



UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

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USAID Mission to Uganda
P.O. Box 7856, Kampala, Uganda.

RFP Issuance Date: August 2, 2004
RFP Closing Date: August 30, 2004,
10a.m. Kampala time

To: TASC II - IQC Contractors

**Subject: Request for Task Order Proposal No. 617-04-011
USAID/Uganda Workplace AIDS Treatment project**

Reference: TASC II IQC Contracts GHS-I-00-03-00026-31/39-40

USAID/Uganda would like to acquire technical services to implement its Workplace HIV/AIDS Treatment project in accordance with the attached statement of work. Procedures specified in IQC section F.4.(a)(3) will be utilized to determine which contract to order against.

This letter invites contractor to submit a task order proposal containing the following minimum information:

1. Technical proposal of no more than ten (10) pages for accomplishing the requirement described in the attached SOW.
2. Resumes of proposed personnel and their specific duties and responsibilities.
3. Cost proposal of no more than two (02) pages, with:
 - a) Name and Title; Fixed Daily Rate; Number of workdays; and Total Cost for each individual who will perform directly under the task order, provide
 - b) Breakdown of Other Direct Costs which are considered necessary for completion of work.
 - c) Budget notes with the rationale/basis for the estimated costs.
 - d) Current Negotiated Indirect Cost Rate Agreement (NICRA)
4. Certification that the proposed personnel were not initially suggested or requested by USAID.

USAID plans to award a contract with a total estimated cost of about \$1.2 million covering a 1.5 year period (18 months), subject to availability of funds. Revealing the cost range for the contract does not mean that offerors should necessarily strive to meet the maximum amount. The offeror must propose costs that it believes are realistic and reasonable for the work.

Cost proposal shall be evaluated as part of a Best Value determination for contract award, including cost containment and effective approaches to achieve the results.

Offerors are advised that funds are not yet available for award at this time, and this letter in no way obligates the USAID to award a task order, nor does it commit USAID to pay any cost incurred in the preparation and submission of your proposal. Any questions concerning this RFP should be addressed to Patrick Mugabo (mcsow@usaid.gov), Acquisition Specialist, or the undersigned at e-mail: mcsow@usaid.gov.

Please acknowledge receipt of this letter via e-mail preferably.

Yours sincerely,

Marie-Claire Sow
Senior A&A Specialist.

**STATEMENT OF WORK – USAID/UGANDA
WORKPLACE HIV/AIDS ACTIVITY
TECHNICAL ASSISTANCE SUPPORT CONTRACT (TASC II)**

I. SUMMARY

USAID/Uganda anticipates awarding a task order for up to \$1.2 million for 18 months under the Population Health and Nutrition Technical Assistance Support Contract (TASC II). Under this task order the contractor will be responsible for working with the Ministry of Health, Uganda AIDS Commission (UAC), Public Service Commission, private providers and private sector businesses to implement a workplace HIV/AIDS activity which will allow for the increased provision of AIDS prevention and treatment services to private sector employees. In addition, the activity will expand the number of qualified and accredited private sector providers of anti-retroviral therapy (ART). It is anticipated that the activity will last for 18 months after the award of the task order. By the end of this task order the workplace HIV/AIDS activity will be fully operational with a variety of both private businesses and providers participating. It is expected that by the end of the task order the following targets will have been met:

- Twenty to thirty private sector businesses offer new HIV/AIDS prevention and treatment benefits;
- At least 10,000 employees who can access HIV/AIDS prevention and treatment services if needed; and
- Over 50 private providers trained in HIV/AIDS care and treatment.

II. BACKGROUND HIV/AIDS IN UGANDA

Uganda is a sub-saharan country of 24.7 million people, with 80 percent of the population living in rural areas. Uganda has had considerable success in reducing prevalence of HIV/AIDS over the past 10 years from a national average of around 17 percent (up to 30 percent in some areas) to the current level of 6.2 percent based on antenatal care surveillance. However, despite the initial successes in the late 1980s and early 1990s, AIDS cases are increasing and new infections occur daily. The decline in prevalence has stagnated over the past five years and no longer shows a downward tendency.

It is estimated that over one million people are living with the HIV virus and many of these suffer from opportunistic infections, tuberculosis, poor nutrition and lack of support. High morbidity related to opportunistic infections (often more costly to treat than HIV) and tuberculosis, contribute to lowered productivity among the most productive population. Treating these infections not only affects the overall economy and social fabric of the nation, but also strains an already stressed health care system. In addition to contributing to increased morbidity, excessive death due to AIDS has fueled a growing orphan crisis in Uganda, where over two million children are estimated to be without one or both parents.

It is in this context that the Ministry of Health has begun stressing the importance of ensuring availability of a full package of HIV care and treatment. The Ministry of Health began in 2002 to lay the groundwork to expand access to treatment through development of a national policy on anti-retroviral therapy (ART); a National Strategic Framework for the Expansion of HIV/AIDS Care and Support to expand access to quality clinical care for AIDS in a phased manner; Clinical Care Guidelines; and a National Committee for Expansion of ART that includes public and private sector members and sets standards for use of ARTs in clinics, hospitals and other health centers.

Over 200,000 people in Uganda are estimated to need life extending ART. While knowledge of the existence of drugs to treat AIDS is increasing countrywide, life extending anti-retroviral (ARV) drugs are only available in a few major urban areas and do not reach the vast majority of the population needing treatment. Only around 22,000 people are able to access quality ART services, most of them in Kampala through the Joint Clinical Research Center, Nsambya Hospital, Mildmay and a very few number of other

private providers as well as some research sites. This is despite the fact that ARV prices have declined dramatically in the past several years and are expected to decrease further.

The major impediment for those 200,000 people needing ART is that costs are high and few sites have been accredited by the Ministry of Health to provide care at the desired levels of quality, and fewer are implementing programs. Clients accessing ART pay the full cost of around \$35 per month including drugs, laboratory tests, and consultations.

In response to the high cost of ART the GOU is under pressure to provide free care in line with the government policy to provide free health care for all. The GOU has stated that all ARV drugs would be universally available and free to all. The government policy also states that the role of the private sector is fundamental as it can provide services for those who can afford to pay thus alleviating some of the burden on the government allowing them to focus on those most in need.

Private sector industries can play an important role in ensuring access for their employees, dependents and possibly their surrounding communities. AIDS prevention and care activities by businesses can maintain and sometimes even increase productivity and profitability. AIDS not only causes illness, disability and death for employees and severe economic and emotional disruption for their families, it also increases the cost of doing business. Several large multinationals and larger, local Ugandan businesses have expressed interest in providing ART to employees and surrounding communities. They are however, wary of taking on what could be a costly service and to date only a limited number of firms in Uganda are providing this service to their employees.

III. BACKGROUND ON EMERGENCY PLAN FOR AIDS RELIEF IN UGANDA

On January 29, 2003 U.S. President George Bush announced his Emergency Plan for AIDS Relief (The Emergency Plan). This is a five-year, \$15 billion initiative to turn the tide in combating the global HIV/AIDS pandemic. Specifically, this initiative is intended to prevent 7 million new infections; treat 2 million HIV-infected people; and care for 10 million HIV-infected individuals and AIDS orphans.

Fourteen “core” countries were chosen (one more will be chosen in the future) to receive increased HIV/AIDS resources to achieve the 2-7-10 targets described above. The Emergency Plan is being managed by the Office of the Global AIDS Coordinator in Washington D.C., with country oversight through the Embassy in each target country. All U.S. Government agencies that receive HIV/AIDS funding are now under the umbrella of the Embassy, with the U.S. Ambassador playing the lead role in moving this initiative forward. U.S. agencies now coordinate and plan for annual HIV/AIDS funding together, under one country strategic plan.

An Advisory Committee under the Office of the President, provides overall guidance for the Emergency Plan and is made up of members of the Government of Uganda, NGOs, FBOs, people living with HIV/AIDS, community-based organizations, private sector, and multi-and bi-lateral donors. This committee ensures the U.S. government support to HIV/AIDS under the Emergency Plan in Uganda reflects priorities and addresses needs as determined by the National Strategic Framework for HIV/AIDS and other key policy documents. The committee also ensures linkages and consistency with other development and HIV/AIDS activities, including the Global Fund for HIV/AIDS, Malaria and TB; and World Bank Multi-Country AIDS Programs.

Uganda was chosen as one of the 15 Emergency Plan countries, and could be receiving as much as \$97 million in FY2004 funding programmed across USG agencies in Uganda. Funding for FY 2005 and beyond is expected to increase beyond this amount. These funds are divided between the U.S. agencies in Uganda, namely USAID, CDC, DOD, NIH, Peace Corps and the Embassy. The separate U.S. agencies had been receiving HIV/AIDS funds previously. The Emergency Plan now brings

these agencies together to plan and coordinate HIV/AIDS-related activities, and to strategically think about how the U.S. Government HIV/AIDS funds should flow to address the Uganda Emergency Plan goals. All USG agencies in Uganda work together under the leadership of the U.S. Ambassador to plan, implement and monitor HIV/AIDS programs.

The Emergency Plan partners now have a shared vision and approach to reach the Emergency Plan Uganda goals: *Within the framework of Uganda's multi-sectoral response, the Emergency Plan will contribute to strengthening national capacity to address the HIV/AIDS epidemic, achieving improved quality of life, equitable access to services, and sustainable systems.*

This will be done through a number of pillars that were identified by the Emergency Plan team:

- Strong family and community response to HIV/AIDS
- Effective decentralization through broad national reach and work with a host of partners
- Broad portfolio of quality activities, some of which have already proven to be effective, some of which are innovative new programs and pilots
- Focus on outcomes to reach Emergency Plan Uganda's five year targets, which are to provide ARV treatment to 60,000, avert 165,000 infections and provide care and support to 300,000 HIV infected people and orphans.

IV. USAID/UGANDA STRATEGIC OBJECTIVES

The Integrated Strategic Plan (ISP) for the period 2002 to 2007 supports Uganda's focus on poverty alleviation as articulated in the Uganda Poverty Eradication Action Plan (PEAP). Accordingly the overall Mission goal is *Assist Uganda to Reduce Mass Poverty*. This goal directly supports the PEAP's broadest objective, which is to reduce poverty to ten percent or less by 2017. Three strategic objectives (SOs) and nine intermediate results (IRs) will contribute to USAID/Uganda's program goal. Each of the Mission's SOs is strategically linked and highly integrated. A more complete description of the rationale for the SOs and these intermediate results is found in the USAID Uganda Integrated Strategic Plan for FY 2002-2007.

- SO7 Economic Growth: Expanded Sustainable Economic Opportunities for Rural Sector Growth
- SO8 Human Capacity: Improved Human Capacity
- SO9 Governance: More Effective and Participatory Governance

The SO8 Strategic Objective (SO) is "Improved Human Capacity." Human capacity refers to individuals' ability to reduce their vulnerability to poverty and achieve a better quality of life by improving health and education status. Three intermediate results (IRs) will contribute to achievement of the SO:

- **IR8.1: *Effective Use of Social Sector Services***
 - IR8.1.1: Improved Quality.
 - IR8.1.2: Increased Availability and Access.
 - IR8.1.3: Positive Behavior Changes Adopted.
- **IR8.2: *Increased Capacity to Sustain Social Services***
 - IR8.2.1: Improved Decentralized Planning, Management and Monitoring Systems.
 - IR8.2.2: Increased Private Sector Role in Service Delivery.
- **IR8.3: *Strengthened Enabling Environment for Social Sector Services***
 - IR8.3.1: Increased Community Participation and Advocacy.
 - IR8.3.2: Effective Sectoral Policies Implemented.

The focus of this Task Order will be on intermediate result 8.1.1 “Improved Quality”; intermediate result 8.1.2 “Increased Availability and Access”; intermediate result 8.1.3 “Positive Behavior Change Adopted”, and intermediate result 8.2.2 “Increased Private Sector Role in Service Delivery”. Each of these IRs includes HIV/AIDS as a major focus with the objective to increase HIV/AIDS care and treatment. The proposed workplace treatment activity will help the USAID/Uganda Mission to achieve results under SO8. Because Uganda is one of the 14 African countries targeted for additional funding under the Emergency Plan for AIDS Relief, this Task Order will also be linked to the specific results required under the Emergency Plan. As outlined in more detail above, the focus of the Emergency Plan is to develop comprehensive and integrated prevention, care and, in an historic way, treatment programs. The Emergency Plan goals (referred to as “2-7-10 goals”) to be achieved by the 14 countries within five years, are:

- To treat more than 2 million HIV-infected persons with effective combination anti-retroviral therapy;
- To prevent 7 million new infections;
- To care for 10 million HIV-infected persons and those orphaned by HIV/AIDS.

The workplace HIV/AIDS activity will significantly enhance Uganda’s contribution to meeting these goals.

V. SCOPE OF WORK

In the Ministry of Health implementation plan for scale up of ART the government has set forth a policy which will allow for the provision of ART within both the public and private sectors. Due to the high cost of ART, the role the private sector can play in providing ART to those who can afford to pay is significant as it will lessen the financial burden on the government. The business community is a natural ally in this as they are increasingly feeling the impact of the HIV/AIDS epidemic on their workforce. However because of the high cost of AIDS treatment, many businesses are ambivalent about increasing coverage under their benefits packages to include the provision of ART to their employees. In Uganda only a limited number of firms are providing ART as an employee benefit. To encourage more businesses to offer this important benefit USAID/Uganda, through this task order, will work with the business sector to help them find cost effective ways in which to provide increased AIDS prevention and treatment services.

Under this task order the contractor will work with a variety of stakeholders including the business community, existing providers of health insurance, and private providers serving the business community to increase the number of private employees who get AIDS prevention and treatment services through their benefit package. The goal of the workplace HIV/AIDS activity will be to significantly increase the number of employers who offer AIDS prevention services and ART as a benefit for their employees and to also increase the number of qualified providers who can provide ARV services. This activity will increase the number of Ugandans who can access ART through the private sector, thus allowing the MOH to focus its efforts on those who cannot afford to pay for these services.

In Uganda there are various types of business approaches to health care provision: some businesses contract out provision of health care services but offer no ART coverage; some businesses contract out both health and ARV services but find employees do not yet access these services due to issues related to fear, stigma or quality; some have on-site health providers directly employed by the firm but do not offer HIV/AIDS services; and some do not yet offer any health benefits at all. The workplace HIV/AIDS activity’s overall aim is to: i) increase awareness in the business community that the provision of HIV/AIDS prevention and treatment services is important; ii) increase demand among employees for these services; iii) identify cost effective mechanisms which will allow businesses to increase their benefit packages to provide these services; and iv) foster relationships between employers, health insurers, and private providers in order to enhance delivery of these services. To this end, the contractor will work with local private sector businesses, umbrella business organizations, consumers, health insurers and private providers to identify ways in which business can increase, at an affordable cost, access to HIV/AIDS prevention and treatment services for their employees.

As more employers offer ARV services it is anticipated that there will be an increased demand for quality ART services from those employees and/or their families who will have access to these services as part of their employee benefit package. To respond to this demand the contractor will work with an organization based in Uganda who can train private providers so that they can become Ministry of Health accredited providers of ART. This organization must have a proven track record of providing high quality training in Uganda related to the provision of ART. The contractor in collaboration with the MOH should monitor and ensure the quality of the training provided by the organization. In addition, the contractor should routinely monitor the quality of services provided by private providers who provide services to the private sector business community.

It is expected that the contractor will work to make certain that all of the activities undertaken under this task order are completely sustainable. The contractor should work with private providers and the business sector to ensure that the cost of providing new HIV/AIDS related services are paid for through the private sector so that once the USAID-funded workplace HIV/AIDS activity ends these services will continue to be provided. In addition, the contractor should foster a long term and sustainable relationship between the organization selected to do training for this task order and the MOH to guarantee that private providers serving the business community continue to get updated training and materials related to the rapidly changing field of ART on a regular basis after the 18 month period of this contract ends. Lastly, during implementation the contractor should work closely with local organizations, such as business sector umbrella organizations, service provider organizations, as well as the Ministry of Health, Uganda AIDS Commission, and Public Service Commission to build the capacity of these organizations so that they can continue to foster relationships between health insurers, private providers, and the business community without the assistance of the USAID contractor in the future.

It is anticipated that by the end of this task order the workplace HIV/AIDS activity will be fully operational with a variety of both private businesses and providers participating. It is expected that by the end of the task order the following targets will have been met:

- Twenty to thirty private sector businesses offer new HIV/AIDS prevention and treatment benefits;
- At least 10,000 employees who can access HIV/AIDS prevention and treatment services if needed; and
- Over 50 private providers trained in HIV/AIDS care and treatment.

VI. MEASURING RESULTS

The Contractor will be required to develop a Performance Monitoring Plan (PMP) and report on results as they relate to the SO8 performance monitoring plan. Within the PMP the contractor should explore how much information can be provided without compromising client confidentiality about the breakdown of services actually provided (e.g. ART, VCT, and basic care) as a result of this task order. In addition the contractor, who will receive Emergency Plan for AIDS Relief funding for the workplace HIV/AIDS activity, will be required to report results as they relate to the Emergency Plan for AIDS Relief goals every six months.

VII. PROGRAM MANAGEMENT

The contractor will enter into a Task Order contract with USAID/Uganda and will report to the Mission Contract Officer's designated Cognizant Technical Officer from the SO8 Improved Human Capacity Team.

The contractor will operate with the guidance and direction of the USAID/Uganda staff. In addition the contractor will work closely with the GOU Ministry of Health and the Uganda AIDS Commission.

The roles and responsibilities of the contractor and USAID are as follows.

Contractor:

1. Within 30 days after the signing of the contract provide revised workplan as well as a monitoring and evaluation plan to be approved by USAID. This document should describe: the timeframe and sequence of all activities; all targets and anticipated results; and milestone performance indicators against which the contractor will be measured.
2. Submit quarterly progress reports to the CTO no later than the tenth working day following the end of the month.

USAID:

1. Provide programmatic and financial direction and guidance to the contractor.
2. Authorize any substantive changes to the activity including changes of key personnel.

VIII. REPORTS

The contractor will be required to submit quarterly progress reports to the CTO in compliance with the terms of the Task Order.

The quarterly report will include at minimum the following information:

- Summary of all activities since the last report;
- Update on resolution of issues raised in previous report;
- New issues arising;
- Recommendations for resolving issues;
- Anticipated activities for the following quarter;
- Progress towards results; and
- Financial expenditure information

In addition, the contractor will be required to report on specific results related to Emergency Plan for AIDS Relief every six months.

IX. PERIOD OF PERFORMANCE

Subject to availability of funds, the period of performance is from the effective date of the Task Order for an 18 month period.

X. EVALUATION CRITERIA

The criteria below are presented by major category, with relative order of importance, so that offerors will know which areas require emphasis in the preparation of proposals. The criteria below reflect the requirements of this particular solicitation. Offerors should note that these criteria:(1) serve as the standard against which all proposals will be evaluated, and (2) serve to identify the significant matters which offerors should address in their proposals.

The maximum number of points available is 100. A total of 90 points will be allocated for the technical portion of the proposal and 10 points for certain aspects of the cost portion of the proposal.

Technical Criteria (90 points)

1. Quality of Personnel (40 points)

1. The labor mix demonstrates an appropriate use of Ugandan professional staff and international staff, providing an efficient program management structure. (15 points)

2. Prior experience working in Uganda on similar technical activities. (10 points)
3. Appropriateness, qualifications and relevant experience of local entities with whom contractor will partner for: i) implementation of activities to expand private sector business benefit package; and ii) training. (10 points)
3. Evidence of ability to develop and implement management procedures and systems: i) for control of all Contract resources and activities; and ii) to keep USAID/Uganda accurately and continuously informed of the financial, administrative, personnel, and technical implementation status of the project. (5 points)

2. Technical Approach (40 points)

1. The balance of activities and resource allocation that are proposed for implementing the program is sufficient to achieve the expected results. (20 points)
2. Evidence of understanding Uganda's private sector health care system and factors affecting improvement in the delivery of HIV/AIDS prevention, care, and treatment. (20 points)

3. Institutional capacity and past performance (10 points)

1. Demonstrated success in implementing and managing outputs and activities similar to those described in the scope of work, which achieved significant results. (5 points)
2. Demonstrated responsiveness to past clients regarding ability to adapt to the uniqueness of different country settings and host county priorities. (5 points)

4. Feasibility and reasonable cost (10 points)

Realism of cost elements and overall balance in budget. (10 points)

XI. Reference/Background Documents

1. MOH ARV Policy (on MOH web site)
2. Boston University Study on HIV/AIDS and the Business Sector