

Attachment A

**SCOPE OF WORK SOUTH AFRICA NATIONAL TUBERCULOSIS
CONTROL PROGRAM (NTCP)
TECHNICAL ASSISTANCE SUPPORT CONTRACT (TASC)**

I. INTRODUCTION

USAID/South Africa invites the awardees under the “Population, Health and Nutrition Technical Assistance Support Contract (TASC2) – Tuberculosis Sector” to respond to this Statement of Work. USAID/South Africa (hereinafter referred to as USAID) anticipates awarding a task order for approximately \$2 million per year for an estimated five year period, with an option to increase the ceiling contingent on availability of additional funds, to work closely with the National, Provincial and District Departments of Health and nongovernmental organizations (NGOs) to develop and implement a program to strengthen the South African Department of Health’s tuberculosis (TB) program. It is anticipated that this program will be operational by early 2004 and be completed by September 30, 2008. 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 criteria: (1) the provinces and districts where USAID/SA is currently providing assistance; (2) the provinces and districts with high HIV/AIDS and TB prevalence levels; and (3) provinces with the greatest degree of poverty, and thus greatest reliance on the public health system. The targeted geographic areas track closely with the Department of Health’s (DOH) provincial priorities 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, as well as by the opportunities to expand USAID relationships with current partner organizations

II. BACKGROUND

TUBERCULOSIS (TB) IN SOUTH AFRICA: South Africa is ranked 7th among the world’s 22 high TB burden countries designated by the World Health Organization (WHO) and accounts for 80% of all new cases world-wide. The incidence of all types of TB in South Africa increased from 338 patients per 100 000 in 1998 to 362 patients per 100 000 in 2001. The total number of cases is expected to increase over the next few years due to the HIV/AIDS epidemic. TB is the number one killer of adults in South Africa, with nearly half of all TB patients HIV positive.

HIV/AIDS is fueling the TB epidemic in South Africa. And although cure rates for new smear positive patients and re-treatment patients under directly observed treatment short course (DOTS) are improving each year (65%), they are not reaching the targets set by WHO (85%).

Further exacerbating the TB epidemic is the evolution of multi-drug resistant strains of TB (MDR-TB). MDR-TB is a man-made problem due primarily to non-adherence to treatment schedules, and incomplete or inappropriate treatment with one drug. Recent (2002) studies on

MDR-TB by the Medical Research Council (MRC) in all provinces show that an average of 1.8 percent of new cases are MDR and an average of 6.7 percent in re-treatment cases are MDR. With such rates, some 6,000 cases of MDR-TB could be expected in 2005. The NTCP found a considerable under-detection of cases.

South Africa's HIV/AIDS & TB Directorate has identified inadequate human resources, institutional capacity and financial resources, along with a need for improved in the quality of data collection (recording and reporting) as key challenges to the country's TB program. In order to expand DOTS, the public sector needs to form public/private partnerships, engage and work with nongovernmental organizations (NGOs) and community-based organizations (CBOs), and place more emphasis on advocacy and provision of information, education and communication (IEC) to the public in order to decrease stigma and improve health seeking behavior.

III. PROGRAM OBJECTIVES

USAID/South Africa's key strategic objective is to assist the South African Government (SAG) to reduce the impact of HIV/AIDS and to provide better health care for historically disadvantaged South Africans. The mission's strategic health program focuses on *increasing the use of quality HIV/AIDS and other primary health care services*. It strives to achieve the following targeted results, with appropriate activities to support those results:

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

The Key themes of USAID's TB program include capacity building; sustainability; quality of care; and integration and coordination.

IV. SCOPE OF WORK

A. DEVELOPMENT RESULTS

The program to be launched under this task order supports USAID/South Africa's strategic health program's Results Framework presented below:

**REDUCED IMPACT OF HIV/AIDS
(REALISED THROUGH THE CONTRIBUTIONS OF SOUTH AFRICAN GOVERNMENT, OTHER DONORS AND USAID/SA)**

COUNTRY LEVEL INDICATORS

- 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

SO LEVEL : INCREASED USE OF HIV/AIDS AND OTHER PRIMARY HEALTH CARE SERVICES

- 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
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To contribute towards achieving the program goals, the contractor will focus the Intermediate Result (IR) 3: Treatment for TB and AIDS Improved Specifically, USAID will continue to provide assistance in strengthening TB care initiatives 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 program’s principle focus will be at the district, municipal, provincial and community levels, USAID will continue to provide assistance at the national level to strengthen critical health systems (e.g. information, supervision and TB management). Emphasis will be placed on the key themes of USAID’s TB program which include capacity building; sustainability; quality of care; and integration and coordination.

B. CONTRACT TASKS

This task order targets the following primary results to be achieved during the five year implementation period: Also provided are the illustrative activities:

1. Improved quality of TB services

Key illustrative activities to ensure the quality of services would include strengthening community based DOTS - which is a priority, ensuring that up-to-date policies are

in place, and conducting operational research (e.g. in post-exposure prophylaxis, targeted population groups, and new treatment arenas). Such work would promote the NTCP's strategies in a) sustained political commitment expressed by availing sufficient human and financial resources for achieving the international targets for TB control in the context of the national health system, b) standardized short-course chemotherapy to all cases of tuberculosis under proper case-management conditions including direct observation of treatment (DOT), and all of these would be accomplished through supporting NTCP's efforts in c) partnership building at all levels.

2. *Increased availability of TB treatment*

Key illustrative activities to increase availability of TB treatment would include supporting drug logistics, training of staff at district level, and supporting the expansion of existing services. These activities would promote the NTCP's strategies of a) good access to quality-assured tuberculosis sputum microscopy for case detection among persons presenting with symptoms of tuberculosis, screening of individuals with prolonged cough and special attention to case detection among high-risk groups including HIV infected and institutionalized persons, b) uninterrupted supply of quality-assured drugs with reliable drug procurement and distribution systems, c) reduce the national MDR TB rate, d) recording and reporting system enabling outcome assessment of each patient and assessment of the overall program performance, and e) linking TB patients to VCT services and referral of VCT clients for screening for TB. The activities will also include addressing transport system to improve sputum turn-around-time, and will also expand available DOTS system in high burdened rural, urban and peri-urban communities.

3. *Increased demand for TB treatment*

Support for illustrative activities to increase demand such as the development of appropriate advocacy campaigns for public and with mass media, increasing appropriate information, health education, and communication work (IEC), stronger promotion of World TB Day, develop combined and separate TB and HIV/AIDS IEC campaigns including targeted messages. Such work would promote the NTCP's strategies to improve and increase advocacy and IEC, and promote TB and HIV program collaboration. It would also improve case detection and treatment compliance and adherence.

4. *Improved management of TB support systems*

Improved management activities would support activities considered 'essential' points to any program, which include labs, drugs, and capable staff to support treatment as well as other activities that support logistical and broader management activities. To achieve this, illustrative work could include improving labs and their diagnostic services, improve drug tendering, management and logistics systems, and also to strengthen program management at national, provincial and district levels.

V. PERFORMANCE REQUIREMENTS

To achieve these results, the contractor is expected to initiate the illustrative activities described above (Section IV) and to focus on the following activities during the implementation years:

- Support the strengthening of DOTS programs to improve adherence to recommended treatment regimens and to prevent the emergence of MDR TB.
- Strengthen training capacity at national and provincial levels
- Support advocacy/health education initiatives
- Improve Provincial capacity to manage TB programs
- Support Operations Research
- Support and improve TB surveillance
- Support coordination and collaboration between HIV and TB national programs;

VI. DELIVERABLES: MEASURING KEY RESULTS AND INDICATORS

The contractor shall work with the Department of Health and, in consultation with international health organizations, develop and track generally accepted indicators, including the relevant indicators from Results Framework presented above, that measure the progress towards achieving target results. Specifically, indicators should measure case detection, cure rates, adherence/compliance and DOTS expansion and effectiveness. The following indicators, which are also WHO standard indicators, should be adhered to:

- Increase the treatment success rate to 85% at the national or sub-national level;
- Increase case detection rates to 70%.
- Increased and improved human resource capacity to support DOTS at all levels – host countries, US partners and globally;
- Progress in the development and dissemination of new tools and approaches (includes diagnostics, treatment, operations research, TB and HIV/AIDS co-infection, and management of patients with multi-drug resistant TB); and
- Improved quality, availability and use of reliable data on TB and DOTS program performance, both globally, and in selected countries.

VII. PROGRAM MANAGEMENT

USAID/South Africa will award a Task Order to the successful contractor. The contractor will report to the Cognizant Technical Officer from the Health Team, designated by the mission contracting Officer.

The contractor will operate under the guidance and direction of the senior management team (SMT), which includes key staff from USAID, national DOH, participating provincial departments, as well as the TB TASC technical managers.

The roles and responsibilities of the successful contractor and USAID are as follows:

Contractor

1. Within 30 days after the signing of the task order, provide revised overall and annual work plans and a monitoring and evaluation plan, to be approved by USAID, that describe all activities, their sequence and time frames, all targets and results, output/milestone and performance indicators against which the results achieved by the contractor will be measured.
2. No later than the thirteenth month of the contract, and annually thereafter, provide, for USAID approval, an updated detailed annual work plan that describes any and all recommended changes and modifications in activities, targets and results, and output and performance indicators.
3. Submit quarterly progress reports to the CTO no later than the tenth working day following the end of the quarter. 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.
4. Submit monthly financial summaries for the Task Order contract and each subcontract showing cost to date, budget estimate, advances, contractual obligation, variations and cost to complete. The contractor will track the level of funding available and utilized for sub-grants and the level of funding available and utilized for administrative support and oversight
5. Submit quarterly implementation reports to USAID that describe progress in implementing the program in accordance with the terms of the Task Order.
6. Submit quarterly reports on performance, measured against SO and IR indicator targets as specified in the annual work plan.

USAID and the Strategic Management Team (SMT)

1. USAID and the SMT will provide direction and guidance to the contractor.
2. USAID must authorize any substantive changes to the activity, including changes of key personnel.
3. USAID will provide programmatic and financial oversight of the Task Order contract.

VIII. REPORTING REQUIREMENTS

The contractor will be required to submit quarterly progress reports, and monthly financial reports to USAID in compliance with the terms of the Task Order. The contractor will also be required to meet monthly with the USAID TB focal person.

The quarterly implementation report format will be provided by USAID. The report will 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 quarter.
- Current data for output and performance indicators.
- Compelling individual-level success stories.
- Documentation of better practices that can be replicated or taken to scale.
- Annual Performance, Monitoring Reports (PMRs)
- Briefing: The contractor shall brief the mission and the cooperating country officials on the principal activities, accomplishments and funding during the implementation period, unless not desired by mission.

The 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 Award

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

IX. PERIOD OF PERFORMANCE

Subject to the availability of funds, the period of performance is the effective date of the Task Order and the completion date is September 30, 2008.

X. REFERENCE DOCUMENTS

Applications must be consistent with policies and guidelines of South Africa's health strategy and USAID/South Africa's health strategy. Websites where relevant documentation can be viewed are provided below:

South Africa's HIV/AIDS and STD Strategic Plan for South Africa 2000-2005
<http://www.doh.gov.za/aids/index.html>

USAID/South Africa's Health and HIV/AIDS Strategic Objective:

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