

DESCRIPTION/SPECIFICATIONS/STATEMENT OF WORK

Population, Health and Nutrition Technical Assistance and Support Contract Three (TASC3 – Global Health)

C.1 OBJECTIVE AND GENERAL DESCRIPTION OF THE CONTRACT

(a) The purpose of the Population, Health and Nutrition Technical Assistance and Support Contract, Three (TASC3) - Global Health is to establish a world-wide mechanism to support USAID Missions and Bureaus to implement Strategic Objectives that contribute to the Agency's goal to improve global health in the areas of population, health, nutrition, and infectious diseases, excluding HIV/AIDS research. TASC3-Global Health will continue and expand the worldwide mechanism established by the original TASC IQC and the subsequent TASC2 IQC. TASC3-Global Health shall provide the Agency with cost-effective access to technical expertise and implementation support to meet evolving USAID needs.

(b) TASC3-Global Health will work within the strategic frameworks of the USAID Missions and Bureaus. TASC3-Global Health's objectives are to:

(1) Provide USAID with access to technical expertise and implementation support in areas of population, health, nutrition, infectious diseases, and HIV/AIDS (excluding HIV/AIDS research) in support of Mission and USAID/Washington Strategic Objectives;

(2) Establish cost-effective implementation mechanisms by reducing administrative costs paid by Missions and USAID centrally funded activities;

(3) Customize technical consultations and program support to meet evolving USAID needs;

(4) Provide specialized services and expert assistance to programs that integrate multiple objectives;

(5) Reduce procurement time for Missions and Bureaus;

(6) Conduct and/or oversee comprehensive evaluations of population, health, nutrition, and infectious disease programs;

(7) Provide a mechanism to allow Missions with reduced management capacity to implement activities linked to their objectives;

(8) Allow USAID/Washington Regional Bureaus to assist USAID's "non-presence" countries.

(c) In pursuit of its goal, TASC3-Global Health will produce the following outputs:

(1) Engage in long-term, in-country coordination and implementation of population, health, nutrition and infectious diseases activities, excluding HIV/AIDS research, to meet Mission and Bureau strategic objectives and results;

(2) Provide short-term technical consultations and program implementation support;

(3) Disseminate information through seminars, workshops, conferences, and working papers;

(4) Increase capacity of host-country decision-makers and technical personnel to design and implement population, health, nutrition, and infectious diseases interventions;

(5) Augment technical and programmatic capacity available to USAID/Washington and Missions, and

(6) Conduct and/or oversee implementation of operations, applied research, and research and development activities, excluding HIV/AIDS research.

C.2 BACKGROUND AND RATIONALE

(a) BACKGROUND

The original TASC I IQC was awarded in 1998 under the Child Health Results Package (CHRP) authorization (936-3096). TASC became a successful and popular contracting mechanism within the Global Health Bureau as well as with USAID Missions in the field. It proved to be an effective and efficient means of delivering in-country services to Missions.

In FY 2001, it was determined that the CHRP authorization structure would be too restrictive for TASC2 to meet expected demand created by new Agency funding in HIV/AIDS and infectious diseases. TASC2 was moved into its own Activity Authorization Document (936-3106) and expanded to a Bureau-wide activity, thereby including Population and Reproductive Health, HIV/AIDS, and infectious disease activities in addition to its existing TASC I objectives. Three sectors of contracts were awarded under TASC2: Global Health; Tuberculosis, and Media/ Communications.

TASC3 will consist of two sectors. The Global Health Sector will continue the efforts of the TASC2 "Global Health" sector. The second sector will support operations and applied research in HIV/AIDS. Operations and applied research in other health and disease areas will fall under the Global Health sector.

(b) RATIONALE

For 40 years, USAID has worked to improve the quality of life for millions of people around the world through its global programs in family planning and reproductive health, infectious disease prevention and control, child survival, maternal health, and other life-saving areas. In FY 2004, the US Department of State and USAID issued a Joint Strategic Plan that included the social sector goal to “*Improve health, education, environment, and other conditions for the global population.*” In support of the Agency's goal, the Global Health Bureau (GH) operates under the following five Strategic Objectives:

1. Advance and support voluntary family planning and reproductive health programs worldwide;
2. Increased use of key maternal health and nutrition interventions;
3. Increased use of key child health and nutrition interventions;
4. Increased use of improved, effective and sustainable responses to reduce HIV transmission, and to mitigate the impact of the HIV/AIDS pandemic, and
5. Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance.

GH strategic objectives and programs strive to improve the availability, quality, and use of key interventions in family planning and reproductive health, maternal health, child survival, HIV/AIDS, and infectious diseases. Health system development, commodities and logistics, health research, health financing, environmental health, and integration of health interventions are important cross-cutting programs and activities.

TASC3-Global Health is designed to meet the need for cost-effective short- and long-term support to Missions and other Bureaus in the areas of population, health, nutrition, and infectious diseases (excluding HIV/AIDS research) by offering operating units the flexibility to procure customized services and the ability to operate quickly in emerging and expanding health initiatives.

C.3 SCOPE OF WORK

As requested under individual task orders, all contractors selected for TASC3-Global Health shall provide population, health, nutrition and infectious disease services, excluding HIV/AIDS research, to USAID Missions, the Global Health Bureau, and other USAID Bureaus and operating units. Through TASC3-Global Health, the Contractor also shall provide, as requested by Missions and other operating units, long- or short-term programmatic support and technical services to host country institutions (both governmental and non-governmental) to achieve the operating unit's population, health, nutrition, and infectious disease

objectives. Task orders issued by the requesting USAID operating unit will define the precise specifications and activity requirements.

(a) CONTRACTOR'S ROLE WITHIN TASC3-Global Health

TASC3-Global Health will provide a technical resource mechanism from which Missions and Bureaus may draw to meet broad-based or specific population, health, infectious disease, and nutrition support requirements, excluding HIV/AIDS research. Based on task order requirements, TASC3-Global Health Contractors may be expected to promote increased use of PHN services through service provision at the community, district, or national levels for delivery of services at all possible levels of a country's health system. Requests also may include, but are not limited to: policy reform, behavior change, monitoring and evaluation, system strengthening, capacity building, and commodity system management and development.

(b) DESCRIPTION OF FUNCTIONAL ACTIVITIES AND TASKS

The anticipated means for achieving results under TASC3-Global Health will be through separately awarded task orders. When a task order is placed under this contract, the Contractor shall be required to perform the functions and tasks within the framework of that task order. Contractor performance shall be evaluated against the performance indicators established in each task order.

Global Health Functional Areas. Illustrative Global Health sector activities that TASC3-Global Health Contractors are likely to be requested to perform are:

1. Service Delivery

- Provide state-of-the-art technical assistance to host governments or NGOs on improved service delivery programs and ways to increase access to services, applying lessons learned from other countries.
- Design, in collaboration with local partners, service delivery interventions that will deliver improved results.
- Coordinate and facilitate capacity-building programs in relevant technical areas.
- Support implementation of chosen interventions.
- Provide technical support to establish community or facility based programs.

2. Health Policy Reform

- Provide short and long term technical assistance to review and assess existing policies that may impede the success of PHN programs while also presenting policy data for decision making within various scenarios.
- Provide long-term advisors or teams to work with host country counterparts to draft appropriate policies to enhance the implementation and impact of PHN programs.

- Facilitate and promote policy dialogue through various forums, including conferences and meetings.
3. Community Mobilization and Individual Behavior Change
- Advise target groups on evidence-based behavior change activities and programs.
 - Design and implement, in collaboration with local partners, behavior change interventions that lead to measurable impact and results.
 - Coordinate and facilitate capacity-building programs for behavior change in health.
4. Monitoring and Evaluation
- Prepare assessments of existing activities that influence demand for services or household or community behaviors that affect PHN programs, including HIV/AIDS.
 - Conduct analyses and prepare assessments at all levels of existing service delivery activities.
 - Provide on-going monitoring and evaluation for specific programs and activities.
5. Capacity Building
- Increase technical skills and capability among in-country providers via short and long term training programs.
 - Design and or implement knowledge transfer to local in-country institutions.
6. Commodities System Management
- Conduct assessments of inventory management and warehouse information systems, identifying strategies for improvement, including recommending feasible computerized approaches based on system readiness.
 - Provide training to improve drug management capacity particularly at the lower levels of decentralized health systems, utilizing approaches that build the skills needed to address operational problems.
 - Assess warehousing and distribution systems and identify cost effective approaches that may include employing the private sector in lieu of exclusively relying on the public sector system.
 - Conduct analyses of expenditures for drug purchases to assess the relevance of drug selection decisions with regard to health priorities and potential health impact.

(c) MANAGEMENT OF TASK ORDER SUB-GRANTS

The size of sub-grants issued under individual task orders will be limited. Per USAID's Automated Directives System, ADS 302, when the Head of the Contracting Activity (HCA) provides written approval, the Contracting Officer may

enter into a contract that provides for a USAID-direct contractor to execute grants up to \$100,000 with U.S. non-governmental organizations (not-for-profits or for-profits), providing conditions in ADS 302 are met. This limitation does not apply to grants awarded to non-U.S. organizations.

(d) SEQUENCING OF SUPPORT

After contract award, the contract may also receive task orders funded by other US Government Agencies and/or donor entities, typically on a fully cost-reimbursement basis.

C.4 CONTRACT MANAGEMENT ELEMENTS

(a) CONTRACT MANAGEMENT

The primary point-of-contact for individual task orders is the designated Task Order Cognizant Technical Officer (TO CTO). The primary point-of-contact for each awarded TASC3 IQC is the Global Health Bureau CTO (GH CTO), who will be assisted by Technical Advisors and/or other staff from the participating GH Offices.

(b) CONTRACTOR STAFFING

The Contractor shall provide the necessary combination of permanent staff and consultants, office space and equipment to carry out the each awarded task order issued under this mechanism. The Contractor will provide staff and consultants with the specified expertise, availability, language proficiencies, and experience for each task order issued under this IQC. The contractor shall provide all necessary logistical support, including travel arrangements (with required USAID clearances), computer support, team-planning facilitation, and report editing and dissemination. The Contractor shall endeavor to have as many local host country staff, consultants and/or specialists as is possible to carry out activities in order to reduce costs and build capacities in country.