

STATEMENT OF WORK (SOW)
South Africa
INTEGRATED TECHNICAL ASSISTANCE SERVICE CONTRACT II
(Integrated TASC)
SOUTH AFRICA

I SUMMARY

USAID/South Africa invites the Applicants under Indefinite Quantity Contract titled “Population, Health and Nutrition Technical Assistance Support Contract (TASC2) – Global Sector” to respond to this Statement of Work. USAID/South Africa (hereinafter referred to as USAID) anticipates awarding a task order for approximately \$4 million per year for five year period with an option to increase the ceiling based on the receipt of additional funds to develop and implement a program to strengthen the South African Department of Health’s system to cope with the impact of the HIV/AIDS pandemic at the primary health care delivery level. It is anticipated that this program will be operational by early 2004. This program will focus on the South African National Department of Health and the following provincial Departments of Health; Eastern Cape, Mpumalanga, Northwest, KwaZulu-Natal and Limpopo. The geographic focus of the program is driven primarily by three factors: (1) the provinces and districts where USAID/SA is currently providing assistance; (2) the provinces and districts with higher HIV/AIDS prevalence levels; and the (3) provinces with the greatest degree of poverty, and thus greatest reliance on the public health system. The areas chosen track closely with the Department of Health (DOH) provincial priorities for health and are generally the poorest, most historically disadvantaged areas of the country. At the direction of USAID, the choice of intervention areas and populations may be further refined and guided by DOH priorities and needs as well as by the opportunities to expand USAID relationships with current partner organizations. The deadline for applications is estimated to be in late November/early December 2003.

II BACKGROUND

In 1997 the EQUITY in Integrated Primary Health Care Project was designed by the Department of Health (DOH) and USAID as a collaborative approach, to assist the South African Government in transforming health services, particularly to address service disparities in the poorest provinces of the country. The EQUITY Project addressed issues of service coverage, quality of care, decentralisation, improved management capacity and improved drug management.

Since its inception the EQUITY Project concentrated on the development of tools and strategies designed to address key issues and challenges identified in collaboration with the DOH. These included:

- Improved management capacity using reliable and regular information.
- Improved management of primary health care drugs.
- Established a quality improvement system for supportive supervision and in-service training at the PHC level.
- Development of managers’ capacity to plan and implement priority activities to achieve planned objectives.
- Development of a comprehensive programme embracing HIV/AIDS, STDs and TB, training of managers and innovative approaches for rural communities.

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As the EQUITY Project draws to a close (scheduled for December 2003), USAID and the DOH have had the opportunity to reflect on achievements that have been made with the support and technical assistance from the EQUITY Project. In reflecting on the achievements made with EQUITY support over the last seven years (1997 to 2003), USAID and the DOH have determined specific areas that require continued assistance and support to provide comprehensive health services at all levels and to fully integrate HIV/AIDS services into the routine Primary Health Care (PHC) approach using the District Health System (DHS).

Research on the DOH pilot sites clearly illustrates how the quality of a specialized program such as the prevention of transmission of HIV from mother to child (PMTCT) depends on the strength of the systems within the health facility where it is provided. Within the health system, personnel shortages, resource constraints such as transport or physical infrastructure and lack of management capacities, all pose major constraints on the response to HIV and AIDS – and on all other services provided at that facility. Key issues of improvement of quality and the use of data for monitoring, evaluation and planning remain critical objectives of the health system. It is clear that without a fully functional PHC system no effective response to HIV/AIDS and other infectious diseases such as TB can be sustained.

The National DOH (NDOH) has requested USAID to continue to strengthen systems at the primary care level and strengthen the primary health care system in coping with the HIV/AIDS pandemic. The TASC2 mechanism will provide this technical assistance and support and will continue some of the activities which began under the EQUITY Project.

III OBJECTIVE

In an effort to address the challenges that lie ahead for the DOH, USAID will continue to provide assistance in strengthening the primary health care at the district and municipal level as well as strengthening the health system to manage the pressures exerted by the HIV and AIDS epidemic. While the principle focus will be at the district, municipal and provincial levels, USAID will also continue to provide assistance at the national level in strengthening critical health systems (e.g. information, drug, supervision and health management).

USAID/South Africa's goal is to assist the South African Government (SAG) in reducing the impact of HIV/AIDS and provide better health for historically disadvantaged South Africans. USAID/South Africa's Strategic Objective framework focuses on the *increased, use of quality HIV/AIDS and other Primary Health Care Services*.

Key themes in the framework are:

- (a) capacity building;
- (b) sustainability;
- (c) quality of care; and
- (d) integration and coordination.

The Health strategy has five goals, with appropriate activities to support those goals. These goals are:

- Improved Primary Health Care (PHC) systems and services;

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- Improved management of Sexually Transmitted Infections (STIs);
- Strengthened HIV/AIDS prevention measures;
- Improved treatment interventions for Tuberculosis (TB) and AIDS; and
- Expanded HIV/AIDS care and support.

IV SCOPE OF WORK

Development Result

The program to be launched under this Program Description supports USAID/South Africa's Results Framework:

REDUCED IMPACT OF HIV/AIDS (REALISED THROUGH THE CONTRIBUTIONS OF SOUTH AFRICAN GOVERNMENT, OTHER DONORS AND USAID/SA)					
<p>COUNTRY LEVEL INDICATORS</p> <ul style="list-style-type: none"> •HIV Sero-prevalence rate in pregnant women 15-24 years •Age of sexual debut •Percent of sexually active population with multiple partners •Condom use at last risky sex 					
<p>SO LEVEL : INCREASED USE OF HIV/AIDS AND OTHER PRIMARY HEALTH CARE SERVICES</p> <ul style="list-style-type: none"> •Immunization rates: Percentage of children under 5 years fully immunized •Percentage of antenatal clients receiving post-test HIV test result during antenatal care •National percentage of women who received PMTCT services in the last calendar year 					
<p>IR1: HIV/AIDS prevention measures strengthened</p> <ol style="list-style-type: none"> 1. National # of pregnant women who received PMTCT services in last calendar year 2. # of women with known HIV infection, receiving PMTCT services in the past 12 months (numbers testing positive) 3. # of USAID-assisted health facilities providing PMTCT services 4. # of VCT centers with USAID assistance 5. # of clients tested at USAID assisted VCT Centers in USAID assisted Provinces in the past 12 months 6. # of clients seen at VCT centers in USAID assisted Provinces during last calendar year. 7. # of condoms distributed in the last calendar year 	<p>IR2: Management of STIs Improved</p> <ol style="list-style-type: none"> 1. # of clients treated for STI 2. Correct management of STIs in randomly selected health facilities (national) 	<p>IR3: Treatment for TB and AIDS Improved</p> <ol style="list-style-type: none"> 1. Proportion of districts implementing the DOTS TB strategy 2. # of USAID-assisted ARV treatment programs 3. # of people reached by USAID assisted ARV treatment programmes 4. # of HIV-infected persons receiving ARV treatment through USAID assisted programs 	<p>IR4: HIV/AIDS Care & Support Expanded</p> <ol style="list-style-type: none"> 1. Total # of orphans and vulnerable children (OVC) programs with USAID assistance 2. # of orphans and vulnerable children receiving care & support thru USAID-assisted programs 3. # of community and HBC programs funded by USAID 4. # of HBC service visits undertaken through USAID assisted programs in the last 12 months 	<p>IR5: Selected PHC systems and services Improved</p> <ol style="list-style-type: none"> 1. # of USAID assisted programs that include youth and adolescent reproductive health programs 2. % of pregnant women who have had at least three visits to ANC clinic 3. % of clinics in compliance with specific set norms and standards in randomly selected USAID assisted health facilities 	<p>Contextual Indicators</p> <ol style="list-style-type: none"> 1. % of in-union women age 15-49 using, or whose partner is using a modern method of contraception at the time of the survey (DHS/RHS) 2. % of children age 12 months or less who have received their third dose of DPT (DHS/RHS) 3. % of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS) 4. # of STI clinics with USAID assistance

In implementing this Task Order, the Applicant will contribute to achieving the goal of “Reduced Impact of HIV/AIDS and Improved Health Care for all South Africans” and overall HIV/AIDS Strategic Objective of “Increased Use of HIV/AIDS and other Primary Health Care Services” by funding local, community-based programs that will have directly contributed to achieving the following Intermediate Results (IRs):

- IR1: HIV/AIDS Prevention Measures Strengthened
- IR2: Increased Availability of Quality STI Services
- IR3: Treatment for TB and AIDS Improved
- IR4: HIV/AIDS Care and Support Expanded
- IR5: Selected PHC systems and services improved

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The targets for this strategy were developed in conjunction with the South African Department of Health. The scale of the health needs in South Africa calls for cooperation between USAID and the South African government in order to respond strategically to the enormous impact of HIV/AIDS.

The health system aims to focus on districts as the major implementation mechanism to improve health and emphasizes the primary health care approach. A key objective of USAID support to the DOH has been to improve the quality of primary health care services nationwide through improved clinic supervision, improved drug distribution and management and strengthened clinic and hospital information management systems. In addition training has been and will continue to be a major focus to improve the technical competencies of the health care providers. As a cornerstone of sustainability, quality services mean availability of drugs for patients, trained and competent care and monitoring of services. The recent cabinet decision to provide antiretroviral therapy in the public sector is an important milestone presents additional opportunities for USAID assistance to the DOH.

USAID will support the DOH in improving the quality and integration of priority programs such as HIV/AIDS and Tuberculosis within the primary health care system to provide a comprehensive package of services. In addressing quality, the focus should be on supervision and information management.

The strategy has five goals, with appropriate activities to support those goals. These goals are:

- **Improved Primary Health Care (PHC) systems and services;**
- **Improved management of Sexually Transmitted Infections (STIs);**
- **Strengthened HIV/AIDS prevention measures;**
- **Improved treatment interventions for Tuberculosis (TB) and AIDS; and**
- **Expanded HIV/AIDS care and support.**

While there is a shift from focusing primarily on PHC, to a greater focus on HIV/AIDS every effort will be made to strengthen the PHC system in order to implement HIV interventions efficiently. The importance of a functional district and municipal health system capable of integrating HIV into the PHC system is vital to slowing down the impact of the epidemic on the health services.

This Task Order has the following primary result areas:

- To increase the availability of youth friendly services at the local level (Family Planning (FP), voluntary counseling and testing (VCT), ante natal care (ANC), Tuberculosis (TB) and prevention of Mother to Child Transmission of HIV (PMTCT);
- To improve the quality of maternal, child health and family planning services (MCH/FP) at the local level; and,
- To strengthen support systems in the areas of management, drug logistics, training, and information systems;
- To increase the availability and quality of STI services
- To increase the availability and quality of VCT and PMTCT services
- To increase the availability and quality of TB and AIDS treatment

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This SOW builds on the experience of the EQUITY Project's assistance to the DOH in improving health systems specifically the drug management, health information system, training (technical and clinical skills) and supervision system.

VII PERFORMANCE REQUIREMENTS

The implementing contractor shall undertake the following tasks during the first year of implementation:

- Strengthen key elements of service delivery at the primary health care level of the District Health System (e.g., drug logistics, quality of care, management, training, supervision, information use, monitoring and evaluation);
- Build effective health management capacity and systems at the district health level, municipal level and national level (e.g., training to develop skilled district health management teams that are capable of planning, budgeting and performance monitoring);
- Integrate key HIV/AIDS prevention activities into the primary health care system e.g., ANC, VCT, PMTCT, STI treatment, counselling in abstinence and being faithful and condom usage;
- Integrate TB detection and treatment, management of opportunistic infections (OIs), and abstinence and dual protection counselling;
- Support the provision of a comprehensive PMTCT package with broader access to high quality reproductive and other health services including ANC, nutrition, Vitamin A, treatment of OIs, treatment of STIs, TB screening and other measures which strengthen the mother and women's health;
- Strengthen community networks to manage their health status (e.g., support for pregnant mothers, immunization education, nutrition education, reduction in stigma, care and support within the community for orphans and vulnerable groups and training for hospital and clinic committees);
- Leverage effective public private partnerships at the community level.

The contractors shall undertake the following tasks over the period of performance:

1. Initiate activities to improve Primary Health Care (PHC) systems, services and support within the District Health System

- Improve the quality and integration of primary health care services (e.g., provide an integrated and comprehensive service for pregnant women).
- Increase availability of growth monitoring, nutrition and health promotion services extending beyond health facilities for children.
- Improve the quality of the immunization program for all newborns and children.
- Improve child health services.
- Improve youth and adolescent friendly services at health facilities.
- Increase links with schools and higher education institutions.

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- Improve the use of data for management decision making.
- Improve the management of facilities based on objective data, and use of indicators for performance and monitoring of key action plans.
- Strengthen district management capacity to plan, oversee, monitor, and guide district level health services.
- Provide assistance to ensure that the district health planning guidelines are developed, utilized and monitored in each sub-district and district.
- Increase the involvement of communities in the planning process.
- Increase the use of the Budget and Expenditure Annual Reviews and District Health Expenditure Reviews and strengthen the ability of district managers to make informed decisions regarding budget allocations and review expenditure.
- Improve HIV/AIDS strategic & budget planning.
- Institutionalise the use of information to inform management.
- Strengthen the ability of selected provinces to determine which public-private partnerships (PPPs) will benefit the public health sector and provide assistance in developing appropriate PPPs (including step down facilities and sustainable home-based care facilities).

2. Initiate activities to improve the Management of Sexually Transmitted Infections (STIs) within the District Health System

- Increase the availability of correct STI treatment and expansion to areas not following proper protocols.
- Increase availability of correct treatment of opportunistic infections and use of proper protocols (correct care of HIV positive patients).
- Increase availability of youth and adolescent friendly services (VCT, FP, STI, TB, ANC and PMTCT) with the District Health system.

3. Initiate activities to strengthen integrated HIV/AIDS prevention measures within the District Health System

- Improve the quality of antenatal, delivery and postpartum services.
- Improve maternal health related to improved integration of HIV services into routine maternal health services.
- Improve child health for children affected by HIV/AIDS.
- Increase the availability of voluntary counselling and testing for HIV (VCT), at both health facilities and non-medical sites.
- Increase the VCT focus on reaching young people and men.
- Strengthen other dimensions of counseling to ensure the empowerment of women with clear accessible information about HIV/AIDS, childbirth etc.
- Increase the availability of quality, integrated prevention of mother to child transmission of HIV services at health facilities.
- Integrate key HIV/AIDS prevention activities into the primary health care system.
- Improve health, family planning and safe motherhood initiatives.
- Strengthen the best birthing initiatives to avoid unsafe delivery practices and reduce MTCT during the birthing process.

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- Support improved counselling training including family planning, nutrition and HIV counselling.
- Support provider training for amongst other things improved PMTCT counselling, referrals for testing and safe birthing practices etc.
- Support the delivery of a comprehensive PMTCT package with broader access to high quality reproductive and other health services including ANC, nutrition, Vitamin A, treatment of OIs, treatment of STIs, TB screening and other measures which strengthen the mothers health.
- Improve the quality of PMTCT interventions using a holistic approach based on good quality counselling, follow up systems for pregnant women and their children, child feeding options, and family counselling for support and community linkages for encouragement and to reduce stigma.
- Improve support for integrated nutrition services to enhance the nutritional status of patients with HIV/AIDS, pregnant mothers and children both infected and affected by HIV/AIDS.
- Strengthen programs to encourage young people to make use of services including family planning and voluntary counseling and testing before pregnancy occurs.

4. Initiate activities to improve the management of treatment interventions for TB and AIDS within the District Health System

- Expand awareness programmes on the links between TB and STIs and HIV and AIDS.
- Provide assistance for the smooth introduction and implementation of antiretroviral therapies in the health system.
- Intensify case finding, especially of TB contacts and HIV positives.
- Improve opportunistic infection treatment and palliative care services.
- Provide training on opportunistic infections (OIs) and palliative care and home based care.
- Train health workers in management of clinical AIDS and OIs.
- Increase the use of district-based HIV/AIDS, STI and TB plans as part of the overall district health plan (model used district wide).

5. Initiate activities to expand HIV/AIDS care and support within the District Health System

- Improve communication between health services and communities to bring communities into the clinics for health education.
- Increase training to make Hospital Boards and Clinics Committees more efficient in performing their roles and functions as the link between facilities and communities especially in the orphan and vulnerable children and palliative care arena.
- Expand orphan and vulnerable children and palliative care initiatives.

VIII DELIVERABLES

The Applicant shall:

- Strengthen key elements of service delivery at the primary health care level of the District Health System (e.g., drug logistics, quality of care, management, training, supervision, information use, monitoring and evaluation);
- Build effective health management capacity and systems at the district health level, municipal level and national level (e.g., training to develop skilled district health management teams that are capable of planning, budgeting and performance monitoring);
- Integrate key HIV/AIDS prevention activities into the primary health care system e.g., ANC, VCT, PMTCT, STI treatment, counselling in abstinence and being faithful and condom usage;
- Integrate TB detection and treatment, management of opportunistic infections (OIs), and abstinence and dual protection counselling;
- Support the provision of a comprehensive PMTCT package with broader access to high quality reproductive and other health services including ANC, nutrition, Vitamin A, treatment of OIs, treatment of STIs, TB screening and other measures which strengthen women's and child health;
- Strengthen community networks to manage their health status (e.g., support for pregnant mothers, immunization education, nutrition education, reduction in stigma, care and support within the community for orphans and vulnerable groups and training for hospital and clinic committees);
- Leverage effective public private partnerships at the community level.

The contractor shall report performance data for the Annual Report in accordance with the indicators listed in the South Africa Health Results Framework which shall be as complete, accurate, and consistent as management needs and resources permit. In addition, Annual Report performance data should meet reasonable standards of ***validity, reliability, timeliness, precision and integrity***.

- **Validity:** Data are valid to the extent that they clearly, directly, and adequately represent the result that was intended to be measured.
- **Reliability:** Data should reflect stable and consistent data collection processes and analysis methods over time.
- **Timeliness:** Data should be available with enough frequency and should be sufficiently current to inform management decision-making at the appropriate levels.
- **Precision:** Data should be sufficiently accurate to present a fair picture of performance and enable confident management decisions. The expected change being measured should be greater than the margin of error.

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- **Integrity:** Data that are collected, analyzed, and reported should have mechanisms in place to reduce the possibility that they are manipulated for political or personal reasons.

PROGRAM MANAGEMENT

The successful Applicant will enter into a Task Order Agreement with USAID/South Africa. The USAID Agreement Officer's designated Health Cognizant Technical Officer and the Applicant will work together in the implementation of the program and the administration of the Agreement.

The Integrated TASC will operate under the guidance and direction of the senior management team (SMT), which includes key staff from USAID, national DOH, provincial departments, (Eastern Cape, Mpumalanga, Northwest and KwaZulu-Natal and Limpopo), and TASC technical managers.

The focus of the integrated TASC will be on improved management capacity and service delivery at the district level.

The roles and responsibilities of the Applicant and USAID are as follows:

Contractor

1. Develop an agreed mechanism (for example, regular meetings) that formalizes the substantial involvement of the USAID Agreement Officer's designated Cognizant Technical Officer at the post ward debriefing meeting.
2. Within 30 days after the signing of the Agreement provide a revised annual work plan, monitoring and evaluation plans, to be approved by USAID, that describe all activities, their sequence and time frames, all targets and results, and the output indicators (for example, numbers of people trained) and performance indicators by which the results will be measured.
3. No later than the thirteenth month of the Agreement provide a second detailed annual work plan to be approved by USAID that will describe any and all changes and modifications in activities, targets and results, and output and performance indicators.
4. Submit monthly progress reports to the CTO no later than the tenth working day following the end of the month. The reports shall include a summary of current activities, presentation of problem areas and recommendations for resolving these problems and attendant schedules for their resolution and anticipated activities for the next month.
5. Submit monthly financial summaries for the Task Order and each subcontract showing cost to date, budget estimate, advances, contractual obligation, variations and cost to complete.
6. Submit quarterly implementation reports to USAID that describe progress in implementing the program in accordance with the terms of the Task Order.
7. Submit quarterly reports on performance against SO and IR indicators per Attachment A.

USAID and the SMT

1. Provide funding to the Contractor.
2. USAID/SA in collaboration with the SMT will be substantially involved during the implementation of the Task Order in the following ways:

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- A. Approval of annual work plans, and all modifications, which describe the specific activities to be carried out under the Agreement and progress reports;
 - B. Designation of key positions and approval of key personnel and any changes;
 - C. Approval of monitoring and evaluation plans; USAID/SA involvement in monitoring progress toward achievement of the Strategic Objective and Intermediate Results during the course of the Agreement.
3. Authorize any substantive changes to the activity, including hiring, retention, and termination of key personnel, and provide programmatic oversight of and assistance to the Applicant in the financial management of the program.

REPORTS

The Applicant will be required to submit monthly progress reports, quarterly progress reports, monthly financial reports and technical reports to USAID in compliance with the terms of the Task Order.

Applicant will provide monthly implementation and financial and quarterly implementation reporting to USAID and the SMT tracking the level of funding available and utilized for sub-grants and the level of funding available and utilized for administrative support and oversight.

The quarterly implementation report format will be provided by USAID. The report should contain at a minimum the following information:

- Progress (achievements) since the last report.
- Problems described in previous report solved or still outstanding and intentions to address outstanding problems.
- New problems encountered since previous report.
- Proposed solutions to outstanding and new problems.
- Plan for next month.
- Current data for output and performance indicators.
- Compelling individual-level success stories.
- Documentation of better practices that can be replicated or taken to scale.

The monthly and quarterly financial report format will be provided by USAID. The report should contain at a minimum the following information:

- Total funds committed to date by USAID into the Agreement.
- Total funds expended by the Applicant to date, including direct and indirect administrative costs.
- Pipeline (committed funds minus expended funds)
- Funds and time remaining in the Agreement.

In addition a final report will be provided to USAID ninety days after the completion of the Agreement based on a format provided by USAID.

VI TIME PERIOD

Subject to the availability of funds the period of performance is from the effective date of the Task Order Agreement until September 29, 2008.

VII APPLICABLE DOCUMENTS

Applications must be consistent with current policies and guidelines provided at the following websites.

HIV/AIDS and STD Strategic Plan for South Africa 2000-2005

<http://www.doh.gov.za/aids/index.html>

Background information on the EQUITY project can be found at the following website

<http://www.equityproject.co.za>

USAID/South Africa's Health and HIV/AIDS Strategic Objective can be located at the following websites

<http://www.sn.apc.org/usaidsa/business>.

Applications should detail the implementation of the methodologies put forward in the program description, showing the phasing or dates by which planned activities would be carried out as well as proposed indicators to assess the progress of the program. The implementation plan shall include the following:

- Description of all planned activities in Year One (Annual work plan 2004) including
 - Sequence of activities;
 - Timeframes for implementing each activity;
 - Outcome of each activity;
 - Impact on gender;
 - Impact on disadvantaged communities;
 - Involvement of alliances/partners/twinning;
 - Sustainability plan
- Staffing Plan including
 - Key personnel plan (minimum five)
 - Other Long & Short – Term staff required for implementing each activity;
 - Demonstrated capabilities, specific local experiences, education and qualifications for each member of the key personnel plan;
 - List of alternates for key personnel plan;
 - Any subcontractor staffing plans;
- A Monitoring and Evaluation plan showing how
 - Outcomes will be measured;
 - Outcomes will contribute to results;
 - Baseline information will be collected;
 - Methods for mid-term and end of project evaluations.