



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
LA PAZ - BOLIVIA**

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Subject: RFP 511-011-2005 Evaluation of Two Health USAID/Bolivia Supported Projects

The United States Government (USG), represented by the U.S. Agency for International Development's Mission in Bolivia (USAID/Bolivia), has been requested by the Mission's Health Strategic Objective Team to negotiate a Firm-Fixed Price task order (TO) under the Technical Assistance and Support Contract (TASC 2-Global Health) IQC, as more specifically described in the rest of this Request for Proposal (RFP).

Please be advised that more than one IQC firm is being asked to submit proposals under this competition, and that the estimated time for this Task Order will be about two to three months (estimated). See Section C for the evaluation criteria, which will be used to assist with selecting the Task Order firm.

If your organization is interested in submitting a Proposal in response to this RFP, please carefully review this letter and the contents of this RFP, which include:

<u>Section</u>	<u>Title</u>
Section A	Statement of Work
Section B	Instructions Preparation of the Proposal
Section C	Evaluation Criteria

It is requested that questions regarding this RFP be submitted by e-mail or fax to Ms. Maria Elena Burgos, while proposals should be sent to me.

Maria Elena Burgos, Acquisition Specialist
USAID/Bolivia
Regional Contracting Office
E-mail: maburgos@usaid.gov Fax: (591-2) 2785689

If it is determined that the answer to any question(s) is of sufficient importance to warrant notification to all prospective recipients, either a clarification letter or a formal RFP Amendment will be issued to all potential offerors. Therefore, questions should be submitted no later than January 18, 2005 to allow preparation of such documents if needed. Please note that proposals are due January 31, 2005 see Section B for details.

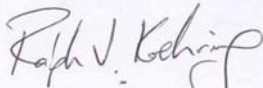
Issuance of this RFP does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of Proposals. Further, the U.S. Government reserves the right to reject any or all Proposals received.

In addition, award of the Task Order contemplated by this RFP cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. Proposals are submitted at the risk of the applicant.

Proposals should be prepared in accordance with instruction set forth in Section B.

Thank you for your consideration of this USAID initiative. We look forward to your organization's participation.

Sincerely,



Ralph V. Koehring
Regional Contracting Officer

SECTION A: SCOPE OF WORK

EVALUATION OF TWO HEALTH USAID/BOLIVIA SUPPORTED PROJECTS

Introduction and Purpose

USAID/Bolivia intends to commission two assessments: (1) an evaluation of its Partners for Development Project (known as *Socios Para el Desarrollo* in Spanish, or “*Socios*” for short) implemented by the Bolivian NGO PROSALUD; and (2) an evaluation of the adolescent programs, compliance with the Tiahrt Amendment and the Mexico City Policy and the post-abortion care activities of CIES, a Bolivian NGO dedicated to reproductive health and family planning programs. Offerors may submit proposals for one or both assessments. USAID/Bolivia will make one award or two awards, depending on the responsiveness of proposals for each assessment.

ASSESSMENT 1: Evaluation of the Partners for Development Project

Scope of Work

The *Socios* project was launched in October 2002 to address key gaps in the Mission’s health program: (1) to establish a small grants program, complemented by capacity-building activities, for NGOs and grass-roots organizations to increase access, quality and cultural appropriateness of health services, (2) to make available technical advisory services, primarily through Bolivian professionals, to USAID partners (NGOs and the Ministry of Health), and (3) to manage the TraiNet database system (see Annex 1 for the Program Description from the Cooperative Agreement).

The purpose of this evaluation is to take stock of the *Socios* project including: (1) assess project effectiveness to date; (2) identify lessons learned and best practices, and make specific recommendations for their application to strengthen the project; (3) identify specific opportunities to realign project strategies and geographic coverage to maximize its contribution to the new USAID/Bolivia health strategy.

Detailed Technical Requirements

USAID/Bolivia is launching a five-year health strategy that builds on past successes and introduces some key changes intended to increase the overall effectiveness of the portfolio. Compared to earlier data, the 2003 DHS shows that Bolivians are benefiting from some positive health trends including decreased infant and maternal mortality and increased contraceptive prevalence. Other key indicators such as exclusive breastfeeding of infants, chronic malnutrition rates, and treatment of diarrheal disease and acute respiratory infections (ARI) among children show surprisingly little improvement. To boost the impact of its health investments, USAID/Bolivia is introducing some strategic and programmatic adjustments to its approach. The most significant, overarching change is the promotion of a standard package of clinical and community-based services in about 100 municipalities. In the past, USAID supported the delivery of proven health interventions, many of which will be included in the standard package, but without ensuring that all interventions were implemented in an integrated fashion in a given community or municipality.

In order to ensure alignment of key partners in implementing this approach, USAID and the MOH signed a new, bilateral strategic objective agreement (SOAG) to support project implementation through a triad of partners. The MOH implementing unit, PROSIN, will provide technical assistance in national level policy development and strengthen the departmental level of the health system (SEDES) to assume its functions in translating MOH policies and norms into municipal health plans. An institutional contractor will provide technical assistance to municipal health networks to improve availability and quality of the basic package at the clinical level. An NGO Umbrella mechanism will emphasize delivery of the basic package at the community level. USAID/Bolivia also provides financing to EngenderHealth to provide technical assistance and training on the reproductive health, family planning and maternal health elements of the standard package.

Under this new strategy, USAID/Bolivia wants to explore options for adjusting the role of the Socios project to ensure maximum complementarity with the triad of partners under the new SOAG. As the mid-term evaluation of the Socios project was planned for early 2005, we have decided to conduct an assessment that blends traditional project evaluation questions directed toward strengthening project effectiveness, with a more strategic and creative look at how Socios expertise and experience to date can be best aligned with the new USAID health strategy.

Thus, USAID/Bolivia would like to learn through this evaluation:

- How successful has the small grants program been in promoting bottom-up approaches to increase the access, quality and cultural appropriateness of health services in under-served areas?
- Is the capacity-building strategy succeeding in strengthening the leadership and management capacity of individuals, NGOs and community-based organizations (CBOs) to improve the quality of local health services?
- How does Socios promote participatory assessment methodologies to help key actors identify/define community health problems and organizational capacities? How has Socios used the results of these assessments to design technical assistance and institutional strengthening activities?
- What are the main accomplishments of the technical services component? From the perspective of the “clients” (the recipients of the technical services, including USAID), what are the strengths and weaknesses of this component?
- What are the lessons learned/best practices in the small grants, NGO/CBO capacity-building, and technical assistance services? How can these lessons and practices be effectively disseminated among NGOs, CBOs and the MOH?
- Given the technical and organizational assets of the Socios project, how can this project be best positioned to contribute to the USAID results framework (see Annex 2) without duplicating the work of other partners, nor missing opportunities to use this flexible mechanism to promote improved access and quality of health services?

The evaluation team will have to undertake the work necessary to respond to the following specific questions:

Component One: Sub-grants and capacity-building

1. Did the sub-recipients achieve (or are they likely to achieve) the objectives stated in the sub-grant agreements?

2. How have the sub-grant recipients used the financial and technical resources provided by USAID/Socios? What has been the average amount of the sub-grants? Are the dollar amounts awarded sufficient/excessive to achieve the results proposed by the sub-recipients? Are there any issues with counterpart?
3. How well are the smaller, grass-roots organizations able to handle the financial management requirements of USAID/Socios?
4. In what ways have the sub-recipients (NGOs, grass-roots organizations, CBOs and municipalities) been strengthened through the capacity-building component, and how has this been measured? Has institutional strengthening led to increased capacity of leaders to identify and address specific community participation, service delivery and/or management needs?
5. What has been the impact of the Socios project (sub-grants combined with technical assistance) on availability, quality, and cultural relevance of health services? What are the objective, measurable indications that access and utilization of health services (preventive or curative, and community-based or clinical) are increasing due to the sub-grants?
6. How does Socios take advantage of the broader experience of other USAID partners (EngenderHealth, PROSIN, PROCOSI, etc) to ensure sub-recipients meet acceptable technical standards (i.e., in child health, reproductive health/family planning, infectious diseases)? How does Socios ensure that sub-recipients do not continuously “reinvent the wheel”?
7. What strategies are used by Socios to promote sustainability of the results?
8. To what extent have the “special focus areas” of the project been successfully addressed: client and rural focus; gender focus; adolescent focus; improved quality and access of health services; infectious diseases?
9. Are the indicators used by the sub-grantees reasonable, logical and achievable? Have the sub-grantees used project monitoring and evaluation as a decision-making tool? Do the sub-recipients use any common, basic indicators, and if so, what are the benefits of this shared approach? Has it provided PROSALUD/Socios an overall framework to monitor and evaluate the projects? How has PROSALUD/Socios used project monitoring and evaluation data to inform the design of subsequent “calls for proposals” for small grants?
10. Do Socios and PROCOSI share experiences on their respective sub-grant activities (i.e., design of selection criteria, pre-award assessment methodologies, geographic coverage, technical content, best practices, lessons learned, etc?) Are the two programs sufficiently different from each other so as to avoid duplication and ensure complementarity?
11. After the October 2003 crisis, Socios put together a special program to help mitigate social conflict in El Alto. How successful has this program been to date?
12. The Socios project was designed prior to the development of the new USAID/Bolivia health strategy. What strategies might USAID and Socios use to ensure that the sub-grant components of the new NGO Umbrella program and the Socios project are complementary and together make the most effective and efficient contribution to IR 3.1 of the new USAID/Bolivia results framework? What adjustments to the current Socios sub-grant mechanism would avoid duplication with other USAID/Bolivia projects and ensure maximum alignment of the Socios project with the new strategy (i.e., geographic coverage, technical priorities, eligible grantees, types of projects funded, etc.)?

Component Two: Technical advisory services

1. What types of technical advisory services have been provided (or are underway) to date? Who initiated the requests and how efficiently was Socios able to respond?

2. To what extent are the recipients satisfied with the quality and timeliness of the services they received?
3. What types of technical assistance is Socios best positioned to provide (i.e., monitoring and evaluation, program management, needs assessments, technical support, project implementation, etc.)?
4. What challenges has Socios encountered in identifying and contracting local (in-country) technical assistance? South-south (in the region) technical assistance?
5. What challenges has Socios encountered in assisting USAID/Bolivia and its health partners to generate performance monitoring data in a timely manner? How has Socios addressed or resolved these challenges to date? What are the remaining challenges, and what specific recommendations does Socios (and/or the evaluation team) propose for resolving them?

Component Three: TraiNet

1. What difficulties has Socios experienced in establishing the TraiNet database, and how have they been solved?

Cross-cutting issues:

1. How well is the Socios implementation budget aligned with the objectives of the program? In other words, is the distribution across the three components reasonable? Are there any missed opportunities for increased effectiveness and efficiency in terms of budget allocation?

The team's analysis should take into account the opinions of USAID health team, Socios staff, and beneficiaries of the project (including NGOs, CBOs, health facilities, communities, and the MOH) as well as a review of the project's management systems, operational policies and procedures, and organizational structure. (See Annex 3 for a summary description of Socios's sub-grants, including the project title, recipient/contact, purpose/objectives, time frame (award – completion), amount (USAID funds and counterpart), status (completed, ongoing, pending).

Suggested Team Composition

USAID/Bolivia recommends that the team consist of four members including one local professional. The team should possess the following expertise and skills:

1. Fluency in English and Spanish (all team members must be fluent in Spanish)
2. Expertise in the four USAID/Bolivia health program pillars: child health, reproductive health and family planning, HIV/AIDS, and other infectious diseases (malaria, Chagas, tuberculosis)
3. Expertise in community development, organizational development and capacity-building
4. Expertise in program monitoring and evaluation
5. The local professional should be familiar with the key health issues in the geographic regions where Socios works; he/she could serve as a facilitator to the evaluation team, helping to organize site visits, key informant interviews, etc.

Reports and Deliverables

1. A revised draft work plan and timeline for the evaluation should be shared with the Mission at least 2 days before the introductory briefing. (Note: an initial draft will be

- submitted as part of the proposal, and should be updated prior to the initial briefing with the Mission). During the first in-country briefing meeting, USAID, Socios and the Contractor will review the work plan and timeline, and the Contractor will make any necessary adjustments following the meeting
2. Outline of the final report: due mid-way through the fieldwork
 3. Debriefing meetings with USAID and Socios to present key findings and recommendations
 4. Summary of key findings and recommendations, in English and Spanish
 5. Final draft report: in English and Spanish via email
 6. Final report: one week after USAID/Bolivia submits comments on the draft report (estimated date is February 18). Five copies of the final report (3 in English and 2 in Spanish) shall be submitted.

Level of Effort (LOE) and Period of Performance

The proposed LOE for this task is as follows:

- Chief of Party: 23 working days, including 2 days for document review in the U.S. 15 working days in Bolivia, 4 report preparation days, and 2 international travel days
- Local Professional: 20 days, 5 of which will be dedicated to planning and organizing the logistics for the field visits prior to the arrival of the team.
- Two health professionals: 18 days each, 1 day for document review in the U.S., 15 working days in Bolivia, and 2 international travel days

The illustrative schedule for the assessment:

- February 1- 2: Document review in the U.S.; organization of the in-country travel and logistics; conference call with the Mission and the COP
- February 8: travel to La Paz
- February 9: Orientation meetings with USAID/Bolivia and Socios
- February 10-19: Field work (a total of 10 days, including two Saturdays) In-country travel to Oruro, Cochabamba, Santa Cruz and Chuquisaca
- February 23- 24: Preparation of Draft Report
- February 25: Presentation of key findings and recommendations to USAID/Bolivia and Socios
- February 26: travel to U.S.
- March 1-3: COP finalizes draft report and submits to USAID/Bolivia
- One additional workday: COP finalizes report, incorporating comments from USAID/Bolivia

Proposals submitted in response to this SOW should not exceed 20 pages (10 pages per Assessment) excluding annexes and should contain: a technical proposal describing how the work will be accomplished, including a detailed timeline of activities; a description of the team composition; and a cost proposal. Annexes should include a description of past performance that is relevant to this SOW and the CVs of proposed personnel.

Illustrative Budget

An illustrative budget is enclosed as Annex 4. USAID/Bolivia will not provide logistics support.

Changes to Statement of Work

Any changes to this statement of work shall be authorized and approved only through written correspondence from the Contracting Officer. A copy of each change will be kept in a project folder along with all other products of the project. Costs incurred by the contractor through the actions of parties other than the Contracting Officer shall be borne by the contractor.

Assessment 2: Evaluation of CIES adolescents programs, post-abortion care activities and compliance with the Tiarht Amendment:

Scope of work

The Centro de Investigación, Educación y Servicios/Salud Reproductiva (CIES) is a Bolivian non-governmental organization which operates a network of nine health care centers in eight of Bolivia's departments. The Mission of CIES is to provide health services, especially family planning and reproductive health services, in order to contribute to the improvement of the health status, with emphasis on low-income populations. USAID support to CIES started back in 1987. In September, 2004, USAID established a follow-on Cooperative Agreement with CIES to provide \$7.1 million in additional support for the activities outlined in the attached Program Description (see Annex 5). Within the CIES scope of activities, USAID has particular interest in evaluating three of them: the adolescent health program, compliance with the Tiarht Amendment and the Mexico City Policy, and the clinical post-abortion care (PAC) services.

Detailed Technical Requirements

Bolivia faces many significant challenges to improve reproductive health services and reduce associated morbidity and mortality:

- It is estimated that approximately one out of 435 women die from pregnancy-related causes. Among the main causes of death are hemorrhage, toxemia, infection, obstructed labor and unsafe abortion.
- Estimates are that some 115 induced abortions occur daily in Bolivia. Complications from unsafe abortions account for an estimated 27% to 35% of maternal deaths.
- Current fertility is 3.8 births, yet preferred family size is 1.7, indicating that many couples are not realizing their reproductive intentions.
- Among young adults, 38 percent of women aged 20-24 gave birth before reaching the age of 20. Adolescents become sexually active without the necessary preparation and basic information. They are particularly vulnerable to sexually-transmitted diseases and undesired pregnancies. Too often, health providers do not realize that adolescents require a different type of health service than adults, because of the biological, psychological and social characteristics peculiar to their age.
- STIs and HIV/AIDS remain as public threats. National prevalence data is limited to data from sentinel studies, which likely underreport the true disease burden.

The conceptual framework of CIES is based on a commitment to: (1) primary health care approach to health services; (2) equity between the sexes; and (3) community participation as the central axis of development and sustainable change in the area of sexual and reproductive health. CIES' vision is to be the first private, non-profit social development institution to incorporate

innovative models for contributing to sustainable human development in Bolivia by promoting the exercise of sexual and reproductive rights by women, men and adolescents.

As mentioned before, USAID support to CIES dates back to 1987, when USAID provided technical assistance through cooperating agencies, such as Pathfinder International, AVSC (now EngenderHealth), The Population Council, The Futures Group, PSI and others. In February 1995, USAID/Bolivia authorized a 3-year, \$5.3-million grant to the International Planned Parenthood Federation (IPPF) to allow this organization to work with CIES in order to enhance the organization's managerial and technical capabilities. In September 1998, USAID/Bolivia signed with CIES an agreement "Promoting the full exercise of sexual and reproductive rights of Bolivian women, adolescents and men," with a completion date of September 2002, later extended to March 2005. In September, 2004, USAID established a follow-on Cooperative Agreement with CIES to provide \$7.1 million in additional support for the activities outlined in the attached Program Description (see Annex 5). Within the CIES scope of activities, USAID has particular interest in three components: clinical post-abortion care (PAC) services, compliance with the Tiahrt Amendment and the Mexico City Policy, and the adolescent health program.

The key questions that USAID/Bolivia wants to explore through this program evaluation are as follows:

Component One: Clinical Post-Abortion Care (PAC)

The Ministry of Health has established national norms (see Annex 6) regarding the provision of clinical post-abortion care (PAC) services which consists of four key components: (1) prompt diagnosis of post-abortion complications, (2) timely referral, (3) pre and post-procedure counseling, and (4) improved access to family planning and other integrated reproductive health services. At Level One health facilities, which include the majority of CIES clinics, components 1, 2, and 4 should be available. Only Level Two health facilities, such as the CIES clinic in Santa Cruz and in El Alto, should provide component 3 and the associated PAC procedures such as Manual Vacuum Aspiration (MVA) and Dilation and Curettage (D&C). The restriction of MVA and D&C to second level facilities is based on the need to have trained personnel, adequate equipment, and proper back-up services (i.e. emergency surgery, blood transfusions, advanced life support) in the event of an adverse outcome. In addition to ensuring quality services, controlled access to these procedures should also reduce the risk of improper use.

The evaluation team will have to undertake the work necessary to respond to the following key questions:

for clinics currently providing PAC services:

1. Does each CIES clinic have written policies/protocols which are consistent with national norms and appropriate for the level of the health facility (1 or 2)? What are the roles of specific CIES staff (managers, supervisors, doctors, nurses, counselors, etc.) at various levels of the organization (central office, Level One clinics, Level Two clinics) in the implementation of these protocols?
2. Does each CIES clinic have adequate systems (i.e. training, supervision, documentation, quality assurance, etc.) and capacities to ensure proper implementation of clinical PAC services according to national norms and CIES protocols? Specific areas for evaluation include: clinic infrastructure, documentation (clinical records, databases, referral/counter-

- referral forms), equipment, trained personnel (both counselors and clinical care providers), referrals/counter-referrals processes, client counseling, patient follow-up, and monitoring and evaluation (including specific performance indicators to monitor program quality).
3. What processes does CIES have in place to monitor the quality and appropriateness of clinical PAC procedures (MVA and D&C) to ensure: (a) determination of medical appropriateness of the procedure for each client, (b) informed consent is documented, (c) only properly trained personnel perform the procedures, (d) monitoring systems (i.e. quality assurance and performance indicators, supervision, refresher training, follow-up of complications, etc.) function effectively?

for clinics planning to provide PAC services within the next 1 – 2 years:

1. Does each clinic proposing to provide clinical PAC services within the next 1 – 2 years have a timeline and work plan to guide the implementation of this activity at the appropriate Level (One or Two)? If so, do these documents clearly and adequately address how the necessary inputs (trained personnel, equipment, clinical infrastructure, IEC materials, documentation) will be put in place? Are the plans consistent with the requirements of the national standards? If not, how can the plans be strengthened?
2. How do clinic managers and staff plan to establish adequate PAC policies and protocols (see question 2 above) and train staff to properly implement them?
3. If a clinic plans to offer Level Two services, how do the clinic managers and staff plan to develop and implement adequate processes to monitor the quality and appropriateness of clinical PAC procedures (MVA and D&C) to ensure: (a) determination of medical appropriateness of the procedure for each client, (b) informed consent is documented, (c) only properly trained personnel perform the procedures, (d) monitoring systems (i.e. quality assurance and performance indicators, supervision, refresher training, follow-up of complications, etc.) function effectively?

Illustrative Methodologies:

1. Document review at each CIES location
 - a. Policies, protocols
 - b. Databases (program statistics, performance indicators)
 - c. Medical records (including forms for informed consent, referral/counter-referral, surgical and pathology reports, etc.)
 - d. Information/Education/Communication materials used for client counseling
 - e. Monitoring and Evaluation plan and reports
2. Interviews with managers/administrators, clinical staff (nurses, doctors), and counselors to assess:
 - a. technical knowledge of national norms/CIES policies
 - b. technical knowledge of warning signs which merit referral to Level Two PAC services
 - c. self-reported practices in terms of providing clinical PAC services (counseling, referrals/counter-referrals, MVA and/or D&C procedures)
 - d. professional conduct and perceptions of stigma associated with PAC
3. Interviews with PAC clients to assess:
 - a. quality and content of counseling, referral/counter-referral, and PAC procedures actually received

- b. professional conduct and perceptions of stigma associated with PAC
4. Clinical Observations of PAC Services to assess:
- a. quality, content, and timeliness of counseling, referral/counter-referral, and PAC procedures actually provided
 - b. professional conduct and perceptions of stigma associated with PAC

Component Two: Tiahrt Amendment & Mexico City Policy Compliance

Compliance with the provisions of the Tiahrt Amendment (see Annex 7) and the Mexico City Policy (see Annex 8) is mandatory for CIES as a recipient of USAID funding.

The evaluation team will have to undertake the work necessary to respond to the following specific questions:

1. What is the knowledge level of managers/administrators and of clinical providers (nurses, doctors, counselors) regarding the provisions of the Tiahrt Amendment and Mexico City policy? How do they apply this knowledge to their daily activities?
2. What policies, procedures, and activities does CIES implement in order to ensure knowledge of and compliance with the Tiahrt and Mexico City provisions throughout the organization?
3. What is the range of modern family planning methods offered at each CIES clinic? How does CIES ensure that clients have clear, understandable information so that they may make an informed choice regarding contraceptive use?
4. Does CIES use any quota or incentive systems in its family planning program?
5. What is the CIES procedure if a client refuses family planning methods?
6. Does CIES conduct any experimental procedures or administer any experimental drugs related to contraception? If so, what processes are in place to ensure safety and informed consent of the client?
7. What are the specific policies and procedures for reporting, investigating, and correcting any situations which are not in compliance with the Tiahrt requirements? What is the procedure for notifying USAID and for resolving the situation? Do all CIES managers/administrators and clinical providers know how to implement the reporting procedures?
8. Do any CIES documents (policies, protocols, IEC materials, etc.) or practices promote the use of abortion as a family planning method?
9. Does CIES support any organizations which conduct activities to promote the use of abortion as a family planning method?
10. How can CIES design internal and external monitoring systems to routinely ensure compliance with the provisions of the Tiahrt Amendment and the Mexico City Policy?

Illustrative Methodologies:

1. Document review at each CIES location
2. Interviews with managers/administrators, clinical staff (nurses, doctors), and counselors to assess:
 - a. knowledge of the provisions of the Tiahrt Amendment and the Mexico City Policy and self-reported compliance
3. Interviews with Family Planning clients to assess:

- a. quality and content of counseling actually received, including whether explanations of benefits/secondary effects of various contraceptive methods were provided and understandable, clients perceived freedom to select appropriate method (vs. direction or coercion by counselor or clinical provider), and informed consent was obtained and documented
4. Clinical Observations of Family Planning counseling services

Component Three: Adolescent Health Program

CIES has a long history of providing adolescent services, both for health education and clinical reproductive health services. USAID wished to support a thorough evaluation of current youth activities such as the “rincones juveniles” and related school-based health education program with input from clients such as adolescents, parents, and teachers. Tailoring programs to local needs such as cultural context and gender issues may make them more relevant and effective. Exploring innovative ways to increase the use of reproductive health and clinic-based educational services by youth by addressing specific concerns such as ensuring confidentiality, having special providers trained in adolescent developmental and health issues, and integrating health services according to the client’s needs (i.e. family planning, STI prevention/treatment, HIV prevention) is also a key issue. Creating more effective referral systems to link the community and clinic-based elements of the adolescent health program could improve access to services.

The evaluation team will have to undertake the work necessary to respond to the following specific questions:

1. What is the *structure* of the CIES Adolescent Health Program in terms of: infrastructure/physical facilities (central and regional levels), equipment, and personnel (including a comprehensive organizational chart)?
2. What is the *design* of the program, including the target population (age, gender, geographic distribution), overall strategy and rationale for activity development, program goals and objectives (including a monitoring and evaluation plan with measurable performance indicators), content of IEC materials, alliances with community organizations (i.e. schools, parents’ groups, etc.), and implementation of program activities? Are the elements of the CIES program consistent with the Adolescent Reproductive Health component of the Ministry of Health’s National reproductive Health norms? If not, what are the variations?
3. How does the program address the specific challenges of:
 - a. Ensuring client confidentiality
 - b. Ensuring appropriate referrals/counter-referrals to clinical services
 - c. Providing “youth friendly” clinical services in reproductive health
 - d. Overcoming financial barriers which may limit youth access to clinical services
 - e. Obtaining informed consent from minors
4. Based on CIES’s current monitoring and evaluation system, what are the measurable results which the program has achieved thus far, particularly as related to improved knowledge and practices related to healthy reproductive health behavior, improved access to reproductive health services, and/or improved reproductive health status of the youth it serves? What specific recommendations can be made for a low-cost M&E system that will improve measurement of program results for the future?
5. What are the prospects for long-term technical and financial sustainability of the youth program?

Illustrative Methodologies:

1. Document review at each CIES location
2. Interviews with managers/administrators, clinical staff (nurses, doctors), and Youth Program staff
3. Interviews with Youth Program clients (youth, parents, teachers)
4. Observations of Youth Program activities
5. Observations of “youth friendly” clinical reproductive health services

Suggested Team Composition

USAID/Bolivia recommends that the team consist of three members, including one international/U.S. professional, one international/south-to-south professional and one local administrative assistant. The team should possess the following expertise and skills:

1. Written and oral fluency in English and Spanish (all team members must be fluent in Spanish and English)
2. Expertise in clinical post-abortion care program design, implementation, and monitoring
3. Expertise in design, implementation, and monitoring of reproductive health services for youth
4. Experience with design and use of program review instruments, including implementation of qualitative assessments such as focus groups, structured interviews, and field observations

Reports and Deliverables

1. Proposed work plan and timeline for the stock-taking exercise. A preliminary draft version should be included as part of the proposal, and an updated draft should be shared with the Health Team Leader at least two weeks prior to the introductory briefing with the Mission and the partners. The contractor should incorporate the feedback received from the Mission and the partners during the introductory briefing into a final, revised version of the work plan.
2. Drafts of evaluation instruments (i.e. interview and focus groups guides, observation checklists, etc.) provided with revised draft work plan and timeline; final versions based on USAID input
3. Outline of the final report: due mid-way through the fieldwork
4. Written summary of the key findings including lessons learned, best practices and recommendations (due at the final debriefing)
5. Draft final report: due one week after departure from Bolivia
6. Final report: due one week after USAID/Bolivia submits comments on the draft report (five copies of the report in English and five copies in Spanish, as well as an electronic version)

Level of Effort (LOE) and Period of Performance

The proposed LOE for this task is as follows:

- Chief of Party/U.S. International Staff: 24 days, including 5 days for document review and instrument preparation in the U.S., 15 working days in Bolivia (including in-country travel), 2 international travel days, and 2 days for preparation of final work products

- South-to-South Professional: 24 days, including 5 days for document review and instrument preparation in the U.S., 15 working days in Bolivia (including in-country travel), 2 international travel days, and 2 days for preparation of final work products
- Local Administrative Assistant: working part-time for equivalent of 80 hours to organize logistics of team visits (i.e. airline and hotel reservations, meeting rooms, duplication of materials, organizing focus groups, etc.)

The illustrative schedule for the assessment, estimated to begin in early February:

Three to four weeks prior to Team arrival in-country:

- Conference call with USAID/Bolivia and Team members to discuss evaluation process and resolve any remaining technical issues
- USAID sends any additional documents to Team for review
- Team reviews USAID documents
- Team prepares draft work plan, timeline, and evaluation instruments

Two weeks prior to Team arrival

- Draft work plan, timeline, and evaluation instruments sent to USAID/Bolivia Health Team Leader
- USAID reviews draft documents and provides technical feedback to Team

One week prior to Team arrival

- Local Administrative Assistant begins scheduling activities, meetings, and travel

In-Country Visit:

1 working day – orientation meetings with USAID, the Ministry of Health, and other key implementing partners; work plan and timeline finalized

1 working day – workshop/meetings to finalize logistics and organize activities for field work

10 working days – complete field work (include in-country travel to Santa Cruz, Cochabamba, Oruro, Sucre, and Potosi, outline of final report presented to USAID at mid-way point in field work)

2 working days – workshops/meetings to synthesize results

1 working day – debriefing meetings with USAID and other key partners; presentation of draft final report

One week after Team departure from Bolivia

- revised draft of final report sent to USAID/Bolivia

Two to three weeks after Team departure from Bolivia

- USAID provides comments on draft final report
- Team submit final report (English and Spanish versions)

Changes to Statement of Work

Any changes to this statement of work shall be authorized and approved only through written correspondence from the Contracting Officer. A copy of each change will be kept in a project folder along with all other products of the project. Costs incurred by the contractor through the actions of parties other than the Contracting Officer shall be borne by the contractor.

SECTION B – INSTRUCTIONS PREPARATION OF THE PROPOSAL

B.1. PREPARATION OF THE PROPOSAL

1. USAID will entertain proposals only from the entities under the first tier, TASC2-Global Health.
2. Applicants should submit a Proposal directly responsive to the terms, conditions, specifications and clauses of this RFP.
3. One original plus two (2) copies of a technical Proposal, and one original plus one (1) copy of a Cost/Business Proposal must be submitted. All materials submitted must be in English. In addition to hard copies, applicants must supply a copy of their proposal on a 3.5-inch disk in Word. Any graphics/tables must be drafted in or converted to Word or Excel. Technical Proposals must not make reference to *specific* costs or *detailed* pricing data in order that the technical evaluation may be made strictly on the basis of technical merit.
4. All copies of the technical and Cost/Business Proposals must be separately placed in sealed envelopes clearly marked on the outside with the following words "RFP No. 511-011-2005 Technical or Cost/Business (as appropriate) Proposal". These individual envelopes must then be bundled together to be received as one complete package.
5. Proposals should be submitted with the name and address of the offeror on the envelope. Proposals are due to Mr. Ralph V. Koehring in the address below no later than 5:30 PM (La Paz/Bolivia time), January 31, 2005.

Proposals should be addressed as follows:

If sent via mail within USA

Ralph V. Koehring (RCO)
Regional Contracting Officer
USAID/Bolivia
Re: RFP No.511-011-2005
APO AA 34032

If sent via courier

Ralph V. Koehring
Regional Contracting Officer
USAID/Bolivia
Re: RFP No.511-011-2005
Calle 9 N° 104, Obrajés
Telephone: (591-2) 2786445/2430631
La Paz, Bolivia

6. E-mailed or faxed Proposals are authorized for this RFP and will be accepted. Proposals that are submitted late will be treated according to FAR clause 52.215-1(3). Proposals that are incomplete or are non-responsive may not be considered.

B.2 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

A suggested format for the technical Proposal is:

1. Cover Page -Title, name of organization(s) submitting Proposal, contact person, telephone and fax numbers, address, and e-mail.
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. Proposal Body (not to exceed 20 pages (10 pages per Assessment) – excluding annexes) - The Proposal's structure should reflect the evaluation criteria listed in Section C. The body should have the following sections:
 - a. Technical Approach describing how the work will be accomplished, including a detailed timeline of activities.
 - b. Qualifications of Proposed Personnel

Proposed personnel will be evaluated based on:

- 1) Academic and technical background and qualifications (including English and Spanish language ability) relevant to this Statement of Work;
- 2) Successful experience in providing technical assistance in developing countries and in areas relevant to this Statement of Work; and
- 3) Demonstrated interpersonal skills and managerial/technical abilities.

For all proposed long-term consultants, expatriate and locally-recruited, full resumes must be provided, presenting their experience in chronological order and listing addresses and telephone numbers of the last three immediate supervisors. For local staff or third country nationals in addition to the resumes please submit USAID biographical data sheet form fully signed by candidate and contractor.

- c. Corporate Capability
 - 1) Qualifications and experience of the Offeror in carrying out activities and programs similar to those described in Section A;
 - 2) Qualifications and experience of the Offeror in supporting and back-stopping long and short-term professional personnel on overseas assignments in developing countries; and

3) Qualifications and experience of the Offeror in managing several subcontractors and/or sub-grantees to implement activities similar to the ones planned under the Representative Congress, Phase II Activity.

d. Record of Past Performance

1) The Offeror is required to submit information on contracts, subcontracts, cooperative agreements, or grants performed over the last five years (or ongoing) that are similar in scope to the work covered by Section A. The information supplied must include the name and address of the organization for which services were performed, a description of the work performed, the duration of the work and size (in dollars) of the contracts, subcontracts, cooperative agreements or grants, and the current telephone number of the responsible technical representative of the organization. USAID may use this information to contact technical representatives on prior contracts, subcontracts, cooperative agreements or grants to obtain information on performance. If the Offeror encountered problems in carrying out any of these contracts, etc., it should provide an explanation of the problem encountered and describe any corrective action taken. Failure to submit complete and accurate information regarding previous similar or related contracts, subcontracts, cooperative agreements or grants is grounds for disqualification from the award.

2) Past performance will be evaluated as a means of predicting how the Offeror will likely perform. The following general considerations will be examined:

- a) Quality of Services: How well the Offeror complied with Task Order requirements;
- b) Timeliness of Performance: How well the Offeror adhered to Task Order schedules and its responsiveness to technical direction;
- c) Business Practices and Customer Satisfaction: How well the Offeror worked with the Contracting Officer and his or her technical representative(s). Customer satisfaction also measures the interface with the ultimate end-user of the services;
- d) Key Personnel: How well the principal individuals elected performed in carrying out the activities called for under the contracts, subcontracts, cooperative agreements or grants; and
- e) Cost Control: Whether the Offeror operated at or below budget, submitted reasonable price change proposals and provided current, accurate and complete billings.

e. Page Limit

As set forth above, the Proposal body is limited to a total of 20 pages (10 pages per Assessment). This 20 page limit excludes authorized attachments and resumes. An outline format using lists, 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.

B.3 INSTRUCTIONS FOR PREPARATION OF THE COST/BUSINESS PROPOSAL

1. Cost/Business Management Proposal

Submission of a cost proposal as follows:

- a. A proposed time schedule for completion of the work shall be submitted.
- b. For each individual who will perform directly under the Task Order, the following information shall be required in the following format:

Table 1:

<u>Name & Functional Labor Category</u>	<u>Number of Work Days</u>	<u>Fixed Burdened Daily Rate</u>	<u>Total</u>
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Total \$ _____

- c. Other Direct Costs. A complete breakdown of costs is required for each Task Order, as requested by the Contracting Officer, such as:

1) Travel, Transportation, and Per Diem

Estimated travel and transportation costs shall be in accordance with the clause of the Contract entitled "Travel and Transportation" (AIDAR 752.7002). The proposal for each Task Order shall specify, for each traveler, the itinerary (in terms of locations, and, if possible, dates), the estimated air fares, any transportation (i.e., excess baggage) cost [to include the weights, mode of transportation (air, vessel), and unit prices], and the subtotal of all travel and transportation costs. Estimated per diem shall be in accordance with the most recent Department of State Maximum Travel Per Diem Allowances for Foreign Areas and prescribed Maximum Per Diem Rates for CONUS.

The breakdown of per diem costs shall be tied to the travel itinerary and work-days, and shall specify, for each traveler, location(s), number of days in each location, the per diem rate for each location, and the subtotal for all per diem costs. The proposal for each Task Order shall also include the total travel, transportation, and per diem costs.

2) Overseas Allowances

Overseas allowances (other than per diem), if any, shall be in accordance with the clause of this Contract entitled "Differentials and Allowances" (AIDAR 752.7028) and the Standardized Regulations, and shall include, for each individual for whom the allowance will apply, the type of allowance, the calculation of the allowance, and the total overseas allowances costs.

3) Participant Training

Participant training costs, if any, shall be in accordance with ADS 253 (Automated Directives System). The contractor shall utilize the Training Cost Analysis (TCA) Proposal Worksheet, set forth in the ADS, to reflect participant training costs, and shall include the checklist for delineating responsibilities.

4) Nonexpendable Property and Commodities

Estimated costs of any nonexpendable property and commodities to be purchased, if applicable, shall be based upon quotes from suppliers, and shall reflect the quantity and types of such property or commodities, the unit price(s) for each, and the total cost of nonexpendable property and commodities. The proposal shall also include an explanation of the need for such property and commodities, a lease versus purchase analysis, an explanation of how and why the vendor/supplier/subcontractor was selected, a demonstration that the price(s) is/are fair and reasonable and that the vendor/supplier/subcontractor is responsible, the proposed location of the property and an explanation of the use(s) to which such property and commodities will be put, and proposed disposition.

5) Miscellaneous Costs

Miscellaneous costs, to include but not limited to, passports and visas, medical examinations and inoculations, communications, etc., shall be specified in terms of the number of units, the estimated unit cost, and total cost.

B.4 REQUIRED CERTIFICATIONS AND OTHER INFORMATION

1. Biographical Data Sheet (AID Form 1420-17). The contractor shall submit a Contractor Employee Biographical Data Sheet (USAID Form 1420-17) to support salary information [for CCN and TCN personnel only]. The form must be signed by the individual and the contractor (or subcontractor) in the appropriate spaces with all blocks completed, as appropriate;
2. A certification that the proposed personnel were not suggested or requested by USAID;
3. Disclosure of Lobbying Activities, if the proposal exceeds \$100,000 in accordance with the contract clause entitled "Limitation in Payments to Influence Certain Federal Transactions" (FAR 52.203-11);
4. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters (FAR 52.209-5), if the proposal exceeds the Simplified Acquisition Threshold (currently \$100,000);
3. Anti-Kickback Procedures (FAR 52.203-7), if the proposal exceeds the Simplified Acquisition Threshold (currently \$100,000); and
6. USAID/Washington has acquired EEO Clearances for each prime contractor.

7. Certificate of Current Cost and Pricing Data is required, pursuant to FAR 15.804(a)(1)(i), for Task Orders in excess of \$500,000 if there is "not" adequate price competition (at least 2 offers).
8. Copy of current NICRA document.

B.5 UNNECESSARILY ELABORATE PROPOSALS

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective Proposal in response to this RFP are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

B.6 AUTHORITY TO OBLIGATE THE GOVERNMENT

The Contracting Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposal may be incurred before receipt of either a Contract signed by the Contracting Officer or a specific, written authorization from the Contracting Officer.

SECTION C – EVALUATION CRITERIA

USAID/BOLIVIA ASSESSMENT #1:

EVALUATION OF THE PARTNERS FOR DEVELOPMENT PROJECT

Each proposal will be scored by a technical evaluation committee using the criteria shown in this section.

I. TECHNICAL PROPOSAL (90 Points)

Proposed Technical Approach: Methodology and Content (40 points)

The evaluation of the offeror's technical approach will focus on the following:

- The proposal expresses a clear understanding of the purpose of the activity **(5 points)**
- The proposal reflects a clear understanding of the development context in Bolivia, including intercultural and gender issues as related to health sector activities **(5 points)**
- The description of how the Scope of Work will be accomplished is clear, practical, and results-oriented, and it adequately addresses all of the technical requirements specified by USAID/Bolivia. Proposals with activities that reflect realistic, imaginative and innovative approaches to achieving the objectives are encouraged. **(15 points)**
- The proposed workplan and timeline clearly describe how the activities will be conducted and the deliverables produced within a 3-month time frame. **(15 points)**

Proposed Staffing and Qualifications (40 Points)

Because of the flexibility permitted in the Scope of Work for the Offeror to propose a team of four professionals (including one Bolivian) to complete the activities and produce the deliverables, the proposed staff will be evaluated inasmuch as they contribute to the overall skills mix specified below. Based on this assessment, USAID/Bolivia will determine whether the team, as a whole, has the necessary skills and experience to successfully implement the SOW. In addition, USAID/Bolivia may identify individual team members who do not contribute meaningfully to the overall capacity of the team. CV's provided in the proposal should clearly address the following requirements:

- All team members must be fluent in Spanish **(3 points)**
- One or more team members must be fluent in English, with excellent writing skills **(3 points)**
- Expertise (determined by education, professional training, and job experience) in all four USAID/Bolivia health program pillars: (1) child health **(4 points)**, (2)

- reproductive health and family planning **(4 points)**, (3) HIV/AIDS **(2 points)**, and (4) other infectious diseases (malaria, Chagas, tuberculosis) **(2 points)**
- Expertise (determined by education, professional training, and job experience) in community development, organizational development and capacity-building **(7 points)**
 - Expertise in program monitoring and evaluation **(12 points)**
 - The local professional should be familiar with the key health issues in the geographic regions where Socios works; he/she could serve as a facilitator to the evaluation team, helping to organize site visits, key informant interviews, etc. **(3 points)**

For each team member proposed, the offeror must also provide a list of three references, including at least one current or former supervisor, with name, title, organization, nature of professional relationship with the candidate, telephone number and e-mail.

Corporate Capability and Past Performance (10 points)

The offeror must provide relevant information (including USAID past performance reports) to allow the evaluation committee to assess its:

- Demonstrated successful experience in conducting similar program evaluations **(7 points)**
- Demonstrated experience working in Latin America health sector evaluations; prior experience in Bolivia is preferred **(3 points)**

II. COST PROPOSAL (10 points)

Cost is of significantly less importance than the technical evaluation criteria. However, where proposals are considered essentially equal, cost may be the determining factor. The overall standard for judging cost will be whether the cost proposal presents the best value for the cost. The cost proposal will be judged on: (i) whether it is realistic and consistent with the technical proposal; (ii) overall cost control (avoidance of excessive salaries, excessive home office visits, and other costs in excess of reasonable requirements); and (iii) amount of proposed fee.

Where proposals are considered essentially equal, cost may be the determining factor. The cost proposal should include a detailed budget for the base period as well as for the two option periods of the activity. All schedules necessary to support and explain proposed costs with breakdowns on direct labor, fringe benefits, supplies and equipment, travel and per diem amounts, other direct costs, and indirect costs; personnel costs, allowances and benefits, such as costs associated with resident and short-term personnel; travel and transportation costs, including airfares (destinations and number of trips), per diems amounts, taxis, and car rentals; other direct costs such as rent, equipment, supplies, domestic, and international communications; and indirect costs supported with a Negotiated Indirect Cost Rate Agreement (NICRA) from the cognizant agency, if available. International travel should be identified separately and broken down by destination, number of trips, and number of travelers.

USAID/BOLIVIA ASSESSMENT #2:

EVALUATION OF CIES ADOLESCENT PROGRAMS, POST-ABORTION CARE ACTIVITIES, AND COMPLIANCE WITH THE TIARHT AMENDMENT

Each proposal will be scored by a technical evaluation committee using the criteria shown in this section.

I. TECHNICAL PROPOSAL (90 Points)

Proposed Technical Approach: Methodology and Content (40 points)

The evaluation of the offeror's technical approach will focus on the following:

- The proposal expresses a clear understanding of the purpose of the activity **(5 points)**
- The proposal reflects a clear understanding of the development context in Bolivia, including intercultural and gender issues as related to health sector activities **(5 points)**
- The description of how the Scope of Work will be accomplished is clear, practical, and results-oriented, and it adequately addresses all of the technical requirements specified by USAID/Bolivia. Proposals with activities that reflect realistic, imaginative and innovative approaches to achieving the objectives are encouraged. **(15 points)**
- The proposed workplan and timeline clearly describe how the activities will be conducted and the deliverables produced within a 2- 3 month time frame. **(15 points)**

Proposed Staffing and Qualifications (40 Points)

Because of the flexibility permitted in the Scope of Work for the Offeror to propose a team of three professionals (including one Bolivian Administrative Assistant) to complete the activities and produce the deliverables, the proposed staff will be evaluated inasmuch as they contribute to the overall skills mix specified below. Based on this assessment, USAID/Bolivia will determine whether the team, as a whole, has the necessary skills and experience to successfully implement the SOW. In addition, USAID/Bolivia may identify individual team members who do not contribute meaningfully to the overall capacity of the team. CV's provided in the proposal should clearly address the following requirements:

- All team members must be fluent in Spanish and in English **(5 points)**
- Expertise (determined by education, professional training, and job experience) in clinical post-abortion care program design, implementation, and monitoring **(15 points)**
- Expertise (determined by education, professional training, and job experience) in design, implementation, and monitoring of reproductive health services for youth **(10 points)**

- Experience with design and use of program review instruments, including implementation of qualitative assessments such as focus groups, structured interviews, and field observations **(10 points)**

For each team member proposed, the offeror must also provide a list of three references, including at least one current or former supervisor, with name, title, organization, nature of professional relationship with the candidate, telephone number and e-mail.

Corporate Capability and Past Performance (10 points)

The offeror must provide relevant information (including USAID past performance reports) to allow the evaluation committee to assess its:

- Demonstrated successful experience in conducting similar program evaluations **(7 points)**
- Demonstrated experience working in Latin America health sector evaluations; prior experience in Bolivia is preferred **(3 points)**

III. COST PROPOSAL (10 points)

Cost is of significantly less importance than the technical evaluation criteria. However, where proposals are considered essentially equal, cost may be the determining factor. The overall standard for judging cost will be whether the cost proposal presents the best value for the cost. The cost proposal will be judged on: (i) whether it is realistic and consistent with the technical proposal; (ii) overall cost control (avoidance of excessive salaries, excessive home office visits, and other costs in excess of reasonable requirements); and (iii) amount of proposed fee.

Where proposals are considered essentially equal, cost may be the determining factor. The cost proposal should include a detailed budget for the base period as well as for the two option periods of the activity. All schedules necessary to support and explain proposed costs with breakdowns on direct labor, fringe benefits, supplies and equipment, travel and per diem amounts, other direct costs, and indirect costs; personnel costs, allowances and benefits, such as costs associated with resident and short-term personnel; travel and transportation costs, including airfares (destinations and number of trips), per diems amounts, taxis, and car rentals; other direct costs such as rent, equipment, supplies, domestic, and international communications; and indirect costs supported with a Negotiated Indirect Cost Rate Agreement (NICRA) from the cognizant agency, if available. International travel should be identified separately and broken down by destination, number of trips, and number of travelers.