

2. AMENDMENT/MODIFICATION NO. 01 3. EFFECTIVE DATE See Block 16C 4. REQUISITION/PURCHASE REQ. NO. 654-0011-3-60093 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE 7. ADMINISTERED BY (If other than Item 6) CODE

Regional Contracting Office
 USAID/Southern Africa
 2170 Gaborone PL
 Washington, D.C. 20521-2170

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) (X)

Chemonics International, Inc.
 1133 20th Street NW
 Washington, D.C. 20036

DUNS NO. [REDACTED]
 TIN NO. [REDACTED]

9A. AMENDMENT OF SOLICITATION NO. (X)

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.
 GHS-I-00-03-00025-00
 GHS-I-08-03-00025-00

10B. DATED (SEE ITEM 13)
 09/28/2006

CODE FACILITY CODE X

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)
 X FAR 52.232-22 Limitation of Funds

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION

The purpose of this modification is to provide incremental funding in the amount of [REDACTED] thereby increasing the total obligated amount from [REDACTED] to [REDACTED].

Accordingly, the Task Order is hereby modified as follows:

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED

(Signature of person authorized to sign) BY Kent J. Howard (Signature of Contracting Officer) 9/29/06

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT
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CONTRACT NO. GHS-I-00-03-00025-00	ORDER NO. GHS-I-08-03-00025-00	MODIFICATION NO. 01
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4. DESCRIPTION OF AMENDMENT/MODIFICATION (CONTINUED)

1. Under Article 8,8.3 Accounting & Appropriation Data, modify to include the following fund cites:

- "2. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400007.10
STRATEGIC OBJECTIVE: 654-007
FUND: CD-POP-06
FUNDS BBFY: CD-POP-06/2005/2006
DISTRIBUTION: 654-M
EOCC: 4100301
AMOUNT: [REDACTED]
3. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400011.10
STRATEGIC OBJECTIVE: 654-011
FUND: GD-X
FUNDS BBFY: GD-X/2006
DISTRIBUTION: 654-M
EOCC: 4100301
AMOUNT: [REDACTED]
4. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400011.10
STRATEGIC OBJECTIVE: 654-011
FUND: CD
FUNDS BBFY: CD/2006/2007
DISTRIBUTION: 654-M
EOCC: 4100301
AMOUNT: [REDACTED]
5. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400011.10
STRATEGIC OBJECTIVE: 654-011
FUND: CD-POP
FUNDS BBFY: CD-POP/2006/2007
DISTRIBUTION: 654-M
EOCC: 4100301
AMOUNT: [REDACTED]
6. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400011.10
STRATEGIC OBJECTIVE: 654-011
FUND: CD-AIDS
FUNDS BBFY: CD-AIDS/2006/2007
DISTRIBUTION: 654-M
EOCC: 4100301
AMOUNT: [REDACTED]

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT
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CONTRACT NO.

GRS-I-00-03-00025-00

ORDER NO.

GHS-I-08-03-00025-00

MODIFICATION NO.

01

4. DESCRIPTION OF AMENDMENT/MODIFICATION (CONTINUED)

7. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400011.10
STRATEGIC OBJECTIVE: 654-011
FUND: GAI-X6
FUNDS BBFY: GAI-X6/2006
DISTRIBUTION: 654-M
EOCC: 4100301
AMT: [REDACTED]

8. MAARD#: MAARD-654-0011-3-60093
PROJECT#: 65400011.10
STRATEGIC OBJECTIVE: 654-011
FUND: GH/HIDN
FUNDS BBFY: CD/2006/2007
DISTRIBUTION: 654-GH-M
EOCC: 4100301
AMT: [REDACTED]

2. Under Article 8, delete 8.4 Task Order Funding in its entirety and replace with the following in lieu thereof:

"8.4 Task Order Funding

- a) For purposes of payment of cost, exclusive of fee, in accordance with the Limitation of Funds clause, the total amount obligated by the Government to this Task Order is US [REDACTED]
- b) An additional amount of US [REDACTED] is obligated under this Task Order for payment of fee.
- c) Funds obligated hereunder are anticipated to be sufficient through August 30, 2007."

[END OF MODIFICATION NO. 1]

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1 14
2. AMENDMENT/MODIFICATION NO. 02	3. EFFECTIVE DATE 9/28/2007	4. REQUISITION/PURCHASE REQ. NO. MAARD # 654-A11-3-70037	5. PROJECT NO. (If applicable)	
6. ISSUED BY US Agency for International Development Regional Contracting Office 100 Torus Street, P.O. Box 43 Pretoria, 0027, South Africa	CODE	7. ADMINISTERED BY (IF OTHER THAN ITEM 6) CODE Same as #6		
8. NAME AND ADDRESS OF CONTRACTOR (No, Street, County, State, and Zip Code) Chemonics International, Inc. 1717 H Street NW Washington DC 20036		9A. AMENDMENT OF SOLICITATION NO.		
[REDACTED]		9B. DATED (SEE ITEM 11)		
[REDACTED]		10A. MODIFICATION OF CONTRACT/ORDER NO. GHS-1-08-03-00025-00		
CODE:		10B. DATED (SEE ITEM 11) 09/28/2006		
FACILITY CODE:				

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS.

The above-numbered, solicitation is amended as set forth in item 14. The hour and date specified for receipt of offers is extended is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods:

- (a) By completing items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If Required)
see page 2

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO., AS DESCRIBED IN ITEM 14

- A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify Authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
- B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43, 103 (b).
- C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
- D. OTHER (Specify type of modification and authority)
Foreign Assistance Act of 1961, as amended, and Executive Order 11223, and FAR 52.232-22 Limitation of Funds.

E. IMPORTANT: Contractor is NOT is required to sign this document and return 3 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible:

The purpose of this modification is to 1) adjust the budgets under the Essential Health Services Core Program (SES) and HIV/AIDS Activity Option (HIVAC) thus decreasing the total estimated cost of subject task order by [REDACTED] exercise the FY 2007 (Year 2) base period of HIVAC; 3) revise HIVAC Statement of Work; and 4) add incremental funding in the amount [REDACTED] increasing the total obligated amount from [REDACTED]

Accordingly, the subject task order is hereby modified as follows:

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF OFFEROR Christopher H. Smith Senior Vice President	16A. NAME AND TITLE OF CONTRACTING OFFICER Kent J. Howard, Regional Contracting Officer
15B. CONTRACTOR OFFEROR [Signature] (Signature of person authorized to sign)	16B. UNITED STATES OF AMERICA [Signature] (Signature of Contracting Officer)
15C. DATE SIGNED 9/28/07	16C. DATE SIGNED 9/28/07

Article 4 Scope of Work, Section 4.2, Detailed Technical Requirements - HIV/AIDS Program: delete this section in its entirety and replace with the text listed in Attachment A.

Article 5 Deliverables and Reports: include the below paragraph which pertains only to the HIVAC component:

HIVAC Implementation Plan (IP) and Performance Management Plan (PMP): The Contractor shall submit within 15 calendar days of the effective date of Modification Number 2 of subject task order a revised IP and PMP.

Article 8 Task Order Type, Total Estimated Cost, Fixed Fee and Contract Funding, Section 8.3 Accounting and Appropriation Data: include the following financial information:

(1) MAARD #: 654-A11-3-70037
Fund: CD-AIDS
Fund BBFY: 2007/2008-CD-AIDS
Program Area: A11
Distribution: 654-M
Program Element: A047
EOCC: 4100201
Amount: [REDACTED]

(2) MAARD #: 654-A11-3-70037
Fund: CD-POP-07
Fund BBFY: 2006/2007-CD-POP-07
Program Area: A11
Distribution: 654-M
Program Element: A053
EOCC: 4100201
Amount: [REDACTED]

Total Obligated Amount under Basic Award
Total Obligated Amount under Modification No. 1
Total Obligated Amount under Current Modification (No. 2)
Total Obligated Amount

[REDACTED]

Article 8 Task Order Type, Total Estimated Cost, Fixed Fee and Contract Funding, Section 8.4 Task Order Funding: delete this section in its entirety and replace with the following:

- a) For purposes of payment of cost, exclusive of fee, in accordance with the Limitation of Funds Clause, the total amount obligated by USAID to this Task Order [REDACTED]
- b) [REDACTED]
- c) Funds obligated hereunder are anticipated to be sufficient through May 31, 2008.

ATTACHMENT A

ARTICLE 4 SCOPE OF WORK

4.2 DETAILED TECHNICAL REQUIREMENTS – HIV/AIDS PROGRAM

Background

The current status of Angola's health system is widely held to be the direct result of a three-decade long civil war, which severely impacted its development, particularly in the health and service deliveries sector. Health service coverage is estimated to be about 30% countrywide, due in large part to a lack of health care infrastructure, overall health systems and a scarcity of qualified health care personnel. Geographic, economic, and cultural barriers to access and uptake of health care services also play a role in the current public health environment. The Government of Angola (GRA) and specifically the Ministry of Health (MOH) recognize the importance of scaling up delivery for health interventions in order to reduce the current rates of morbidity and mortality.

The poor resource allocation and health service coverage across the country is imbalanced, with most coverage found in main cities and towns, leaving many peripheral sites with a very weak response to health care. Most health care systems funding goes to referral and central facilities, which create an increased need for health infrastructure rehabilitation at the Primary Health Care level and an expanded provincial health services to provide the Minimum Health Care Package (MHCP).

In comparison to other neighboring countries, Angola's HIV prevalence rate has remained relatively low with the 2005 antenatal care (ANC) study showing a nation-wide seroprevalence rate of 2.5%, with frontier provinces showing higher rates. A new ANC study by Centers for Disease Control (CDC) and Instituto Nacional de Luta contra SIDA (National Institute against HIV/AIDS) or INLS is expected to be carried out in July – September 2007. The lack of epidemiological information presents a gap in knowledge on the patterns of HIV infection in the country. However, the increase movement around the country, in addition to cross-border travel is causing an importation of the infection from neighboring countries with higher prevalence rates. Nonetheless, the situation in Angola presents a unique opportunity to respond to the epidemic and ensure that we can prevent an explosion of the epidemic.

The Government body responding to HIV/AIDS issues is the INLS. Clinical prevention and treatment provisions such as Voluntary Counseling and Testing (VCT), Prevention of Mother to Child Transmission (PMCT) and Anti-Retro Viral (ARV) programs are carried out via the institute with no clear linkages to other programs run by the Ministry of Health. Although still directly linked to the Ministry of Health, its semi-autonomous structure presents several challenges in service delivery, and coordination/integration of HIV/AIDS resources and activities vis-à-vis the other Ministry of Health and other donor activities.

HIV/AIDS Response within the USG Strategy

The US Government (USG) is supporting an integrated response to HIV/AIDS between all USG agencies present at Embassy Luanda, under the oversight of the Office of the Global AIDS Coordinator (OGAC). The USG team, starting in FY07, is developing an annual mini-country operating plan (MiniCOP) which describes the USG strategy, and how the different agencies and their implementing partners will prioritize and focus interventions. The USG team in Angola includes the U.S. Agency for International Development (USAID), the U.S. Department of Health and Human Services - Centers for Disease Control and Prevention (HHS/CDC), the U.S. Department of Defense (DOD) and the U.S. Department of State (DOS), which provides an overall coordinating role among the different operational agencies.

Current USG efforts will concentrate on the prevention of new infections, thus limiting the spread of HIV. USG agencies will focus strategically on local efforts to improve Behavior Change Communication (BCC) programs in high prevalence areas and with high risk groups; identify and counter high risk practices that facilitate the spread of the virus; carry out surveys to better define the epidemic in high prevalence areas; provide technical support to the INLS to improve program management; strengthen reference laboratory and strategic information capabilities; improve the quality of VCT and PMTCT services; expand rapid HIV testing; and address Tuberculosis (TB)/HIV co-infection issues through improved sentinel surveillance, recording and reporting (capture and refer HIV-infected TB patients for HIV care and treatment).

HIV/AIDS Activity Option under the USG Strategy

USAID/Angola will exercise the first year of the base period of the HIV/AIDS Activity option in accordance with Article 4 of the task order. The first year of the HIV/AIDS Activity will reflect the FY 2007 USG HIV strategy, focusing on assisting Angola in its efforts to contain the HIV/AIDS epidemic, and will cover the period from October 1, 2007 to September 30, 2008.

The HIV/AIDS Activity option has been reduced in scope from the original terms of reference. This reduction reflects an attempt at providing a more focused program of implementation. The HIV/AIDS component contributes to the same objective and intermediate results as the core program (SES), as well as the specific results of this component, though target provinces and interventions may differ significantly. The focus of the HIV/AIDS component is on providing technical assistance at the central and provincial level for activities that include strengthening the capacity of the National Institute against HIV and AIDS or INLS through either direct support or assistance that will allow the institute to collect, analyze data in a more timely fashion, build on the competencies of locally engaged staff, expanded access to improved voluntary counseling and testing, including follow-up for HIV-positive individuals. The Contractor shall follow recommended indicators from the Angola mini-Country Operating Plan approved by OGAC, and shall suggest specific targets for each indicator. The Contractor may suggest alternative indicators that it believes will better reflect the results to be achieved from the approach it presents.

HIV/AIDS Activity Scope of Work

A. Overview

The Contractor shall work with other USAID programs, such as the Municipal Development Program (MDP) and Civil Society Strengthening Program (CSSP), to build capacity at the local government level, civil society organizations (CSOs) and community-based groups. This program element is aimed at enhancing the institutional capacities of the MOH as well as municipal administrations and local health teams to carry out key functions that will result in better customer care and quality and more reliable, consistent and effective services. It will also improve the technical capacities of CSOs that carry out HIV/AIDS services and advocacy programs. A critical part of health systems improvements is to improve the flow of information, feedback from local health officials and communities back into the provincial and central decision-making processes and the flow of policy, implementation regulations and resources from the central to the local levels.

The core program of the task order (SES) shall coordinate with the USAID-supported MDP and CSSP. The modalities of this cooperation are already established in a memorandum of understanding among SES, MDP, and CSSP projects.

In addition to working directly with the MoH, the INLS is the primary national-level counterpart. The Institute has responsibility for overall policy, but has no control over the program's budget. Among the donors, the most important in supporting the national HIV/AIDS program are the Global Fund, the World Bank (HAMSET program), UNDP, UNICEF and the British Department for International Development aid (DFID). As with other areas in the health sector, donor coordination is largely informal. The Contractor shall work with the National Institute of HIV/AIDS or INLS to build the capacity of their staff in epidemiological surveillance and in monitoring and evaluation.

The key systems issues that the Contractor shall address are improved logistics and supply chain management (to improve the supply of essential commodities); improved supervisory systems for health care workers providing HIV/AIDS services and referrals; increased capacity of civil society organizations to provide HIV/AIDS information and services; and improved HIV/AIDS information and feedback systems.

B. Expected Results

Program Objective: Increased number of Angolans benefiting from quality health services and commodities to reduce the incidence of selected diseases

USAID's strategy focuses on both the provision of immediate improvements in service delivery to support stabilization; and on longer-term system and institutional improvements that will sustain and enhance these gains.

The target areas referred to in this task order are the provinces with the highest rates of infection. Within these provinces, the Contractor shall work with the municipalities that were included on a list (59 municipalities in total) identified by the Angolan Ministry of Health as highest priority, as well as with areas of interest to corporate partners.

Target Provinces	MoH High Priority Municipalities
Cunene	Kuanhama, Ombanja
Kuando Kubango	Kuito Cuanavale, Menongue
Cabinda	Buco-Zau, Cabinda
Lunda Norte	Cambulo, Chitato, Lucapa
Lunda Sul	Cacolo, Saurimo
Uige	Maquela do Zombo, Negage, Uige
Luanda	Cacuaco, Caznga Ingomboas, Kilamba Kiae, Matanga, Rangel, Samba, Sambizanga, Viãna

Note: USAID will directly procure test kits and condoms to support the HIV/AIDS program.

IR 1: Targeted national and local institutions with improved capacity to plan, manage, and monitor systems

This IR is focused on improving health information systems supporting planning, management, and monitoring of programs on different levels.

Indicators:

- Number of local organizations provided with technical assistance for HIV-related policy development.
- Number of local organizations provided with technical assistance for HIV-related institutional capacity building.
- Number of individuals trained in HIV-related institutional capacity building.
- Number of individuals trained in HIV-related stigma and discrimination reduction.
- Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment.

Activities include, but are not limited to:

- In-service clinical and counseling training to health center staff for HIV prevention and counseling for pregnant women and for care of HIV-positive pregnant women.
- Incorporation of counseling on HIV/AIDS (abstinence, being faithful, and correct and consistent condom use) into ante-natal visits.
- Cooperation with the Government and other donors to improve the logistics system for HIV/AIDS kits and medications.
- Development of supervisory and in-country training programs for health officials at all levels involved in HIV/AIDS and technical assistance/training to implement improvements.

- Technical assistance/training in technical aspects of BCC for HIV/AIDS for CSOs developing grant proposals for programs in those areas.
- Technical assistance for health officials works in epidemiological surveillance and monitoring and evaluation of HIV/AIDS programs.

The Contractor's program planning shall include provisions for integrating some HIV/AIDS activities with those in support of strengthening the tuberculosis program within the core program, taking advantage of important cross-benefits for integration.

IR 2: Increased individual and civil society knowledge and practice of positive health behaviors.

This IR focuses on creating behavior change communication (BCC) strategies that can be integrated within schools, churches, community-based organizations. Within this task, the Contractor shall engage community service organizations (CSO) working with PLWHA to promote advocacy on issues of care and treatment and income generation.

Indicators:

- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful (sex disaggregated).
- Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached through AB, sex disaggregated).

Activities include, but are not limited to:

- Development of protocols and preparation of training materials for relevant health staff on BCC.
- Training and technical assistance to public health workers and CSOs involved in HIV/AIDS programs to increase their competence in BCC.
- Sub-grants to CSOs for BCC activities aimed at target groups (to be undertaken, where relevant, in cooperation with the CSS program).
- Specific initiatives, at both central/policy level and at local levels, to reduce stigma attached to HIV/AIDS and to promote appropriate care of affected individuals.

IR 3: Increased individual and civil society participation in improving quality health services

To incorporate transparency and responsiveness into health services, local communities need the opportunity to monitor and provide input into how services are provided.

The Contractor shall develop means for HIV/AIDS staff at all levels, but particularly at the local level, to interface with members of their communities and to involve them in decisions. The CSSP program will include a grant window for joint projects by community organizations and

local health facilities that provide HIV/AIDS services in target provinces (Cabinda, Kuambo, Kubango, Lunda Norte, and Luanda). This program is expected to encourage local health officials involved in HIV/AIDS education and services to liaise with civil society groups and to apply for these grants as a way of increasing government-civil society cooperation and communication. Similarly, the MDP will foster community input into municipal government decision making in the same provinces. The Contractor shall seek ways of combining forces with the MDP and CSSP, where possible, to foster increased community input into HIV/AIDS programming. The Contractor shall provide technical assistance to CSOs for basic organizational, management, monitoring, and project implementation skills. The Contractor shall provide technical assistance to CSOs that wish to provide HIV/AIDS education services to their communities and request assistance on technical aspects of their program.

Indicators: (NB all indicators in IR3 cross cut with IRI and should be disaggregated by public and CSO sectors).

- Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful.
- Number of local organizations provided with technical assistance for HIV-related policy development.
- Number of local organizations provided with technical assistance for HIV-related institutional capacity building.
- Number of individuals trained in HIV-related institutional capacity building.
- Number of individuals trained in HIV related stigma and discrimination reduction.
- Number of individuals trained in HIV related community mobilization for prevention, care and/or treatment.

Activities include, but are not limited to:

- Design and approval by the government of national/community outreach protocols regarding HIV/AIDS prevention, care, and impacts for use by VCT centers, health center and health post staff and training of health workers and supervisors in their use; and incorporation of these protocols into national procedures.
- Technical assistance and training to CSOs to design HIV/AIDS-related community advocacy grants.
- Technical assistance and training to local governments and CSOs in design of HIV/AIDS-related partnership (government-community) grants.
- Site visits of key health personnel to areas with successful community outreach activities, or national conferences on the subject including other donors, to publicize the need for local participation.
- Sub-grants to CSOs for HIV/AIDS advocacy.

IR 4: Improved and integrated VCT services offered

Although the creation of VCT facilities has rapidly increased in the past five years, the need is still great. A priority of INLS is the establishment of VCT centers in every provincial hospital followed closely by installations in all health centers, possibly extending these facilities to the health post level. The Contractor shall assess the ability, interest and capacity of municipal health centers to integrate VCT programs successfully within their overall service delivery programs. The Contractor shall identify health center staff to carry out VCT outreach and identify NGOs and CSOs interest and ability to work in community outreach. The Contractor shall develop terms of reference for NGOs and CSOs that service high-risk groups. The Contractor shall work with CSOs to encourage them to provide specific VCT-related education and information. Master trainings in outreach modules shall be developed and given to the NGOs and CSOs that are identified.

The task order core master training program shall include modules on the management of logistics systems, accounting, patient flow, inventory, and personnel services. Under the HIV/AIDS Activity option, the Contractor shall ensure that the management training carried out for the core program will also be carried out for non-core provinces; and that training modules focusing on administrative and management issues will be adapted and applied there. Protocols set by Standards-Based Management and Recognition for supervisors shall include a review of existing records and observation by the supervisory team of: administration of HIV tests, pre- and post-test group counseling sessions; referrals between and among HIV-STI-TB services and external referrals; proper storage, handling, accounting of HIV/AIDS-related supplies and medications; and supervision of VCT centers.

Indicators:

- Number of service outlets providing counseling and testing according to national and international standards.
- Number of individuals who received counseling and testing for HIV and received their test results.
- Number of individuals trained in counseling and testing according to national and international standards.

Beginning in the second quarter of the first year of the base period of the HIV/AIDS Activity option, the Contractor shall undertake the following activities to set up VCT services within selected health centers:

- Review the current experience, policy, thinking concerning VCT protocols in Angola.
- Build consensus with INLS, MOH and USAID on the protocol to be applied in the USAID-supported VCT centers.
- Develop final VCT protocols after their review and validation by municipal and provincial departments and health centers.

- Set up supply chain for HIV test kits and condoms; strengthen the supply chain for TB, STI diagnostic materials, medications for the treatment of opportunistic infections.
- Train staff in the clinical management of VCT operations and youth-friendly VCT services.
- Help develop supervisory protocols for the provincial and municipal health authorities.

C. Other Partners/Private Sector Alliances

Within the Department of Public Health of the Ministry of Health, the National Institute for HIV/AIDS (INLS) is the primary national-level counterpart. Several large corporations have HIV prevention programs for their workforce and surrounding communities; a few also fund treatment for people living with HIV/AIDS (PLWHAS), though currently Highly Active Anti-Retroviral Therapy (HAART) is available at only a few locations within Angola. Indigenous non-governmental organizations, including some of the major faith-based groups, have begun HIV education programs for the communities they serve.

All of these groups, to one extent or another has expressed interest in partnering with USAID to expand and improve services. The Contractor shall forge such partnerships on a formal or informal basis, wherever possible, in order to improve communications, provide a unified voice for needed policy changes, and enhance the effectiveness of activities by reducing duplication and leveraging resources. The Contractor shall develop and execute practical strategies for achieving improved coordination among the various players involved in HIV/AIDS prevention and treatment, and in forging partnerships and leveraging resources.

The Contractor shall strive to partner with private sector companies wherever possible in order to leverage non-Federal funds, expand the scope of services, and coordinate better the many efforts that are already being implemented in Angola. The Contractor shall propose mechanisms to promote such partnerships and suggest procedures for co-financing or parallel financing of activities. The Contractor shall propose a level of funds leveraged from non-Federal sources that it can achieve, and a plan for attracting and using such funds. These activities shall be closely coordinated with USAID to avoid any contradictory messages in the current and ongoing USAID relationships with corporate partners.

For activities done jointly with private companies, it is essential that (1) USAID's funds are used to improve health care of Angolan people but do not subsidize the company's personnel expenses; and (2) the private company is able to take public credit for the good work it is doing.

Large corporations have already instituted workforce health programs that, in some cases, reach out beyond their own employees to the larger community. Participation by Angolan employers can greatly expand the reach and impact of USAID's and the Angolan Government's efforts to provide health services. The Contractor shall consider ways in which it can support expansion of existing workforce health programs and encourage additional companies to provide such services, building on the work already being achieved in this area.

D. Small Grants Management

The Contractor must administer a small grants program, which shall include resources (sponsored write shops) to collaborate with other grants initiatives including USAID's CSSP and MDP, and the World Bank HAMSET project small grant facility. HIVAC grants shall include assistance for support for: associate NGOs to provide technical and operational assistance for community-based activities, CSOs for BCC dissemination activities, and CSOs and LGAs advocating for financial investment, technical services and civil rights.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. AMENDMENT/MODIFICATION NO. **03**
 2. EFFECTIVE DATE **See Block 16C**
 3. FEDERAL PURCHASE ORDER NO. **04-A11-3-50011**
 4. PROJECT NO. (if applicable)
 5. ISSUED BY **Regional Acquisition & Assistance Office**
 6. CODE
USAID/Southern Africa
9300 Pretoria PL
Washington, D.C. 20521-9300

7. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
Chemonics International, Inc.
1737 H Street, NW
Washington, D.C. 20006-3900
REVIEWED *VC*
MAR 20 2008
CHEMONICS INTERNATIONAL
CONTRACTS DEPARTMENT
 8A. AMENDMENT OF SOLICITATION NO.
 8B. DATED (SEE ITEM 7B)
 8C. MODIFICATION OF CONTRACT/ORDER NO.
GHS-1-05-02-0025-00
GHS-1-05-02-0026-00
 8D. DATED (SEE ITEM 7B)
09/26/2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
 (a) By completing Items 6 and 10, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify item(s) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 14A)
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (Such as changes in pricing, place, agreement date, etc.) SET FORTH IN ITEM 14 PURSUANT TO THE AUTHORITY OF PARAGRAPH ()
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)
X PAR 52.232-22 Limitation of Funds; AAPD 05-04 Amend.2 dated Oct. 16, 2007.

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION
 The purpose of this modification is to: 1) provide incremental funding in the amount of _____ thereby increasing the total obligated amount from _____ to _____ and 2) update task order clause in accordance with AAPD 05-04 Amendment 2 dated October 16, 2007. _____ of the obligated amount under this modification shall be used for 1) setting up a sentinel surveillance site system for malaria in Angola, 2) providing laboratory diagnostic support and cascade trainings in Angola and 3) carrying out tuberculosis activities integrated within the Core Program.

Accordingly, the Task Order is hereby modified as follows:

Except as provided herein, all terms, conditions, and specifications in Item 14 or 15A, as hereafter changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER: **Christopher R. Smith**, Senior Vice President Contracts
 15B. CONTRACTING OFFICER: **Kent J. Howard**, Regional Contracting Officer
 15C. DATE SIGNED: **3/20/08**
 15D. UNITED STATES OF AMERICA
 15E. DATE SIGNED: **3/26/08**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT
CONTINUATION PAGE

PAGE NO.

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CONTRACT NO.

GHS-1-00-03-00025-00

ORDER NO.

GHS-1-00-03-00025-00

MODIFICATION NO.

08

14. DESCRIPTION OF AMENDMENT/MODIFICATION (CONTINUED)

1. Under Article 8, 8.3 ACCOUNTING & APPROPRIATION DATA, modify to include the following fund sites:

11) FAMILY PLANNING AND REPRODUCTIVE HEALTH
MAARD#: MAARD-654-A11-3-80011
FUND: CD-POP
FUNDS BIFY: 2007/ 2008- CD-POP
PROGRAM AREA: All
DISTRIBUTION: 654-M
PROGRAM ELEMENT: A033
EOCC: 4100301
AMOUNT: [REDACTED]

12) MALARIA
MAARD#: MAARD-654-A025-3-80011
FUND: CD
FUNDS BIFY: 2007/ 2008-CD
PROGRAM AREA: All
DISTRIBUTION: 654-M
PROGRAM ELEMENT: A049
EOCC: 4100301
AMOUNT: [REDACTED]

13) TUBERCULOSIS
FUND: CD
FUNDS BIFY: 2007/ 2008- CD
PROGRAM AREA: All
DISTRIBUTION: 654-M
PROGRAM ELEMENT: A048
MAARD#: MAARD-654-A11-3-80011
EOCC: 4100300
AMOUNT: [REDACTED]

Total Obligated Amount under Basic Award [REDACTED]
Total Obligated Amount under Modification No. 1 [REDACTED]
Total Obligated Amount under Modification No. 2 [REDACTED]
Total Obligated Amount under Modification No. 3 [REDACTED]
TOTAL OBLIGATED AMOUNT [REDACTED]

2. Under Article 8, delete 8.4 Task Order Funding in its entirety and replace with the following in lieu thereof:

"8.4 Task Order Funding

- a) For purposes of payment of cost, exclusive of fee, in accordance with the Limitation of Funds clause, the total amount obligated by the Government to this Task Order is [REDACTED]
- b) An additional amount [REDACTED] is obligated under this Task Order for payment of fee.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT
CONTINUATION PAGE

PAGE NO

03

CONTRACT NO

GHS-I-06-03-00025-00

ORDER NO

GHS-I-06-03-00025-00

MODIFICATION NO

03

4. DESCRIPTION OF AMENDMENT/MODIFICATION (CONTINUED)

c) Funds obligated hereunder are anticipated to be sufficient through December 30, 2008."

3. Under Article 24, delete the clause "A.3. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ACQUISITION) (JUNE 2005)" in its entirety and replace with the following in lieu thereof:

"3) PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ACQUISITION) (OCTOBER 2007)

(a) This contract is authorized under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (P.L. 108-25). This Act enunciates that the U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. The contractor shall not use any of the funds made available under this contract to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b)(1) Except as provided in (b)(2) and (b)(3), as a condition of being awarded USAID funds for HIV/AIDS activities under this contract or subcontract, a non-governmental organization or public international organization contractor/subcontractor must have a policy explicitly opposing prostitution and sex trafficking.

(b)(2) The following organizations are exempt from (b)(1): the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(b)(3) Contractors and subcontractors are exempt from (b)(1) if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(b)(4) Notwithstanding section (b)(3), not exempt from (b)(1) are contractors and subcontractors that implement HIV/AIDS programs under this contract or subcontract by:

(i) providing supplies or services directly to the final populations receiving such supplies or services in host countries;

(ii) providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT
CONTINUATION PAGE

PAGE NO.

04

CONTRACT NO.

OHC-1-00-03-00023-00

ORDER NO.

OHC-1-00-03-00023-00

MODIFICATION NO.

02

14. DESCRIPTION OF AMENDMENT/MODIFICATION (CONTINUED)

(iii) providing the types of services listed in FAR 37.203(a)(1)-(6) that involve giving advice about substantive policies of a recipient; giving advice regarding the activities referenced in (i) and (iii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

(c) The following definition applies for purposes of this provision:

"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

(d) The contractor shall insert this clause in all subcontracts.

(e) Any violation of this clause will result in the immediate termination of this contract by USAID.

(f) This clause does not affect the applicability of FAR 52.222-50 to this contract."

[END OF MODIFICATION NO. 3]

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1 4
2. AMENDMENT/MODIFICATION NO. 04	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. MAARD # 654-A11-3-80026	5. PROJECT NO. (If applicable)	
6. ISSUED BY US Agency for International Development Regional Contracting Office 100 Totius Street, P.O. Box 43 Pretoria, 0027, South Africa	CODE	7. ADMINISTERED BY (IF OTHER THAN ITEM 6) Same as #6		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No. Street, County, State, and Zip Code) Chemonics International, Inc. 1717 H Street NW Washington DC 20036		9A. AMENDMENT OF SOLICITATION NO.		
DUNS No. [REDACTED] FIN No. [REDACTED]		9B. DATED (SEE ITEM 11)		
CODE:		FACILITY CODE:		10A. MODIFICATION OF CONTRACT/ORDER NO. GHS-1-08-03-00025-00
				10B. DATED (SEE ITEM 11): 09/28/2006
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS:				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended <input type="checkbox"/> is not extended.				
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods:				
(a) By completing items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If Required) see page 2				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO., AS DESCRIBED IN ITEM 14				
<input type="checkbox"/> A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify Authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
<input type="checkbox"/> B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b).				
<input type="checkbox"/> C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
<input checked="" type="checkbox"/> D. OTHER (Specify type of modification and authority) Foreign Assistance Act of 1961, as amended, and Executive Order 11223, and FAR 32.232-22 Limitation of Funds				
E. IMPORTANT: Contractor <input type="checkbox"/> IS NOT <input checked="" type="checkbox"/> is required to sign this document and return 3 copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) [REDACTED]				
Accordingly, the subject task order is hereby modified as follows:				
Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER Rob Testelbaum, Acting SVP Contracts for Upris South		16A. NAME AND TITLE OF CONTRACTING OFFICER Kent J. Howard, Regional Contracting Officer		
15B. CONTRACTOR/OFFICER [Signature]		15C. DATE SIGNED 9/30/08		16B. UNITED STATES OF AMERICA [Signature]
(Signature of person authorized to sign)				16C. DATE SIGNED 9/30/08

Article 5 Deliverables and Reports, Section a, Annual Work Plan, paragraph iii, add the following text:

"With the Year 3 (October 2008-September 2009) work plan, the Contractor shall submit a Year 3 budget that is directly linked to the planned activities (including both SES and HIVAC). The draft Year 3 work plan and budget must be submitted not later than November 3, 2008."

Article 8 Task Order Type, Total Estimated Cost, Fixed Fee and Contract Funding, Section 8.3 Accounting and Appropriation Data, include the following financial information:

- (1) MAARD #: 654-A11-3-80026
Fund: GH-C
Fund BBFY: 2008/2009-GH-C-AIDS
Program Area: A11
Distribution: 654-M
Program Element: A047
EOCC: 4100301
Amount: [REDACTED]
- (2) MAARD #: 654-A11-3-80026
Fund: GH-C
Fund BBFY: 2008/2009-GH-C
Program Area: A11
Distribution: 654-M
Program Element: A049
EOCC: 4100301
Amount: [REDACTED]
- (3) MAARD #: 654-A11-3-80026
Fund: GH-C
Fund BBFY: 2008/2009-GH-C-POP
Program Area: A11
Distribution: 654-M
Program Element: A053
EOCC: 4100301
Amount: [REDACTED]
- (4) MAARD #: 654-A11-3-80026
Fund: GH-C
Fund BBFY: 2008/2009-GH-C
Program Area: A11
Distribution: 654-M
Program Element: A048
EOCC: 4100301
Amount: [REDACTED]

FUNDS AVAILABLE