



USAID
FROM THE AMERICAN PEOPLE

Issuance Date: May 15, 2007
Closing Date: June 11, 2007
Closing Time: 10:00 AM Local time

***SUBJECT: RFTOP GH-OHA-05-07-001 IQC TASK ORDER FOR BIDDING ON
Global Health Monitoring and Evaluation***

Dear TASC3-Global Health Contractors,

USAID is competing a 18-month cost plus fixed fee task order under the referenced IQC. A single award is contemplated. The fair opportunity procedures utilized are in accordance with Section F.5 in the TASC3 contracts.

Please review Section X - INSTRUCTIONS FOR PROPOSAL PREPARATION for a list of submission requirements and instructions. Please submit the required information to: Lindsay Dawson by **June 11, 2007 at 10:00 a.m.** Please provide one original and five copies of the technical proposal, and one original and one copies of the cost proposal. In addition, please submit electronic copies of both the proposals on CD-ROM with the applications.

Mail/hand-carry proposals to:

Lindsay Dawson
United States Agency for International Development
Office of Acquisition and Assistance, RRB, 7.09-064
1300 Pennsylvania Avenue, NW
Washington, D.C 20523-7803

Regarding any questions, please contact Christopher Frost may be contacted by email at cfrost@usaid.gov or by telephone at (202) 712-1676. The question period ends on Monday, May 21, 2007 at 5 pm Eastern time.

I wish to emphasize that this letter does not obligate USAID to execute a Task Order, nor does it commit USAID to pay any cost incurred in the preparation and submission of the foregoing.

Sincerely,

Lisa Bilder
Contracting Officer
M/OAA/GH/OHA

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TASK ORDER PROPOSAL REQUEST

I. TITLE: Monitoring and Evaluation Task Order Proposal Request

II. BACKGROUND

USG Foreign Assistance Framework

The USG strategy for development and foreign assistance has the overall goal of “helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system.” As part of this goal, the new Foreign Assistance Framework (FAF) identifies *Investing in People* as one of five priority objectives. By *Investing in People*, the USG will “help nations achieve sustainable improvements in the well-being and productivity of their populations through effective and accountable investments in education, health, and other social services.”

The *Investing in People* health program area includes eight program elements: HIV/AIDS, Tuberculosis (TB), Malaria, Avian Influenza (AI), Other Public Health Threats, Maternal and Child Health (MCH), Family Planning and Reproductive Health (FP/RH), and Water Supply and Sanitation. In recognition of the essential role of strategic information in effective and sustainable health investments, the FAF health program area includes two related sub-elements: 1) Host Country Strategic Information Capacity and 2) Program Design and Learning. The scope of this task order falls within these two sub-elements.

USAID Bureau for Global Health

USAID programs in global health represent the commitment and determination of the US government to prevent suffering, save lives, and create a brighter future for families in the developing world. USAID's commitment to improving global health includes confronting global health challenges through improving the quality, availability, and use of essential health services. USAID's objective is to improve global health, including child, maternal, and reproductive health, and the reduction of abortion and disease, especially HIV/AIDS, malaria, and tuberculosis.

The Bureau for Global Health (GH) supports field health programs, advances research and innovation in selected areas relevant to overall Agency health objectives, and transfers new technologies to the field through its own staff work, coordination with other donors, and a portfolio of grants and contracts with an annual budget in excess of \$1.8 billion. Global health issues have global consequences that not only affect the people of developing nations but also directly affect the interests of American citizens.

In addition to programming within the eight Health elements, the Bureau for Global Health implements the following Presidential Initiatives and international partnerships:

The President's Emergency Plan for AIDS Relief

On January 28, 2003, President Bush introduced the Emergency Plan for AIDS Relief (PEPFAR), a five-year, \$15 billion initiative to turn the tide in combating the global HIV/AIDS pandemic. Specifically, the initiative is intended to:

- Treat 2 million HIV-infected people: Capitalizing on recent advances in ARV treatment, this initiative will be the first global effort to provide advanced antiretroviral treatment on a large scale in the poorest, most affected countries.
- Prevent 7 million new infections (60% of the projected new infections in the target countries): The initiative will involve large-scale prevention efforts, including the prevention of HIV transmission through unsafe medical injections and blood transfusions, and mother to child HIV transmission.
- Care for 10 million HIV-infected individuals and AIDS orphans: The initiative will provide a range of care, including support for orphans and other children made vulnerable by HIV/AIDS.

President's Malaria Initiative

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).

International Partnership on Avian and Pandemic Influenza

A new avian (bird) influenza virus – influenza A/H5N1 – is spreading through bird populations across Asia, Africa, and Europe, infecting domesticated birds, including ducks and chickens, and migratory birds. Avian influenza is a bird disease; however, since 2003 more than 200 people worldwide have been infected by the H5N1 virus, and more than half have died. Most human infections to date have resulted from direct contact with infected birds. There is concern, however, that if the H5N1 virus develops the ability to transfer easily between humans it could spread quickly around the world, potentially causing a human influenza pandemic.

Strategic Information/Monitoring and Evaluation

USAID has long recognized that the timely collection, analysis and use of reliable demographic and health data are crucial for planning, monitoring, and evaluating health programs. Over the past three decades, USAID has sponsored a range of data collection activities from large stand-alone national survey programs, such as the Demographic and Health Survey (DHS) Program, to limited collection of data for impact studies within GH

or mission bilateral projects. Data collected have included population-based data gathered through censuses and demographic and health surveys; facility-based data; data to monitor program performance or test interventions through operations research and special studies; surveillance data to monitor disease prevalence; and routine health systems data to monitor and better understand health service utilization, provision, and cost.

Since 1997, the USAID Bureau for Global Health has undertaken activities to improve information use for policy, planning, and practice and strengthened the capacity of health systems to conduct data collection, analysis, information use and decision making. USAID, along with its partners, has made substantial progress in developing the capacity of local organizations and Ministries of Health to establish, manage, and sustain these activities. These activities have been developed on the premise that *generating demand for and improving the use of* data in policy formulation, program planning, monitoring and evaluation improves health services and consequently, health outcomes. This request for task order proposal expects to build on these existing infrastructures and continue current efforts to strengthen the capabilities of individuals and institutions to collect, analyze, and use information in support of the scale-up of sustainable and quality health programs. The focus will be on:

- identifying potential data users and increasing their demand for health data;
- working with data users to build a demand for information and to define the essential health data to collect;
- determining the most appropriate data collection approaches, routine and non-routine, to use;
- providing support for the design of an overarching monitoring and evaluation plan for countries and for assessing costs for implementing the plan;
- developing innovative approaches for collecting better data including those using new technologies and lower-cost methodologies;
- translating data into information that informs program planning and policymaking;
- packaging data in forms that best meet users' needs;
- disseminating information and improving its use in influencing policy and improving program planning;
- facilitating use of data by ensuring that data users are included in the data collection, analysis and dissemination process; and
- building the capacity of data users and producers in all of these areas.

III. STATEMENT OF WORK

A. Objectives

This task order is intended to focus on the following objectives, and is contingent on the availability of funding through the USAID Bureau of Global Health and Field Missions:

It will improve the collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, and health and nutrition programs through:

1. Increased user demand for quality information, methods, and tools, and facilitation of information use in decision making.
2. Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.
3. Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest.
4. Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.
5. Increased availability of population, health, and nutrition data, analyses, methods and tools.

B. Countries

USAID anticipates that the five Tasks outlined above will be implemented in all geographic regions, including Africa, Asia/Near East, Europe and Eurasia, and Latin America and the Caribbean. However, the actual location of work will depend mainly on mission demand and the level of Mission funding. It is anticipated that the majority of the work will be implemented in the fifteen focus countries of PEPFAR which are Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia. It is expected that the scope of activities implemented in individual countries will fall within any combination of one or more of the eight Health program elements. Additionally, under this Task Order, the Contractor is encouraged to award sub-contracts to local firms where possible.

C. Specific Tasks

Task 1: Increased user demand for quality information, methods, and tools, with increased facilitation of use of health, population and nutrition data.

Demand for data is often informed by the need (and/or motivation) and the ability to use data to guide program planning and management, decision-making and policy-making. Facilitating data use requires an understanding of the constraints to data use at different levels of the system. The constraints include but are not limited to (i) inadequate knowledge of how data could be used; (ii) unavailability of or lack of access to relevant data; (iii) a lack of skills and knowledge of data analysis, interpretation and presentation; and (iv) lack of motivation to use data. In addition to individual user's constraints there are structural or system constraints which might be cultural, political, and gender related. Careful analyses of all of the constraints to data use will be key to developing strategies for overcoming them.

To promote data use for policymaking, program planning, and management, several steps will be taken. These include providing assistance in translating data into relevant

information, presenting this information to the intended target audience and working with data users to help them actually use the data. As with other aspects of the task order scope of work, this process will require the formation of partnerships early on to facilitate broad and multiple end uses of generated data and information. Any programmatic efforts, therefore, to increase the demand for data would include increasing stakeholders' knowledge of how data could be used as well as their ability to use the data to enhance planning, management and decision-making.

While an increase in the knowledge of how data could be used could motivate the demand for data, the actual demand for data might be inhibited by several factors that include non-involvement of data users in the identification and prioritization of data needs, lack of the sense of ownership of the data and obstacles in the flow of information systems. Understanding both the perceived and real constraints will enable better development of data systems and tools that will meet and increase user demand as well as ensure ownership of the data and thus future use.

Activities under Task 1 will highlight the significance of increasing user demand for data and the use of the generated data, methods, and tools for evidence-based program planning, policymaking, and management. A strategic approach is needed to increase user demand for data and information. It is essential that the contractor work closely with those involved in technical implementation and data collection when implementing the approaches for increasing user demand for data. This will mean coordinating with other relevant USAID partners, PVOs/FBOs/NGOs, other donor agencies, or host-country counterparts who are engaged in collecting data. The contractor will also strive to understand the perceptions, constraints, and stigmas that inhibit data demand that might include those listed above.

The role and responsibilities of the contractor in achieving this task will largely depend on the context of specific activities. When facilitation of data use is closely aligned with an activity such as implementation of a program monitoring system, the contractor would have the responsibility to ensure that users have the technical skills to translate emerging data into project planning and performance assessment and other decision-making activities. In other instances, however, its responsibility may be largely that of coordinating with others and ensuring that data are made available to host country partners, other CAs, NGOs, stakeholders or other donors who will carry forward with facilitating data use. An important aspect of facilitating data use for the task order will be to link in-country data users with other GH CAs, donor organizations, PVOs, FBOs, NGOs, and advocacy and policy groups.

Illustrative Activities

- Promote the expanded implementation of data collection, analysis, and use strategies, including: dissemination of data collection, analysis, and use materials; participation in collaborative networks for data collection, analysis, and use; and documenting results of improved data use.
- Design and implement evaluations on the impact of data collection, analysis, and use activities.

- Expand the use of tools and approaches for data collection, analysis, and use through the documentation of best practices and provision of guidelines on the use of M&E data and health information.
- Support the implementation of tools and approaches for data collection, analysis, and use in priority country activities.
- Facilitate and expand the use of HIV/AIDS data and information by providing M&E units and program managers at the national and local levels, PEPFAR officers, and implementing partners with guidance for using commonly collected HIV/AIDS data.
- Provide technical assistance to country teams to improve the demand for and use of quality information on population, health, and nutrition.
- Provide technical assistance for targeted evaluations, including the collection and entry of high quality data, analyses, and report writing.
- Facilitate the use of data from targeted evaluations by working with local stakeholders to interpret results and inform the decisions of program implementers and policy makers.

Task 1 Level of Effort. For the purposes of this bid, Offerors should:

- Assume that up to 20 FTE will be dedicated to completing field-support related activities over 18 months under Task 1.
- In addition, assume that up to five FTE will be dedicated to completing core activities over 18 months under Task 1.
- Assume that the approximately 25 FTE employees will spend, on average, one-fifth of their time traveling, with the following number of 15 day trips: 91 in Africa, 23 in Asia and the Near East, and 23 in Latin America and the Caribbean. Note that field-related activities will require a larger percentage of travel than core-related activities.

Task 2: Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.

The increasing demand for data is paralleled by an equally increasing demand for public health professionals with Population, Health and Nutrition (PHN) program monitoring and evaluation knowledge and skills. Currently, there is a shortage of PHN individuals in developing countries with the skills to collect, analyze, interpret and use data and there are few training and educational institutions in these countries that offer either formal or informal training opportunities in M&E of public health programs. In institutions where training does exist, traditional teaching methods often use a didactic approach that is little suited to teaching the application of new skills, thereby decreasing the effectiveness of the training. In addition, trainees typically have inadequate opportunities to apply newly acquired skills and knowledge when they return to their place of work. Ongoing individual mentoring and institutional support, which are critical components of successful training programs, are lacking. The inadequacy of both theoretical and applied

M&E educational and training opportunities has resulted in insufficient numbers of trained monitoring and evaluation specialists in the health sector.

Host-country partners and other major donor agencies are recognizing the shortage of well-prepared monitoring and evaluation professionals and are speaking out on the tremendous need for capacity building. The challenge is how to create this capacity, modeling innovative and cost effective training methods in adequate numbers in a resource poor environment.

The contractor will build sustainable host-country capacity to identify data needs and collect, analyze, and present data for use in advocacy, planning, policymaking, managing, and monitoring and evaluation of population, health, and nutrition programs. It is important that capacity building content covers the full range of monitoring and evaluation concepts and skills and addresses the important areas of generating user demand, making data available, and facilitating their use. Also, it is desirable that capacity building content includes the introduction and effective use of both newly developed and existing tools and methods.

The contractor will address capacity building at both the institutional and individual levels. A measure of the success of this task will be that individual beneficiaries of capacity building efforts are strategically placed within host country and international partner institutions such that the new M&E skills and knowledge gained through training and educational opportunities are optimally applied in the work place. In keeping with development goals, the ultimate objective for capacity building and institutional development activities is the achievement of sustained capacity by partner institutions to independently provide monitoring and evaluation technical assistance and training in the absence of USAID assistance. A key development in achieving progress toward sustained capacity will include resource mobilization to sustain financing of monitoring and evaluation activities and capacity building in host countries.

Illustrative Activities

- Implement training programs on M&E of PHN and HIV/AIDS programs with host-country partners, and develop distance learning and appropriate training tools/resources.
- Respond to country and mission capacity building needs in monitoring and evaluation, data-driven decision making, and health information systems.
- Document best practices and lessons learned in capacity building related to M&E of PHN and HIV/AIDS programs.
- Develop and disseminate curriculum for M&E Capacity-Building Workshops to assist the implementation of in-country and regional M&E workshops.
- Conduct regional and in-country workshops on M&E (including impact evaluation) of PHN and HIV/AIDS programs.
- Increase, in a cost-effective way, the number of Master's level individuals trained in M&E of PHN and HIV/AIDS programs in the Latin America/Caribbean, Africa, and Asia/Near East regions.

Task 2 Level of Effort. For the purposes of this bid, Offerors should:

- Assume that up to 23 FTE will be dedicated to completing field-support related activities over 18 months under Task 2.
- In addition, assume that up to 10 FTE will be dedicated to completing core activities over 18 months under Task 2.
- Assume that the approximately 33 FTE employees will spend, on average, one-fifth of their time traveling, with the following number of 15 day trips: 107 in Africa, 27 in Asia and the Near East, and 27 in Latin America and the Caribbean. Note that field-related activities will require a larger percentage of travel than core-related activities.

Task 3: Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest.

The contractor will collaborate and coordinate its activities, as appropriate, at all levels of the health system and internationally with host-country partners, USAID/CAs, non-governmental organizations, implementing partners of bilateral and multilateral agencies and with its USAID partners (Field, Regional and Global levels).

Collaboration and coordination are even more important now than in the past as data needs are expanding due to the increasing emphasis on data-based decision-making; demonstration of program results; and new areas of program interventions, such as infectious disease, crisis response, and poverty reduction to name a few. In addition, data are needed at many different levels, sub-national, national and global, and by a multitude of partners with very different objectives for data use. Frequently a variety of different users require data on the same programmatic areas. Collaboration and coordination among data users and providers are critical to ensure comparability of data within and across national borders, to more effectively make use of scarce resources for monitoring and evaluation, and to reduce the burden on host countries resulting from a variety of actors with similar data needs. Efficiency in efforts to obtain and communicate health, population and nutrition data will be improved by intentional and strategic efforts to collaborate and coordinate in achieving this task.

Illustrative Activities:

- Provide leadership and participate in USG and global networks, including Roll Back Malaria Monitoring and Evaluation Reference Group (MERG), UNAIDS MERG, Health Metrics Network, RHINO, and PHN and PEPFAR CAs M&E Working Groups.
- Provide technical leadership in multi-partner information initiatives related to monitoring and evaluation.
- Moderate global listservs related to M&E topics within population, health, and nutrition.
- Respond to M&E technical support requests from the Global Fund.

Task 3 Level of Effort. For the purposes of this bid, Offerors should:

- Assume that up to one FTE will be dedicated to completing field-support related activities over 18 months under Task 3.
- In addition, assume that up to three FTE will be dedicated to completing core activities over 18 months under Task 3.
- Assume that the approximately four FTE employees will spend, on average, one-fifth of their time traveling, with the following number of 15 day trips: one in Africa, one in Asia and the Near East, one in Latin America and the Caribbean, and four in Geneva.

Task 4: Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.

This task is essential to address the ever-expanding requirements for data to inform policy, planning, and management decisions in the public health sector of the developing world. Data needs are quickly increasing at sub-national levels due to decentralization of health care systems. Fragile, outdated or non-existent routine health information and vital registration systems compound the problem. Additionally, global initiatives require the ability to aggregate national data to the global level and to compare data across countries and regions. Thus, this task focuses on monitoring and evaluation issues ranging from local area PHN programs, through to sub-national, national, and global levels.

Activities under this task are at the core of the technical work of the this task order, and will involve addressing significant long-standing and emerging M&E methodological gaps by providing cost-effective, reliable methods and tools for application in the field, including strengthening design and implementation of RHIS to provide quality and timely information. Activities may include conducting formative and impact evaluation in USAID priority PHN areas, i.e. health system performance. As with all the tasks listed in this task order, an understanding of the needs of data users should guide the design and implementation of the information gathering process. Furthermore, it is desirable that collaboration and coordination as appropriate would occur in achieving this task.

Over the years, and given urgent data needs and the lack of reliable information systems, survey methods have been relied upon to provide critical data. The challenge will be to design (or re-design), and implement methods to systematically provide valid, reliable and cost-effective data. A separate challenge is to meet the need for rapid, flexible and cost-effective data collection methods, while keeping in mind the ultimate objective of providing information that is responsive to end-users' needs. Survey methods continue to have importance but, in the interests of developing an information culture in the developing world, should not always be the primary source of data.

Illustrative Activities:

- Provide technical leadership in using demographic surveillance, verbal autopsy, and other mortality data to monitor and measure vital events and causes of death in low-resource settings with a focus on AIDS, malaria, and birth outcomes.

- Develop tools and collect, analyze, and present data to promote better use of data in planning, policy making, managing, monitoring, and evaluating PHN programs. (The contractor will do these for the general population and the most-at-risk populations)
- Assist host-country partners and missions to use M&E results and field experiences to improve RHIS system performance and decision-making.
- Develop tools and provide technical assistance to strengthen the monitoring and evaluation of PHN and HIV/AIDS programs.
- Develop tools to assess the quality of data generated and reported as program indicators.
- Provide technical assistance to country and regional missions in monitoring and evaluating PHN programs, including the development and use of performance monitoring plans (PMP) and databases.

Task 4 Level of Effort. For the purposes of this bid, Offerors should:

- Assume that up to eight FTE will be dedicated to completing field-support related activities over 18 months under Task 4.
- In addition, assume that up to 10 FTE will be dedicated to completing core activities over 18 months under Task 4.
- Assume that the approximately 18 FTE employees will spend, on average, one-fifth of their time traveling, with the following number of 15 day trips: 41 in Africa, 10 in Asia and the Near East, and 10 in Latin America and the Caribbean. Note that field-related activities will require a larger percentage of travel than core-related activities.

Task 5: Increased availability of population, health, and nutrition data, analyses, methods and tools.

Increasing the availability of health data in appropriate formats is an important first step in facilitating the use of these data for program planning and policymaking.

Increasing availability of data and information (i.e., presenting data and other project products in forms that are acceptable, understandable, and useful to identified user groups) requires an understanding of the constraints on increased availability/access by potential as well as current user groups and is critical to achieving the desired behavioral change of moving to a culture of information use. In addition to physical access, factors constraining availability include, among others: timeliness of reporting and user attributes such as technical skills, knowledge and understanding, educational background, socio-economic factors, gender, language, cultural beliefs and practices. A lack of pro-active planning for data and product availability can also be attributed to the different paradigms operating within the scientific community that contribute to a lack of coordination and collaboration. The appropriateness of the proposed dissemination format, media, and channels of distribution (i.e., mass media, internet, mailing, conferences etc.) also must be taken into account in attempting to overcome these availability constraints.

Illustrative Activities:

- Provide missions with customized and culture-sensitive strategies to disseminate materials relevant to their work.
- Publish materials, including journal articles and fact sheets, on data collection tools and approaches, available data and monitoring and evaluation resources in the focus countries.
- Provide technical assistance to host-country partners on the collection, analysis and use of qualitative data to understand the population, health and nutrition practices.
- Develop or document existing guides and tools on monitoring and evaluating PHN programs and disseminate to missions and host-country partners;
- Organize regional and country level trainings on monitoring and evaluating PHN programs including the development of tools and approaches, data collection, data analysis, data dissemination and report writing.
- Collaborate with other data generation organizations including CDC, WHO, UNAIDS, World Bank to facilitate data demand and use at the country level.

Task 5 Level of Effort. For the purposes of this bid, Offerors should:

- Assume that up to five FTE will be dedicated to completing field-support related activities over 18 months under Task 5.
- In addition, assume that up to eight FTE will be dedicated to completing core activities over 18 months under Task 5.
- Assume that the approximately 13 FTE employees will spend, on average, one-fifth of their time traveling, with the following number of 15 day trips: 26 in Africa, 6 in Asia and the Near East, and 6 in Latin America and the Caribbean. Note that field-related activities will require a larger percentage of travel than core-related activities.

IV. PRODUCTS / DELIVERABLES

- Submission of work plans for obligated funds within 30 days of initial award; for subsequent fiscal years or funding obligations, work plans are to be submitted by September first of each year, or within 30 days of receipt of field supported incremental funding. Work plans must include activities, benchmarks, indicators, targets, timelines and budgets.
- Submission of a monitoring and evaluation plan within 90 days of the initial award.
- Submissions of a mid year report by March 30 and an annual report by October 30 of each year.
- Submission of data for USAID portfolio reviews annually including results, challenges/issues and pipeline information at a date to be determined by USAID (usually during the first two months of each fiscal year).
- Submission of consultant or staff reports within 30 days after the completion of each TA visit.
- Final documents or reports for all special studies or analysis. Deadlines for submission to be determined in the workplan for these activities.

V. GEOGRAPHIC CODE:

The authorized geographic code for procurement of goods and services under this order is 935.

VI. REPORTING REQUIREMENTS:

The Contractor will adhere to all reporting requirements listed below. All reports shall be submitted by the due date for approval of the USAID Cognizant Technical Officer (CTO) (s) designated by the USAID Contracts Officer. Additional reports requiring review and clearances, when necessary, are listed under each requirement. The Contractor will consult the CTO on the format and expected content of reports prior to submission.

A. Financial Reporting

Financial reporting requirements will be in accordance with 22 CFR 226.

B. Performance Monitoring and Reporting

The Contractor shall submit, in English, one electronic version and two hard copies (an original and one copy) of the following reports to the USAID/Washington CTO.

1. Required Plans

Annual Work Plan and the Monitoring and Evaluation Plan: The Contractor will submit both a final Work Plan and a Monitoring and Evaluation Plan within 30 days after the signing of the Task Order contract. Work Plans are expected to be developed in collaboration with relevant partners and should describe: the timeframe and sequence of all activities; all targets and anticipated results; and milestone performance indicators against which the contractor will be measured.

2. Required Reports

Quarterly Performance Reports: The Contractor will submit Quarterly Performance Reports to the CTO to document major actions taken during the reporting period. These reports will be due to the CTO no later than the tenth working day after the end of the quarter. These reports should cover all activities proposed in the Annual Work Plan and be congruent with the Monitoring and Evaluation Plan. The Quarterly Report will include at minimum the following information:

- Summary of activities and achievements since last report;
- Update on resolution of issues raised in previous reports;
- New problems encountered and proposed solutions;
- Anticipated activities/plan for next quarter;
- Progress toward results; and
- Financial reports including accrued expenditures against budget elements, pipeline, funds remaining and planned expenditures (one original financial

report will also be submitted to the USAID/Controller's office on a quarterly basis).

Trip Reports: Trip reports for core-funded technical assistance (see deliverables above).

Baseline and Results Reports: Baseline and results reports for annual USAID portfolio reviews (see deliverables above).

Final Task Order Report: This 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:

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

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: docsubmit@dec.cdie.org
<http://www.dec.org>

C. Distribution of reports:

Reports required as described in this section will be sent to CTO(s) and/or designates. Reports and intellectual products required above will also be submitted in electronic format and hard copy to USAID Development Experience Clearinghouse at the above address.

VII. PERIOD OF PERFORMANCE:

Eighteen months from date of award.

VIII. TECHNICAL DIRECTION AND RELATIONSHIPS

The CTO authority for this Task Order shall be specified by the USAID Contracting Officer in the CTO designation letter, a copy of which will be provided to the contractor. This activity will be managed by the USAID GH/OHA. USAID may conduct a mid term or final evaluation or management review of this Task Order if necessary.

IX. USAID BRANDING

The Contractor is expected to follow USAID guidelines on USAID branding which is outlined in the USAID “Graphic Standards Manual” and available on the USAID website at: www.usaid.gov/branding.

X. INSTRUCTIONS FOR PROPOSAL PREPARATION

The proposals should include the following information:

A. Technical Proposal

The applicant should submit an electronic copy, one original and seven hard copies of the technical proposal, and an electronic copy, one original, and one hard copy of the cost proposal in accordance with the specifications listed below.

The technical proposal should be no longer than 30-pages maximum (excluding the cover page, executive summary, resumes, and other appendices) including all tables and figures with text in 12 Times New Roman point font, on 8 1/2” by 11” paper with one inch margins.

An outline format using lists and/or matrices, whenever possible, is recommended. Applicants should retain for their records one copy of the Proposal and all enclosures that accompany their Proposal. Erasures or other changes must be initialed by the person signing the Proposal.

The Technical Proposal shall be prepared using the following format:

1. Cover Page -Title, name of organization(s) submitting Proposal, contact person, telephone and fax numbers, address, and e-mail. (1 page)
2. Executive Summary (not to exceed 2 pages) - Briefly describe the proposed activities, goals, purposes, and anticipated results. Briefly describe technical and managerial resources of your organization. Describe how the overall program will be managed.
3. Narrative (not to exceed 30 pages) - The narrative section of the proposal should reflect the tasks outlined in Section III, and should contain the following elements:

a. Technical Approach (recommended length 20 pages):

The Offeror should provide a comprehensive discussion of its technical approach and propose effective, efficient strategies and lines of work for achieving USAID's objectives for this task order and implementing the tasks (1 – 5) outlined in Section III. The Offeror should demonstrate a thorough understanding of how to achieve these objectives (and deliverables) in the context of building M&E capacity and providing M&E technical assistance in developing countries and transitional countries as outlined throughout this task order; the Offeror should also express how the proposed program is appropriate within the context of the USG and international PHN programs. The technical approach should also demonstrate the application of innovative M&E tools and lessons learned from other programs, and clearly describe how local expertise, partners and resources will be used to enrich the overall success of activities and support the creation of regional and developing country expertise. Additionally, the Offeror should address how the program will reach the stated objectives within the performance period, and should include a realistic timeline for project start-up.

b. Staffing Plan (recommended length 5 pages):

The Staffing Plan should present a clear and efficient organization structure for accomplishing all aspects of project implementation, and specify the composition and qualifications of the entire project team - including a Project Director as key personnel, core staff and any other proposed members of the project team.

For the project director and core staff, the following information should be provided in an annex for each individual who will perform directly under this task order: Name, Position Title, Level of Effort, and CV(s). For project director, provide a minimum of three references, signed letters of commitment, and the date the proposed individual is available to begin work on site. Please note that each contractor should determine the most appropriate positions for the core project team personnel other than those listed.

Key Personnel: Project Director

The Project Director will provide technical leadership and managerial oversight for the task order, and ensure timely implementation and reporting of activities. The Project Director will liaise with other organizations in order to ensure coordination of this task order with activities being undertaken by other partners. The CV of the proposed project director and any other proposed key personnel should be included as an Annex. At a minimum, the Project Director shall have:

- A Master's degree in health sciences, demography, or a related advanced degree;

- Extensive experience in the field of M&E of PHN programs specifically as it relates to HIV including at least 3 years of experience working in these types of programs in developing countries;
- At least 5 years of experience working with public health programs in developing and transitioning countries;
- Demonstrated skills and experience managing a program of similar magnitude and complexity;
- Excellent communication skills, demonstrated leadership, and the ability to work collaboratively across technical disciplines.

Core Staff

The Offeror should propose up to 25 core long and short-term staff and consultants as appropriate to carry out the SOW and based on the Offerors proposed approach. The initial proposed roster should be illustrative of the caliber and range of expertise, and who address the most critical skill areas necessary for fulfilling this RFTOP and should be included in the proposal body. Preference will be given to applications that propose staff and consultants with experience providing M&E technical expertise to PHN and HIV programs. The Offeror should propose a combination of headquarters, regional, and/or international staff and consultants.

In addition, the Offeror should provide a matrix (included in an annex) of these core proposed staff and consultants. The matrix should provide the following information: Name; Functional Labor Category; Task Area of expertise; estimated Level of Effort; whether they are full-time, part-time or consulting; education; language skills; and developing country experience.

c. Organizational Capacity and Management (Written, recommended length 3 pages)

The Applicant should propose an organizational structure to address the breadth, depth, and technical areas required to successfully undertake this Task Order. The Offeror should describe how the tasks will be organized and managed to minimize non-productive costs to the government and how the contractor will utilize the complementary capabilities of any proposed sub-contractors most effectively and efficiently. Applicants should describe how lines of authority will be managed within their own organization and between the Offeror and any sub-contractors. The management plan should clearly discuss the mechanisms to be employed by the Offeror to develop, manage, and maintain the roster of staff and ensure the availability of qualified expertise. This plan should describe lines of communication and reporting, and how the Project Director will liaise with the USAID CTO, USAID Missions, and in-country staff. Offerors are encouraged to include an organizational chart in an Annex to the technical proposal.

This plan should include the following elements:

- Organizational chart with roles and responsibilities

- Lines of authority
- Procurement of goods and services, including travel and field operations
- Plans for rapid start up, including the first year plan and timeline for mobilization
- Management structure of all proposed partners, their roles and contributions.
- Financial management, reporting and cost containment
- Ways to ensure transfer of lessons among staff and partners from one country and activity to other related ones

d. Past Performance (Written - recommended length 2 pages)

The Offeror should describe past performance of the offeror, relevant to the task areas and work requested in the SOW. If sub-contractors are proposed, past performance information should also be provided for these sub-contractors (past performance references should be provided in an annex).

B. Cost Proposal

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

- a. Summary Cost Breakdown - Please provide a breakdown, by cost category and task area, of the anticipated costs of performing the work.
- b. Detailed level of effort and labor cost estimates must be submitted in accordance with the SOW. 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" personnel and professional staff. Offerors should use the USAID biographical data form. Describe the anticipated salary levels of other personnel that are reflective of salary requirements to recruit high quality personnel in host countries.
- c. Travel/Per Diem: While the countries still remain to be determined, the offeror should propose travel costs for both international and in-country work, that are appropriate based upon the offerors proposed use of local hire, regional and international staff and contractors. For each country proposed, provide an overall breakdown between per diem and airfare (as applicable).
- d. Other Direct Costs: Please provide a breakdown of all anticipated other direct costs (i.e., the amount, type, and unit cost), including workshops, training and commodities.
- e. Indirect Costs: Provide a breakdown for all anticipated costs for this line item (i.e., the amount, type, and unit cost).
- f. Fixed Fee

XI. EVALUATION CRITERIA FOR AWARD

The criteria listed below are presented by major category in order of descending importance, so that Applicants will know which areas require emphasis in applications. The sub-criteria within each major criterion should be considered of equal value for purposes of evaluation. These factors have been tailored to the requirements of this Task order to allow USAID to choose the highest quality proposal. These criteria identify the significant areas that Offerors should address in their proposals and serve as the standard against which all proposals will be evaluated. USAID will award a contract to the Offeror that is most advantageous to the Government, cost effectiveness, and other factors considered.

The Government intends to evaluate proposals and award a task order without discussions with applicants. However, the Government reserves the right to conduct discussions if later determined by the Contracts Officer as necessary. Therefore, each initial proposal should contain the Offeror's best terms from a cost or price and technical standpoint.

A. Technical Approach

1. Extent to which the proposed approach is logical, well-conceived and technically sound, reflects overall understanding of M&E issues in HIV and other PHN programs, and the best practices to address these issues.
2. Extent to which proposal presents a comprehensive approach toward achieving USAID's program objectives and the deliverables identified in this task order. Particular emphasis will be placed on the extent to which the proposed program is appropriate within the context of the USG and international PHN programs and presents a realistic approach to working in countries with very little capacity, and the extent to which the program supports the development of regional and developing country expertise.
3. Extent to which the proposal presents an approach to each of the key tasks that can be quickly and efficiently implemented, demonstrates the Offeror's ability to reach the stated objectives within the required period of performance, and includes a realistic timeline for project start-up.

B. Staffing Plan

1. Expertise of the Project Director in directing, managing, implementing, and evaluating large, complex projects and building capacity to use high quality M&E data for program management and policy formulation.
2. The extent to which the proposed core staff and consultants possess demonstrated expertise, skills and experience required to implement the full range of technical, field, and administrative tasks described in the SOW.

C. Organizational Capacity and Management

1. Extent to which the proposal presents a clear and efficient management plan and organizational structure for accomplishing all aspects of project implementation, with particular emphasis on the management of the roster of core staff and appropriate mechanisms for ensuring the availability of qualified expertise.
2. Merit, feasibility, and overall efficiency of management plan for accomplishing task implementation.

D. Past Performance

1. Demonstrated successful past performance in similar previous contracts/agreements, including HIV and other PHN programs, in the following areas: quality of work, timeliness of performance, quality of USG relations with the Offeror, and quality/performance of key personnel.

Adjectival Rating

USAID will award the contractor whose proposal(s) best addresses the SOW and represents the best value to the Government, all factors being considered. Proposals for each activity will be evaluated based on adjectival ranking for overall proposal and each section of the proposal respectively. The following adjectives will be used in assessing the criteria set forth: outstanding, very good, good, marginal, and unsatisfactory.