



**USAID/BURKINA FASO  
U.S. PERSONAL SERVICES CONTRACTOR (USPSC)  
PRESIDENTIAL MALARIA INITIATIVE (PMI)**

1. **Solicitation Number:** 685-14-002
2. **Issuance Date:** 02/25/2014
3. **Closing Date/Time:** 03/18/2014 at 17:00 p.m. (Senegal Time)
4. **Position Title:** PRESIDENTIAL MALARIA ADVISOR – BURKINA FASO
5. **Market Value:** GS 14 (\$84,697 - \$110,104)  
*Final compensation will be negotiated within the listed market value based upon the candidate's past salary history, work experience and educational background.*
6. **Organization Location of Position:** Ouagadougou, Burkina Faso
7. **Direct Supervisor:** USAID/Burkina Faso Health Officer
8. **Supervisory Control:** None
9. **Period of Performance:** Immediate upon receipt of security/medical clearances.  
*(The Personal Services Contract will be for 24 months, with options of three-one year extensions up to a maximum of five years, subject to continued need and availability of funds)*
10. **Place of Performance:** Ouagadougou, Burkina Faso
11. **Security Access:** Secret
12. **Area of Consideration:** U.S. Citizens

**Final approval for the creation of this position (NSDD-38) is pending and a contract will not be awarded until/unless the final approval is granted.**

## **I. BACKGROUND**

Burkina Faso is a poor, landlocked country with limited natural resources located in West Africa. It shares borders with six countries: Cote d'Ivoire, Ghana, Togo, Benin, Niger and Mali. A majority Muslim nation, Burkina Faso has a long history of tolerance among religions as well as among its 63 ethnic groups.

The population of Burkina Faso is estimated to be 16.2 million with 20 percent of the population living in urban areas. Burkina Faso remains at the lowest level of development indicators, ranking 181 out of 187 in the 2011 United Nations Development Program (UNDP) Human Development Index. Burkina Faso is also one of the world's Heavily Indebted Poor Countries (HIPC)-defined as developing countries with a high level of poverty and substantial foreign and domestic debt.

Overall health conditions in Burkina Faso have been improving somewhat over the last two decades, but many problems persist. Malaria and malnutrition are widespread, and many Burkinabè have little or no access to basic health care, clean drinking water or appropriate sanitary facilities. USAID works to expand access to these basic necessities. In FY 2013, USAID contributed roughly \$14 million in the health sector. Activities focused on fighting malaria, combatting neglected tropical diseases, increasing access and utilization of family planning services, preventing HIV/AIDS among most at-risk populations and tackling childhood malnutrition.

Malaria is a leading public health problem in Burkina Faso and is reported by the Ministry of Health (MOH) to be the principal cause of morbidity and mortality, with pregnant women and children under-five years of age the most affected. In 2011, more than 5 million cases of malaria were reported nationwide with over 7,000 deaths. In 2010, malaria accounted for about 48 percent of all outpatient consultations, 63 percent of all hospitalizations, and 54 percent of all deaths nationwide. In the same period, for children under five malaria accounted for 53 percent of all outpatient consultations, 70 percent of hospitalizations, and 85 percent of deaths.

The Burkina Faso public health system has three levels. The central level is responsible for developing strategies, mobilizing resources, coordinating with partners and evaluating performance. The intermediate level is comprised of 13 health regions with nine regional hospitals, which serve as referral centers while the peripheral level is comprised of 70 health districts with over 1,500 primary health facilities. The private sector includes about 450 for-profit health facilities, 45 health facilities run by non-governmental or faith-based organizations and 140 biomedical laboratories. Private pharmacies are found mainly in Ouagadougou and Bobo-Dioulasso and number around 200 with private drug-sellers numbering around 450 countrywide.

## **II. OVERVIEW**

### **The President's Malaria Initiative (PMI)**

The PMI is a core component of the Global Health Initiative (GHI), along with HIV/AIDS, maternal and child health, and tuberculosis. In June 2005, the USG announced the PMI, a five-year, \$1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions in high-burden countries in sub-Saharan Africa. PMI began in three countries in 2006 and expanded to include four more in 2007. Eight countries were added in 2008 (for a total of 15 countries until

that time). The PMI funding began with \$30 million in fiscal year (FY) 2006 for the initial three countries, and steadily increased to \$500 million in FY2010.

In 2008, the Tom Lantos and Henry J. Hyde Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Act (Lantos/Hyde Act) authorized up to \$5 billion in USG funding for malaria prevention and control. This act provides for continued support to the 15 PMI focus countries and an expansion to other endemic countries. It also called for the development of a comprehensive multi-year USG malaria strategy, which was released on April 25, 2010.

The new USG Malaria Strategy revised the original PMI goal upwards from 50 percent to 70 percent reduction in malaria morbidity and mortality by 2015. It also added new priority countries, including Burkina Faso, to receive USG malaria funding and technical support. The new strategy continues PMI's four highly effective interventions: 1) insecticide-treated mosquito nets; 2) indoor residual spraying; 3) intermittent preventive treatment of pregnant women (IPTp) with sulfadoxine-pyrimethamine (SP); and 4) correct diagnosis and treatment with artemisinin-based combination therapy (ACT).

### **The President's Malaria Initiative in Burkina Faso**

Burkina Faso was added to the President's Malaria Initiative roster as a "non-focus" country in 2009. Since then, USAID has been working closely with the National Malaria Control Program (NMCP) to roll out and scale up proven malaria prevention and control interventions to reduce the burden of malaria in Burkina Faso. The PMI targets are very similar to the Global Malaria Action Plan targets, which are the targets that the Burkina Faso NMCP has adopted. The USG is assisting the NMCP to implement their national malaria strategy and in doing so is also striving to achieve PMI targets.

Given the financial and programmatic gaps in the country, Burkina Faso's malaria operational plans (MOP) have included prevention activities with support to bed net distribution to achieve universal coverage, carried out in 2010 with a second campaign completed in 2013 as well as indoor residual spraying from 2010 - 2012. The MOPs have also focused on case management, with support to malaria diagnostic (microscopy and Rapid Diagnostic Test - RDT) and treatment with provision of artemisinin-based combination therapy (ACTs) and severe malaria treatment kits. PMI resources have and will continue to support health system strengthening including integrated training for public health providers and supportive supervision, as well as pharmaceutical management. Finally, PMI interventions also include activities to increase the demand and use of malaria prevention measures and control services.

While not a GHI focus country, USAID/Burkina Faso, works to ensure that all of our activities follow the core principles of GHI: encouraging country ownership and investing in country-led plans and health systems; increasing impact and efficiency through strategic coordination and programmatic integration; strengthening and leveraging key partnerships, multilateral organizations, and private contributions; implementing a woman- and girl-centered approach; improving monitoring and evaluation; and promoting research and innovation.

### **III. MAJOR RESPONSIBILITIES**

The PMI Advisor will collaborate with the USAID personnel managing the overall health portfolio, and provide technical and administrative guidance as needed. Concurrently, the PMI Advisor and other Contracting Officer Representatives and Assistance Officer Representatives (COR/AOR) shall oversee the planning, implementing, and monitoring of the PMI Initiative. He/she will be the point person to liaise with backstops for the PMI in USAID/W, and in the USAID/ Burkina Faso Health Team. S/he shall consider the macro picture of the health portfolio while focusing on malaria activities and work with the entire health team to achieve maternal and child mortality reduction goals.

The PMI Advisor shall exercise substantial judgment in planning and carrying out tasks, in representing the USG in critical technical and policy forums, in resolving problems and conflicts, and in taking appropriate steps to meet deadlines. With approval from the Health Officer, the PMI Advisor may be requested to perform governmental functions such as officially representing USAID at functions, approving policy documents, budgeting, and developing planning documents.

The PMI Advisor must also possess an understanding of the social, economic and cultural determinants and implications of the malaria epidemic in Burkina Faso, as well as have the experience and skills required to help formulate the USG position on malaria and contribute to important policy decisions as a malaria focal point of the USAID/Burkina Faso Health Team.

### **IV. SPECIFIC DUTIES AND RESPONSIBILITIES**

The specific duties and responsibilities of the PMI Advisor will include, but are not limited to, the following:

1. Plan malaria prevention and control activities consistent with the malaria control coverage needs identified by the strategy and plans of the NMCP and PMI. The Malaria Advisor is primarily responsible for the implementation of the Malaria Operational Plan (MOP).
2. Serve as Contracting Officer Representative/Assistance Officer Representative (COR/AOR) for the malaria bilateral activity – Improving Malaria Care (IMC); the Advisor will also serve as the Activity Manager for the DELIVER Task Order Three. S/he will work with DELIVER to ensure that malaria commodities are purchased in a timely and cost effective manner and monitor shipment and distribution of these commodities.
3. Work closely with the National Malaria Control Program, other donors supporting malaria (WHO, UNICEF, the Global Funds for Aids Tuberculosis and Malaria, etc.), Peace Corps, non-governmental organizations, and faith-based organizations, for a smooth implementation of PMI activities in coordination with other donors' activities.
4. Ensure that all activities are consistent with internationally accepted best practices and relevant to the specific malaria epidemiology of Burkina Faso, as well as with PMI technical guidance.

5. Participate in the development of planning documents such as the MOP and Burkina Faso Mission Operational Plan (OP) as well as activity implementation documents such as Acquisition and Assistance requests and activity monitoring documents. The PMI Advisor will also follow-up on approval of such documents and verify that planned malaria-related goods and services are received.
6. Represent USAID at malaria related meetings and ensures effective communication and coordination between PMI-funded activities and malaria programs funded by other donors including the WHO, UNICEF, the Global Fund and the Government of Burkina Faso.
7. Provide technical support to all partners and managerial support as needed during the implementation phases of the initiative to ensure the quality of interventions supported and that programmatic targets are met.
8. Ensure that malaria activities are integrated into overall whole of US government GHI health activities and to coordinate these activities with the NMCP and MOH to avoid duplication of effort and programming gaps.
9. Ensure accountability of funds provided by the PMI.
10. Ensure that financial and technical reports on the PMI in Burkina Faso are prepared and submitted as required.
11. Ensure PMI pipeline reviews are conducted on a regular basis and make recommendations for adjustment as appropriate and initiate reprogramming memoranda to that end; and
12. The incumbent shall perform other tasks as requested by the Health Team Leader.

Specifically, the PMI Advisor's time shall be divided in the following ways:

- 1) Management of Activity Implementation (40%)  
The PMI Advisor, in collaboration with the NMCP, will provide technical guidance and management support to collaborating agencies, to ensure sound management of malaria interventions implemented under the PMI. This includes but is not limited to malaria prevention and control activities such as behavior change and communication activities, bed nets purchase and distribution through the existing health services and at the community level, antimalarial drug purchase and distribution through the existing health services, intermittent preventive treatment of pregnant women (IPTp) coverage and the diagnosis and treatment of acute malaria, and the indoor residual spraying conducted under the initiative. The PMI Advisor will serve as the COR/AOR or Activity Manager of PMI implementing instruments and be responsible for monitoring and reporting the results for all PMI activities. He/she will ensure that PMI activities and other activities being implemented in the Health portfolio are mutually reinforcing.
- 2) Activity Development and Design (20%)

The PMI Advisor, working in collaboration with the NMCP and PMI staff will be responsible for developing annual MOPs in line with PMI guidance, and the health team's objectives and goals. This will include but is not limited to case management of malaria including diagnosis, in health facilities and at the community level, distribution of malaria commodities and LLINs through health facilities, large-scale "universal coverage" campaigns, and work with the private sector, intermittent preventive treatment of pregnant women, indoor residual spraying (if applied), and development of information, education and communications and behavior change communication (IEC/BCC) materials to promote the use of these interventions.

3) Partner Relationships (20%)

Successful performance in this position depends upon establishing and maintaining productive collaborative relationships with a wide range of partners and stakeholders, the MOH, the Provincial Health Ministers, local governments, the World Bank, the Global Fund, WHO, UNICEF, other donors, and NGOs dealing with issues focusing on malaria. The PMI Advisor shall, therefore, develop and maintain relationships with these partners and stakeholders in order to effectively ensure that all of USG PMI activities are complementary and enhance all other malaria activities being implemented in Burkina Faso. He/she will participate in meetings hosted by the NMCP on malaria, as well as other key stake holders. As the AOR/COR for the Malaria bilateral project, the incumbent shall play a leading role in supporting the NMCP, leading donors coordination and information sharing.

4) Coordination with Other PMI Personnel (10%)

The PMI Advisor will be required to communicate regularly and work jointly with other members of the USAID/ Burkina Faso Health Team, and USAID/Washington.

5) Monitoring and Evaluation (10%)

Monitoring and evaluation is a key component of the PMI. The PMI Advisor will work with the health team to develop a monitoring and evaluation plan in line with PMI targets, as well as ensure that PMI partners develop project monitoring plans and report in a timely manner on their activities. It is also expected that the PMI Advisor shall provide expert advice and practical experience in helping the MOH, the NMCP and other partners to monitor inputs and outcomes, and progress towards PMI goals. The PMI Advisor will ensure smart integration with ANC clinic interventions and seek leverage with other partners such as the Global Fund, the World Bank and UNICEF.

The PMI Advisor shall make sure that a coherent monitoring and evaluation plan is in place to track PMI activities results and impact for reporting to USAID/Washington. Significant results and impact data should also be presented to the NMCP.

Working in close collaboration with other health Team staff members, the PMI Advisor shall coordinate the PMI Annual Report (including data collection and performing data quality assessment and populate the template and narrative).

**V. SUPERVISION AND EVALUATION OF PERFORMANCE**

The PMI Advisor will be supervised on a day-to-day basis by the USAID/Burkina Faso Health Officer. Evaluation of performance will be performed annually by the USAID/Burkina Faso Health Officer.

**VI. EXERCISE JUDGMENT**

The PMI Advisor exercises a broad scope of independent judgment. Refers to immediate supervisor and other professional staff members on matters pertaining to policy, priority or resolution of problems for which there is no clear precedent. Judgment must be exercised in making strategic and operational decisions in this complex operational environment that presents well-documented risks to partners and attracts significant high-level attention from USG decision and policy makers.

**VII. AUTHORITY TO MAKE COMMITMENTS**

The PMI Advisor will have no authority to make financial commitments on behalf of the U.S. government unless such authority is specifically delegated.

**VIII. NATURE, LEVEL AND PURPOSE OF CONTACTS**

The PMI Advisor serves as the primary responsible Officer in the monitoring of PMI programs, and reporting on their implementation to PMI office in USAID/Washington, USAID/Burkina Faso, US Embassy Ouagadougou, and the USAID Regional Office in Dakar.

**IX. PHYSICAL DEMANDS AND LOGISTICAL ARRANGEMENTS**

The work is generally sedentary and does not pose undue physical demands. The position provides for USAID provision of office space, computer and telephone, fax, and email.

**X. WORK ENVIRONMENT AND TRAVEL**

The primary place of work is USAID/Burkina Faso located in Ouagadougou. The PMI Advisor may be required to travel within and outside of Burkina Faso to meet the responsibilities of the position.

**XI. START DATE**

Preferably by on or about **June 1**. This start date is contingent on secret security and health clearances being granted.

**XII. QUALIFICATIONS AND EXPERIENCE, TECHNICAL KNOWLEDGE, SKILLS, AND EVALUATION CRITERIA**

Applicants meeting the required qualifications for the position will be evaluated based on information presented in the application and obtained through reference checks. USAID

reserves the right to conduct in-person or telephonic interviews with the most highly ranked applicants and make the interview a deciding factor in selection.

**A. Required Minimum Qualifications:**

1. Advanced degree in public health, medicine, behavioral science or related field.
2. Minimum of seven years' experience in the design, implementation, monitoring and evaluation of international malaria and/or health programs.
3. Demonstrated proficiency or fluency in oral and written English, as well as French, is required.

**B. Desired Qualifications:**

1. Demonstrated technical expertise on issues related to malaria and/or health systems strengthening through publications, conference presentations, or other means.
2. Minimum of ten years' experience in malaria programming in developing countries.
3. Experience with USAID administrative and procurement processes.
4. Experience working with the President's Malaria Initiative (PMI).

The following evaluation criteria will be used to assess candidates:

1) **Experience – 45%**

The PMI Advisor must have at least seven (7) years of progressively responsible experience in designing, implementing and managing child survival and maternal health activities including malaria and other health programs in developing countries, with a preference given to candidates with working experience in African countries. Demonstrated technical leadership, program management, strategic planning, policy experience and problem solving skills, working on complex projects in a highly sensitive environment are required. The PMI candidate should have expertise in at least three of the following malaria skill sets: Malaria program management, malaria microscopy or malaria rapid diagnostic kits, ACT, operations research, micro-planning of universal LLIN coverage campaigns and pre/post LLIN universal campaign surveys.

The Malaria Advisor will also have the following:

(a) Proven skills in project management, experience in designing and evaluating malaria activities in Africa, and knowledge and skills in quantitative and qualitative evaluation methods. The incumbent must also have skills in capacity building and mentoring local staff in a developing country. In addition, knowledge of USAID projects/program management policies and regulations is highly desirable (**20 points**).

(b) Skills in conceptualizing programs, policies, and plans and developing strategies for their management and implementation. The candidate must be able to integrate short and long-range objectives of the USAID health program and the PMI with the organizational needs of the Government of Burkina Faso. Previous work in Burkina Faso on malaria control and prevention a plus (**15 points**).

(c) Analytical ability to interpret public policies and assist in the development of revised policies as required improving the policy environment related to malaria in Burkina Faso. Management skills required to develop and implement effective malaria prevention and treatment program activities involving financial and human resources. Administrative skills are required to assist in the oversight of cooperating agency technical advisors and institutional contractors (**10 points**).

**2) Education – 5%**

Minimum of a Master’s Degree in public health, international health, or social sciences from a recognized institution is required. Medical training a plus with specific training in malaria is a plus. USAID or other equivalent “Management for Results” training will be desirable.

**3) Language, Communication, and Computer Skills - 15%**

The Malaria Advisor must have the following (these sub-factors are of equal weight and importance):

(a) Excellent verbal communication skills (English and French at the 4/4 or equivalent level), tact and diplomacy are required to establish and develop sustainable working relationships at the highest level and a high level of trust with public/private organizations. Verbal communication skills are also used to negotiate activity plans and resolve activity implementation issues with counterparts, partners and team members. Ability to communicate technical information to health and non-health audiences is required. Excellent written communication skills are required to prepare regular and ad hoc reports, activity documentation and briefing papers.

(b) Excellent computer skills. An applicant will not be considered if s/he does not meet the minimum requirements:

Fully functional in Windows, MS Outlook, word processing, and spreadsheet software is required.

Fully functional in using the Internet to solve problems and research information, such as USG and USAID regulatory guidance, best practices and latest trends relating to malaria and public health is required.

**4) Teamwork and Interpersonal Skills – 35%**

Excellent leadership, communications and interpersonal skills are critical to this position. The PMI Advisor must have the following (these sub-factors are of equal weight and importance):

(a) Must be able to work effectively with a broad range of USG personnel and partners, and have demonstrated skills in donor coordination and collaboration. Ability to work both independently and in a team environment to achieve consensus on policy, program and administrative matters will be preferred.

(b) Ability to work effectively under pressure and in a team environment and communicate highly technical information to various audiences, and achieve consensus on policy, project, research, and administrative matters.



**XIV. LIST OF REQUIRED FORMS FOR PSCS:**

Forms outlined below can found at

[http://www.usaid.gov/business/business\\_opportunities/psc\\_solicitations.html](http://www.usaid.gov/business/business_opportunities/psc_solicitations.html)

1. Standard Form 171 or Optional Form 612.
2. Contractor Physical Examination (AID Form 1420-62). \*\*
3. Questionnaire for Sensitive Positions (for National Security) (SF-86), or \*\*
4. Questionnaire for Non-Sensitive Positions (SF-85). \*\*
5. Finger Print Card (FD-258). \*\*

\*\*Forms 2 through 5 shall be completed only upon the advice of the Contracting Officer that an applicant is the successful candidate for the job.

**XV. CONTRACT INFORMATION BULLETINS (CIBS)/ACQUISITION AND ASSISTANCE POLICY DIRECTIVE (AAPDS) PERTAINING TO PSCS:**

CIBs/AAPDs contain changes to USAID policy and General Provisions in USAID regulations and contracts. Please refer to this website

[http://www.usaid.gov/business/business\\_opportunities/cib/subject.html#psc](http://www.usaid.gov/business/business_opportunities/cib/subject.html#psc)

to determine which CIBs/AAPDs apply to this contract.

**XVI. BENEFITS/ALLOWANCES:**

As a matter of policy, and as appropriate, a USPSC is normally authorized the following benefits and allowances: (NOTE: An individual defined as a Resident Hire employee may only be eligible for those benefits listed under item A below.)

**A. BENEFITS:**

- Employee's FICA Contribution
- Contribution toward Health & Life Insurance
- Pay Comparability Adjustment
- Eligibility for Worker's Compensation
- Annual & Sick Leave
- Access to Embassy medical facilities, commissary and pouch mail service

**B. ALLOWANCES (If Applicable): \***

- (1) Temporary Lodging Allowance (Section 120)
- (2) Living Quarters Allowance (Section 130)
- (3) Post Allowance (Section 220)
- (4) Supplemental Post Allowance (Section 230)
- (5) Post Differential (Chapter 500)
- (6) Payments during Evacuation/Authorized Departure (Section 600) and

- (7) Danger Pay (Section 650)
- (8) Educational Allowance (Section 270)
- (9) Separate Maintenance Allowance (Section 260)
- (10) Educational Travel (Section 280)

\*Standardized Regulations (Government Civilians Foreign Areas).

Security & Medical Clearances

The Contractor will be required to obtain a medical clearance prior to service overseas. Also, a temporary employment authorization security clearance must be initiated prior to travel to post of duty.

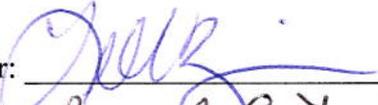
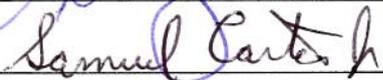
FEDERAL TAXES: USPSCs are **not** exempt from payment of Federal Income taxes.

***EQUAL EMPLOYMENT OPPORTUNITY:*** *The US Mission in Senegal provides equal opportunity and fair and equitable treatment in employment to all people without regard to race, color, religion, sex, national origin, age, disability, political affiliation, marital status, or sexual orientation.*

*USAID/Senegal also strives to achieve equal employment opportunity in all personnel operations through continuing diversity enhancement programs.*

*The EEO complaint procedure is not available to individuals who believe they have been denied equal opportunity based upon marital status or political affiliation. Individuals with such complaints should avail themselves of the appropriate grievance procedures, remedies for prohibited personnel practices, and/or courts for relief.*

Cleared by:

Lillian Benjamin, HPN Officer:  Date: 2/25/14  
Samuel Carter, Sup. Reg. EXO:  Date: FEB 25 2014