Mozambique, the Contractor will submit a “draft” three-year strategic plan that encompasses the activities required to achieve results, the corresponding time frames, and an estimated budget required to achieve the four tasks. In contrast to the Annual Action Plans (described in 2.1.2 below), the three-year Strategic Plan will focus on the three-year chain of actions needed to achieve the targeted end results of the PMI and NMCP strategies. The Contractor will work closely with the NMCP and other

stake holders in developing the final plan. This three-year Strategic Plan will be submitted in a format mutually agreed among the NMCP, the Contractor and USAID/Mozambique.

2.1.2 Annual Action Plans

Within the first 60 days after the arrival of the first long-term TA team member in Mozambique, the Contractor will submit an Annual Action Plan for Year 1, designed with input from NMCP and USAID. This Annual Action Plan, and Annual Action Plans for subsequent years, will describe the activities and interventions to be carried out and the corresponding time frames. The Annual Action Plans will include as an integral component of the Annual Capacity Building/Training Plan (described in 2.1.3 below). The Annual Action Plan will also incorporate a Financial Report. The Annual Action Plans will provide information in a format mutually agreed with the NMCP and USAID/ Mozambique.

The Contractor will develop annual action plans in collaboration with the NMCP and the PMI team. The plans are subject to first the endorsement by the NMCP and MOH before receiving approval from the USAID/Mozambique CTO for the TASC3 Task Order. The CTO, will review and approve plans to ensure that they are within the TASC3 Scope of Work and contribute to the PMI Malaria Operational Plan.

2.1.3 Annual Capacity Building/Training Plans

As part of the Annual Action Plan submissions, the Contractor will submit an Annual Capacity Building/Training Plan for all Contract-funded training activities. The plan will be based on the Annual Action Plan and consist of pre-service and in-service or more formal training designed to support achievement of MOH PES and MOP. The timing of actions will be shown in the Annual Action Plan. The separate Capacity Building/Training plan will be used to meet USAID review and reporting requirements. The plan will include a brief description of the relationship to the MOH PES and Human Resource Development Plan, types of capacity building/training proposed by category (international, national or provincial); expected cost; source of training; and proposed timing. The Annual Capacity Building/Training Plans will provide information in a format mutually agreed with the NMCP and USAID/Mozambique, and will be included in the USAID Tracking System for training in accordance with ADS.

2.1.4 Small Grants Management Plan

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

2.2 MONITORING AND EVALUATION

2.2.1 Performance Monitoring Plan

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

The PMI and NMCP teams and the contractor will conduct monthly meetings to monitor the progress of work and identify and resolve constraints. There will also be bi-annual joint USAID/MOH performance reviews involving all USAID funded health partners to monitor the achievement of results based on the targets specified in the PMP and MOH expected results.

2.2.2 Six Monthly Performance Monitoring Reports

All Performance Monitoring Reporting will be in a format compatible with USAID's format of the Mission's Annual Performance Report to USAID/Washington. The report shall discuss progress against the Performance Monitoring Plan, results achieved, constraints affecting implementation and proposed solutions.

Performance monitoring reports will include program outcomes, and results based on the three-year strategic plan, annual action plans, and the indicators and targets in the MOP. As specified in these plans, the data for performance monitoring may be from a variety of sources, including: (i) the MOH HIS; (ii) facility and community level assessments; (iii) field visits; (iv) other relevant analyses and reports; and (v) the Contractor's primary monitoring and reporting system for this Task Order. Each six months the contractor shall report against appropriate indicators included in the PMP.

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

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

2.2.3 Monthly Performance Reports

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

Monthly Performance Reports will include program activities, outcomes, and results based on the three-year strategic plan, annual action plans, and the indicators and targets in the SO8 Performance Monitoring Plan. These reports should not exceed two pages (refer to attached sample report format).

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

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

2.2.4 Final Task Order Report:

This final report will highlight major successes achieved during the Task Order period with reference to established objectives and indicators, and should also discuss any shortcomings and/or constraints encountered. The Contractor will submit a detailed final report within 60 days of completion of the Task Order which includes:

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

2.2.5 Development Experience Document

Development Experience Clearinghouse: Submission of Development Experience Documents to PPC/CDIE/DI shall be done by the Contractor in accordance with AIDAR 752.7005. USAID Contractors must submit one electronic copy and one hard copy of development experience documentation to the Development Experience Clearinghouse at the following address:

USAID Development Experience Clearinghouse
8403 Colesville Rd., Suite 210
Silver Spring, MD 20910
Telephone Number: (301) 562-0641
Fax Number: (301) 588-7787
E-mail: docsubmitndec.edie.org
http://www.dec.org

2.3 FINANCIAL REPORTING

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

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

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

2.4 MISCELLANEOUS REPORTING REQUIREMENTS

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

Document specifications: All plans, reports and other documentation prepared under this Task Order shall be provided in English as a finished document both in hard copy and electronically. Documents will be prepared in Microsoft Word, Microsoft Excel and/or Microsoft PowerPoint. All project planning is encouraged to be done using Microsoft Project Planning.

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

2.5 ADMINISTRATION

The contactor shall fulfill the following administrative requirements:

- Equip and staff an office within as close a proximity as possible to the NMCP offices in Maputo. The office will house the contractor's entire staff, including short-term consultants;
- Recruit and field local and international consultants and experts as needed. Where feasible, the contractor shall make maximum use of available local expertise for short-term assignments. In fielding all short-term experts but particularly with expatriate short-term expertise, the contractor shall ensure continuity of technical assistance by utilizing a limited pool of specialists who make repeated visits to work on continuing activities;
- Organize in-country logistics and travel for meetings, site visits and other activities outlined in the approved program implementation plan;
- Ensure compliance with all applicable USAID rules and regulations. Funds for this three-year program come from the Presidential Malaria Initiative (PMI) earmark. The contractor shall manage funds ensuring strict adherence to all USAID funding guidelines and regulations.

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

3. CONTRACTOR PERSONNEL

3.1 KEY PERSONNEL

For Key Personnel offerors should submit a summary of qualifications and demonstrated experience as well as a letter of commitment from proposed candidates. Below is an *illustrative* breakdown of possible positions, depending on the individual skills mix of key personnel proposed:

Chief of Party

The Chief of Party (COP) will be responsible for overall planning and management of activities under this Task Order. The COP is primarily responsible for facilitating senior level policy and technical dialogue with the NMCP, MOH other GRM Ministries and International Partners. The COP will assist the NMCP to work more effectively both internally and with external partners. Specifically, s/he will assist the NMCP and MOH in working: 1) across operational units at the central level through the implementation of new policy, planning and management processes; 2) between the central level and the Provincial/District levels to enhance information flows and facilitate implementation of programs; 3) with other Ministries to facilitate implementation of NMCP and MOH priorities; and 4) with international partners to insure coordination with NMCP.

The COP will also assist USAID/Mozambique with effective use and coordination of PMI resources.

Additional Terms of Reference:

- Graduate level training in public health management, public administration, health finance, health economics or related discipline.
- Excellent communications skills, both oral and written in English and preferably in Portuguese. For candidates not fluent in Portuguese, please provide information on other language skills and a plan for Portuguese language training.
- Demonstrated success at providing technical assistance to a developing country Ministry of Health. (Please provide references of Ministry of Health counterparts.) Preference in descending order for experience in Mozambique, southern Africa, low-income country, other developing country.
- Recent prior experience overseeing a long-term health technical assistance program of similar nature and scope, including negotiating work plans, interfacing with donors, Ministry, other development partners; developing terms of reference, identifying technical assistance sources, and ensuring high quality.
- Demonstrated excellent interpersonal and cross-cultural skills.
- Skills and experience anticipated in some combination of the following: negotiation, advocacy, health policy development and strategic planning, information management, health human resources, decentralization of health systems and local health planning, managing community participation, health care quality improvement, and technical areas of maternal, reproductive and child health, nutrition, malaria.

Senior Technical Officer/s

The work of the COP will be facilitated by senior level position technical advisor/s.

A Senior Malaria Technical Officer (SMTO) will focus on the content of advocacy messages and the evidence base for policies and strategies developed through dialogue with the NMCP, MOH, other GRM Ministries and International Partners. The SMTO will also provide guidance and oversight to the technical members of the local team and short-term technical consultants. The SMTO provides assistance to the MOH in translating national policy into practical guidance to support implementation of the Provincial and District levels and, when required, in developing technical proposals for funding health sector activity. The SMTO also plays a role in ensuring the technical quality of PMI activities implemented through sub-grants.

The COP will require a Senior Advisor for BCC/IEC and M&E as the BCC/IEC and M&E components of this Task Order are significant. The BBCC/IEC Senior Advisor will focus on providing technical assistance at the central and Provincial/District level for activities that promote the increased awareness of malaria, and the use and acceptance of malaria-related services, working with partners, such as FBOs, to effectively reach communities. The M&E Senior Advisor will also focus on improving the quality of malaria-related surveillance data and reporting at the district, provincial, and national levels, as the malaria interventions in Mozambique will rapidly scale-up and evolve. The M&E Senior Advisor will be seated in the NMCP in order to strengthen the capacity of the NMCP (through either

direct support or assistance) to collect and analyze data, reach conclusions, and respond in a rational and timely fashion.

Additional Terms of Reference:

- Graduate training in public health or related discipline, preferably at the doctoral level (MD with MPH, Ph.D. or equivalent in qualifications or experience).
- Excellent communications skills, both oral and written in English and preferably Portuguese. For candidates not fluent in Portuguese, please provide information on other language skills and a plan for Portuguese language training.
- Minimum of 10 years experience implementing and evaluating large-scale public health programs in Africa.
- An excellent understanding of the malaria-related issues facing pregnant women and young children in Mozambique.
- Demonstrated capacity to advise the Chief of Party on technical issues related to malaria-related health policies and strategies, interventions, and innovations.
- Demonstrated capacity to compile, evaluate and maintain the malaria-related evidence base to support advocacy, policy dialogue and planning with the Central MOH, Provincial and District Health Teams and implementing partners
- Demonstrated BCC/IEC and/or M&E training and capacity.
- Demonstrated experience in providing oversight and guidance to technical staff and short term consultants concerning the focus and timely completion of their work.
- Provides assistance to the MOH in translating policy into implementation guidelines for use at the Provincial and District levels.
- On technical issues, serves as the primary point of contact for PMI cooperating agencies working at the Provincial and District levels.
- Responsible for collecting and maintaining information required for quarterly and annual reporting to USAID.

Four Senior Provincial Technical Officers (SPTO) will have crucial roles in implementing contract activities that strengthen the four Provincial Health Directorates in Nampula, Zambezia, Gaza and Maputo province. These locally recruited SPTOs will be based in the provincial capitals and will support two major areas: a) strengthen staff management, leadership and planning skills, and b) provide technical assistance and support to training and supervision in areas of maternal and child health, reproductive health/family planning and nutrition.

Additional terms of reference:

- Graduate training in public health or related discipline, preferably at the Master level.
- Excellent communications skills, both oral and written in English and Portuguese.
- Minimum of 5 years experience implementing and evaluating large-scale public health programs in Africa, preferably with Mozambique experience.
- An excellent understanding of health sector management related issues facing Provincial Health Directorates in Mozambique.
- Demonstrated capacity to advise the Chief of Party on technical issues related to key management and leadership issues concerning service delivery.
- Demonstrated capacity to assist provincial health directorates to institutionalize quality and efficiency of service delivery
- Demonstrated capacity of supervision, monitoring and evaluation in the areas of CS/RH, EPI, nutrition and malaria.
- Demonstrated experience in providing oversight and guidance to technical staff and short term consultants concerning the focus and timely completion of their work.
- Provides assistance to the DPS to implement policies and strategies defined at central level.
- Responsible for collecting and maintaining provincial data information required for quarterly and annual reporting to USAID.

3.2 STAFFING PLAN

The staffing plan for a Maputo-based team will be finalized following award of the Task Order and consultations with USAID/Mozambique and the MOH. The team should be recruited locally to the extent possible to optimize use of Mozambican resources.

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

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

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

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

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

Geographic Code:

The authorized geographic code for procurement of goods and services for this Task Order 935

4. INSTRUCTIONS TO OFFERORS

Offerors should submit at technical proposal that includes, at a minimum, the following: (a) Cover Page; (b) Executive Summary; (c) Narrative; (d) Annexes, consisting of at a minimum information on Offeror's Team, Management Plan, Institutional Capacity and a proposed Monitoring and Evaluation Plan. Page limitations are specified below for each section; applications must be on 8-1/2 by 11 inch (210mm by 297mm paper) or A4 paper, single spaced, 10 pitch type or larger, and have at least one inch margins on the top, bottom and both sides.

4.1 TECHNICAL PROPOSAL:

The technical approach must set forth the conceptual approach, methodology and results to be achieved by the Offeror's program. The rationale for the appropriateness of the suggested approach should be explicit.

- Cover Page:

  A single page with the names of the organizations/institutions involved in the proposed application. Proposed subcontract and/or sub-grants (hereafter referred to as the subs) should be listed separately, including a brief narrative describing the unique capacities/skills being brought to the program by each sub. In addition, the Cover Page should include information about a contact person for the prime Offeror, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address and telephone and fax numbers. Also state whether the contact person is the person with authority to contract for the Offeror, and if not, that person should also be listed.

- Executive Summary:

  The Executive Summary shall not exceed two pages and should summarize the key elements of the Offeror's strategy, approach, expected results, and implementation plan. The Executive Summary must be concise and accurate.

- Narrative:

  In 20 pages or less please describe your proposed strategy and approach. The narrative should be brief, concise and provide a clear description of what the Offeror proposes to do, why, and with whom and how the Offeror will effectively assess the achievement of program objectives. The Offeror should be able to demonstrate, with sufficient evidence, the merits of the proposed approach and its wider application based upon lessons learned and past experiences.

- Management:

  As part of the narrative, Offerors should provide a clear description of how the task order will be managed, including the approach to addressing problems and challenges. Proposals should outline which subcontractors will conduct the various tasks listed earlier, if applicable. Offerors should propose a management plan that demonstrates their understanding of management barriers that could occur during project implementation on both a global and country level, and how the Offeror plans to overcome these barriers. The plan should also demonstrate how the Offeror will use existing in-country resources for rapid start up which forms part of the scoring criteria. This plan should also address how the Project Director will liaise with the CTO, in-country staff, and reporting and management among other partners and subcontractors, if applicable. Offerors are encouraged to include an organizational chart in an Annex to the technical proposal.

- Institutional Capability:

  The quality of an Offerors' institutional capability to carry out the tasks is a factor in consideration of award. As part of the narrative, the Offeror should furnish evidence that they in aprticular, along with their proposed subs, have the ability to plan, implement and monitor similar programs effectively.

- Offeror's Team (Resumes, Letters of Commitment, and References):

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

- Offeror's Past Performance Data:

  The quality of an Offerors' past performance on similar programs is a factor in consideration of award. The Offeror should furnish information on all U.S. Government contracts, grants, or cooperative agreements involving similar or related programs over the past three years in which your organization has been involved. The information should include (at a minimum) the following for each program:
  - Name and address of funding organization;
  - Name, address and phone number, if possible, of the individual from the funding agency's number assigned to the contract, grant or cooperative agreement;
  - A brief description of the program;
  - Start and end dates, or projected end date of the Offeror's involvement with the program; and
  - Provide independently verifiable evidence on past performance.

4.2 COST PROPOSAL:

Offerors should review table 2 in the Malaria Operational Plan for estimated costs related to each task and sub-task.

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

a) Summary Cost Breakdown - For each line item proposed, please provide a breakdown, by element, of the respective anticipated costs of performing under this task order. The elements include: salaries, fringe, consultant fees, travel/transportation/per diem, other direct costs, equipment, subcontracts, grants, indirect costs (overhead,

G&A, etc., if applicable), and fee. Added value versus additional cost due to sub-contracts will be taken into consideration.

b) Detailed level of effort and labor cost estimates must be submitted in accordance with the Statement of Work. Please provide a separate line item for each proposed individual and identify each by name, labor category, daily rate, and the level of effort for that individual. Please provide a salary history for the prior three years, for "key" individuals and professional staff.

c) Detailed level of effort and cost estimates for consultants who will perform under the task order. Additionally, please provide ceiling rates for consultant positions for which an individual is not specifically named according to the following position classification: US Senior Level, US Junior Level, CCN Senior Level, CCN Junior Level, TCN Senior Level, and TCN Junior Level.

d) Indirect Costs: Provide a breakdown for all anticipated costs for this line item (i.e., the amount, type, and unit cost) in accordance with the NICRA.

e) Fixed Fee is subject to the maximum specified in the IQC.

f) Total Estimated Cost plus Fixed Fee.

4.3 METHOD OF AWARD

USAID may, without discussion or negotiations, award a task order resulting from this Request for Task Order Proposal (RFTOP) to the responsible contractor whose proposal conforms to the Statement of Work (SOW) and offers the best value. Therefore, the initial proposal should contain the contractor's best terms from a cost and technical standpoint. USAID may reject any or all proposals, and waive informalities and minor irregularities in proposals received. The technical proposal evaluation criteria are in descending order of importance.
Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various proposals are to one another, the more important cost considerations become. The Contracting Officer may determine what highly ranked proposal based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

4.4 EVALUATION CRITERIA

TECHNICAL APPROACH	30 POINTS
a) IS COMPLETE AND RESPONSIVE TO THE USAID/MOZAMBIQUE HEALTH PROGRAM OBJECTIVES, LEVEL OF FOCUS AND EFFORTS, AND OBJECTIVES UNDER THE PMI, INCLUDING LEVEL OF FOCUS, EFFORTS AND MONITORING AND EVALUATION OF RESULTS.	10 POINTS
b) DEMONSTRATES AN UNDERSTANDING OF HEALTH SECTOR ISSUES IN MOZAMBIQUE.	5 POINTS
c) INTEGRATES SUSTAINABLE CAPACITY BUILDING AS A CORE PRINCIPLE IN EACH OF THE ACTIONS PROPOSED**.**	5 POINTS
d) OFFERS A REALISTIC PROPOSAL TO STRENGTHEN AND EXPAND PRIORITY INTERVENTIONS, LAID OUT IN THE TECHNICAL APPROACH AND DEMONSTRATES STRONG LINKAGES WITH IN-COUNTRY PARTNERS SUCH AS THE GLOBAL FUND FOR AIDS, TUBERCULOSIS AND MALARIA**.**	10 POINTS
PERSONNEL CAPACITY AND EXPERIENCE	**45 POINTS**
a) APPROPRIATENESS AND RATIONALE OF THE PROPOSED PERSONNEL STRUCTURE (LONG- AND SHORT-TERM) TO THE PROPOSED TECHNICAL APPROACH.	5 POINTS
b) EXPERTISE OF PRIME CONTRACTOR'S KEY PERSONNEL IN A RANGE OF COMPREHENSIVE SERVICES REQUIRED TO MEET THE NEEDS ASSOCIATED WITH THE TASK ORDER, ESPECIALLY STRENGTHENING CRITICAL SYSTEMS WITHIN THE MOH FOR PLANNING OF HEALTH SERVICES AND MONITORING PROGRAM PERFORMANCE.	20 POINTS
c) EXPERTISE OF SUB-CONTRACTOR'S KEY PERSONNEL IN A RANGE OF COMPREHENSIVE SERVICES REQUIRED TO MEET THE NEEDS ASSOCIATED WITH THE TASK ORDER.	10 POINTS
d) CAPACITY TO MEET SHORT-TERM TECHNICAL ASSISTANCE NEEDS ASSOCIATED WITH THE TASK ORDER AND USING RESOURCES AVAILABLE LOCALLY.	5 POINTS
e) CAPACITY TO RECRUIT LOCAL TECHNICAL ASSISTANCE AND TO FOSTER SOUTH-SOUTH EXCHANGES	5 POINTS
INSTITUTIONAL CAPACITY AND PAST PERFORMANCE	**25 POINTS**
a) PAST PERFORMANCE ON AND DEMONSTRATED CAPABILITY TO PLAN, START IMPLEMENTING RAPIDLY AND MONITOR SIMILAR PROGRAMS;	5 POINTS
b) PLANNING AND CAPABILITY TO START PROGRAM ACTIVITIES UNDER THIS TASK ORDER RAPIDLY	5 POINTS
c) CAPABILITY TO SUPPORT PERSONNEL AND FIELD OPERATIONS;	5 POINTS
d) PAST PERFORMANCE IN MEETING USAID REPORTING AND ACCOUNTABILITY REQUIREMENTS; AND	5 POINTS
e) SUCCESS IN FORMING ALLIANCES WITH OTHER ORGANIZATIONS AND/OR DONORS.	5 POINTS

4.5 PROPOSAL DUE DATE

Proposals for this Task Proposal Request (TPR) must be submitted electronically no later than August 27, 2007 to the following email addresses:

mteixeira@usaid.gov

The Cognizant Technical Officer (CTO) for this task order under TASC3 Global Health will be determined at time of award.

5. PERIOD OF PERFORMANCE

Subject to the availability of funding through the Presidential Malaria Initiative, the period of performance is from the effective date of the Task Order Agreement until three years after award. Performance will be reviewed on an annual basis.

Based on the availability of funding, USAID may amend the Task Order to increase the total ceiling price to provide additional support to these program areas without further competition. In the case of additional funding of this Task Order, the Contractor shall be prepared to submit revised action plans and budgets to reflect the change in the actual ceiling price.

6. APPLICAPLE DOCUMENTS

Applications must be consistent with Mozambique's 3 Year PMI Strategy and MOP and can be located at the following selected list of background materials which can be accessed at the following website: http://www.usaid.gov/mz/

1. Presidential Malaria Initiative
2. PMI Malaria Operational Plan, Mozambique, 2006
3. MOH Strategic Plan for Malaria Control in Mozambique (July 2006-2009)
4. MOH Strategic Plan for the Health Sector (PES) 2001 – 2005 – (2010)

7. LIST OF KEY STAKEHOLDERS AND PARTNERS

Ministry of Health
Ivone Rungo, Director
National Malaria Control Program
Av. Eduardo Mondlane no. 287
Maputo
Telephone: +258 823 149 180
Email: ierungo@yahoo.com.br

JSI/Deliver (Drug Logistics)
Marilyn Noguera
JSI Country Director
Supply Chain Management System (SCMS) Project
DELIVER PROJECT
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Health Aliance International
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Country Director
Av. Emilia Dausse, #17
Caixa Postal 23
Maputo, Mozambique
Telephone: +258-21-326 183
Cell: +258-82-501-0720
Fax No:+258-21-326 182
Email: kscherr@u.washington.edu

Adventist Development & Relief Agency (ADRA)
Darcy de Leon
Country Director
Av. Eduardo Mondlane 2091
Maputo, Mozambique
Telephone: +258-21-304 422
Email: ddeleon@adra.org.mz

Sample report formats

TASC3: MONTHLY PERFORMANCE REPORT

CONTRACTOR:

CONTRACT NUMBER: REPORTING PERIOD:

FROM: TO:

SECTION I. CONTRACTOR'S REPORT

1. PROGRESS: ***ACHIEVEMENTS SINCE THE LAST REPORT.***

2. PREVIOUS PROBLEMS: ***PROBLEMS DESCRIBED IN PREVIOUS REPORTS SOLVED OR STILL OUTSTANDING AND INTENTIONS TO ADDRESS OUTSTANDING PROBLEMS.***

3. NEW PROBLEMS: ***PROBLEMS ENCOUNTERED DURING THIS REPORTING PERIOD.***

4. PROPOSED SOLUTIONS: ***TO OUTSTANDING (PREVIOUS) AND NEW PROBLEMS.***

5. PLAN FOR NEXT MONTH: ***DESCRIBE BRIEFLY EACH OF THE MAJOR ACTIVITIES IN PROCESS DURING THE NEXT PERIOD AS FOUND IN THE ANNUAL ACTION PLAN AND/OR TASK ORDER.***

Note: Not to exceed two (2) pages

TASC3: SIX-MONTHLY PERFORMANCE MONITORING REPORT

CONTRACTOR:

CONTRACT NUMBER: REPORTING PERIOD:

FROM: TO:

SECTION I. CONTRACTOR'S REPORT

1. ACTIVITIES AND INTERVENTIONS: ***SUMMARIZE ACTIVITIES AND INTERVENTIONS CARRIED OUT IN THE LAST SIX MONTHS WHICH WERE PREVIOUSLY REPORTED AS "PLANNED ACTIVITIES"***

2. REPORTED RESULTS: ***SUMMARIZE THE TANGIBLE RESULTS.***

3. PLANNED ACTIVITIES AND INTERVENTIONS: ***LIST FUTURE ACTIVITIES AND INTERVENTIONS PLANNED TO BE IMPLEMENTED WITHIN THE NEXT SIX MONTHS.***

4. EXPECTED FUTURE RESULTS: ***SUMMARIZE THE TANGIBLE RESULTS EXPECTED AT CONCLUSION OF NEXT 6 MONTH PERIOD AND WHETHER THIS EXPECTATION IS STILL REASONABLE.***

5. PERFORMANCE: ***FOR EACH OF THE ACTIVITIES DESCRIBED IN NUMBER 1 AND 4 ABOVE, STATE WHETHER ON-TARGET OR NOT, AND COMMENT, PARTICULARLY IN TERMS OF MEETING BENCHMARKS, OR OTHER REQUIREMENTS ESTABLISHED FOR THE PERIOD AND EXPLAIN REASONS WHY BENCHMARKS OR REQUIREMENTS WERE NOT MET, AS APPROPRIATE.***

6. COMPELLING INDIVIDUAL-LEVEL SUCCESS STORIES: ***SHORT PARAGRAPH (OPTIONAL).***

7. DOCUMENTATION OF BETTER PRACTICES THAT CAN BE REPLICATED OR TAKEN TO SCALE: ***ACTIVITIES THAT HAVE WORKED WELL IN USAID/MOZAMBIQUE'S GEOGRAPHIC FOCUS AREA THAT CAN BE REPLICATED IN OTHER PROVINCES..***

SECTION II. CTO'S COMMENTS

THE COGNIZANT TECHNICAL OFFICER (CTO), WHETHER IN USAID/WASHINGTON OR IN THE FIELD, WILL COMPLETE SECTION II AND PASS HIS/HER COMMENTS ON TO THE CONTRACTING OFFICER FOR POSSIBLE FURTHER COMMENT. THE CTO WILL OBTAIN INPUT FROM COUNTERPARTS OR OTHERS, AS APPROPRIATE, PRIOR TO COMPLETING THIS SECTION.

1) COMMENT ON CONTRACTOR'S TECHNICAL PERFORMANCE (QUALITY OF TECHNICAL ASSISTANCE, PROFESSIONAL SERVICES, ETC.) AND PROVIDE EXAMPLES, IF APPROPRIATE.

2) COMMENT ON CONTRACTOR'S ADMINISTRATIVE PERFORMANCE (TIMELINESS IN MEETING SCHEDULES AND/OR DELIVERING MATERIALS/PRODUCTS) DURING THE QUARTER AND GIVE EXAMPLES, IF APPROPRIATE.

3) COMMENT ON CONTRACTOR'S MANAGEMENT (COST-EFFECTIVENESS, QUALITY OF COMMUNICATION WITH STAFF AND WITH USAID) FOR THE QUARTER AND PROVIDE EXAMPLES AS APPROPRIATE.

4) REACT TO CONTRACTOR'S ASSESSMENT OF PERFORMANCE REGARDING ANY OF THE ACTIVITIES/BENCHMARKS DESCRIBED IN SECTION IA. ABOVE.

5) NOTE AREAS FOR POTENTIAL CONTRACTOR IMPROVEMENT REGARDING ACHIEVEMENT OF BENCHMARKS AND TANGIBLE RESULTS OR ANY OF THE ITEMS COVERED

CTO/OFFICE SYMBOL: DATE:

SECTION III - CONTRACTING OFFICE'S COMMENT (OPTIONAL)

- THE CONTRACTING OFFICER MAY, IF HE OR SHE WISHES, ADD COMMENTS ON ANY AREAS OF CONCERN IN REGARD TO SECTIONS I AND II ABOVE OR IDENTIFY ACTIONS TO SUPPORT, CORRECT, OR IMPROVE CONTRACTOR'S PERFORMANCE.

- THE CTO WILL PROVIDE TIMELY FEEDBACK TO THE CONTRACTOR RELATIVE TO SECTION II AND SECTION III (OPTIONAL) COMMENTS

CO/OFFICE SYMBOL: DATE:

Note: Not to exceed ten (10) pages.

Annex 1
Rapid Diagnostic Test Guidelines

A- CRITÉRIOS DE USO DOS TESTES DE DIAGNÓSTICO RÁPIDO (TDRs) DA MALÁRIA EM ÁREAS DE ALTA TRANSMISSÃO

1- Unidades Sanitárias com laboratório de microscopia a funcionar 24 horas por dia

- Em crianças <5 anos seguir a estratégia AIDI (não se recomenda a realização de teste de laboratório)
- Microscopia como método de eleição para crianças >5 anos e adultos
- Usar TDR nas seguintes situações
    - Suspeita de malária grave (todas as idades). O TDR deve ser usado para permitir a avaliação do paciente e início da terapia apropriada o mais rápido possível. Recomenda-se a realização simultânea da lâmina para microscopia que permitirá o controlo da parasitemia.

2- **Unidades Sanitárias com laboratório de microscopia a funcionar durante a horas normais de serviço (7:30 a 15:30)**

Durante o período de funcionamento do laboratório (7:30-15:30)

- Para crianças <5 anos seguir a estratégia AIDI (não se recomenda a realização de teste de laboratório)
- Microscopia como método de eleição para crianças >5 anos e adultos durante as horas de funcionamento do laboratório (Mesmo critério acima)
- Usar TDR nas seguintes situações
    - Suspeita de malária grave (todas as idades). O TDR deve ser usado para permitir a rápida avaliação do paciente e início da terapia apropriada o mais rápido possível. Recomenda-se a realização simultânea da lâmina para microscopia que permitirá o controlo da parasitemia. (Mesmo critério acima)

Durante o período em que o laboratório não esteja a funcionar (15:30-7:30)

- Crianças <5 anos
    - Tratar segundo a estratégia do AIDI (não se recomenda a realização de teste de laboratório)
- Crianças >5 anos e adultos
    - Usar TDR e tratar de acordo com o resultado
- Suspeita de malária grave (todas as idades). O TDR deve ser usado para permitir a rápida avaliação do paciente e início da terapia apropriada o mais rápido possível. Recomenda-se a realização da lâmina para microscopia logo que o laboratório volte a funcionar, o que permitirá o seguimento da parasitêmia.

3- Unidades Sanitárias sem laboratório de microscopia a funcionar.

- Crianças <5 anos
    - Tratar segundo a estratégia do AIDI (não se recomenda a realização de teste de laboratório)
- Crianças >5 anos e adultos
    - Usar TDR e tratar de acordo com resultado
- Suspeita de malária grave (todas as idades). Deve-se avaliar o paciente, fazer o tratamento pré referência e transferir à unidade sanitária de referência.

B- CRITÉRIOS DE USO DOS TESTES DE DIAGNÓSTICO RÁPIDO (TDRs) DA MALÁRIA EM ÁREAS DE BAIXA À MODERADA TRANSMISSÃO (ex: área da Iniciativa do LSDI)

1- Unidades sanitárias com laboratório de microscopia a funcionar 24 horas por dia

- Microscopia como método de eleição para todas as idades
- Usar TDR nas seguintes situações
    - Suspeita de malária grave (para todas as idades). O TDR deve ser usado para permitir a avaliação do paciente e início da terapia apropriada o mais rápido possível. Recomenda-se a realização simultânea da lâmina para microscopia que permitirá o controlo da parasitêmia.

2- **Unidades sanitárias com laboratório de microscopia a funcionar durante a horas normais de expediente (7:30 a 15:30)**

Durante o período de funcionamento do laboratório (7:30-15:30)

- Microscopia como método de eleição para todas as idades durante as horas de funcionamento do laboratório
- Usar TDR nas seguintes situações

- Suspeita de malária grave (todas as idades). O TDR deve ser usado para permitir a rápida avaliação do paciente e início da terapia apropriada o mais rápido possível. Recomenda-se a realização simultânea da lâmina para microscopia que permitirá o controlo da parasitêmia.

Durante o período em que o laboratório não esteja a funcionar (15:30-7:30)

- Usar TDR para todas as idades e tratar de acordo com o resultado
  - Suspeita de malária grave (todas as idades). O TDR deve ser usado para permitir a rápida avaliação do paciente e início da terapia apropriada o mais rápido possível. Recomenda-se a realização da lâmina para microscopia logo que o laboratório volte a funcionar, o que permitirá o seguimento da parasitêmia.

3- Unidades sanitárias sem laboratório de microscopia a funcionar.

- Usar TDR para todas as idades e tratar de acordo com resultado
  - Suspeita de malária grave (todas as idades). Deve-se avaliar o paciente, fazer o tratamento pré referência e transferir à unidade sanitária de referência

Notas:

- Nas áreas de alta transmissão de malária, a estratégia de AIDI deverá ser respeitada nas unidades sanitárias onde está sendo implementada.

- Na adopção do uso rotineiro dos TDRs há necessidade de se criarem condições mínimas de conservação destes materiais (temperatura, humidade e outras que podem influenciar os resultados).

- Não é recomendado o uso de TDR, especialmente os testes do tipo HRPII, nos casos de suspeita de falha terapêutica. Nestes casos, os pacientes devem ser enviados para unidade sanitária com capacidade para realizar microscopia.

- Não é recomendado o uso de testes laboratorias, quer TDR quer microscopia, em pacientes que apresentaram remissão dos sintomas (sem sintomatologia) após o tratamento (controlo).

PACKAGING AND MARKING

1 AIDAR 752.7009 MARKING (JAN 1993)

(a) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem. Shipping containers are also to be marked with the last five digits of the USAID financing document number. As a general rule, marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged.

(b) Specific guidance on marking requirements should be obtained prior to procurement of commodities to be shipped, and as early as possible for project construction sites and other project locations. This guidance will be provided through the cognizant technical office indicated on the cover page of this contract, or by the Mission Director in the Cooperating Country to which commodities are being shipped, or in which the project site is located.

(c) Authority to waive marking requirements is vested with the Regional Assistant Administrators, and with Mission Directors.

(d) A copy of any specific marking instructions or waivers from marking requirements is to be sent to the Contracting Officer; the original should be retained by the Contractor.

2 BRANDING

The Contractor shall comply with the requirements of the USAID “Graphic Standards Manual” available at www.usaid.gov/branding, or any successor branding policy.

ATTACHMENTS

Required Certifications and Other Information and Resource Documents:

1 Biographical Data Sheets (Form AID 1420-17) to support salary information for the proposed personnel, containing salary history for the previous three years. (Bio-data forms must be properly certified and signed by both employee and contractor in the appropriate spaces with all blocks completed, as appropriate.) A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/ . The copy of the form is being provided herewith for reference purpose only.

2 A signed Organizational Conflict of Interest Representation form.

3 A certification that no AID employee has recommended the use of an individual for use under the proposed delivery order who was not initially located and identified by your organization.

In your cost proposal please provide your Data Universal Numbering System (DUNS) and Tax Identification Number (TIN).

Certifications Required:

Lobbying Certification.

Certification Regarding a Drug-Free workplace.

Certification of Organizational Conflict of Interest for Offeror and their subcontractors (copy below).

CERTIFICATION REGARDING A DRUG-FREE WORKPLACE (JUL 1990)

(a) Definitions. As used in this provision,

"Controlled substance" means a controlled substance in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812)and as further defined in regulation at 21 CFR 1308.11 - 1308.15.

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance.

"Drug-free workplace" means the site(s) for the performance of work done by the Contractor in connection with a specific contract at which employees of the Contractor are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance.

"Employee" means an employee of a Contractor directly engaged in the performance of work under a Government contract.

"Directly engaged" is defined to include all direct cost employees and any other Contractor employee who has other than a minimal impact or involvement in contract performance.

"Individual" means an offeror/contractor that has no more than one employee including the offeror/contractor.

(b) By submission of its offer, the offeror, if other than an individual, who is making an offer that equals or exceeds $25,000, certifies and agrees, that with respect to all employees of the offeror to be employed under a contract resulting from this solicitation, that, it will-- no later than 30 calendar days after contract award (unless a longer period is agreed to in writing), for contracts of 30 calendar days or more performance duration; or as soon as possible for contracts of less than 30 calendar days performance duration, but in any case, by a date prior to when performance is expected to be completed--

(1) Publish a statement notifying such employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

(2) Establish an ongoing drug-free awareness program to inform such employees about-

(i) The dangers of drug abuse in the workplace;

(ii) The Contractor's policy of maintaining a drug-free workplace;

(iii) Any available drug counseling, rehabilitation, and employee assistance programs; and

(iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(3) Provide all employees engaged in performance of the contract with a copy of the statement required by subparagraph (b)(1)of this provision;

(4) Notify such employees in writing in the statement required by subparagraph (b)(1) of this provision, that as a condition of continued employment on the contract resulting from this solicitation, the employee will--(i) Abide by the terms of the statement; and (ii) Notify the employer in writing of the employee's conviction under a criminal drug statute for a violation occurring in the workplace no later than 5 calendar days after such conviction;

(5) Notify the Contracting Officer in writing within 10 calendar days after receiving notice under subdivision (b)(4)(ii)of this provision, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee; and

(6) Within 30 calendar days after receiving notice under subdivision (b)(4)(ii) of this provision of a conviction, take one of the following actions with respect to any employee who is convicted of a drug abuse violation occurring in the workplace:

(i) Take appropriate personnel action against such employee, up to and including termination; or

(ii) Require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

(7) Make a good faith effort to maintain a drug-free workplace through implementation of subparagraphs (b)(1) through (b)(6) of this provision.

(c) By submission of its offer, the offeror, if an individual who is making an offer of any dollar value, certifies and agrees that the offeror will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the performance of the contract resulting from this solicitation.

(d) Failure of the offeror to provide the certification required by paragraphs (b) or (c) of this provision, renders the offeror unqualified and ineligible for award. (See FAR 9.104-1(g) and 19.602-1(a)(2)(i).)

(e) In addition to other remedies available to the Government, the certification in paragraphs (b) or (c) of this provision concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001. By signature hereon, or on an offer incorporating these Representations, Certifications, and Other Statements of Offerors, the offeror certifies that they are accurate, current, and complete, and that the offeror is aware of the penalty prescribed in 18 U.S.C. 1001 for making false statements in offers.

Date of Offer: _____
Name of Offeror: _____
Typed Name and Title: _____
Signature: _____
Date: _____

ORGANIZATIONAL CONFLICTS OF INTEREST REPRESENTATION

1. (a) The contractor represents, to the best of its knowledge and belief, that the award to it of this Task Order to provide support services under the Task Proposal for _____, under Contract# _____ does ( ) or does not ( ) involve an organizational conflict of interest:

   (b) The term "organizational conflict of interest" means that a relationship exists whereby an offeror or a contractor (including its chief executives, directors, proposed consultants or subcontractors) has interest which (A) may diminish its capacity to give impartial, technically sound, objective assistance and advice or may otherwise result in a biased work product, or (B) may result in an unfair competitive advantage: It does not include the normal flow of benefits from the performance of a contract.

   (c) The term "Contractor" means any person, firm unincorporated association, joint venture, partnership, corporation or affiliate thereof, which is a party to a contract with the United States of America. As used in this definition, the term "affiliate" has the same meaning as provided in FAR 19.101.

2. If the contractor indicates that there are organizational conflicts of interest in the "Organizational Conflicts of Interest Representation", the contractor shall provide a statement which describes in a concise manner all relevant facts concerning any present or current planned interest (financial, contractual, organizational, or otherwise) relating to the work to be performed in the proposed Contract bearing on whether the contractor has a possible organizational conflict of interest with respect to being able to render impartial, technically sound; and objective assistance or advice, or bring given an unfair competitive advantage. The contractor may also provide relevant facts that show how its organizational structure and/or management systems limit its knowledge of possible organizational conflicts of interest relating to other divisions or sections of interest of the organization and how that structure or system would eliminate or neutralize such organizational conflict.

Firm: _____
Signature: _____
Name: _____

OMB Control No. 0412-0520; Expiration Date: 08/31/2000

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)		**2. Contractor's Name**	
3. Employee's Address (include ZIP code)		**4. Contract Number**	**5. Position Under Contract**
		6. Proposed Salary	**7. Duration of Assignment**
8. Telephone Number (include area code)	**9. Place of Birth**	**10. Citizenship (*If non-U.S. citizen, give visa status)***	

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment

12. EDUCATION (include all college or university degrees)				**13. LANGUAGE PROFICIENCY**		
NAME AND LOCATION OF INSTITUTION	MAJOR	DECREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

14. EMPLOYMENT HISTORY 1. Give lasts three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment. 2. Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (mm/dd/yyyy)		Annual Salary
		From	To	Dollars/Local Currency

15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (mm/dd/yyyy)		Days at Rate	Daily Rate Dollars/Local Currency	
		From				To

16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee	Date

Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts

Signature of Contractor's Representative	Date