

Health Policy Initiative (HPI)
SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)

Health Policy Initiative (HPI) Vietnam

1	RFTOP Number	RFTOP No. 486-08-020
2	Date RFTOP Issued	May 27, 2008
3	Issuing Office	Regional Office of Procurement, USAID, Regional Development Mission/Asia Bangkok, Thailand
4	Contracting Officer	Patrick J. Wilson, Regional Contracting Officer E-mail: pWilson@usaid.gov
5	Proposals to be Submitted to	Karittha Jenchiewchan, Procurement Specialist Email: kjenchiewchan@usaid.gov
	Question and Answer Due	June 9, 2008
7	Proposals Due	June 26, 2008
8	Payment Office	See Section G.4 Paying Office
9	Name of Firm	
10	IQC Task Order Number	
11	DUNS number	
12	Tax Identification Number	
13	Address of Firm	
14	RFTOP Point of Contact	Karittha Jenchiewchan, Procurement Specialist Email: kjenchiewchan@usaid.gov
15	Person Authorized to Sign RFTOP	Patrick J. Wilson, Regional Contracting Officer
16	Signature	
17	Date	

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The USAID, Regional Development Mission/Asia (USAID/RDMA) requires support for Health Policy Initiative (HPI) Vietnam as detailed in Section C.

B.2 CONTRACT TYPE

This is a cost-plus-fixed fee, completion type task order. For the consideration set forth in the task order contract, the Contractor shall provide the deliverables or outputs described in Section C and comply with all contract requirements.

B.3 BUDGET

a. This is a Cost Plus Fixed Fee (CPFF) Completion Type Task Order. The estimated cost for the performance of the work required hereunder, exclusive of fee is \$_____. The ceiling fixed fee is \$_____. The total estimated cost plus fixed fee is _____.

b. Within the estimated cost plus fixed fee, if any, specified in paragraph (a) above, the amount currently obligated and available for reimbursement of allowable costs incurred by the Contractor (and payment of fee, if any) for performance hereunder is _____. The Contractor shall not exceed the aforesaid obligated amount unless authorized by the Contracting Officer pursuant to the clause of this contract entitled "Limitation of Funds" (FAR 52.232-22). See Section I of the basic IQC.

c. Budget Schedule:

To be determined.

B.4 PAYMENT

The paying office is as referenced in Section G.4.

(End of Section B)

SECTION C – STATEMENT OF WORK

C.1 TITLE

The title of the program in this task order is Health Policy Initiative (HPI) Vietnam.

C.2 INTRODUCTION

The United States Agency for International Development Vietnam is issuing a Request for Task Order Proposals (RFTOP) under the Health Policy Initiative (HPI) Indefinite Quantity Contract (IQC) for **Strengthening HIV/AIDS Policy & Advocacy in Vietnam**. Subject to annual availability of funds, USAID intends to award a Task Order for up to \$10 million over a five-year period (o/a October 1, 2008 – September 30, 2013), with approximately \$1.6 million available in the first year. The Task Order will permit the contractor to carry out activities in Vietnam after receiving Government of Vietnam approval to operate in Vietnam. USAID reserves the right to fund any or none of the proposals submitted. USAID will be directly involved in the implementation and performance monitoring of this award.

This project will support the U.S. Government Five-Year Strategy for HIV/AIDS in Vietnam under the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR/Vietnam's objective in the policy area is to accelerate

and complement effective national and provincial responses, which include supporting government policy development where appropriate, building capacity for policy analysis and translating the analysis into action, fostering an enabling environment and building networks and capacity at the community level. These principles will guide USG efforts to strengthen national and local policies and systems to combat HIV/AIDS in Vietnam.

Through this award, USAID/Vietnam aims to continue to ensure achievement of the program objective to expand and strengthen HIV/AIDS prevention, care and support, treatment and policy/system strengthening services in Vietnam. Specifically, the goals of this project are to support the Government of Vietnam, civil society, and networks to undertake critical policy and advocacy actions in their efforts to improve HIV/AIDS prevention, care, and treatment in Vietnam. Under USAID's Foreign Assistance Framework, the program will contribute to the Program Objective of Investing in People in the Health Program area and Program Elements: 1.1.HIV/AIDS. Please refer to the Statement of Work below for a complete statement of goals and expected results.

To achieve the above-stated goals, this project will achieve the following results:

- 1) National and local HIV/AIDS policies, plans and programs based on international best practice adopted and implemented;
- 2) Effective public sector and civil society advocates and networks developed, strengthened, and supported to assume leadership in the policy process;
- 3) Timely and accurate data used for evidence-based decision-making and advocacy.

C.3 BACKGROUND

The first case of HIV in Vietnam was detected in December 1990, and in 2006 the Ministry of Health (MOH) estimated there to be 280,270 persons living with HIV/AIDS (PLHA) in Vietnam. Although the HIV epidemic has spread to all 64 provinces in Vietnam, with 95% of districts and more than 50% of communes affected, the epidemic is still concentrated in urban settings and among most-at-risk populations (MARPs), such as injecting drug users (IDUs), sex workers (SWs) and their clients, and men who have sex with men (MSM). UNAIDS estimates that adult HIV prevalence in Vietnam is 0.53%, but prevalence among IDUs is estimated at 23.1% and reaches 65.8% in some provinces (MOH)¹. HIV has spread to other high-risk populations but evidence suggests that injecting drug use is still the upstream cause of many new HIV infections. HIV prevalence among female sex workers (FSW) is 4.2%, but the 2005/2006 Integrated Behavioral and Biological Survey (IBBS) revealed that HIV infection rates were three to thirty times higher among sex workers who reported injecting drug use than those who did not, and that injecting drug use was a strong predictor of overall HIV prevalence in this population. Similarly, the IBBS found HIV prevalence of 9% among men who have sex with men (MSM) in Hanoi and 5% in Ho Chi Minh City, with figures three to five times higher among MSM who reported injecting drug use. Almost 80% of reported AIDS cases are in men between the ages of 20 and 39. Among youth, vulnerability to HIV infection is substantial among IDUs, have transactional sex, or both. Vietnam's epidemic is characterized by large differences in HIV prevalence among regions and clusters. Those provinces with the highest prevalence include Ho Chi Minh City (HCMC), Hai Phong, and Quang Ninh.

Since the detection of HIV transmission among IDUs and FSWs in the mid-1990s, the Government of Vietnam (GVN) has taken an uncompromising stance on illicit drug use and sex work. Policies have required drug users and sex workers and populations in rehabilitation centers to be confined for one to five years in GVN-run rehabilitation centers. These centers provide detoxification and work programs but are not able to provide drug treatment, and there are no other options for the vast majority of IDUs who need drug treatment. USG is the only donor providing substantial resources for scale-up of community-based drug treatment services including access to medication assisted therapy (MAT), addiction counseling, and a variety of other supportive services. Fear-inducing public information campaigns early in the epidemic were grounded in the association of drug use and sex work with HIV/AIDS, and this contributed to continuing severe stigma and discrimination directed towards both MARPs and PLHA. Recent advocacy efforts have led to change in the GVN approach to the national HIV/AIDS response. However, elements of the national response including the continued GVN support of the rehabilitation centers continue to engender stigma and discrimination and affirm negative public perceptions of and stigmatizing attitudes towards persons associated with high-risk behaviors. Advocacy groups

¹ Results from the HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Vietnam 2005-2006. Ministry of Health

and civil society are beginning to emerge, though they remain nascent. There is currently no clear process for establishing and registering community-based organizations (CBOs) or faith-based organizations (FBOs), and so these operate with tenuous, informal permission from local authorities.

As a result of the focused and coordinated advocacy efforts by national and international stakeholders, the situation may be changing towards a more enabling policy environment in Vietnam, as made evident by the passing of the Law on HIV/AIDS Prevention and Control (June 2006), the National HIV/AIDS Strategy (March 2004), and the Communist Party Directive #54 on Strengthening Party's Leadership in HIV/AIDS programs (November 2005). Also, high-level leadership in the Party, the National Assembly, and the GVN has been demonstrated; and the involvement of civil society, including PLHA, in the HIV response has increased. Furthermore, other positive developments in Vietnam—increased socioeconomic development, broadened social support for HIV programs, increased access and exposure to media and information technology, and widespread secondary education and high literacy rates among Vietnamese—have created opportunities for advancing HIV efforts. In March 2004, the GVN released the "National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020." The strategy provides the vision, guidance and measures for a comprehensive national response to the epidemic, calling for mobilization of government, party and community-based organizations across multiple sectors. In June 2006, the National Assembly approved a new Law on HIV/AIDS Prevention and Control, which provides a legal framework for guiding the national HIV response. This law, which came into effect on January 1, 2007, is the highest legislation addressing HIV/AIDS in Vietnam. It outlines a detailed and extensive set of legal measures, including clear guidelines on the protection of confidentiality, guarantees of the rights of PLHAs to services, strong measures designed to reduce stigma and discrimination, support for the implementation of drug substitution treatment, and free access to HIV treatment for children.

However, the newer law is in direct conflict with components of existing older laws and decrees especially in relation to drug users and prostitution control policies. There is also weak leadership, commitment, and implementation at provincial and local levels, where stigma and discrimination in services remain high. It will take effort and time to communicate the components of the newer laws to the provincial, district and commune levels. Additional challenges include: increased mobility of the population, including cross-border migration and trafficking; competing health and development priorities; a widening gap between the rich and poor in rural and urban areas; and increased inequality in the access to social and health services, including inequality stemming from gender norms and that feed particular gender-based stigma towards women (female IDUs, for example) and some men (those perceived to have been infected through male-to-male sex, for example), and curtail access to services. These inconsistencies must be addressed; socioeconomic policies that address the vulnerability of key population groups should be formulated; political commitment must translate into action; and a legal and policy framework for the involvement and strengthening of civil society, along with increased role for the private sector, should be created. Certain factions of the GVN have recognized that addressing and reducing the growth of HIV in Vietnam involves developing an enabling environment, with government, civil society, and the private sector but other factions have a vested interest in maintaining the older system of rehabilitation centers which have a narrow treatment approach focused only on detoxification and manual labor. The GVN has supported some policy and advocacy efforts in the public and private sectors as a means of increasing commitment, resource allocation, and participation at the community, sub-national, and national levels. USAID/Vietnam supports the internationally agreed Greater Involvement of People Living with HIV/AIDS (GIPA) principle through provision of technical assistance to nascent NGOs and civil society groups, particularly PLHA, to participate in advocacy and policy development efforts.

Vietnam became the 15th PEPFAR focus country in June 2004. The programs and interventions included in the PEPFAR strategy are built on principles consistent with Vietnam's National HIV/AIDS Strategy—including the provision of voluntary services centered on clients' needs, the reduction of HIV-related stigma and discrimination, the focus on comprehensive and high-quality services and government ownership of programs, and the GIPA principle. In Vietnam, PEPFAR operates through many different U.S. agencies and partners: the U.S. Department of Health and Human Services (HHS), including the Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA); the Department of State (DoS); the Department of Defense (DoD); and the U.S. Agency for International Development (USAID) and its non-governmental implementing partners.

With support from the international community, including the USG, the GVN is making progress toward the "Three Ones." The Three Ones include one national framework for HIV/AIDS, one national coordinating

authority and one monitoring and evaluation system. There is now one National HIV/AIDS Coordinating Authority, one Monitoring and Evaluation System, and nearly completed action frameworks for programmatic interventions. However, the national coordinating body for HIV/AIDS, the Vietnam Administration for HIV/AIDS Control (VAAC), sits within MOH and does not have the broad-based multisectoral mandate required to be a truly effective coordinating body across Ministries.

C.4 CURRENT USAID EFFORTS

Addressing and reducing the growth of HIV/AIDS in Vietnam is dependent on developing an "enabling environment" within both government, at national, provincial and district levels, and civil society. The concept of developing an enabling environment is key within the USG Five-Year Strategy for HIV/AIDS and is embedded in at least five of the nine Five-Year Strategy "Principles of USG HIV/AIDS program in Vietnam" (Principle 2: Government leadership; Principle 3: Client-centered services; Principle 4: Stigma/Discrimination; Principle 7: Support for multi-sectoral involvement for HIV prevention, care and treatment, including local non-governmental organizations (NGOs); Principle 8: Greater Involvement of PLHA). Based on these principles, the USG's support for an enabling policy environment in Vietnam has evolved over time and essentially consists of four overarching areas: 1) strengthening leadership and political commitment to evidence-based programming; 2) increasing participation of civil society, especially PLHA and MARPs, in policy development and advocacy; 3) strengthening capacity in policy development and advocacy at the national, provincial, and local levels, both within government and within civil society; and 4) supporting private sector involvement and integration within the national response.

At the national, provincial, and local level, civil society participation, especially of PLHA and MARPs, in policy development and advocacy is essential. Activities include: assisting PLHA and MARPs to form support groups and participate in NGO policy development and advocacy activities; sponsoring workshops to identify ways for civil society/NGOs to become involved in policy development and advocacy; providing technical assistance to nascent NGOs; and conducting data analysis to strengthen political commitment, strategic thinking and priority-setting, and increase GVN resource allocation.

Weak human and institutional capacity in Vietnam affects the way HIV/AIDS prevention, care and treatment services are designed, as well as the way they are delivered -- in both instances with little or no involvement of the affected populations (MARPs and PLHA). This is demonstrated by many instances of stigma and discrimination, disregard of confidentiality and results in poor uptake of VCT and other services. To address this need, the PEPFAR program in Vietnam is helping GVN, international and local organizations to adopt activities that are focused on enhancements of individual and institutional capacity to address HIV/AIDS. PLHA have received help in building advocacy skills; health care providers have received training in non-stigmatizing practices; outreach workers have received training in prevention, care, support and treatment interventions; the GVN has received assistance in collecting and analyzing data to inform decision-making processes.

Current activities focus on linking planning and policy development to the implementation of programs in Vietnam. Recognizing the importance of strong leadership at all levels and the importance of providing civil society the skills to participate in policy development and advocacy, USG/Vietnam will continue to build the leadership and advocacy capacity of nascent PLHA groups, and to expand involvement of MARPs into the policy discourse. This will be accomplished by facilitating multisectoral collaboration, and by providing advocacy training to leaders and affected community members.

USG/Vietnam supports a number of activities to ensure that Vietnam can effectively manage the national response and address the needs of PLHA. To create an enabling policy environment, USG/Vietnam supported the drafting of the National HIV/AIDS Law and the training of government cadres on HIV/AIDS policies and on the rights of PLHA. The USG also supported the drafting of the Government of Vietnam's Decree 108/CP, which allows provincial migrants to urban areas to become official citizens within those urban areas. This increases access to public services by internal migrant populations. The USG has also supported the development and implementation of national guidelines and policies, including the National Palliative Care Guidelines, the National Medication Assisted Therapy Guidelines, and 100% Condom Use Policies.

To strengthen management of the national HIV/AIDS response, USG/Vietnam supports VAAC in program design, implementation and monitoring and evaluation. USG/Vietnam has also strengthened the VAAC at national and provincial levels in human capacity development, effective management, coordination and

implementation of HIV/AIDS activities through Total Quality Management (TQM) and project management training. USG/Vietnam supports UNAIDS to coordinate efforts in policy advocacy, prevention among men having sex with men, and local government ownership, and collaborates with the Hanoi School of Public Health to train public health managers. To address stigma, USG/Vietnam has supported the roll out of a stigma-reduction toolkit, and programs with the Vietnam Ministry of Defense (MOD) which have promoted and developed HIV/AIDS prevention advocacy programs within the military population. To improve capacity at the provincial level, USG/Vietnam has supported the training of provincial government cadres in 12 provinces on determinants and impacts of HIV/AIDS, best practices in prevention, treatment and impact mitigation, and coordination of right -based, evidence-based and multisectoral responses at the provincial level.

Despite the lack of a clear legal organizational framework for NGO registration, the USG continues to build the capacity of PLHA through currently available means: umbrella grants to CBO/FBOs; assistance to PLHA through FBOs; and financial support and capacity-building technical assistance to PLHA groups. Support to the Vietnam Lawyer's Association provides legal aid to PLHA through legal clinics in Ho Chi Minh City and Hanoi, a model which has received positive attention in national Vietnamese media. Additionally, USG supported the implementation of stigma reduction training in health care settings and integrated the anti-stigma model into program interventions.

In FY06, the US Ambassador to Vietnam founded and led the Ambassadors/Heads of Agency Informal HIV Coordination Group. This group, with UNAIDS as secretariat, conducts quarterly meetings to identify and address key HIV/AIDS policy issues, including strategic planning, programmatic coordination and health sector development. Over the past two years the group has been working to develop and advance harmonized cost norms and the establishment of a consistent costing framework across donors and service providers. Related to this, USG agencies working in HIV in Vietnam have been working with their implementing partners to institute cost norms in their programs. Most recently and significantly the Ambassadors/Heads of Agency Informal HIV Coordination Group has become involved in advocacy around the GVN plans to revise the "Law on Drug Prevention and Control" (Law on Drugs) by providing support to and recommendations on plans to harmonize the Law on Drugs with the Law on HIV Prevention and Control. USG/Vietnam remains closely involved in these efforts.

USG/Vietnam recognizes that gender is a cross-cutting issue, and is integral to the implementation and success of prevention, care, and treatment programs. USG/Vietnam will incorporate gender considerations and activities to reduce stigma and discrimination into all activities, in order to promote gender equity, effectively address issues facing MSM and FSW, meet the unique gender-related needs of men and women IDUs, and increase access to services for all.

Despite current efforts, stigma and discrimination against PLHA, IDUs (including former IDUs), FSWs, and MSMs remains strong, this creates difficulties in implementation of innovative interventions targeting high risk populations. PLHA and MARPs report difficulty in accessing basic services, including education, employment, and quality health care. Despite the HIV/AIDS Law, PLHA and CBO/FBOs have limited legal status. They can organize, advocate and work at the community level, but without full legal status they cannot open bank accounts, solicit or receive direct funding, or participate in high-level policy discussions.

Coordination of resources remains difficult given human resource limitations coupled with the increasing number of donors and organizations supporting HIV/AIDS programs. While the GVN has made advances in incorporating a multisectoral approach, implementation mechanisms are lacking. Added to this, gaps in human resource capacity continue to limit efficiency in implementing public health programs. Regardless of GVN commitment to further developing the capacity of the public health workforce, funding and staffing shortages persist and available public health professionals are challenged to support a wide range of public health services.

C.5 STATEMENT OF WORK

Below are the key strategic elements followed by the results and illustrative indicators for this task order. The Contractor must design and deliver a program which promotes services, commodities, and safer behaviors among specific target populations. The components of that program must at a minimum include the following key strategic elements but need not be limited to them.

- The Contractor must support the GVN in facilitating coordination of donor, other stakeholder, and multiple ministry responses in Vietnam (i.e., multiple agencies and Ministries involved in IDU and HIV).
- The Contractor must support to MOH/VAAC and Ministry of Labor Invalids and Social Affairs (MOLISA) in their national, provincial, and local management and technical oversight, to improve coordination and human capacity development, with the goal of assisting GVN and other local partners to plan for sustainability/handover of USG-supported activities to GVN and Vietnamese stakeholders.
- The Contractor must work with all USG/Vietnam HIV partners in supporting Vietnam's HIV response in the priority provinces², and supporting provincial authorities in adopting HIV/AIDS policies, as well as policy implementation plans, reflective of international best practices (i.e., moving from reliance on custodial rehabilitation centers to scale-up of alternative best-practice treatment models).
- The Contractor must provide technical assistance to identify HIV advocacy objectives at project sites and provide technical assistance for the planning, implementation, and evaluation of activities designed to achieve those objectives. This will include collaboration with the other partners to produce resources, including policy briefing papers, for use in advocacy activities, and should also include supporting MARPs and PLHA in advocacy capacity building and empowerment.
- The Contractor must develop an anti-stigma and discrimination strategy across the USG/Vietnam program, in coordination with other partners and involvement by the MoH, Ministry of Public Security (MoPS) and MoLISA and People's Committee as appropriate.
- The Contractor must coordinate with other PEPFAR efforts to address stigma and discrimination, develop or enhance existing tool kits to include a gender assessment, activities and monitoring to support all partners in their ability to review their programs through the gender prism, and to use resultant data and information to improve access to services, especially for MARPs and PLHA.
- The Contractor must support increased involvement of civil society, especially MARPs, in HIV/AIDS programming and service delivery, including CBO/FBOs and MARP PLHA groups.
- The Contractor must support advocacy capacity building through partnering with MARP organizations and networks.
- The Contractor must support the Greater Involvement of People Living with HIV/AIDS (GIPA) principle through advocacy partnering with, and advocacy capacity building for, PLHA organizations and networks.
- The Contractor must review actual implementation of the National HIV/AIDS Law at the provincial level, and provide assistance for development of effective HIV Law implementation plans; as well as providing leadership in supporting GVN in rationalizing conflicting laws affecting HIV (i.e., HIV/AIDS law and some criminal laws).
- The Contractor must help to move Vietnam's response to a more sustainable model through more effective private sector involvement in service provision.

The Contractor's approach must reflect activities in the following program areas:

- Condoms and Other Prevention
- Palliative Care and Other Supportive Services
- Orphans and Vulnerable Children
- Strategic Information
- Other Policy/System Strengthening

The Contractor must continue specific USG activities currently being implemented under each program area, identified below as *Continuing Activities*. For some program areas *Illustrative Activities* are also provided.

Condoms and Other Prevention:

- *Continuing activity: Prevention with Positives (PwP)*: PwP is integrated into USG prevention, care and treatment programming and network referrals, and HPI has had a leadership role in focusing partners on the issues of PwP. To enhance this, the Contractor must initiate a partnership with the VAAC and PACs to promote the Vietnam National HIV/AIDS Strategy to ensure greater PLHA involvement and leadership, and

² PEPFAR Vietnam current priority provinces are: Nghe An, Hanoi, Ho Chi Minh City, An Giang, Can Tho, Hai Phong, Quang Ninh. During the performance period of the contract additional provinces may be added.

address stigma and discrimination reduction as outlined in the USG Vietnam 5-Year Strategy, with the objective of creating an enabling environment for effective PwP. The Contractor must partner with VAAC and the Provincial AIDS Committee (PACs) to coordinate all provincial implementing partners' support for PwP programming.

- Continuing activity: 100% Condom Use Policy (CUP) Pilot: The goals of the CUP pilot are to increase condom use among vulnerable groups with an emphasis on direct sex workers. The Contractor must incorporate the results of past efforts and use them to develop policies supportive of a 100% CUP program in An Giang province. The Contractor must develop a roadmap to operational guidance and effectively implement the guidance in support of the CUP which must be designed to address gender issues, including male norms and behaviors and the underlying power dynamics that limit ability to negotiate condom use, and improve gender equity. This is an integral part of the USG/Vietnam 5-Year Strategy and can uniquely bring together HIV/AIDS prevention programming with the explicit cooperation of law enforcement, health authorities, and other stakeholders. This collaboration must be designed to assist the VAAC and the USG team in their efforts to reduce the fear of arrest and stigmatization that cause sex workers and clients of sex workers to avoid health seeking behaviors.

Palliative Care:

- Continuing Activity: PLHA leadership and support: The Contractor must work closely with PLHA-elected leaders representing the northern, central and southern regions of Vietnam to liaise with the Communist Party, the National Assembly, relevant government ministries and major donors to support the legal establishment of the PLHA network. This work must at a minimum include continuing the ongoing USG support to the Bright Futures Group and The Network.
- Continuing Activity: Legal assistance and networking support for PLHA: USG supported the establishment of legal resource clinics for PLHA, however, additional support is needed to ensure that PLHA receive direct assistance from attorneys for actions in court. The Contractor must assist the PLHA legal clinics in providing clinic staff attorneys or other attorneys who can represent PLHA in specific court cases or regulatory processes, with the goal of providing legal assistance for PLHA in the seven priority provinces to ensure enforcement of the HIV/AIDS Law. Additionally, the Contractor must support the design and integration in the legal clinics of advocacy case managers responsible for ensuring that every PLHA coming to the legal clinics automatically have an advocate to ensure that the PLHA is aware of and is accessing all HIV and social services to which he or she is entitled.
- Illustrative Activity: Operationalizing the HIV/AIDS Law: The Contractor must support the implementation of the HIV/AIDS Law at the provincial level in the seven priority provinces. The Contractor must monitor the efficacy of the HIV/AIDS Law, assess attitudes and practices of key policy makers, service providers, employers, and PLHA, in close collaboration with the MOH. The Contractor must develop an HIV/AIDS policy and program auditing tool which will allow the Law to be used as a framework for monitoring and evaluation, and as a mechanism to support multi-sectoral involvement in the HIV/AIDS response. The tool will be used to assess the compliance of HIV/AIDS related policies and practices to the provisions of the law in all priority provinces, as well as national partners responsible for local compliance with the law.
- Illustrative Activity: Capacity Building of CBOs and Networks: The Contractor, in coordination with USAID/Vietnam's Democracy and Governance program, must support the development and expansion of CBOs and NGO networks to address the rights and issues of PLHAs. The Contractor must provide technical and financial assistance to PLHAs and CBOs through HIV-related institutional capacity building.

OVC:

- Illustrative Activity: Children's Rights: The Contractor must support the rights of girls and boys, infected and affected by HIV or AIDS, in access to schooling and health services.

Strategic Information:

- Continuing Activity: A Squared: Effective data collection and analysis are necessary to mobilize effective HIV responses and strengthen political commitment to mobilizing and appropriately targeting these

resources. The capacity of governments and advocates to collect, analyze and use data to inform the decision-making process must be strengthened. The Contractor must support Analysis and Advocacy (A Squared) activities in year one with the goal of building in-country capacity for sustainability, and with the additional goal of possibly supporting implementation of A Squared in key provinces in year one and beyond.

- Continuing Activity: The GOALS Model: The GOALS model has proven effective in Ho Chi Minh City Provincial AIDS Committee (HCMC PAC) for financial and human resource planning and the development of the HCMC HIV/AIDS Action Plan, and was requested by the MOH to be expanded to additional provinces. The Contractor must support strategic provincial planning for government of Vietnam (GVN) HIV/AIDS programs using the GOALS model in seven priority provinces.
- Illustrative Activity: Measuring Stigma and Monitoring Changes related to Stigma: The Contractor must establish a data collection system for monitoring stigma reduction, focused on stigma faced by different MARP groups, including gender-based stigma.

Policy and Systems Strengthening:

- Continuing Activity: PLHA Network Legalization and Management: The Contractor must support the management capacity of PLHA to receive and manage HIV/AIDS funding. Existing PLHA groups in Vietnam are still nascent but have demonstrated commitment to addressing HIV/AIDS issues. The Contractor must present innovative approaches to support capacity development in the management and implementation of direct funding to PLHA organizations within the Vietnamese legal context. The Contractor must provide the necessary capacity development to enable a national PLHA network to exercise strong management capability when it is legally recognized.
- Continuing Activity: Advocacy Training with Government Partners: Up to now the USG, in coordination with the Ford Foundation, has supported the collaboration between the Ho Chi Minh National Political Academy and U.S. universities in building capacity of key party and government officials to consider/analyze HIV-related policy issues. The Contractor must build on this foundation to implement HIV/AIDS policy training for government officials, with a focus on the provincial-level Peoples' Committees.
- Illustrative Activity: Strengthening journalists' skills: Media, especially television, radio, and print media, have an important role to play in efforts to reduce stigma and discrimination. The Contractor must support innovative HIV/AIDS trainings for journalists.
- Illustrative Activity: Private Health Care Providers Certification: The Contractor must provide assistance to the MOH to develop standards of practice and certification of private health care providers in HIV/AIDS prevention, care and treatment.

The overall program must contribute to the development of leadership capacity and sustainability as described in the PEPFAR Vietnam 5-Year Strategy. In all areas, the Contractor must be prepared to collaborate with the USG interagency teams on the ground – CDC, DOD, HHS and USAID regarding coordination of all activities. In addition, if called upon, the Contractor must participate or otherwise provide input into the USG interagency technical working group meetings. The Contractor must demonstrate how interventions link to prevention, care and treatment programs across the continuum of services supported by the USG, other donors and organizations, and the government.

C.6 MEASURING RESULTS: MONITORING AND EVALUATION

Results to be achieved

The activities under the key program areas, both continuing and illustrative, will be focused to achieve the following results over the life of the project. The final indicators and targets for the results will be established with the CTO and the USG Strategic Information Technical Working Group.

Result 1: National and local HIV/AIDS policies, plans, and programs based on international best practice adopted and implemented.

The Contractor must provide assistance to the Government of Vietnam and local organizations to help them develop and adopt policies that improve access to HIV/AIDS services. The Contractor must also seek creative new ideas and demonstrate proven methods for addressing barriers to both policy adoption and implementation for HIV/AIDS services.

Result 2: Effective public sector and civil society advocates and networks developed, strengthened, and supported to assume leadership in the policy process.

The Contractor must provide assistance to:

- Strengthen political commitment for access to HIV/AIDS services.
- Ensure that a range of stakeholders at the local, provincial, national, regional, and global level can assume leadership of meaningful and sustainable advocacy efforts so that policies reflect and address their needs in a sustainable way.
- Strengthen advocacy to address stigma and discrimination.

The Contractor must provide leadership in increasing the visibility and leadership of networks of PLHA, MSM, IDU, and other vulnerable groups in policy dialogue. The Contractor must also demonstrate feasible ways to integrate assistance in advocacy, resource allocation, and data use, so that advocacy efforts are bolstered with knowledge about the effective allocation of resources and access to appropriate data.

Result 3: Timely and accurate data used for evidence-based decision-making

Given that good data provide the basis for effective policy and advocacy work, the Contractor must help stakeholders provide data to policymakers in easily-understood ways; must adapt, develop, and apply user-friendly tools for data analysis and policy dialogue; and must build the capacity of in-country partners to provide data for evidence-based decision-making on their own. As part of its technical leadership role, the Contractor must make special efforts to compile and use data on MARPs and PLHA, and their access to services in the policy process. The Contractor must also develop and apply user-friendly tools for multi-sector policy analysis and dialogue.

In an effort to develop local capacity to plan effectively to mitigate the effects of the HIV/AIDS epidemic, the Contractor must build on programs designed specifically to merge the strengths of country-specific analysis of epidemic dynamics and innovative advocacy approaches to improve the prevention and care responses of countries in resource-constrained settings. The Contractor must promote the following through facilitation of in-country stakeholder advocacy processes:

1. Increased political commitment and improved decision making through expanded use of local evidence
2. Improved quality and design of national surveillance systems
3. Better monitoring and understanding of epidemic dynamics
4. Improved evaluation and direction of national responses
5. Increased resource allocation
6. Reduced stigma and discrimination

USAID HIV/AIDS funds are subject to USG requirements, therefore the Contractor must, at minimum, report on all relevant USG/PEPFAR indicators (see ATTACHMENT J.6: Emergency Plan Reporting Requirements and Indicators). For each indicator, the Monitoring and Evaluation (M&E) plan must provide interim and final targets, data sources, collection methods, and baseline information or a timeline for collecting it. Routine data quality assessments are also required. Additional indicators must be developed by the Contractor in collaboration with the CTO based on the results listed above. In addition to proposing indicators for each result, all indicators are mandatory and must be reported annually for the entire previous fiscal year (October 1 to September 30). Mandatory indicators include the following:

- Number of local organizations provided with technical assistance for strategic information activities.
- Number of local organizations provided with technical assistance for HIV-related policy development.
- Number of local organization provided with technical assistance for HIV-related institutional capacity building.
- Number of individuals trained in HIV- related policy development and implementation.

- Number of individuals trained in HIV-related institutional capacity building.
- Number of individuals trained in HIV-related stigma and discrimination reduction.
- Number of new or revised policies or strategic plans.
- Number of new or revised policies or strategic plans implemented.

The Contractor must be aware that PEPFAR Phase II will require reporting on additional mandatory indicators.

Recognizing the limitation of existing indicators to effectively monitor key accomplishments of activities related to HIV/AIDS policy development/implementation, enabling policy environment, and stigma and discrimination, the Contractor must develop and execute a M&E plan, in consultation with the USG/Vietnam Strategic Information team. Expected program results with illustrative indicators, mid-term milestones/ benchmarks, end-of-project results partially provided in this document should be further elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator.

This M&E plan aims at better demonstrating key outputs and outcomes of this type of program in Vietnam and providing cutting edge knowledge and tools to monitor progress; and HIV/AIDS policy interventions that can serve as models for other countries, as well as contribute to USG reporting in the future.

During the initial program planning period, the Contractor must work closely with the CTO to establish final indicators, as well as baseline data and performance targets for each indicator. The M&E plan must be submitted to the CTO for approval within 60 days of the award of the Task Order. The CTO and the Contractor must conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the M&E plan. Financial tracking data is required on a quarterly basis.

The M&E plan may be revised as appropriate on an ongoing basis in collaboration with USG/Vietnam.

C.7 COLLABORATION

The Contractor must be prepared to collaborate with the USG interagency team on the ground – CDC, DOD, HHS and USAID regarding coordination of activities. In addition, if called upon, the Contractor must participate in or provide input to the USG interagency technical working group meetings.

C.8 PROGRAM MANAGEMENT AND STAFFING

A. Technical Direction and Coordination: The CTO will be responsible for all day-to-date management, oversight, and technical direction of the Contractor. The CTO will provide technical directions during the performance of this Task Order, both in writing and verbally. The Contractor must meet regularly (via conference call or in person) with the CTO or his/her designee to review the status of activities, and be prepared to make periodic, unplanned verbal and written briefings to USAID/Vietnam and U.S. Embassy staff as appropriate.

B. Personnel Requirements. The contractor must provide key technical personnel and other personnel as part of the technical proposal to implement the major tasks above. USAID/Vietnam leaves to the Contractor to determine the appropriateness of employing overseas and/or local hires, however, such staff must have played important coordination and support roles in past and current population and health programs. USAID/Vietnam requires the establishment of a country office in Vietnam; Contractor presence is required in order to facilitate management and coordination with USG/Vietnam.

C.9 REPORTING REQUIREMENTS

USG/Vietnam reporting requirements: The Contractor must comply with all USG/Vietnam reporting requirements, including but not limited to Annual and Semi-Annual Performance Reports and Annual Country Operational Plan submissions. The Contractor must ensure that all of the country-specific USG reporting requirements are met.

A. Annual work plan: The Contractor must develop annual work plans in concert with other USG/Vietnam partners, keyed to each USG fiscal year of the contract. Subsequent 12-month work plans through the end of

the task order must be prepared and submitted to the CTO not later than 45 days before the close of each preceding operating year.

The work plan must include, at a minimum:

1. Proposed accomplishments and expected progress towards achieving task order results and performance measures tied to the M&E plan;
2. Timeline for implementation of the year's proposed activities, including target completion dates;
3. Information on how activities will be implemented;
4. Personnel requirements to achieve expected outcomes;
5. Major commodities to be procured;
6. Details of collaboration with other major partners;
7. Detailed budget; and,
8. Targets and anticipated results and milestone indicators against which the contractor will be evaluated (jointly established with the CTO)

B. Quarterly progress reports: The Contractor must prepare and submit to the USAID/Vietnam CTO a quarterly report within 30 days after the end of the Contractor's first full quarter, and quarterly thereafter. These reports will be used by USAID/Vietnam to fulfill electronic reporting requirements to Washington; therefore, they need to conform to certain requirements. The report must contain, at a minimum:

1. Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by country and program area;
2. Problems encountered and whether they were solved or are still outstanding;
3. Proposed solutions to new or ongoing problems;
4. Success stories;
5. Documentation of best practices that can be taken to scale; and.
6. List of upcoming events with dates.

C Financial report: The Contractor must submit quarterly financial reports to USAID within 45 calendar days following the end of each quarter. They must be disaggregated at the program area and contain, at a minimum:

1. Total contract budget
2. Total funds awarded to date by USAID into the task order (Total funds obligated to date);
3. Total funds previously reported as expended by contractor by main line items;
4. Total funds expended in the current quarter by the contractor by main line items;
5. Total funds expended (actual plus estimated accrued) towards the end of the report period
6. Total unliquidated obligations by main line items; and
7. Unobligated balance of USAID funds.
8. Estimated expenditures for remainder of year

D. The Contractor must submit short-term consultants' reports to USAID in a mutually agreed-upon format and time frame.

E. The Contractor must submit proposed travel; subcontracts; and scopes of work, costs and CVs for proposed short-term consultants to the CTO for review and approval.

F. Special reports: From time to time, the Contractor must prepare and submit to USAID special reports concerning specific activities and topics.

G. Completion report: At the end of the task order, the Contractor must prepare a completion report which highlights accomplishments against work plans, gives the final status of the benchmarks and results, addresses lessons learned during implementation and suggests ways to resolve constraints identified. The report must provide recommendations for follow-on work that might complement the completed work.

(End of Section C)

SECTION D – PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

(a) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem. Shipping containers are also to be marked with the last five digits of the USAID financing document number. As a general rule, marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semi-finished products which are not packaged.

(b) Specific guidance on marking requirements should be obtained prior to procurement of commodities to be shipped, and as early as possible for project construction sites and other project locations. This guidance will be provided through the cognizant technical office indicated on the cover page of this contract, or by the Mission Director in the Cooperating Country to which commodities are being shipped, or in which the project site is located.

(c) Authority to waive marking requirements is vested with the Regional Assistant Administrators, and with Mission Directors.

(d) A copy of any specific marking instructions or waivers from marking requirements is to be sent to the Contracting Officer; the original should be retained by the Contractor.

D.2 BRANDING

The Contractor shall comply with the requirements of the USAID “Graphic Standards Manual” available at www.usaid.gov/branding, or any successor branding policy.

(End of Section D)

SECTION E - INSPECTION AND ACCEPTANCE

E.1 TASK ORDER PERFORMANCE EVALUATION

USAID inspection and acceptance of services, reports and other required deliverables or outputs shall take place at USAID/RDMA, Bangkok, Thailand, or at any other location where the services are performed and reports and deliverables or outputs are produced and submitted. The Task Order CTO (TO-CTO) identified in Section G has been delegated authority to inspect and accept all services, reports and required deliverables or outputs.

(End of Section E)

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The estimated period of performance for this task order is o/a October 1, 2008 through September 30, 2013.

F.2. DELIVERABLES

See Section C, Paragraph C.5, for full information and definitive listing. In addition to the requirements set forth for submission of reports in Sections C and I, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, the Contractor shall submit reports, deliverables or outputs as further described below to the CTO (referenced in Sections F.2 and G). All reports and other deliverables shall be in the English language, unless otherwise specified by the CTO.

F.3 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS

The Task Order Contracting Office is:

Regional Office of Procurement
USAID/RDMA
5/F GPF Witthayu Towers A, 93/1 Wireless Road
Bangkok, Thailand 10330

Or

Regional Office of Procurement
USAID Box 47
Bangkok
APO AP 96546

The USAID/Vietnam Cognizant Technical Officer (CTO) will be designated separately.

F.4 PLACE OF PERFORMANCE

The place of performance under this Task Order is Hanoi, Vietnam with possible travel within Vietnam, the Asia region and elsewhere.

F.5 AUTHORIZED WORK DAY / WEEK

The contractor is authorized up to a six-day workweek for short-term consultants in the field with no premium pay.

F.6 AIDAR 752.7005 SUBMISSION REQUIREMENTS FOR DEVELOPMENT EXPERIENCE DOCUMENTS (JAN 2004) (AAPD 04-06)

(a) Contract Reports and Information/Intellectual Products.

(1) The Contractor shall submit to USAID's Development Experience Clearinghouse (DEC) copies of reports and information products which describe, communicate or organize program/project development assistance activities, methods, technologies, management, research, results and experience as outlined in the Agency's ADS Chapter 540. Information may be obtained from the Cognizant Technical Officer (CTO). These reports include: assessments, evaluations, studies, development experience documents, technical reports and annual reports. The Contractor shall also submit to copies of information products including training materials, publications, databases, computer software programs, videos and other intellectual deliverable materials required under the Contract Schedule. Time-sensitive materials such as newsletters, brochures, bulletins or periodic reports covering periods of less than a year are not to be submitted.

(2) Upon contract completion, the Contractor shall submit to DEC an index of all reports and information/intellectual products referenced in paragraph (a)(1) of this clause.

(b) Submission requirements.

(1) Distribution.

(i) At the same time submission is made to the CTO, the Contractor shall submit, one copy each, of contract reports and information/intellectual products (referenced in paragraph (a)(1) of this clause) in either electronic(preferred) or paper form to one of the following:

(A) Via E-mail: docsubmit@dec.cdie.org;

(B) Via U.S. Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, MD 20910, USA;

(C) Via Fax: (301) 588-7787; or

(D) Online: <http://www.dec.org/index.cfm?fuseaction=docSubmit.home>

(ii) The Contractor shall submit the reports index referenced in paragraph (a)(2) of this clause and any reports referenced in paragraph (a)(1) of this clause that have not been previously submitted to DEC, within 30 days after completion of the contract to one of the address cited in paragraph (b)(1)(i) of this clause.

(2) Format.

(i) Descriptive information is required for all Contractor products submitted. The title page of all reports and information products shall include the contract number(s), Contractor name(s), name of the USAID cognizant technical office, the publication or issuance date of the document, document title, author name(s), and strategic objective or activity title and associated number. In addition, all materials submitted in accordance with this clause shall have attached on a separate coversheet the name, organization, address, telephone number, fax number, and Internet address of the submitting party.

(ii) The report in paper form shall be prepared using non-glossy paper (preferably recycled and white or off-white using black ink. Elaborate art work, multicolor printing and expensive bindings are not to be used. Whenever possible, pages shall be printed on both sides.

(iii) The electronic document submitted shall consist of only one electronic file which comprises the complete and final equivalent of the paper copy.

(iv) Acceptable software formats for electronic documents include WordPerfect, Microsoft Word, and Portable Document Format (PDF). Submission in PDF is encouraged.

(v) The electronic document submission shall include the following descriptive information:

(A) Name and version of the application software used to create the file, e.g., MSWord6.0 or Acrobat Version 5.0.

(B) The format for any graphic and/or image file submitted, e.g., TIFF-compatible.

(C) Any other necessary information, e.g. special backup or data compression routines, software used for storing/retrieving submitted data or program installation instructions.

F.7 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for this activity is 000. Approval to procure motor vehicles, Antiretrovirals (ARVs) and other pharmaceuticals from code 935 countries shall be subject to USAID-wide restrictions and source, origin and nationality requirements and subject to USAID global waiver entitled, "Expedited Acquisition and Assistance Procedures for USAID's Activities and Programs Related to the Prevention, Care, and Treatment of HIV/AIDS" (December 20, 2007 through 2013); and shall be reviewed case by case upon request.

In general, local procurement is authorized subject to the provisions of AIDAR 752.225-71, "Local Procurement (FEB 1997)".

(End of Section F)

SECTION G – TASK ORDER ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S AUTHORITY

The Contracting Officer is the only person authorized to make or approve any changes in the requirements of this task order and notwithstanding any provisions contained elsewhere in this task order, the said authority

remains solely in the Contracting Officer. In the event the Contractor makes any changes at the direction of any person other than the Contracting Officer, the change shall be considered to have been made without authority and no adjustment shall be made in the contract terms and conditions, including price.

G.2 TECHNICAL DIRECTION

HIV/AIDS and Health Office, USAID/Vietnam shall provide technical oversight to the Contractor through the designated CTO. The contracting officer shall issue a letter appointing the CTO for the task order and provide a copy of the designation letter to the contractor.

G.3 ACCEPTANCE AND APPROVAL

In order to receive payment, all deliverables must be accepted and approved by the CTO.

G.4 PAYING OFFICE

The paying office for this Task Order is:

To be determined.

G.5 ACCOUNTING AND APPROPRIATION DATA

Budget Fiscal Data: To be provided.

(End of Section G)

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

The key personnel identified below are considered to be essential to the work being performed. Unless otherwise agreed to in writing by the Contracting Officer, the Contractor must be responsible for providing such personnel as specified in the Task Order. Failure to provide key personnel designated below may be considered nonperformance by the Contractor unless such failure is beyond the control, and through no fault or negligence of the Contractor. The Contractor must immediately notify the Contracting Officer and CTO of any key personnel's departure and the reasons therefore. The Contractor must take the necessary steps to immediately rectify this situation and must propose a substitute candidate for each vacated position along with a budget impact statement, if requested, in sufficient detail to permit evaluation of the impact on the program. The Contractor must make no replacement of key personnel without the written approval of the Contracting Officer and the CTO.

The Contractor must provide the following key personnel for the performance of this task order:

Chief of Party

H.2 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

The Contractor and any employee or consultant of the Contractor is prohibited from using U.S. Government facilities (such as office space or equipment) or U.S. Government clerical or technical personnel in the performance of the services specified in the Task Order unless the use of Government facilities or personnel is specifically authorized in the Task Order or is authorized in advance, in writing, by the CTO.

H.4 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY

All reports generated and data collected during this project shall be considered the property of USAID and shall not be reproduced, disseminated or discussed in open forum, other than for the purposes of completing the tasks described in this document, without the express written approval of a duly-authorized representative of USAID. All findings, conclusions and recommendations shall be considered confidential and proprietary.

H.5 CONTRACTOR'S STAFF SUPPORT, AND ADMINISTRATIVE AND LOGISTICS ARRANGEMENTS

The Contractor shall be responsible for all administrative support and logistics required to fulfill the requirements of this task order. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, and duplicating.

H.6 PERIODIC PROGRESS REPORTS (July 1998) (CIB 98-21)

(a) The contractor shall prepare and submit progress reports as specified in the Schedule of this contract. These reports are separate from the interim and final performance evaluation reports prepared by USAID in accordance with (48 CFR) FAR 42.15 and internal Agency procedures, but they may be used by USAID personnel or their authorized representatives when evaluating the contractor's performance.

(b) During any delay in furnishing a progress report required under this contract, the contracting officer may withhold from payment an amount not to exceed US\$25,000 (or local currency equivalent) or 5 percent of the amount of this contract, whichever is less, until such time as the contracting officer determines that the delay no longer has a detrimental effect on the Government's ability to monitor the contractor's progress.

(End of Section H)

SECTION I – CONTRACT CLAUSES**I.1 REFERENCE “Health Policy Initiative (HPI) IQC.**

(End of Section I)

SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS**SECTION J - LIST OF ATTACHMENTS –**

Attachment Number	Title
J.1	USAID FORM 1420-17 Contractor Biographical Data Sheet *
J.2	Past Performance Report – Short Form (OMB No. 9000-0142)
J.3	Acronym List
J.4	USG Vietnam 5-Year HIV Strategy
J.5	USAID Branding Strategy approved for HPI
J.6	Emergency Plan Reporting Requirements and Indicators manual
J.7	National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020
J.8	Law on HIV/AIDS Prevention and Control (June 2006)
J.9	Communist Party Directive #54 on Strengthening Party's Leadership in HIV/AIDS programs (November 2005).
J.10	PEPFAR Vietnam Partners Chart

* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/ . The copy of the form is being provided herewith for reference purpose only.

(End of Section J)

SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

Not required.

(End of Section K)

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 GENERAL

USAID anticipates the award of one (1) cost-plus-fixed fee completion type task order as a result of this RFTOP. After evaluation of initial proposals, USAID expects to select the contractor which will receive the task order to perform the statement of work. Once this choice is made, USAID may engage in discussions or negotiations with the chosen contractor regarding any matter to be covered in the final task order.

All Questions relating to this RFTOP must be submitted to Karittha Jenchiewchan, Procurement Specialist via email at kjenchiewchan@usaid.gov no later than June 9, 2008. Unless otherwise notified by an amendment to the RFTOP no question will be accepted after this date. Offerors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.

L.2 PROPOSAL INSTRUCTIONS

Your proposal for the attached statement of work shall contain the following:

- a. A Contract Pricing Proposal Cover Sheet (SF 1411).
- b. A certification that no USAID employee has recommended an individual for use under the proposed task order who was not initially located and identified by your organization.
- c. A list of at least three (3) recently completed contracts/subcontracts or on-going contracts/subcontracts that are similar to the attached statement of work, for federal, state, and local governments or for commercial firms within the last three years. To ensure uniformity of information for conducting the reference checks, the Offerors shall complete Part 1 (Blocks 1 through 9) of the Past Performance Report – Short Form (OMB No. 9000-0142) for the listed contracts/subcontracts. This form is attached. If the Offerors encountered problems on any of above mentioned contracts, it may provide a short explanation of the problem and the corrective action taken. Space is provided in Block 6 of the Short Form for this. If the Offerors do not follow the prescribed format, then care must be taken to ensure that the substance of the requested information is provided. Reference information should include recent email, fax, and phone numbers and address of contact persons. USAID may contact representatives from the references provided by the Offerors to obtain information on the Offerors' past performance. The Offerors are advised that USAID may obtain past performance information from sources other than those identified by the Offerors. USAID will use the past performance information to assess the quality of the organization's past performance and capability to implement programs similar to that described in the statement of work.
- d. Any proposed changes to the attached statement of work.

L.3 GENERAL INSTRUCTIONS TO OFFERORS

- a. RFTOP Instructions: If an Offeror does not follow the instructions set forth herein, the Offeror's proposal may be eliminated from further consideration or the proposal may be down-graded and not receive full or partial credit under the applicable evaluation criteria.
- b. Accurate and Complete Information: Offerors must set forth full, accurate and complete information as required by this RFTOP. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.
- c. Offer Acceptability: The Government may determine an offer to be unacceptable if the offer does not comply with all of the terms and conditions of the RFTOP.
- d. Proposal Preparation Costs: The U.S. Government will not pay for any proposal preparation costs.

L.4 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

The technical proposal must address how your organization plans to carry out the statement of work, not to exceed 25 pages in 12 point font including, a technical approach, personnel plan, and management approach, a draft monitoring and evaluation (M & E) plan and a draft implementation workplan for the first 12 months of the 60-month task order. Graphs, tables, charts, cover pages, dividers, table of contents, and attachments (draft work plans, resumes, tables summarizing qualifications of proposed personnel, tables), are not included in the 25-page limitation. All narrative pages must be formatted for readability and avoid unusual formatting.

Approximate lengths of each narrative section in the technical proposal are recommended to be as follows:

- a. Cover page
- b. Executive Summary – Page 1
- c. Technical Approach – Pages 2-14
- d. Key Personnel and Staffing – Pages 15-20
- e. Management Plan – Pages 20-23
- f. Past Performance – Half a page plus information in an annex Page 24.
- g. Corporate Capability and Experience – Pages 24-25.

1. The Technical Approach: must include a clear description of the conceptual approach and the general strategy (i.e. methodology and techniques) being proposed; a description of how the contractor will build the capacity and advocacy skills of local NGOs to address access to HIV-related services, the development of advocacy and decision-making skills of PLHA and MARPs and other stakeholders to enable them to participate as more equal partners in the policy process. It should outline specific, focused activities; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the program is completed. Offerors are encouraged to propose innovative programs designed to reach the desired outcomes/results.

Offerors must demonstrate how interventions link to prevention, care and treatment programs across the continuum of services supported by the USG, other donors and organizations, and the government.

Offerors must promote the use of effective data collection and analysis to mobilize effective HIV responses and strengthen political commitment to mobilizing and appropriately targeting these resources.

In addition, the Technical Approach must include a clear description of the Offeror's strategic approach to achieve the country specific targets and leverage other resources as described in the statement of work in Section C.

Offerors' proposals must describe how the following results will be achieved and measured:

Result 1: National and local HIV/AIDS policies, plans, and programs based on international best practice adopted and implemented.

Offerors must describe how they will provide assistance to the Government of Vietnam and local organizations to help them develop and adopt policies that improve access to HIV/AIDS services. Offerors must also seek creative new ideas and demonstrate proven methods for addressing barriers to both policy adoption and implementation for HIV/AIDS services.

Result 2: Effective public sector and civil society advocates and networks developed, strengthened, and supported to assume leadership in the policy process.

Offerors must describe how they will:

- Strengthen political commitment for access to HIV/AIDS services.
- Ensure that a range of stakeholders at the local, provincial, national, regional, and global level can assume leadership of meaningful and sustainable advocacy efforts so that policies reflect and address their needs in a sustainable way.
- Strengthen advocacy to address stigma and discrimination.

Offerors must provide leadership in increasing the visibility and leadership of networks of PLHA. Offerors must also demonstrate feasible ways to integrate assistance in advocacy, resource allocation, and data use, so that

advocacy efforts are bolstered with knowledge about the effective allocation of resources and access to appropriate data.

Result 3: Timely and accurate data used for evidence-based decision-making

Given that good data provide the basis for effective policy and advocacy work, Offerors must indicate how they will help stakeholders provide data to policymakers in easily-understood ways; must adapt, develop, and apply user-friendly tools for data analysis and policy dialogue; and must build the capacity of in-country partners to provide data for evidence-based decision-making on their own. As part of its technical leadership role, Offerors must make special efforts to compile and use data on MARPs and PLHA, and their access to services in the policy process. Offerors must also develop and apply user-friendly tools for multi-sector policy analysis and dialogue.

In an effort to develop local capacity to plan effectively to mitigate the effects of the HIV/AIDS epidemic, Offerors must build on programs designed specifically to merge the strengths of country-specific analysis of epidemic dynamics and innovative advocacy approaches to improve the prevention and care responses of countries in resource-constrained settings. Offerors must describe how they will promote the following through facilitation of in-country stakeholder advocacy processes:

1. Increased political commitment and improved decision making through expanded use of local evidence
2. Improved quality and design of national surveillance systems
3. Better monitoring and understanding of epidemic dynamics
4. Improved evaluation and direction of national responses
5. Increased resource allocation
6. Reduced stigma and discrimination

Offerors must detail their recommended approach to achieving these results. Proposals must specifically address but not be limited to how Offerors will achieve the following (if one of the following is not recommended, Offerors should explain the thinking behind this):

- Identify and reach key stakeholders to participate in policy processes at national and local levels;
- Assist national and local coordinating bodies to develop and implement sound policies, laws, regulations plans, programs, budgets and monitoring systems in support of priority HIV/AIDS interventions at national and local levels;
- Promote informed dialogue and ensure that decision-makers and stakeholders are knowledgeable about critical issues;
- Package and present information in a way that is useful to stakeholders;
- Assist stakeholders and decision-makers to communicate and disseminate the results of the work;
- Strengthen civil society and governmental collaboration and synergies;
- Reduce stigma and discrimination;
- Increase attention to gender issues, including the unique needs, barriers and stigma experienced by MSM, FSW, men and women IDUs, and men and women PLHA.
- Strengthen services to MARPs.

Recognizing the limitation of existing indicators to effectively monitor key accomplishments of activities related to HIV/AIDS policy development/implementation, enabling policy environment, and stigma and discrimination, Offerors must develop an M&E plan. Offerors' M&E plans must aim to better demonstrate key outputs and outcomes of this type of program in Vietnam and providing cutting edge knowledge and tools to monitor progress; and HIV/AIDS policy interventions that can serve as models for other countries, as well as contribute to USG reporting in the future. Expected program results with illustrative indicators, mid-term milestones/benchmarks, end-of-project results partially provided in this document must be further elaborated in the M&E plan. Data sources and collection methodologies must also be noted for each indicator.

2. Key Personnel and Staffing: Offerors must propose key technical personnel and other personnel as part of the technical proposal as deemed appropriate to implement the major tasks above. USAID/Vietnam leaves to the Offerors to determine the appropriateness of employing overseas and/or local hires, however, such staff must have played important coordination and support roles in past and current population and health programs. USAID/Vietnam requires the establishment of a country office in Vietnam; contractor presence is required in order to facilitate management and coordination with USG/Vietnam.

- a. **Chief of Party** - Each Offeror must include an individual as their proposed Chief of Party (COP). The COP must demonstrate exceptional managerial and operational experience, and preferably experience in managing complex activities involving coordination with multiple program partner institutions. The COP must also demonstrate exceptional written and oral communications skills in English. Familiarity with the political, social, and cultural context of working in Vietnam is a strong plus.
- b. **Other Personnel** - Offerors have the discretion to determine the proper number and mix of additional key personnel, short-term technical staff, and others to meet task order requirements, to be described in the technical proposal. USAID/Vietnam suggests Offerors either consider the need for technical leads for, or otherwise ensure the proposal clearly incorporates how the contractor will staff for addressing, the following areas: 1) PLHA; 2) Prevention with MARPs; 3) Legal/Human Rights, including stigma and gender; and 4) Strategic Information. If Offerors propose technical leads for these areas, USAID/Vietnam strongly encourages that Offerors consider locally (non-overseas)-hired technical leads for some or all.

3. Management Plan: Offerors must clearly describe how the task order will be managed, including the approach to addressing problems and challenges. Proposals must outline which subcontractors will conduct the various tasks listed earlier, and describe the roll of, and contractual arrangement with each subcontractor (if any). Offerors must propose a management plan that demonstrates the Offerors' understanding of management barriers that could occur during project implementation on both a global and country level, and how the Offerors plan to overcome these barriers. The plan must also demonstrate how the Offerors will use existing in-country resources for rapid start up. This plan must also address show the Project Director will liaise with the Cognizant Technical Officer (CTO), in-country staff, and reporting and management among other partners and sub-contractors, if applicable. Offerors must explain the potential for the management approach to effectively contribute to achieving project targets and objectives. Offerors must describe in the proposal the proposed role of each technical staff/advisor in the program and specify where s/he will be based. Offerors must include an organizational chart in an Annex to the technical proposal.

The contractor must fulfill the following administrative requirements:

- Set up a project office in Vietnam;
- Recruit and field local and international consultants and experts as needed. Where feasible, the contractor must make maximum use of available local expertise for short-term assignments. In fielding all short-term experts but particularly with expatriate short-term expertise, the contractor must ensure continuity of technical assistance by utilizing a limited pool of specialists who make repeated visits to work on continuing activities;
- 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. Financial support for this program comes from PEPFAR. The contractor must manage funds ensuring strict adherence to all USAID funding guidelines and regulations.

4. Past Performance:

- a. The Offeror (including all partners of a joint venture) must provide performance information for itself and each major subcontractor (One whose proposed cost exceeds 30% of the Offeror's total proposed cost) in accordance with the following:
 1. List in an annex to the technical proposal up to 3 of the most recent and relevant contracts for efforts similar to the work in the subject proposal for the Task Order. The most relevant indicators of performance are contracts performed for federal, state, and local governments and for commercial firms within the last five years
 2. Provide for each of the contracts listed above a list of contact names, job titles, mailing addresses, phone numbers, e-mail addresses, and a description of the performance to include:
 - Scope of work or complexity/diversity of tasks,
 - Primary location(s) of work,
 - Term of performance,
 - Skills/expertise required,
 - Dollar value, and
 - Contract type, i.e., fixed-price, cost reimbursement, etc

(USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed contracts if and when USAID requests it)

- b. If extraordinary problems impacted any of the referenced contracts, provide a short explanation and the corrective action taken (as required by FAR 15.305(a)(2))
- c. Describe any quality awards or certifications that indicate exceptional capacity to provide the service or product described in the statement of work. This information is not included in the page limitation.
- d. The Offeror is expected to comply with the instructions regarding the type and amount of detail to be provided on past performance and the format to be used to submit it. If the Offeror does not follow the prescribed format, then care must be taken to ensure that the substance of the requested information is provided. Failure to do so may seriously impede both the technical evaluation of the Offeror's proposal and the contracting officer's ability to make a positive responsibility determination. Reference information should include recent email, fax, and phone numbers and address of contact persons.
- e. USAID may contact representatives from the references provided by the Offeror to obtain information on the Offeror's past performance. The Offeror is advised that USAID may obtain past performance information from sources other than those identified by the Offeror. USAID will use past performance information both for the responsibility determination required in FAR 9.1 and the best value decision in accordance with the instructions in Section L and the evaluation criteria in Section M of this solicitation.

5 .Corporate Capability and Experience:

- a. Offerors must furnish evidence that they along with their proposed major subcontractors' have the ability to plan, implement and monitor program effectively. They must demonstrate their experience in the geographic and program areas identified in the Statement of Work; and organizational experience in managing relevant large-scale projects including activities to improve the HIV/AIDS policy environment, support civil society, improve the quality and use of data for decision making and to advance the policy environment.
- b. Offerors must clearly describe their demonstrated ability to manage multiple complex tasks involving collaborative efforts, and maintain clear and effective lines of communication between and among clients.

L.5 REQUIRED BRANDING STRATEGY

The Offeror must prepare and submit with the technical proposal, a Branding Implementation Plan and Marking Plan to implement the USAID Branding Strategy described in Attachment J.5. The Offeror's branding implementation plan and marking plan must be an attachment to its technical proposal and does not count in the 25-page limitation.

L.6 COST PROPOSALS

Budget Format: A budget with narrative providing detailed justification of costs anticipated under this proposed task order should be provided in the following format:

- a. For each line item proposed, please provide a summary cost breakdown, by element, of the respective anticipated costs of performing under this task order. The elements include: salaries, fringe, consultant fees, travel/transportation/per diem, other direct costs, equipment, sub-contracts, grants, indirect costs (overhead, G&A, etc., if applicable), and fee.
- b. Detailed level of effort and labor cost estimates must be submitted in accordance with the Statement of Work. Please provide a separate line item for each proposed individual and identify each by name, labor category, daily rate, and the level of effort for that individual. Please provide a salary history for the prior three years, for "key" individuals and professional staff.
- c. Detailed level of effort and cost estimates for consultants who will perform under the task order. Additionally, please provide ceiling rates for consultant positions for which an individual is not specifically named according to the following position classification: US Senior Level, US Junior Level, CCN Senior Level, CCN Junior Level, TCN Senior Level, and TCN Junior Level.
- d. Provide a breakdown for all anticipated costs for indirect costs (i.e., the amount, type, and unit cost) in accordance with the NICRA.
- e. Fixed Fee is subject to the maximum specified in the IQC.
- f. Total Estimated Cost plus Fixed Fee.

The total budget for this task order is estimated to fall within the range of \$ 9 million to \$ 10 million for the 60-month period.

Offerors must submit cost proposals aligned to the following program areas of the Country Operational Plan for the purposes of monitoring and evaluation of the program after award only:

Program Area	
Condoms and Other Prevention	%
Palliative Care	%
Orphans and Vulnerable Children	%
Strategic Information	%
Other policy & system strengthening	%
Total	100%

Offerors shall also submit a summary cost proposal by operating period and CLIN, using the following detailed budget format:

Cost Element	Year 1	Yr2	Yr 3	Yr 4	Yr 5
Total Direct Labor					
■ Salary and wages					
■ Fringe Benefits					
Consultants					
Travel, Transportation and Per Diem					
Equipment and Supplies					
Subcontracts ^{1/}					
Allowances					
Participant Training					
Other Direct Cost					
Overhead					
G&A					
Material Overhead					
Total Estimated Cost					
Fixed Fee					
Total Estimated Cost Plus Fixed Fee					

Detailed costs associated with each program area such as salaries, indirect costs, travel, equipment, and fee, must be provided separately in the proposal.

1/ Individual subcontractors should include the same cost element breakdown in their budgets as applicable.

The above budget shall be supported by information in sufficient detail to allow a complete analysis of cost. Contractor Employee Biographical Data Sheet (Form AID 1420-17) for the proposed personnel (either US, CCN or TCN), containing salary history for the previous three years. (Bio-data forms must be signed by both the employee and your organization). Offerors must propose costs that they believe are realistic and reasonable for the work in accordance with their respective Task Order Technical Proposals.

(End of Section L)

SECTION M – EVALUATION FACTORS FOR AWARD

M.1 GENERAL INFORMATION

- (a) After evaluation of initial proposals, USAID expects to select the contractor which will receive the task order to perform the statement of work. Once this choice is made, USAID may engage in discussions or negotiations with the chosen contractor regarding any matter to be covered in the final task order. However, the Government may award a task order without discussions with Offerors.

- (b) The Government intends to evaluate task order proposals in accordance with Section M of this RFTOP and award to the responsible contractor(s) whose task order proposal(s) represents the best value to the U.S. Government. "Best value" is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.
- (c) Evaluation Process: Proposals timely received will be reviewed and considered against the criteria indicated in Section M.2. Numerical points will not be awarded for cost, and the relative importance of cost is substantially less than technical factors. The review of the cost proposal shall include primarily cost realism, allowability and reasonableness analyses. While cost is a factor, especially as between closely ranked technical proposals, it is expected that the choice of contractor for this work will be based on technical merit.

M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

The technical applications will be evaluated in accordance with the technical criteria set forth below. One award is anticipated, although USAID reserves the right to make more than one award if needed. The award will be made to the responsible implementing partner whose application offers the greatest value to the US Government, cost and other factors considered.

The criteria listed below are presented by major category, so that Offerors will know which areas required emphasis in the preparation of the technical proposal. Offerors should note that these criteria serve as the standard against which all technical information will be evaluated, and serve to identify the significant matters which Offerors should address. Within each category, sub-criteria are weighted according to the points indicated. Sub-criteria that do not have weights assigned will be treated equally. To make the selection process as objective as possible, each implementing partner should clearly demonstrate how the application meets these criteria.

- | | |
|---|------------------|
| 1) TECHNICAL APPROACH | 45 POINTS |
| <ul style="list-style-type: none"> a. Extent to which the proposed approach; is clear, logical, well-conceived, and technically sound and will achieve the country specific targets and specifically addresses section L.4.1; is appropriate to the Vietnamese country context; reflects understanding and support of USAID/Vietnam program objectives; provides for sustained results (specifically the three indicated in section L) beyond the life of the project and describes how the activities will continue after the program is completed; draws from lessons learned elsewhere, especially in the South East Asia region; describes how the Offerors will build the capacity and advocacy skills of NGOs, PLHA, and MARPs; describes how the interventions link to prevention, care and treatment. (20 points) b. Extent to which illustrative timelines for the effective implementation of project components, demonstrate the Offerors' ability to reach stated project objectives within the required time period of performance, including a plan for rapid launch of project activities. Extent to which the Performance Monitoring and Evaluation Plan is clear, appropriate and sound in terms of identification of expected interim and final results of the program and extent to which the plan for collecting base-line and follow-on data is cost effective, will reliably quantify program progress and impact, and will integrate with and support building local capacity to gather and analyze data for decision making. (10 points) c. The extent to which plans for addressing stigma and discrimination, both PLHA and MARPs are identified and described. (10 points) d. The extent to which gender and gender issues, for both PLHA and different MARP groups are identified and addressed. (5 points) | |

- | | |
|--------------------------------------|------------------|
| 2) KEY PERSONNEL AND STAFFING | 20 POINTS |
|--------------------------------------|------------------|

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

- a. Appropriateness of the technical and managerial expertise and experience of proposed personnel for meeting project goals and results through the proposed approach (10 points)
- b. Appropriateness of the composition and organizational structure of the project team to reach indicated objectives, provide home office support, as well as international and local professions to implement each project component. The extent to which the Offeror demonstrates a clear, sound and appropriate staffing pattern with responsibilities among different staff positions adequately delineated including use of qualified professionals proposed as an integral part of the Offeror's workforce. (10 points)

3) MANAGEMENT PLAN

10 POINTS

- a) Extent to which the proposal clearly describes the ability to manage activities carried out under the Statement of Work, provide technical support and necessary oversight, and work with USAID/Vietnam staff, other USG agencies and Embassies, and other important project partners, including the potential for the management approach to effectively contribute to achieving project targets and objectives
- b) Appropriateness and rationale of the proposed Personnel Structure (long- and short-term) to the proposed technical approach.
- c) Capacity to meet short-term technical assistance needs associated with the Task Order.
- d) Capacity to recruit local technical assistance and to foster South-South exchanges.
- e) Capability to support personnel and field operations.
- f) Success in forming alliances with other organizations and/or donors.
- g) Extent to which the proposal clearly describe the role of and contractual arrangement with each subcontractor (if any), the approach for managing of proposed subcontractors (if any), and demonstrated past experience managing subcontractors (if applicable).

4) PAST PERFORMANCE

15 POINTS

- a) USAID will utilize existing databases of contractor performance information and solicit additional information from the references provided in Section L.4.e of this RFTOP and from other sources if and when the Contracting Officer finds the existing databases to be insufficient for evaluating an Offeror's performance.
- b) USAID will initially determine the relevance of similar performance information as a predictor of probable performance under the subject requirement. USAID may give more weight to performance information that is considered more relevant and/or more current.
- c) The contractor performance information determined to be relevant will be evaluated in accordance with the elements below:
 - i) Quality of product or service, including consistency in meeting goals and targets;
 - ii) Cost control, including forecasting costs as well as accuracy in financial reporting;
 - iii) Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks;
 - iv) Business relations, addressing the history of professional behavior and overall business-like concern for the interests of the customer, including coordination among subcontractors and developing country partners, cooperative attitude in remedying problems, and timely completion of all administrative requirements;
 - v) Customer satisfaction with performance, including end user or beneficiary wherever possible;
 - vi) Effectiveness of key personnel, including appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients were identified;

5) CORPORATE INSTITUTIONAL CAPABILITY AND EXPERIENCE

10 POINTS

The Offeror's and major subcontractors' demonstrated experience in the geographic and program areas identified in the Statement of Work and organizational experience in managing relevant large-scale projects including activities to improve the HIV/AIDS policy environment, support civil society, improve the quality and use of data for decision making and to advance the policy environment.

Demonstrated capability to plan, implement and monitor similar programs, including starting program activities rapidly and meeting USAID reporting and accountability requirements.

TOTAL

100 POINTS

(End of Section M)

ATTACHMENT J.1
USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA SHEET

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)				2. Contractor's Name			
3. Employee's Address (include ZIP code)			4. Contract Number		5. Position Under Contract		
			6. Proposed Salary		7. Duration of Assignment		
8. Telephone Number (include area code)		9. Place of Birth		10. Citizenship (if non-U.S. citizen, give visa status)			
11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment							
12. EDUCATION (include all college or university degrees)					13. LANGUAGE PROFICIENCY (See Instructions on Reverse)		
NAME AND LOCATION OF INSTITUTE		MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading
14. EMPLOYMENT HISTORY							
1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.							
2. Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.							
POSITION TITLE		EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #		Dates of Employment (M/D/Y)		Annual Salary	
				From	To	Dollars	
15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)							
SERVICES PERFORMED		EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #		Dates of Employment (M/D/Y)		Days at Rate	Daily Rate in Dollars
				From	To		
16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.							
Signature of Employee						Date	
17. CONTRACTOR'S CERTIFICATION (To be signed by responsible representative of Contractor)							
Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that the USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.							
Signature of Contractor's Representative						Date	

ATTACHMENT J.2
Past Performance Report – Short Form (OMB No. 9000-0142)

CONTRACTOR PERFORMANCE REPORT - SHORT FORM	
PART I: Contractor Information (to be completed by Prime)	
1.	Name of Contracting Entity:
2.	Contract Number:
3.	Contract Type:
4.	Contract Value (TEC): (if subcontract, subcontract value)
5.	Problems: (if problems encountered on this contract, explain corrective action taken)
6.	Contacts: (Name, Telephone Number and E-mail address)
6a.	Contracting officer:
6b.	Technical Officer (CTO):
6c.	Other:
7.	Contractor:
9.	Information Provided in Response to RFP No. :
PART II: Performance Assessment (to be completed by Agency)	
1.	Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime in fixing problems. Comment:
2.	Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:
3.	Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
4.	Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
5.	Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients were identified. Comment:

ATTACHMENT J.3
Acronym List
(Please see .pdf of email)

ATTACHMENT J.4
USG Vietnam 5-Year HIV Strategy
(Please see .pdf of email)

ATTACHMENT J.5
USAID Branding Strategy approved for HPI
(Please see .pdf of email)

ATTACHMENT J.6
Emergency Plan Reporting Requirements and Indicators manual
(Please see .pdf of email)

ATTACHMENT J.7
National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020
(Please see .pdf of email)

ATTACHMENT J.8
Law on HIV/AIDS Prevention and Control (June 2006)
(Please see .pdf of email)

ATTACHMENT J.9
Communist Party Directive #54 on Strengthening Party's Leadership in HIV/AIDS programs (November 2005).
(Please see .pdf of email)

ATTACHMENT J.10
PEPFAR Vietnam Partners Chart
(Please see .pdf of email)