



U. S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

March 17, 2004

**TO: PROSPECTIVE IQC CONTRACTORS**

**SUBJECT: Request for Task Order Proposal**

Reference: IQC Contract Nos. GHS-I-00-03-00024-00 through 00031  
(AED, Chemonics, John Snow, MSCl, RTI, URC, MSH, and  
Deloitte and Touche)  
GHS-I-00-03-00039-00 through 00040 (Abt Assoc. and Initiatives)

USAID is competing a 28-month cost plus fixed fee task order under the referenced IQC. The fair opportunity procedures utilized are in accordance with Section F.8, as set forth in the referenced IQC. The technical proposal shall not exceed 10 pages (excluding budget, CVs, graphs, past performance).

The following information is requested:

**Technical Proposal.**

- a. A ten-page (maximum) description of how the tasks outlined below will be undertaken, including the engagement of partner organizations and reflecting on overall understanding of the programmatic role of Integrated Vector Management (IVM) at the field and policy levels.
- b. For each individual ("key" personnel and professional staff) who will perform directly under the Task Order, the following information shall be required: Name, Functional Labor Category, Level of Effort, and CV(s). Please note that each contractor should determine the most appropriate positions, personnel and effort to accomplish the work based on historical experience.
- c. USAID will evaluate each contractor based on Technical Approach, Personnel, and Past Performance relevant to the attached SOW. Please limit your submission to no more than three past performances, and provide reference names and phone numbers.

**Cost Proposal.**

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

- a. Summary Cost Breakdown - Please provide a breakdown, by element, of the respective anticipated costs of performing under this task order.
- b. Detailed level of effort and labor cost estimates must be submitted in accordance with the Statement of Work. Please provide a separate line item for each proposed individual and identify each

by name, labor category, daily rate, and the level of effort for that individual. Please provide a salary history for the prior three years, for "key" individuals and professional staff.

c. Travel/Per Diem: Please provide the point of departure, destination, duration of each trip (days) if travel is required, and a breakdown between the per diem and airfare and the basis for each.

d. Other Direct Costs: Please provide a breakdown of all anticipated other direct costs (i.e., the amount, type, and unit cost).

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

f. Fixed Fee

Please submit the required information to: **Vann D. Rolfson by 10:00am, Wednesday, April 7, 2004.** Mr. Rolfson may be contacted by email at [vrolfson@usaid.gov](mailto:vrolfson@usaid.gov) or by telephone at (202) 712-5852.

**Address:**

**United States Agency for International Development  
Office of Procurement  
7.09-060  
1300 Pennsylvania Avenue, NW  
Washington, D.C 20523-7803**

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

Sincerely,



Suzanne H. Partridge  
Contracting Officer  
M/OP/GH/HSR  
Office of Procurement

cc: John Borrazzo, GH/HIDN/ID

Elizabeth Fox, GH/HIDN/MCH

# REQUEST FOR TASK ORDER PROPOSAL (RFTOP)

## Article I – Title

### **Integrated Vector Management for Improved Control of Malaria and other Infectious Diseases**

## Article II – Objectives

1. To provide management support to on-going USAID-supported Integrated Vector Management activities at global and country levels;
2. To provide USAID missions a mechanism through which expert short and long-term technical assistance can be accessed for IVM activities;
3. To support the continued technical development of IVM through collaborative work with relevant international institutions, continued operations research, and dissemination of relevant findings and experiences.

## Article III – Background

### A. Problem Statement

Integrated Vector Management (IVM) is receiving increasing attention as a basic methodology for the implementation of malaria and other vector-borne disease control activities at the global and country levels. However, currently there is a lack of consensus on a coherent methodology for selecting or combining their use, and a general lack of capacity for local level application of IVM. In addition, IVM has not yet developed a firm epidemiological basis to guide application of larval control tools, or combinations of any of the available tools (Insecticide-Treated Nets, Indoor Residual Spraying, Larval Control) at local levels. Recent operations research work has begun to provide groundwork on which to build such an epidemiologically based framework for local level applications. In addition, cost-effectiveness data on the benefits of combining interventions to fit local situations is needed to inform decision-making.

IVM can best justify its place in malaria control by becoming the process through which evidence-based targeting of specific interventions takes place. There is a need to work with WHO in its technical advisory capacity to increase consensus on the role of IVM in malaria control, to demonstrate the settings in which particular tools or combinations of tools are effective, and to develop local access to technical assistance in implementing IVM through capacity building at various levels.

Current work: There are currently three main tools available for malaria vector control: Insecticide-Treated Nets (ITNs), Indoor Residual Spraying (IRS) and Larval Control (LC). None of these tools is new, and LC is actually ancient. The evidence base for ITNs and IRS is extensive, and each can be considered efficacious if properly implemented in most ecological settings. Neither one alone is likely to interrupt transmission in most of the African countries

with endemic malaria. Both ITNs and IRS are in current use in Africa, and each has particular advantages in particular settings. Larval Control (LC) interventions have been shown to be effective, and cost-effective, in the specific setting of long-term use in mining settlements in Zambia. A USAID-sponsored conference in Kampala, Uganda in 2002 identified a wider range of settings in which LC might be appropriate, and the Environmental Health Project (EHP) has begun work in collaboration with the University of Durham to establish an evidence base for the application of LC methods in particular settings. To date, evidence for combinations of interventions, either multiple vector-control interventions or vector control in conjunction with treatment, has been lacking. Epidemiological methods for such combination trials remain problematic, and attention has been focused on “proving” each intervention’s efficacy on its own.

While it is anticipated the bulk of activities under this task order will be focused on malaria, there should be scope to address other vector-borne diseases such as dengue, lymphatic filariasis, etc as requested by Bureau of the Global Health (BGH) or USAID missions.

#### **Article IV: Statement of Work**

##### **Activities:**

Through this task order, the contractor shall:

1. Provide management support for IVM field activities, including (but not limited to):
  - a. Identification and deployment of qualified, expert consultants and/or qualified sub-contractors to:
    - i. provide technical advice and support in planning and implementation of vector control activities;
    - ii. Design, implement and evaluate training in key skill areas;
    - iii. Design, implement and evaluate behavioral change communication interventions for control of vector-borne diseases;
    - iv. Design and implement monitoring and evaluation activities as needed;
    - v. Prepare required environmental documentation for USAID missions;
    - vi. Other technical assistance duties as specified by participating USAID missions or the CTO;
  - b. Management of sub-contracts and small grants, including Operations Research activities documenting the efficacy of vector control interventions in selected settings, sub-contracts to implement country-level activities and small grants to international institutions and NGOs for similar purposes. This will require development of new sub-contracts and small grant agreements, supervision of the performance of the sub-contractor(s) per the terms of reference, provision of funds to the sub-contractor(s), and reporting including financial accounting, per the specified schedule(s). The proposals should include a specific description of how grant proposals will be solicited, reviewed and awarded.
2. Assist USAID/GH/HIDN in developing and maintaining a leadership role in the global IVM community through:
  - a. Sponsorship and facilitation of technical meetings and symposia, including one international conference on larvae control anticipated for April 2005;

- b. Assistance to key partners (WHO, WHO regional offices, Roll Back Malaria headquarters and regional networks, African institutions, academic centers, etc) in developing and producing advocacy documents and materials, presentations and technical reports;
  - c. Networking and facilitated communication among key actors in the IVM community, in close collaboration with USAID's malaria team.
3. Implement (via sub-contractors and grantees) and provide technical support at country level (via specialist independent consultants) of IVM-related activities for 3-6 USAID missions consistent with the objectives of this Task Order. Current activities (and annual budgets) include support to the National Malaria Control Program for evidence-based selection of vector control interventions in Eritrea (approx \$500,000 per year), training in IVM interventions in Zambia (approx \$50,000), writing of a Pesticide Evaluation Report and Safe Use Action Plan (PERSUAP) for USAID environmental clearance for IVM activities in Kyrgyzstan (\$25,000) and investigation of larval control in urban areas of Uganda (approx \$50,000). There is potential for further work in 1-2 other African USAID missions. Specific activities, schedules and benchmarks under mission scopes of work to this task order will be agreed upon with missions and clearly specified in those scopes of work.

**Task Order Benchmarks: Phase 1:**

1. Completion of field data collection for the research on larval control in selected sites in Africa by University of Durham and subcontractors;
2. Collaborative planning process with WHO Roll Back Malaria Department (Study Group on Malaria Vector Control and Personal Protection) and WHO/AFRO established for the field implementation and evaluation of at least one IVM program in Africa;
3. Presentation of results of larval control interventions at least two scientific meetings, one of which is sponsored/co-sponsored by USAID via this task order.
4. Publication (or in process of publication) of at least one scientific paper in a peer-reviewed journal addressing one or more of the issues listed above under results.
5. Specific plans in place for capacity-building activities specific to IVM.

Benchmarks for additional mission-funded activities, if any, will be specified at the time specific scopes of work for those activities are agreed upon, and it will be reviewed at end of each year by the Technical Advisor and the Activity Manager.

**Reporting Requirements:**

Quarterly written reports and a final report will be prepared by the activity manager as specified in the main TASC2 contract, addressing the main Task Order Benchmarks including operations research activities and results, progress in collaboration with international institutions, and capacity-building activities. Quarterly reports (including financial updates) are intended to briefly summarize the current status of the activity. Specific format will be determined in consultation with the USAID technical advisor.

Regular meetings (minimum monthly) between the activity manager and the technical advisor assigned to this activity by BGH will also be required, the format for these meetings will be mutually agreed upon by the advisor and the activity manager.

## **Article V: Personnel**

### **Key Personnel:**

This activity will require an activity manager, who will be the sole “key personnel” position, and administrative/clerical support person(s), the number and LOE which will depend on levels of incremental funding from missions. The support personnel levels of effort will be approved by USAID as part of the annual workplan approval process. Part-time allocation of effort for both the activity manager and the clerical/administrative support person(s) is encouraged (80-90% LOE is expected for the activity manager).

The activity manager should have substantial experience with management of support projects for national malaria/vector control programs (at least 2 years), and a personal network of relevant international contacts in the field. Some travel by the activity manager is expected (approximately 10% time).

The use of independent consultants is encouraged, and flexibility in sub-contracts and institutional partnerships is highly desirable through the course of the contract to capture specialized knowledge and/or experience. The emphasis of this task order will be on the activity manager’s capacity for management of appropriate implementing sub-contractors, grantees and/or expert consultants to conduct quality field activities, rather than detailed personal implementation of field activities.

## **Article VI: Method of Award**

USAID may, without discussion or negotiations, award a task order resulting from this Request for Task Order Proposal (RFTOP) to the responsible contractor whose proposal conforms to the Statement of Work (SOW) and offers the best value. Therefore, the initial proposal should contain the contractor’s best terms from a cost and technical standpoint. USAID may reject any or all proposals, accept other than the lowest cost proposal, and waive informalities and minor irregularities in proposals received. The technical proposal evaluation criteria are in descending order of importance.

Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various proposals are to one another, the more important cost considerations become. The Contracting Officer may determine what a highly ranked proposal based on the technical evaluation factors would mean in terms of performance and what it would cost to the Government to take advantage of it in determining the best overall value to the Government.

1. Technical Approach – In evaluating the different components of the technical proposal, USAID will examine the overall merit and feasibility of the proposals, as well as specific criteria relevant to each of the tasks outlined earlier. Proposals should outline how the various tasks listed earlier will be undertaken. The technical components of the proposal will be evaluated based on the overall understanding and approach, and the specific design of the program.

2. Personnel – Proposals should outline which subcontractors will conduct the various tasks listed earlier. Also, list the personnel and provide the CVs for the individual or individuals that your firm proposes to manage this task order, and who will be your firm’s counterpart to USAID’s CTO for this task order. This individual will be “key personnel” for this work order.
3. Past Performance – Describe your firm’s experience with IVM and vector control program management. For each example provide discussion of established relationships with the global IVM and malaria community.
  - a. Strong preference will be given to vendors with one or more organizations within its consortium that are currently working in IVM in countries where activities are being proposed.

### **Adjectival Rating**

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

**Outstanding:** The proposal exceeds the fullest expectations of the Government. The applicant has convincingly demonstrated that the requirements have been analyzed, evaluated, and should result in an outstanding, effective, efficient, and economical performance under the task order. An assigned rating within “outstanding” indicates that the proposal demonstrates and “outstanding” capacity, and exceeds the fullest expectations of the Government.

**Very Good:** The proposal demonstrates a level of effort that fully meets the SOW’s requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial to the achievement of the goal of the development and testing of new and better tools, technologies, approaches, policies, and/or interventions to improve the health status of infants, children, mothers, and families in developing and transitional countries. The proposal may or may not have any weaknesses. Fulfilling the definition of “very good” indicates that, in terms of the overall proposal and/or specific proposal sections, the proposal demonstrates a level of effort that fully meets the evaluation’s requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial.

**Good:** The proposal meets the requirements. The proposal may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. An assigned rating of “good” indicates that, in terms of the overall proposal and/or specific sections, the proposal demonstrates a “good” understanding and ability to fulfill the requirements. If any weaknesses and/or significant weaknesses are noted, they should not seriously affect the contractor’s performance.

**Marginal:** The proposal demonstrates a shallow understanding of the requirements and approach and marginally meets the minimum evaluation standard. The proposal contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist,

thy may be correctable. A rating of “marginal” indicates that, in terms of the overall proposal and/or specific sections the proposal marginally meets the standard for minimal but acceptable performance. The contractor may complete the goal of the development and testing of new and better tools, technologies, approaches, policies and/or interventions to improve the health status of infants, children, mothers, and families in developing and transitional countries; however there is at least a moderate risk that the contractor will not be successful.

**Unacceptable:** The proposal fails to meet a minimum requirement or contains a major deficiency or major deficiencies. The proposal is incomplete, vague, incompatible, incomprehensible, or so incorrect as to be unacceptable. The Evaluator feels that the deficiency or deficiencies is/are uncorrectable without a major revision of the proposal. The assignment of a rating within the bounds of “unacceptable” indicates that in terms of the overall proposal and/or specific proposal sections the proposal fails to meet performance or capacity standards.