

**STATEMENT OF WORK  
USAID/DJIBOUTI  
SPECIAL OBJECTIVE  
EXPANDED COVERAGE OF ESSENTIAL HEALTH SERVICES**

**PROJECT PURPOSE AND SUMMARY :**

The purpose of this scope of work is to assist the Ministry of Health to expand coverage of essential health services in order to address the conditions which contribute to Djibouti's high infant, child and maternal morbidity and mortality.

To expand coverage of essential health services, the contractor will assist the MOH in: 1) increasing the supply of essential health services by improving service facilities through rehabilitation, the provision of equipment, and the rehabilitation of water supply, as well as through expanding the range of essential services available at targeted sites; 2) improving the quality of services through strengthening management systems and training to improve the skills, knowledge and performance of providers; and 3) enhancing local capacity to sustain health services by increasing community participation in health programs, strengthening the role of local associations, NGOs and other community groups in community mobilization and in information, education and communication activities to address health issues of importance to the community, as well as through expanding the community health aide model.

**BACKGROUND:**

Even by East African standards, Djibouti has extremely high rates of infant and under-five mortality, at 114 and 165 per 1,000 live births, respectively. Maternal mortality, estimated at 740 per 100,000 live births, is one of the highest in the world. This is largely attributable to high fertility rates, early and poorly spaced pregnancies, anemia caused by malnutrition, and poor quality health care, with only 56 % of births taking place in medical facilities.

Malnutrition is also a serious problem in Djibouti, with indications that 14 percent of children under the age of five suffer from acute malnutrition and 31.1 percent from chronic malnutrition. Along with malnutrition, diarrhea and acute respiratory illness represent the other principal causes of hospitalization of children under five years of age as well as the principal causes of hospital mortality.

Tuberculosis (TB) is a growing problem in Djibouti, and it is currently regarded as the country with the second highest rates of TB in the world after Swaziland. Over the past ten years, the total number of TB cases has nearly doubled, from 2,364 in 1990 to over 4,000 cases in 2000. Since the late 80s, malaria has also become a major health problem, exacerbated by rapid urbanization with inappropriate water supply and the sedentarization of the nomadic population in rural areas with related increase of irrigated areas.

There is great uncertainty regarding HIV/AIDS prevalence levels given that disease surveillance systems are not yet functional. A recent seroprevalence survey of 2,406 persons, however, placed HIV/AIDS seroprevalence at 2.9%, with higher rates in Djiboutiville (3.4%) than in the rest of the country (1.1%). Knowledge of HIV/AIDS transmission is low, with less than 1% of the population surveyed aware that an asymptomatic person can transmit AIDS. The association between HIV/AIDS and TB is particularly apparent, with rates of HIV/AIDS in TB patients as high as 23%.

Across Djibouti, particularly outside Djiboutiville, access to health care services is in effect limited by the poor state of facilities and the lack of availability of equipment and supplies. Quality of health services is a related concern. Constraints to quality enhancement include a shortage of trained personnel, particularly in remote facilities, chronic shortages of medicines and medical supplies, and poor sector and facility management, including the capacity to plan and monitor services and utilize health information.

In an effort to vigorously address health sector concerns, the GORD took measures to demonstrate its clear commitment to revise health policy by enacting a series of health sector reforms. In 1996, it adopted a comprehensive strategy to reform the sector. This was followed by a 1999 health policy law which designated Government public health priorities in: prevention of principal diseases; protection of maternal and child health; information and education on health and nutrition; and public hygiene, which includes the prevention and surveillance of infectious diseases and environmental sanitation.

The Government of the Republic of Djibouti's (GORD's) current Poverty Reduction Strategy Paper (PRSP) identifies poor infant, child and maternal health outcomes as a major source of poverty in the country and a key area of concern. The GORD has determined that to effectively address this problem there is a critical need to reform the health infrastructure, both human and physical, along with disease programs and management and financing systems. Consequently, it is undertaking a comprehensive health sector development program that focuses on reducing infant, child and maternal mortality rates in line with Millenium Development Goals through the following broad objectives: restructuring sector management, including progressive decentralization of administrative and finance functions, aligning health financing and resource utilization to better meet health system needs, improving the organization and quality of services to more effectively respond to disease burden, enhancing and aligning human resource development with health system needs, and improving the availability, accessibility, and rational use of quality essential medicines. Consistent with this emphasis, Government priorities are seen as: strengthening the capacity of basic health structures, particularly those in the districts: improving referral health facilities in Djiboutiville; strengthening MOH management and programming capacities; strengthening hospital and health facility management and emphasizing cost recovery; improving the quality of services through training of health care providers, and involving the private sector in promoting the development of health activities.

A principal objective of the Ministry of Health's health sector reform strategy is to significantly increase equitable access to health care, especially among poor populations, and to strengthen the quality and efficiency of care in order to support reductions in infant, child and maternal mortality. The GORD envisions that improvements in health coverage will be accomplished through: the reform of the health institutional framework so that the roles, functions and service package for each tier of the health system is clear; the enhancement of priority/essential health programs; the improvement of health structures through strengthening of physical infrastructure, the provision of equipment and the availability of essential medicines, and finally through the decentralization of services, including the participation of communities in the health system.

Technical areas of emphasis in the MOH's health sector development program include integrated management of childhood illness, improved case management of pregnancy, delivery, sexually transmitted infections (STIs) and HIV/AIDS, increasing contraceptive prevalence, and the prevention of endemic-epidemic disease in priority areas such as tuberculosis, malaria, routine immunization, and infectious diseases among infants.

As part of its national health development plan for 2002-2006, the MOH has emphasized the importance of promoting community participation in managing health services and in supporting community mobilization and information, education and communication activities for promotive and preventive purposes. Consequently, the MOH is focusing on strengthening links with and improving coordination with key institutions at the peripheral level such as women's associations, NGOs, and religious groups. However, these groups are constrained by a host of legal, structural, capacity, and financial weaknesses and as such, program management and implementation is not effective. Assistance to strengthen these institutions is greatly needed if these organizations are to effectively participate in health sector programming and increase their credibility with the government and donor groups so that they may access financial support.

#### Other Donors in the Health Sector

The World Bank (WB) is providing \$27 million in support to the Ministry of Health through two projects, a \$12 million HIV/AIDS project and a \$15 million health sector development project. The \$15 million health sector development project supports the GORD's long term health sector development program aim of meeting Millennium Development Goals and Poverty Reduction Strategy Paper priorities to reduce under-five mortality and maternal mortality rates. The project will aim to strengthen the GORD's safe motherhood and child health programs, management capacity and health sector reform program. French Cooperation, another key health sector donor, has to date collaborated with the MOH and World Bank on the health sector development program through support in areas such as training, assistance in health sector reform to strengthen hospital management and autonomy, including piloting cost recovery approaches, and assistance to the national tuberculosis control program. Although current French support under this program is coming to an end, plans are in place to provide additional support in order to: strengthen drug management at the central level; improve obstetrical care at the district level and emergency transport systems to facilitate access to emergency

obstetric care; strengthen service management through supporting training of hospital head nurses to improve service management; and assist the central level tuberculosis program to sustain quality improvements made to date.

Additional donor partners in the health sector include UNICEF, the UNFPA and the World Food Program. Broadly, UNFPA provides support in reproductive health and safe motherhood programming, UNICEF is developing a new strategic approach which will, among other things, emphasize national level IEC activities to address key health issues, and the World Food Program will continue ongoing assistance in providing food to targeted health facilities for nutrition programming purposes and to selected communities to mobilize community activities through food for work programs.

Given the range of donor support and the well articulated MOH strategy around which donors have built support, USAID assistance must be carefully designed to leverage and complement existing donor support, build on synergies and reduce duplication of efforts. For example, USAID will work closely with the MOH, WB, and French Cooperation in planning for and providing technical assistance to strengthen the quality of service delivery in technical areas such as Integrated Management of Childhood Illnesses (IMCI), safe motherhood and infectious diseases prevention. USAID plans to strengthen the National Center for Training Health Personnel will also be carefully coordinated with the WB and French Cooperation to complement and build on their investments in training. It is important to note that other donors in the health sector will not be providing significant attention to improving service delivery at the district level, nor will they be focusing extensively on activities that emphasize the decentralized delivery of health services and community participation in health care. Accordingly, these are important areas of opportunity for USAID and justify USAID's emphasis on improved and expanded MCH service delivery at the provincial level, strengthened quality of referral care at the national level, and increased community support for health programs.

## **PROGRAM COMPONENTS AND ILLUSTRATIVE ACTIVITIES AND INDICATORS:**

The purpose of the three-year USAID/Djibouti Special Objective (SpO) "Expanded Coverage of Essential Health Services" is to increase the availability of an essential package of quality health services throughout Djibouti so that individuals have access to services which are effective in reducing infant, child and maternal morbidity and mortality. The program will aim to strengthen the service delivery environment; improve the skills of provider and service management systems to enhance quality of care, and increase community participation in health activities.

Specific technical and geographic focus areas that USAID will support in expanding essential services under this Agreement will be defined in close collaboration with the MOH. For the purposes of this Statement of Work, however, essential health services might include any of the following technical interventions: child health programs in acute respiratory illness, control of diarrheal diseases, nutrition, and immunization delivered through an integrated management of childhood illness model; activities in reproductive

health including safe motherhood activities such as improved case management of pregnancy and delivery; and focused activities at the district level to prevent infectious diseases including tuberculosis, malaria and HIV/AIDS. Selected technical interventions will be supported at three levels of the system: referral hospitals, district health centers and health posts. The geographic focus of the program will probably be national in scope, supporting activities in all four districts and at selected facilities in Djiboutiville, as well as providing targeted assistance to the central MOH and National Center for Training Health Professionals.

**Illustrative SpO Indicators:**

- Number of health facilities providing essential services package
- Number of health facilities linked to community health committees with both male and female representation
- Number of communities with trained community health workers

**I. Intermediate Results (IR), Activities, and Performance Indicators**

Expanding the coverage of essential health services depends on the availability of an increased supply of services (IR 1), on the improved quality of services (IR2), and on strengthened local capacity to sustain health services (IR3). By addressing these areas, populations throughout Djibouti will have more equitable access to quality essential health services that can be sustained at the local level. To achieve the Special Objective, USAID and the Government of the Republic of Djibouti will collaborate closely to implement the intermediate results described below. Indicators and illustrative activities included are descriptive and may be refined over time as needed.

**a. Intermediate Result 1: Increased Supply of Essential Health Services**

Djibouti’s PRSP gives priority to the construction, rehabilitation and equipping of first and second level health facilities, respectively health posts and district hospitals, in order to provide them with the logistical means needed to implement their program of activities, and similarly recognizes the importance of rehabilitating tertiary facilities such as referral centers. Many facilities also suffer from a lack of water, which is critical to ensuring quality delivery of services.

USAID assistance will aim to enhance the service delivery environment to support the provision of a package of essential services at the facility level. The outcomes of USAID support will include functional service delivery areas in targeted facilities, a reliable supply of water in place at targeted service sites, and the availability of a package of essential services at targeted facilities.

**Illustrative Activities:**

- Rehabilitate/refurbish essential service areas in targeted facilities;
- Provide equipment needed for the quality provision of essential services;

- Rehabilitate water systems to assure a reliable supply of water for health services delivery;
- Expand the range of essential services available at targeted facilities.

**Illustrative Indicators:**

- Number of targeted health facilities refurbished
- Number of health facilities equipped to provide essential services package
- Expanded menu of services
- Number of facilities with reliable water supply

**b. Intermediate Result 2: Improved Quality of Services**

The quality of health services is widely acknowledged to be a key concern and contributes to low use of services, particularly outside of Djiboutiville. A number of serious constraints affect the quality of health services delivery, including a scarcity of management systems to plan and monitor services, a general shortage of trained personnel, particularly in remote facilities, chronic shortages of medicines and expendable medical supplies in health facilities, and weak health information.

To enhance the quality of services, USAID will support two areas of focus. First, it will work at the central and district level to strengthen the delivery of essential services at targeted referral hospitals, district hospitals and health posts through the training of personnel and the development of systems to manage essential services. Throughout, USAID will provide assistance to the central level MOH to strengthen its capacity to manage and implement priority health programs in its national health sector development program. USAID will also give special emphasis to ensuring that program investments, including systems developed, are designed to be efficient, practical, and neither heavily resource- nor personnel-intensive to ensure that systems can be maintained and sustained given existing MOH capacity and resources.

As a second area of focus in enhancing service quality, USAID will strengthen in-country training and development of health professionals through assistance to the National Center for Training Health Professionals to enhance training curricula and methodology for pre- and in-service training and to strengthen training delivery through the provision of appropriate equipment.

Overall, USAID assistance will aim to enhance MOH capacity to provide essential services at the central and district level. The expected outcomes of USAID assistance will include strengthened systems for managing essential health programs both at the central MOH level and at the service delivery level; improved programs to train health personnel; and strengthened provider skills to deliver essential services.

**Illustrative Activities:**

- Clarify the minimum package of essential services to be provided at the central referral level, at district hospital level, and at the rural health post level;
- Finalize and operationalize service protocols/service delivery guidelines and train personnel against these guidelines;
- Develop and strengthen systems for service management that include quality assurance, infection prevention, health information and recordkeeping, drug management, referral and supervision, outreach, training and cost recovery;
- Strengthen central level MOH systems and skills to manage priority health programs;
- Support the National Center for Training Health Professionals in improving and expanding curricula for training paraprofessional staff, strengthening training methodology and delivery through training of trainers and the provision of training equipment and materials, upgrading its training resource center, strengthening in-service/refresher technical training programs for health personnel and private sector providers (including pharmacists as appropriate) as well as training programs in management, public health, and epidemiology, and developing programs to scale up the community health aide model.
- Collaborate with the USAID/Djibouti Education program in integrating health topics into primary school teacher training activities.
- Collaborate with the USAID/Djibouti Education program in developing and implementing English language training in special English for health professionals.

**Illustrative Indicators:**

- Number of facilities with systems that support quality service delivery
- Number of health facilities with staff trained to provide package of essential services

**c. Intermediate Result 3: Enhanced Local Capacity to Sustain Health Services**

In its PRSP, the GORD notes that decentralization of health sector structures and decision-making processes and the participation of local groups and communities are important factors in improving the way the health sector functions and ensuring equity in access to care. Similarly, in its health sector development strategy, the MOH aims to increase community participation in health both in the financing of care and in the management of health activities. Enhanced community engagement in the health sector and mobilization of communities for health promotion is critical in not only creating and maintaining demand for services to meet community needs, but in empowering community members to better protect and improve their own health.

To improve the environment for decentralized health care, USAID will use a two-pronged approach. First, it will focus on mobilizing communities to support health programs while strengthening the capacity of local associations/NGOs and community-based health practitioners such as traditional birth attendants to undertake health activities. Emphasis will be given to identifying successful local activities, sharing these approaches with other communities, and expanding the use of successful approaches

where appropriate. Second, USAID will support the scaling up of the community health aide model through training of these aides.

USAID assistance will focus on enhancing community capacity to support and sustain health services. It is anticipated that USAID assistance will lead to increased community participation in and contribution to health services; strengthened capacity of NGOs and associations to participate in community level health activities; and improved linkages between the health and education sectors at the community level.

**Illustrative Activities:**

- Establish, train and strengthen community health committees.
- Scale up community-based health aide model. Train aides to undertake health promotion and preventive activities, link aides with health facilities.
- Support activities to strengthen the role of associations, NGOs, community groups and local health providers in community mobilization.
- Establish cost recovery systems at health facilities.
- Support information, education and communication activities to improve community awareness of and response to priority health issues.
- Strengthen capacity of community-based associations/NGOs and other local groups to effectively participate in and lead community health activities, and provide support for small activities developed by local groups.
- Coordinate with the USAID/Education program and the World Food Programme in promoting community level activities to improve health, such as the establishment of community gardens and school-based health activities.

**Illustrative Indicators:**

- Number of communities with functional health committees.
- Number of communities with trained community health aides.
- Number of communities with local associations actively engaged in community health activities.

**ANTICIPATED RESULTS :**

USAID expects to achieve the following broad results at the end of the three year implementation period :

- Service delivery areas and water systems in targeted health facilities will be rehabilitated and facilities equipped to support the provision of essential services;
- Training programs will be enhanced and expanded to improve and maintain skills of health care providers;
- Service management systems will improve and sustain the quality and efficiency of health services;
- Health facilities will be linked to community health aides and community health committees;
- Communities will be engaged in supporting, managing and mobilizing health activities.

USAID expects to achieve the following Intermediate Results :

IR1:Increased Supply of Essential Health Services:

- Needs assessed and plan developed to rehabilitate and refurbish target facilities
- Contractor fielded to rehabilitate and refurbish target sites
- Targeted health facilities refurbished
- Equipment needs identified based on essential package of services
- Equipment procured and in place at target facilities
- Needs assessed for water system rehabilitation at facility level
- Water systems functional at target facilities
- Expanded range of services operational at target facilities

IR2:Improved Quality of Services

- Minimum package of essential services defined for three tiers: central referral level, district hospital level, and rural health post level;
- Service protocols/service delivery guidelines defined for service package;
- Standards for personnel and equipment required to provide service package elaborated for each tier;
- Service provider training curricula developed and/or revised to reflect service delivery standards;
- Service providers trained in service delivery standards;
- Plan developed to design and implement service management systems that include quality assurance, infection prevention, health information and recordkeeping, drug management, referral and supervision, outreach, training and cost recovery;
- Service management systems operational at target facilities;
- Plan to upgrade central level MOH systems and skills to manage national programs for essential health services developed and implemented;
- Needs assessment designed and undertaken through the National Center for Training Health Professionals which outlines support required for: updating curricula for training of paraprofessionals; strengthening in-service/refresher training program for health personnel and private sector providers; strengthening training methodology and delivery; developing programs to scale up the community health aide model; identifying and developing new training program areas such as management, public health and epidemiology; and equipment and materials;
- Plan developed for technical and material (e.g., equipment) support to the National Center for Training Health Professionals;
- Plan implemented.

IR3: Enhanced Local Capacity to Sustain Health Services

- Community health committees established, trained and strengthened;

- Plan to scale up community-based health aide model scaled up;
- Community-health aide training curriculum developed/revised;
- Community-based health aides trained and in place;

## **SPECIFIC TASKS TO BE ACHIEVED**

To achieve the expected results, the contractor shall undertake the following proposed interventions. Proposals shall clearly demonstrate the implementing agency's planned course of action to achieve expected results under each task.

### **Task One : Development of Implementation Plan and Schedule**

Within one month of signing the contract, the contractor shall field a team to Djibouti in order to develop a preliminary three year work plan. The workplan shall be developed collaboratively with the Ministry of Health and in consultation with other key donors in Djibouti, including the French Cooperation and World Bank. In the development of the implementation plan, the contractor shall also consult, as indicated, with other implementing partners in the health sector, including UNICEF, WHO, the UNFPA. The contractor shall also consult with the USAID-funded Education team to ensure that synergies between the two programs are maximized.

The Ministry of Health will ensure that strategies and activities carried out under this program are aligned with overall health sector reform goals. The Ministry of Health will be an active participant in health program planning, implementation and monitoring. The Ministry of Health will participate in the development and approval of annual implementation plans and other key implementation documents. To ensure that USAID activities support the Ministry of Health's reform program, the MOH will designate a key counterpart for the USAID Health Program. The MOH key counterpart will be the principal liaison between USAID and the MOE.

### **Task Two : Establishment of Office in Djibouti and Initiation of Program Implementation**

Within two months of signing the contract, the contractor shall establish an office in Djibouti and recruit all program staff for the three year program.

Within four months of signing the contract :

- A three year workplan, already approved by the Ministry of Health, shall be submitted;
- Sites for implementation shall be selected;
- Baseline data shall be collected ;
- A Performance Monitoring Plan, approved by the MOH, shall be submitted ;
- Implementation will begin.

The workplan shall cover all activities for the three year implementation period. The contractor workplan shall include an implementation timeline and benchmarks for each Intermediate Result.

The TASC contractor selected will both subcontract with TASC subcontractor agencies and, as appropriate, partner with/subcontract with local organizations and association to implement program activities. The contractor will field a senior Chief of Party in Djibouti to manage the program, liaise with MOH counterparts and implementing partners, and coordinate short-term technical assistance.

### Task Three : Strengthen Coordination with Other Donor Programs

It is expected that to achieve results, the TASC II contractor will work in close collaboration with a variety of development partners in Djibouti, including the Ministry of Health, donors and development partners, and local non-governmental organizations and community level associations. It is particularly vital that the USAID health program be well coordinated with and complementary to the MOH's health sector development program plans . Similarly, it is essential that the USAID program be closely coordinated with on-going development programs by other donor partners supporting the Health Sector Development Program and development partners supporting the Health Sector Development Program in order to ensure maximum utilization of available resources, to strengthen synergies, and to minimize duplication of effort. Thus, one of the most important responsibilities of the contractor will be to establish strong working relationships with the other partners. Accordingly, the contractor shall work closely with the French Cooperation and World Bank, which are the two key donors to the MOH's health sector development program. It will also be critical to collaborate and coordinate the program design and implementation with other USG partners in Djibouti including the U.S. Embassy, the Camp Lemonnier Civilian Affairs Division, and Peace Corps, should it return to Djibouti as planned.

UNICEF is implementing a range of health programs in collaboration with the Ministry of Health. It is anticipated that UNICEF will be provided a grant for assistance to strengthen routine immunization services as an element of the essential services package. UNICEF grant tasks would be closely linked to tasks included in the TASC contract to ensure close and effective coordination of activities between these two implementing groups.

Finally, in collaboration with the Government of Djibouti, the contractor shall partner with additional PVOs, NGOs and PIOs as required to implement activities leading to results under this Agreement. All procurement for this program will be in accordance with standardized USAID guidelines and practices and in accordance with United States law and applicable rules and regulations. Implementation partners will be required to develop annual implementation plans which USAID will, in collaboration with the Ministry of Health, review and approve. Implementation partners will report to USAID and the MOH on results achieved under this agreement.

## **MONITORING AND EVALUATION**

Expected program results with illustrative indicators are provided in this document. However, during the initial program planning period, the contractor shall work closely with the MOH and USAID to select final indicators, establish baseline data and performance targets for each indicator, and develop a Performance Monitoring Plan (PMP) which monitors progress towards achieving the SpO and Intermediate Results. The PMP will be developed in accordance with USAID guidelines. To the extent it is possible, performance monitoring systems will be integrated into, and will enhance, existing MOH management information systems.

USAID/Djibouti, the MOH and contractor will conduct periodic performance reviews to monitor the progress of work and the achievement of results based on the targets specified in the Performance Monitoring Plan.

## **REPORTING**

The contractor shall provide the following :

### **1. Quarterly Performance Report**

Within the first week of each quarter, the contractor shall submit a quarterly report to the Mission. The report shall discuss progress against the implementation plan, results achieved, constraints affecting implementation and proposed solutions. The report shall also address whether and how constraints reported in previous quarterly reports have been addressed and resolved, and shall also include discussion of activities and events planned for the upcoming quarter.

### **2. Annual Report**

In lieu of the final quarterly report for each year, the contractor shall submit a summary report on the activities carried out under the task order during the preceding 12 months. The report shall describe accomplishments against implementation plans, outline progress toward expected results, identify constraints to implementation and propose solutions, and discuss lessons learned during the previous twelve months of implementation. The report should also discuss activities the contractor undertook to ensure the sustainability of the program by the Ministry of Health beyond the completion of the task order.

### **3. Monitoring Report**

Each quarter, the contractor shall report against appropriate indicators included in the Performance Monitoring Plan. At the end of the fourth quarter, as part of the annual report, the contractor shall report against all indicators in the PMP.

#### 4. Financial Report

15 days before the end of each calendar quarter, the contractor shall submit a detailed quarterly financial report with separate line items illustrating all vouchered and accrued monthly expenses.

#### Administrative Requirements

The contractor shall :

- Rent, equip and staff a small office in Djibouti. The office will house the contractor Program Director and limited local staff, and will provide space for use by short term consultants fielded by the contractor;
- Recruit and field local and international consultants and experts as needed. Where feasible, the contractor shall make maximum use of available Djiboutian expertise for short-term assignments. In fielding all short-term experts but particularly with expatriate short-term expertise, the contractor shall ensure continuity of technical assistance by utilizing a limited pool of specialists who make repeated visits to work on continuing activities;
- Manage subcontracts/grants to local groups and other implementing agencies/partners as needed ;
- Organize in country logistics and travel for meetings, site visits, and other activities outlined in the approved program implementation plan ;
- Ensure compliance with all applicable USAID rules and regulations including, as appropriate, Tiahrt and Mexico City Policy. Funds for this three year program come from an Economic Support Fund (ESF) earmark ; however, the contractor shall manage funds as if they were Child Survival and Health (CSH) earmarked funds, ensuring strict adherence to all USAID funding guidelines and regulations for child survival and health funds.

#### **PROPOSED STAFFING REQUIREMENTS**

USAID/Djibouti envisions the need for a Program Director to be based in Djibouti. The Program Director will be responsible for overall planning and management of all technical, administrative and financial elements of the program. She/he shall serve as the Ministry of Health key counterpart for the program and accordingly will work very closely with the Ministry of Health officials appointed to the program. The Ministry of Health plans to provide space at the MOH for the Program Director.

The Program Director will be the only expatriate team member resident full-time in Djibouti. During the initial detailed program implementation planning process, the contractor will review staffing needs and submit, along with the implementation plan, a proposed staffing plan for a limited number of local professional and administrative/support staff. Once USAID/Djibouti approves this plan, the contractor shall recruit local staff.

It is anticipated that short-term technical assistance will be used to complement a small in-country team. Using the program description, the contractor shall include in its proposal to USAID a roster of short-term technical specialists to implement activities outlined in this task order. It is critical that the contractor identify specialists who are able to make repeated visits to Djibouti to work on ongoing activities. Short-term technical assistance plans will be finalized during the implementation planning process. In finalizing these plans, the contractor shall, where feasible, make maximum use of local consultants.

## **GENDER**

Key health sector donors such as USAID and the World Bank support gender equality as a core development issue and objective. Overall, research demonstrates that there are widespread gender gaps in access to and control of resources, economic opportunities, power, and political voice. These gender inequalities impose costs on the health and well-being of men, women and children by directly influencing health outcomes in terms of the supply of and demand for services, service utilization, and desirable health practices. For example, gender inequality diminishes the likelihood that women will visit health services or undertake healthy behaviors because they lack knowledge of healthy practices and access to sources of service, have limited access to resources, including nutrition and health care, and lack control over decision-making as it relates to number of children, protection from sexually transmitted infections, and related topics.

The focus of the planned health program on expanding health service coverage through strengthening health systems and service quality and increasing community participation in health activities requires that activity planning must take into account the influence of gender on the demand for, access to and utilization of services, on health behaviors, and on community level participation in health activities. Additionally, training support activities planned under this program must ensure provider sensitivity and attention to cultural practices such as female genital cutting which adversely impact women's health status and will be encountered by providers in service delivery settings.

In developing the initial program implementation plan and Performance Monitoring Plan, the contractor shall ensure that it incorporates gender issues as appropriate.

## **ENVIRONMENTAL CONSIDERATIONS:**

The health program will involve rehabilitation of service delivery areas and water systems at targeted health facilities. The contractor shall follow best engineering practices with qualified professional expertise, including opportunities for energy and water efficiencies. An Initial Environmental Examination (IEE) for the health program has been drafted. The REDSO/ESA Environmental Advisor will provide guidance and oversight to the contractor during planning and implementation of rehabilitation activities.

## **EVALUATION CRITERIA**

Proposals must clearly demonstrate how limited USAID funds can be applied for maximum impact. The criteria for evaluating proposals are listed below .

### **1. Technical Approach (30%)**

The contractor's approach :

- a. is complete and responsive to the USAID/Djibouti health program objectives ;
- b. demonstrates an understanding of health sector issues in Djibouti ;
- c. can be accomplished with budgeted resources
- c. offers a realistic proposal for building Djiboutian counterpart capacity and enabling targeted providers to offer an essential package of services without USAID assistance by the end of the Task Order ;

### **2. Personnel Capacity and Experience (35%)**

Proposed personnel :

- a. have expertise in the range of comprehensive services required to improve child and maternal and reproductive health and reduce the threat of infectious diseases as well as in increasing access to quality services and enhancing community participation;
- b. have demonstrated success in delivering technical assistance and in working in partnership with local counterparts.

### **3. Institutional Capacity and Past Performance (35%)**

- a. Past performance on and demonstrated capability to plan, implement and monitor similar programs ;
- b. Capability and past performance in starting program activities rapidly and providing timely and extensive TA ;
- c. Capability to support personnel and field operations ;
- d. Past performance in meeting USAID reporting and accountability requirements ;
- e. Success in forming alliances with other organizations.