

STATEMENT OF WORK

PREVENTING HIV/AIDS AND HEPATITIS B & C IN MOLDOVA PROJECT

TECHNICAL ASSISTANCE SUPPORT CONTRACT (TASC II)

Introduction

The purpose of USAID/Moldova's four-year \$6 million Preventing HIV/AIDS and Hepatitis B & C in Moldova program is to decrease the transmission of HIV/AIDS and viral hepatitis B & C in Moldova through cost-effective preventive measures thereby contributing to a reduction in public health risk of these diseases. The project will complement and strengthen other donor HIV and hepatitis-related activities through modernizing and institutionalizing specific health services and systems.

The reasons for initiating a program that would address HIV/AIDS and viral hepatitis B & C in Moldova are compelling epidemiologically, economically and socially. This initiative is aimed at alleviating immediate and future suffering and a growing disease burden on the society and people, and as such will also contribute toward improving the overall socioeconomic situation in Moldova.

This program will address two major public health epidemics and contribute to the achievement of USAID/Moldova's *SO 3.4: Social Safety Net Reaches Vulnerable Groups*, directly contributing to the achievement of *IR 3.4.1: Systems of Delivery of Targeted Assistance is Improved* and *IR 3.4.2: Targeted Assistance Alleviates Immediate Suffering*.

The project is consistent with USAID's intention to support targeted assistance to vulnerable groups and strengthen the capabilities of service organizations. It will focus on supporting more efficient HIV/AIDS and viral hepatitis preventive measures through establishing voluntary counseling and testing services for HIV/AIDS and for viral hepatitis B and C; implementation of effective behavior change communications that would include public information campaigns to promote health-seeking behavior; an enhanced capacity to screen blood supply for HIV, HBV and HCV; increased access to quality services and early diagnostics of hepatitis B and C; and improved safe medical practices. It is believed that this will ultimately result in reduced transmission of HIV, HBV, and HCV. By addressing these major public health issues the disability and mortality among the able-bodied population will, in a long run, be reduced and accordingly the economic potential in the country will be increased.

The primary beneficiaries of this project will be HIV positive people and HBV and HCV positive individuals, who will benefit from voluntary counseling and behavior change communication services that will help reduce stigma and discrimination associated with HIV/AIDS and hepatitis. The ultimate beneficiaries of the program will be the general public, who will be prevented from contracting HIV/AIDS and hepatitis B & C as well as other communicable diseases like STIs, in particular vulnerable groups of the population with a high risk of contracting the disease. This project will result in better trained health care professionals, government officials, and

policy makers capable of providing improved services; and updated policies, laboratory protocols, epidemiological surveillance and preventive measures in accordance with international standards.

USAID's approach for implementation of this project is twofold. USAID seeks to focus its efforts on those activities that are most cost-effective and are aimed primarily at the prevention of further diseases. This program will require a collaborative approach in order to complement and strengthen other donor activities, especially those linked to HIV/AIDS. The Offeror shall work in partnership with national, regional, and local government agencies, as well as with international organizations when appropriate for the successful implementation of this project. Because of the limited funds available to address these health needs in Moldova and other sources of funding available, USAID will require that Offeror(s) of this project coordinate and collaborate with other organizations active in reducing the impacts of HIV/AIDS and Hepatitis B and C. Second, it should be noted that because of the small geographic size of Moldova that some of the activities implemented under this project can be done at nationwide scale. However, other activities will seek to focus resources on either key institutions or on a smaller geographical scale and from these foci of knowledge disseminate the lessons learned and provider resources and services to other parts of the country.

It is expected that by the end of the task order the following targets will have been met:

- *Strengthened voluntary counseling and testing (VCT) services for HIV/AIDS to meet WHO and UNAIDS standards and expanded VCT capacity to integrate viral hepatitis B and C services throughout Moldova.*
- *Strengthened programs in behavior change communications (BCC) in order to prevent the transmission of HIV/AIDS and hepatitis B & C, as well as to reduce the stigma and discrimination associated with HIV/AIDS.*
- *Improved the safety of blood and blood products in Moldova assuring specifically, blood free of HIV and hepatitis B & C.*
- *Strengthened the laboratory capacity to diagnose Hepatitis B and C and to improve epidemiological surveillance in Moldova*
- *Improved guidelines and updated safe medical practices in accordance with international standards that will reduce cross-contamination with HIV and viral hepatitis in health care facilities and support the implementation of those practices*

Background

Moldova's transition to a market economy has placed a heavy burden on the social sector, with the standard of living declining over the past ten years and the number of vulnerable households rising. Long-term suffering in Moldova can be directly attributed to the economic transition and the inability of the social protection system to provide adequate and quality services.

As of June 2005, 2,471 persons have been registered with HIV in Moldova. International experts consider these numbers as highly underreported. The Joint United Nations Program on HIV/AIDS (UNAIDS) had estimated the number of HIV-infected people in Moldova to be closer to 5,500 as early as 2001. The Population Reference Bureau estimates that as of the end of 2003, the percent of population with HIV/AIDS between the ages of 15 to 49 was 0.2%.

In 2002 the prevalence of hepatitis B in Moldova was 14.4/1000. While this is a marked decline from the 1995 level of 41/1000, hepatitis B is still 4-5 times higher in Moldova than in the EU. Hepatitis C is even more troubling. According to the statistical data received from the Center for Preventive Medicine the issue of chronic carriers of viral hepatitis B and C remains a serious epidemiological problem. The Center reports:

- Viral hepatitis B was identified on average in 6-8% of blood donors
- Approximately 6,000 cases of chronic hepatitis are registered annually, of which 1,000 cases are in children aged 0-14 years old
- More than 53,000 patients of chronic hepatitis and chronic cirrhosis are registered and monitored. This means that 2.42% of Moldovans have chronic hepatitis.¹
- 3,300-3,800 persons die annually of chronic hepatitis and hepatic cirrhosis
- 200-220 persons die of hepatic cancer.

Moldova's incidence of HIV/AIDS and its Viral Hepatitis B and C epidemic are also largely driven by declining economic and social conditions, increased risk behaviors in sexual relations of young people, inability to assure the safety of donor's blood, inadequate in-hospital infection control, and most importantly increasing numbers of at risk populations. HIV/AIDS and viral Hepatitis B and C are widely spread among high risk groups, but are also widely spread among the general population. The highest prevalence of viral hepatitis infection and liver disease can be found amongst the most able-bodied people between 18-50 years old. The high morbidity and mortality owing to chronic hepatitis and cirrhosis is caused by a series of factors such as a social and economic crisis that has in turn caused a reduction in the access to quality health care, poor identification and diagnosis capabilities, and unhealthy lifestyle choices. Access to quality care is also limited due to the deterioration of existing equipment and facilities, and insufficient provider knowledge and skills.

In response, the Government of Moldova (GOM) established the first governmental policy on AIDS with the 1993 Law on AIDS. A new law that will comply with international requirements is currently being prepared with technical assistance from UNAIDS.

In 1995 the GOM established the first National Program on Prevention and Control of HIV/AIDS and STIs (1995-2001). With the support of UNAIDS, the UN Theme Group and a number of NGOs, the GOM developed the second National HIV/AIDS Program based on a situational assessment for the years 2001-2005. Currently the

¹ Based upon 4.2 million people in the 1991 census and estimates of as many as 1 million of that population living and working abroad.

third National Program is being developed. External donor support to the AIDS Control Program includes the WB/AIDA grant of \$5.5 million and the GFATM grant of \$3.2 million.

The GOM established a Country Coordination Mechanism (CCM) to be the Project Steering Committee for the WB-financed AIDS Control Project. Under the AIDS Control Project the AIDS Center and its branches received appropriate equipment and toolkits. Other prevention interventions include targeted interventions for vulnerable groups, treatment, care and support for PLWHA, PMTCT, monitoring and evaluation.

Similarly, the GOM has had a National Program for Combating Viral Hepatitis B, C, and D since 1997, but it never has been fully funded. The primary responsibilities for implementing the program are assigned to the Ministry of Health, along with other Ministries. The primary foci of the national program are:

- Prevention of new infections (for Hepatitis B this includes vaccinations);
- Improving protocols and methodological guidelines;
- Improving diagnostics and screening, including blood donations;
- Patient rehabilitation.

Recognizing that it would be unable to fully fund any of these activities, the Government of Moldova sought out and received some support from international organizations. Specifically, the Ministry of Health, with support from other government ministries and international organizations, submitted an application to the Global Alliance for Vaccines and Immunization (GAVI) and the Vaccine Fund to provide Hepatitis B vaccination to newborns for 2002-2003. The application was successful and supported through 2005. This grant can be extended provided that the GOM will bear an increasing share of costs.

The Government of Moldova on behalf of the Ministry of Health has applied for an 8 million Euro loan from the Council of Europe Bank for Development (CEBD) in order to restructure and equip the whole blood transfusion system. This loan has been approved by the GOM and submitted to the President and further to the Parliament for ratification. USAID will provide technical assistance that will complement the activities that will be covered by the loan.

Other Donor Activities:

- The Soros Foundation manages a needle exchange program and supports partnerships with 28 NGOs that serve about 11,000 clients in vulnerable groups.
- SIDA launched a 700,000 Euro communication campaign project.
- UNAIDS provides technical assistance to the GOM and plays an important coordination role.
- With the assistance from UNICEF a lifestyle skills curricula was developed for the MOE targeting youth at risk.
- About 40,000 highly sensitive HIV blood screening tests were procured for the Blood Transfusion Center through the World Health Organization, but limited funding has been available for this activity.

The Center for Preventive Medicine performs epidemiological surveillance in the country and works with WHO in terms of capacity building for epidemiological surveillance and quality control in public health laboratories. To date no funds have been made available to build the laboratory capacity to conduct serological investigations for viral hepatitis and provide accurate primary data to be used for the epidemiological surveillance. Within this context, GAVI provided the infrastructure (i.e. computers and printers) to the regional Centers for Preventive Medicine to be used for vaccines surveillance. In March 2001 WHO conducted an assessment of the National Surveillance System for Infectious Diseases that also provides recommendation for its improvement.

The WHO has a two year program in Moldova focusing on the national surveillance system for infectious diseases and epidemic preparedness. The program is proposing a plan of action to strengthen communicable disease surveillance.

Scope of Work:

Within the context of the USAID/Moldova Strategic Framework, the Preventing HIV/AIDS and Hepatitis B & C in Moldova Program has a set of broad objectives. Offerors are required to propose a comprehensive strategy for achieving each of the objectives indicated below.

Objective 1: Strengthen voluntary counseling and testing (VCT) services for HIV/AIDS to meet WHO and UNAIDS standards and expand VCT capacity to integrate viral hepatitis B and C services throughout Moldova.

Under this USAID-supported initiative, the offeror shall establish a network of sustainable and accessible VCT services that meet WHO and UNAIDS standards throughout Moldova, including the strengthening of existing VCT services, as an entry point to prevention and care to reduce HIV and hepatitis B and C transmission. The offeror shall propose the model of VCT service delivery that is best suited to the local epidemiological, behavioral, legislative and socioeconomic context using multiple approaches including free-standing services, mobile/community outreach, and VCT integrated into existing health-care and social services. VCT services shall be designed to meet the specific needs of couples, pregnant women, youth, children, commercial sex workers, and injecting drug users. The offeror shall build the capacity of local NGOs to effectively participate in the delivery of VCT services within the general health care system.

Initially, there was little provision in either the GFATM or World Bank grants to support VCT. However, during July 2004 Mission GFATM and the World Bank identified VCT as the weakest component of Moldova HIV/AIDS programs and expressed the commitment to reallocate resources for the procurement of testing kits that would compliment the USAID technical assistance in this area. This commitment was later confirmed by GFATM and WB Project Coordinator.

All activities supporting VCT shall be coordinated with the Moldovan Ministry of Health, the Country Coordinating Mechanism for the Global Fund Grant, the World Bank Implementation Unit, and other donors.

This program will result in a network of sustainable VCT services throughout Moldova that meet WHO and UNAIDS requirements².

Expected results:

- An increase of at least 50% in the number of people 15-30 years of age who request an HIV test, receive their results, and receive pre-and post-test counseling in accordance with international standards.
- At least 80% of VCT centers meet international standards.

USAID will not support purchase of equipment and testing kits under this specific objective.

Objective 2: Strengthen programs in behavior change communications (BCC) in order to prevent the transmission of HIV/AIDS and hepatitis B & C, as well as to reduce the stigma and discrimination associated with HIV/AIDS.

Changing individual and community behaviors is key to HIV and hepatitis B and C prevention. The Global Fund and the World Bank grants for HIV/AIDS have activities aimed at behavior change among high risk population. However, both grants lack the provision of technical assistance to produce, where necessary, well-targeted, high quality materials. The offeror shall remedy this gap. Additionally, the offeror shall capitalize, whenever possible, on prevention efforts focused on HIV and link them with efforts to prevent viral hepatitis. No activities that address behavior change communication for hepatitis B and C are being considered by other donors.

Information and education campaigns shall be used to increase the awareness among high-risk groups and the general population about HIV/AIDS and hepatitis B and C, to inform people on the modes of transmission, preventive measures, available diagnostic and screening services, referral systems, and treatment if available as well as to reduce stigma associated with HIV/AIDS and hepatitis B&C.

In addition to information and education campaigns that motivate positive behavior change, activities to achieve this general objective should identify and address current programmatic gaps in promoting community dialogue, advocacy, and reducing stigma. All communication activities, to the extent possible, should be coordinated and consistent with Moldovan National Communication Strategy for HIV/AIDS and WHO Strategy on Behavior Change Communication.

The program will result in a significantly increased level of knowledge among the general population throughout Moldova of how to prevent the transmission of HIV and hepatitis B and C.

² UNAIDS. *Policy on HIV testing and counseling*. Geneva, UNAIDS, 1997
UNAIDS. *Tools for Evaluating HIV voluntary counseling and testing. Best practice Collection*. Geneva, UNAIDS, May 2000
Voluntary Counseling and Testing, UNAIDS Technical Update, Geneva, May 2000

Expected results:

- An increase of at least 50% of injecting drug users (IDUs), sex workers (SW), and men having sex with men (MSM) who can accurately identify the modes of HIV and viral hepatitis transmission;
- High level of knowledge among the general population who can identify at least two modes of transmission of HIV, HBV and HCV.

Objective 3: Improve the safety of blood and blood products in Moldova assuring specifically, blood free of HIV and hepatitis B & C.

Ensuring a safe blood supply not only addresses the issues of preventing HIV and hepatitis, but a host of other blood-borne diseases. Millions of lives are saved each year through blood transfusion, but there is an increased risk of infection with blood-borne diseases if blood and blood products have not been collected and tested properly. Currently, the ability of the public health care system in Moldova to guarantee the safety of its blood products is questionable.

Under the USAID initiative the offeror will seek to supplement the activities funded through the loan obtained by the Government of Moldova from the Council of Europe Development Bank (CEDB) for the rehabilitation of the blood transfusion services in Moldova.

USAID will not support laboratory renovation, purchase of equipment and testing kits under this specific objective.

As a result of the program the Moldovan blood transfusion services system will have the capacity to screen 100% of the blood used for transfusions for HIV and hepatitis B, C, & D in accordance with WHO strategy for blood safety.

Expected results:

- All (100%) blood used for transfusion screened for HIV and hepatitis B&C.

Objective 4: Strengthening the laboratory capacity to diagnose Hepatitis B and C and to improve epidemiological surveillance in Moldova

Considering the high health burden that chronic hepatitis can inflict, a reference laboratory for the diagnosis of chronic cases is critical for Moldova's National Program for Combating Viral Hepatitis B, C, and D. Various laboratories throughout the country use different test practices and testing kits leading to many patients having inconclusive results.

Building the capacity of a reference laboratory for viral hepatitis by the provision of equipment and training, adopting international recommendations and guidelines, and developing Moldova's standards for laboratory procedures with regard to viral hepatitis will improve the accuracy of diagnosis in hepatitis cases. Once the capacity of the referral laboratory is sufficiently strengthened it shall be able to introduce internal and external quality control and quality assurance for hospital-based and

other laboratories that are diagnosing hepatitis B & C. It will also improve the capability of the laboratory to participate in epidemiological surveillance of viral hepatitis in the country.

Subtasks under this objective include:

1. Assess the capacity of the laboratory system in Moldova and propose a plan for improving a referral system throughout Moldova, in particular to establish coordination between preventive and curative systems in terms of sample transportation and testing in most appropriate and effective institutions;
2. Develop standardized viral hepatitis laboratory practices in accordance with international standards/WHO guidelines;
3. Provide appropriate equipment, technical assistance and hands-on training for increasing the capacity of a reference laboratory for viral hepatitis which will be determined based on the assessment findings to be conducted after the project inception;
4. Assist the Ministry of Health in institutionalizing a quality monitoring/assurance mechanism for viral hepatitis laboratories, as well as bio-safety measures in accordance with WHO recommendations³;
5. Build the capacity of the laboratory system to perform epidemiological surveillance consistent with WHO-recommended surveillance standards⁴;
6. Review and make recommendations to USAID whether additional similar technical assistance (e.g. training, equipment, and consumables) is needed to improve the infrastructure and services of additional hepatitis laboratories of national importance.

Expected results:

- Implementation of internationally recommended laboratory practices for diagnosing hepatitis B and C
- A Reference Laboratory for Viral Hepatitis that meets international standards for equipment, policies and procedures
- 95% accuracy in the diagnosis of chronic cases of hepatitis B&C and improved quality and accuracy of tests for hepatitis B&C in other labs throughout Moldova

Objective 5: Improve guidelines and update safe medical practices in accordance with international standards that will reduce cross-contamination with HIV and viral hepatitis in health care facilities and support the implementation of those practices.

A significant reduction in the spread of any infectious diseases, including HIV, and hepatitis B and C can be achieved by prevention measures such as improving safe medical practices guidelines and infection control measures in accordance with international standards. In Moldova these standards are out-of-date and do not

³ Assessment of the National Surveillance System for Infectious Diseases, Republic of Moldova, 19-31 March 2001

⁴ see WHO recommended surveillance standards <http://www.who.int/emc-documents/surveillance/docs/whocdscsr92.html/13Acute%20viral%20hepatitis.htm>

conform to international best practices. This may include the assessment and improvement of current medical practices, current infection control measures, unsafe injecting practices, unnecessary injections, and injecting equipment waste disposal. The activities under this objective will result in the application of creative and innovative ways to improve safe medical practices in medical institutions. These practices shall be piloted in a select few medical facilities and submitted for national endorsement. The offeror shall work with the Ministry of Health in developing monitoring guidelines.

The program will result in the implementation of safe medical practices in accordance with internationally recognized standards that are practiced constantly and monitored regularly by the competent authorities.

Expected results:

- A reduction of at least 50% of HIV transmission, and reduction of at least 50% of hepatitis B&C in health care setting.

Applicable documents

The following two web sites provide detailed information on the WB and GF grants along with information on the status of VCT services in Moldova.

(<http://www.theglobalfund.org/search/portfolio.aspx?lang=en&countryID=MOL>)
(http://www-wds.worldbank.org/servlet/WDS_IBank_Servlet?pcont=details&eid=000160016_20030521115838)

WHO recommended surveillance standards: <http://www.who.int/emc-documents/surveillance/docs/whocdscsr92.html/13Acute%20viral%20hepatitis.htm>

UNAIDS. *Tools for Evaluating HIV voluntary counseling and testing. Best practice Collection* http://www.unaids.org/html/pub/publications/irc-pub02/jc685-toolseval_en_pdf.pdf

TECHNICAL APPLICATION FORMAT:

The technical application should be specific, complete and concise and arranged in the order of the evaluation criteria contained in Section [*TBD*]. Technical applications should not exceed 25 pages in length, exclusive of resumes, past performance references and other appendices.

The Technical Application shall contain the following sections:

- A. Cover Page: A single page with the names of the organizations/institutions involved and the lead or primary Offeror clearly identified. Any proposed sub grantees and sub-offerors (hereafter referred to as the “subs”) should be listed

separately; including a brief narrative describing the unique capacities/skills brought to the program by each sub. In addition, the Cover Page should provide a contact person for the prime Offeror, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address telephone and fax numbers. State whether the contact person is the person with authority to contract for the offeror, and if not, that person should also be listed.

- B. Proposal Summary: The Proposal Summary shall not exceed two pages and should summarize the key elements of the Offeror's strategy and approach. The Proposal Summary should be concise and accurate.
- C. Narrative (22 pages or less): The narrative should contain the following elements:

- 1. Technical Approach

The technical approach must set forth in detail the conceptual approach, methodology and techniques for the accomplishment of the stated objectives, taking into consideration the special considerations stated in this RFP. The rationale for the appropriateness of the suggested approach in Moldova should be provided. The technical approach must clearly demonstrate the application of innovative tools and lessons learned from other programs. It must also clearly demonstrate plans to build Moldovan capacity to implement and sustain activities. The implementation plan, with illustrative time-lines, shall include clear indications on how an effective rapid launch of activities will be accomplished. Lastly, the technical approach shall include a preliminary Performance Monitoring and Evaluation Plan (PMEP) that explains how the offeror proposes to monitor the program and assess program impact. The plan shall provide specific impact indicators and a realistic, cost-effective data collection plan.

Grants: A chart shall be provided to summarize all proposed financial assistance (subgrants) to be provided to NGOs by the offeror. This chart must include the type and purpose of the proposed assistance; the number of NGOs proposed; required cost share, if any; the dollar value range of each type of assistance to be provided; and the total dollar amount proposed for each category of assistance.

- 2. Staffing Plan (Project Team)

The Staffing Plan will specify the composition and organizational structure of the entire project team (including home office support) and describe each staff member's role, technical expertise, and estimated amount of time each will devote to the Contract. Offerors must propose which positions should be designated as "key personnel" (no more than five individuals) and, at minimum, provide resumes for the candidates proposed for such positions. The resumes should demonstrate that the proposed key personnel possess the skills and knowledge outlined in the selection criteria. For each key person proposed, provide a minimum of three (3) references and the date the proposed individual is available to begin work on site. For each reference, please be sure to specify the relationship between the individual proposed and the reference, and include an email address and phone number of each reference.

3. Institutional Capacity and Past Performance

Offerors must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management and training and their experience in managing similar programs with in the past three years. Information in this section shall include (but is not limited to) the following information:

- a) Organizational knowledge, capability, past experience and past performance of the offeror in successfully managing similar programs within the past five years;
- b) Organizational knowledge, capability and past experience of the proposed Offerors (i.e. proposed sub-grantees and/or sub-offerors) in successfully managing similar programs;
- c) Organizational knowledge, capability, past experience and past performance of the offeror in quickly yet effectively staffing a project and launching program activities, as well as successfully supporting personnel in complex field operations;
- d) Offeror's actual history of the incidence of replacement of proposed Chiefs of Party following the initial submission of the proposal and the first three months of implementation of the program in the field, over the past five years. This history shall be expressed as both the number of times a proposed Chief of Party has had to be replaced and as a percentage of all project start-ups over the past five years;
- e) Offeror's prior experience in working with different gender groups and bringing such groups together to reach consensus.

D. Annexes

1. Resumes: Resumes are to be included in the Annex, for each individual who is proposed as key personnel on the program. The resumes must be no more than three pages each and should include at least three references with telephone numbers and e-mail addresses for each reference.
2. Past Performance References: Describe all contracts, grants, and cooperative agreements which the organization, both the primary Offeror as well as any substantive sub-grantees and sub-offerors, has implemented involving similar or related programs over the past three years. Please include the following: name and address of the organization for which the work was performed; current telephone number and e-mail address of responsible representative of the organization for which the work was performed; contract/grant name and number (if any), annual amount received for each of the last three years, and beginning and ending dates; brief description of the project/assistance activity.

PROPOSAL TECHNICAL EVALUATION CRITERIA

USAID plans to enter into a cost plus fixed fee (CPFF) Contract with the offeror whose proposal conforms to the Program Description and offers the best value. 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.

Technical Approach (40 Points)

- A. Extent to which the proposed approach is clear, logical, well-conceived, technically sound and reflects overall understanding and support of USAID's program objectives, as well as the appropriateness of the approach to the Moldovan context and emphasis on building local capacity to render improved anti-HIV and hepatitis B & C services and their sustainability through institutionalizing successful interventions;
- B. Extent to which the offer sets forth a supportable course of action to achieve the solicited results and directly address project objectives as identified in this RFP, and articulates how assistance is integrated among the proposed program components toward achieving overarching objectives with a reasonable balance of resources between these components;
- C. Extent to which illustrative time lines for the effective implementation of project components demonstrates the offeror's ability to reach the stated objectives within the required period of performance, including a plan for a rapid launch of project activities;
- D. Extent to which the preliminary Performance Monitoring and Evaluation Plan is clear, appropriate and sound in terms of the identification of expected intermediate and final results of the program, and extent to which the plan for collecting base-line and follow-on data is cost-effective and will reliably quantify program progress and impact;
- E. Extent to which gender and gender issues are identified and addressed, including plans to ensure attention to such issues during implementation of the activity.

II. Staffing Plan (35 Points)

Extent and nature of relevant experience and qualifications of project team as demonstrated by:

- A. Technical and managerial expertise and experience of the proposed personnel in administering complex anti-HIV and hepatitis or similar health programs, particularly in establishing voluntary counseling and testing services, planning and implementation of targeted and integrated behavior change communication strategies, focusing on areas to ensure safe blood supply, strengthening of medical facilities with primary emphasis on building lab capacity, supporting policy development, strategic planning, and institutionalization of safe medical practices, as well as demonstrated effective interpersonal skills, ethical management, and ability to train trainers and transfer knowledge;

- B. Prior relevant experience in Moldova and the Europe and Eurasia Region, in particular in implementing successful programs with USAID or other international donors;
- C. Appropriateness of the composition and organizational structure of the project team including home office support, international and local professionals to implement each project component and to reach the indicated objectives and a clear, sound and appropriate staffing pattern with responsibilities among different staff positions adequately delineated including the use of qualified Moldovan professionals (i.e. health care providers and consultants) proposed as an integral part of the offeror's workforce for each of the substantive areas outlined in the proposal. A full time resident, expatriate professional Chief of Party is required.

III. Institutional Capacity and Past Performance (25 points)

Proposals will be evaluated on the basis of the extent to which they have:

- A. Demonstrated organizational knowledge, capability, experience and past performance of the offeror in managing similar health programs, including activities to improve voluntary counseling and testing, behavior changes, medical practices, and building lab capacity, as well as previous experience in implementing HIV/AIDS and hepatitis-related programs in the Europe and Eurasia Region;
- B. Demonstrated organizational knowledge, capability and past performance of the other proposed team members (i.e. proposed sub-grantees and sub-offerors) in successfully managing similar programs;
- C. Demonstrated organizational knowledge, capability and past performance of the offeror in successfully supporting personnel in complex field operations including the ability to quickly yet effectively staffing a project and launching program activities, as well as the ability to gather and analyze data on program results and meet USAID reporting and accountability requirements;
- D. Offeror's history of success in fielding the Chiefs of Party as originally proposed;
- E. Demonstrated prior experience of the offeror in working with different gender groups and bringing such groups together to reach consensus.

Cost

Cost is not assigned a weight but will be evaluated for general reasonableness, allocability, allowability, and cost-effectiveness.

Method of Award

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 (FAR 15.101-1). The Source Selection Authority's (SSA) decision shall be based on a comparative assessment of proposals against all source selection criteria in the solicitation. Award, if any, will be made to the offeror whose proposal offers the best value to the government.

SPECIAL CONSIDERATIONS:

Gender considerations

Issues of gender are integral to the project strategy. HIV transmission and infection to date has predominantly been among young males. Existing global statistics show that more than 60% of HIV-infected persons and more than 70% of AIDS cases are among men. Similarly, statistics show a higher rate of Hepatitis B and C infections among men. Additionally, men constitute the majority of injecting drug users. However, gender analysis of HIV/AIDS statistics shows a rising rate of infected women because of a change in modes of transmission. Recent sentinel surveillance showed that sexual transmission will become the most important transmission route in the near future. Commercial sex workers are increasingly affected. Gender dynamics in the current economic environment compels women to practice commercial sex, as well as women's increased vulnerability to involvement in drug use and human trafficking all suggest that gender considerations must be applied to proposed approaches to ensure that both men and women are adequately served. Given the nature of the HIV/AIDS and Hepatitis B and C and possible ways of dissemination and contracting of these infectious diseases, this project was designed to improve HIV/AIDS and Hepatitis B and C control strategies and service delivery that should help diminish the HIV/AIDS and Viral Hepatitis B and C epidemic and prevent the transmission to the entire population. The proposed approach shall ensure that improved HIV/AIDS and Hepatitis B and C services are available to both men and women and take into account any specialized needs and differences. Communication activities must adequately target both men and women and be gender appropriate. Monitoring and evaluation indicators must be disaggregated by gender as appropriate and feasible.

In accordance with USAID's recognition that gender issues are important considerations in development, offerors should look for gender implications or opportunities in the project, seeking to address embedded gender issues and promote gender equity, as appropriate, in all phases of activity implementation and internal management. Proposals should make the best efforts to evaluate gender considerations and opportunities for participation in the programs, as well as to define gender-based barriers or issue to objectives outlined in this RFP. If such barriers or issues are outlined, offerors shall propose an approach to eliminate such barriers in the proposal. In addition to demonstrating meaningful attention to gender concerns in the course of program implementation, offerors shall consider what assistance is necessary to enable Moldovan partners to do the same.

INITIAL IMPLEMENTATION PLAN (WORK PLAN)

Within ninety days (90) of the award of the Contract, the Offeror shall develop and submit the first annual work plan to the USAID CTO. The Offeror shall submit the work plan both in hard copy (2) and in an electronic format. The work plan should be action oriented, delineated by calendar quarter, and linked to each goal and objective of the Contract. The implementation plan should include a list of the tasks to be completed during the year, grouped under the objective that they seek to support. For each task, the Offeror shall: 1) explain in brief its connection to the objective; 2) define the necessary steps to complete the tasks; 3) assign responsibilities for completing those steps; 4) provide any quantitative or qualitative targets (e.g., number of persons to be trained, topics of the trainings, etc); and 5) a timeline for the implementation of the task.

The initial implementation plan must include plans for publications, reports, workshops, seminars and other information dissemination and training activities, by calendar quarter.

The initial implementation plan must include the Offeror's ultimate Performance Monitoring and Evaluation Plan, which must establish specific impact indicators, targets, progress benchmarks for the life of the contract, and the date by which all baseline data will be established. Baseline must be finalized no later than 90 calendar days after award. All people-level indicators must be disaggregated by gender. The Performance Monitoring and Evaluation Plan is discussed further below.

The CTO will review the plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The Offeror shall incorporate CTO's comments and recommendations in the final version of the Implementation Plan and submit two hard copies and one electronic copy for CTO written approval within 15 days. In addition, all substantial changes in work plan require prior written approval of the CTO.

ANNUAL IMPLEMENTATION PLANS (WORK PLANS)

Annual implementation plans for subsequent years are due to the CTO 60 days before the end of the preceding contract year (two hard copies and an electronic copy). The implementation plan should include a list of the tasks to be completed during the year, grouped under the objective that they seek to support. For each task, the Offeror shall: 1) explain in brief its connection to the objective; 2) define the necessary steps to complete the tasks; 3) outline the legal/regulatory issues that the Offeror will target for that year; 4) assign responsibilities for completing those steps; 5) provide any quantitative or qualitative targets (e.g., number of persons to be trained); and 6) a timeline for the implementation of the task.

The annual implementation plans must include plans for publications, reports, workshops, seminars and other information dissemination and training activities, by calendar quarter.

As in the case of the Initial implementation plan, the CTO will review the plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The Offeror shall incorporate CTO's comments and recommendations in the final version of the Implementation Plan and submit two hard copies and one diskette copy for CTO written approval within 15 days. In addition, all substantial changes in work plan require prior written approval of the CTO.

REPORTING SCHEDULE:

The Offeror will provide the following reports to the USAID Cognizant Technical Officer (CTO) and the Contracts Officer, as specified below, in accordance with AIDAR 752.242-70 Periodic Progress Reports.

Monthly Activity Schedule

The Contractor shall submit (electronically) to the CTO by the 20th calendar day of each month, a calendar of planned events for the upcoming month. USAID will post events on the Mission's website, as appropriate, and use the monthly calendar to plan site visits in a timely manner.

Quarterly Performance Reports

Pursuant AIDAR 752.242-70, the Contractor shall submit quarterly performance reports (two hard copies and an electronic copy) to the CTO. These reports must summarize the outcomes of the Offeror's activities during the particular reporting period, document any program accomplishments or progress towards results during the reporting period, compare those results to the planned tasks in the implementation plan and PMEP and discuss any potential constraints that might prevent the Offeror from meeting agreed upon targets and benchmarks. Reports should also contain, as an attachment, a list of all subgrants and subcontracts issued under the contract during the reporting period. The list should contain the name and contact information for

each subgrantee/subofferor, the title and duration of the project, the amount of the award, and a brief description of the project.

The first quarterly report of each award year will provide USAID *annual* data on the agreed upon performance indicators as well as any additional qualitative results information the Offeror would like to include to demonstrate the results achieved vis-à-vis the project's objectives during that particular reporting period.

Quarterly Financial Reports

Pursuant to AIDAR 752.242-70, USAID intends to require quarterly financial reporting. The financial reporting forms to be used by the offeror will be specified in the award.

Final Report

A final performance report (two hard copies and one electronic) shall be required under this award. The final performance report will:

- Contain an overall description of the activities under the Program during the period of this Contract, and the significance of these activities
- Describe the methods of assistance used and the pros and cons of these methods
- Present life-of-project results towards achieving the project objectives and the performance indicators, as well as an analysis of how the indicators illustrate the project's impact on targeted beneficiaries in Moldova
- Summarize the program's accomplishments related to the HIV/AIDS and Hepatitis control in Moldova, as well as any unmet targets and the reasons for them
- Discuss the issues and problems that emerged during program implementation and the lessons learned in dealing with them
- Provide comments and recommendations regarding unfinished work and/or future needs and directions to improve the situation in Moldova in project-related areas, as well as recommendations for what issues no longer require donor assistance.

Performance Monitoring and Evaluation Plan

While the proposal must contain a preliminary Performance Monitoring and Evaluation Plan, the initial Implementation Plan must set forth an ultimate and comprehensive plan that measures impact and progress toward achieving results over the life of the award. The Performance Monitoring and Evaluation Plan must include indicators, targets, data sources and collection methods, baseline information, benchmarks and schedule for periodic evaluations by the offeror. This system should be compatible with USAID/Moldova's Strategic Plan for 2001-2006, including the USAID/Moldova Performance Monitoring Plan (PMP) and Strategic Framework. The Offeror will then annually collect the data required under the approved Monitoring and Evaluation Plan. Should baseline data not be available at the time

the PMEP is due, the Offeror must identify by what specific date that data will be provided to USAID as an attachment to the Plan.

The PMEP must include mechanisms through which findings can be incorporated, on a continual basis, to the implementation process. Offerors must discuss the ways in which the collection, analysis and reporting of performance data will be managed under the project. *Offerors are expected to provide a performance plan that they believe will best monitor program process; that has indicators and data collection systems which will provide reliable, valid, timely and precise information.* In designing the overall monitoring plan, offerors shall consider the extent human and financial resources necessary to implement that plan.

The Offeror shall assign a high priority to continuous monitoring and evaluation of all its operations and assistance, not only for the purpose of effective internal self-monitoring and planning, but also to ensure that the offeror can demonstrate results under the objectives of this project and to assist USAID's performance monitoring. The offeror will be expected to participate actively in data gathering for the Mission's Performance Monitoring Plan.

KEY PERSONNEL

Key Personnel are those considered to be essential to the work being performed under this Contract. Key personnel are subject to approval by USAID CTO prior to their employment under the Contract. The roster of key personnel may be amended from time to time during the course of this Contract to add, delete, or substitute personnel, as appropriate. However, all of the Offeror's recommended changes in key personnel (including proposed substitutes) must be submitted for review and approval to the USAID CTO.

Key personnel includes:

Program Director

Local Professional Staff:

- Deputy program director (if applicable)
- Local experts overseeing/managing key components of the activity

ACRONYMS AND ABBREVIATIONS:

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CCM	Country Coordination Mechanism
CEDB	Council of Europe Development Bank
HIV	Human Immunodeficiency Virus
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOM	Government of Moldova
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
IDA	International Development Association
IDU	Injecting Drug Users
IEC	Information, Education, Communication
KAP	Knowledge, Attitudes, Perceptions
MTCT	Mother-to-child transmission
MOH	Ministry of Health
MSM	Men Having Sex with Men
NGO	Non-government organizations
PLWHA	People Living With HIV/AIDS
PCU	Project Coordination Unit
SIDA	Swedish International Development Agency
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TASC2	Technical Assistance and Support Contract
UNICEF	United Nations Children's Fund
UNFPA	United Nations Family Planning Association
UNAIDS	United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
USAID	United States Agency for International Development
WHO	World Health Organization
WB	World Bank