

**Solicitation**  
**President's Malaria Initiative Team Leader and Malaria Advisor**  
**USAID/Ethiopia**

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- 1. SOLICITATION No** : 663-S-12-001
- 2. ISSUANCE DATE** : December 1, 2011
- 3. CLOSING DATE/TIME SPECIFIED FOR RECEIPT OF APPLICATIONS** : December 31, 2011
- 4. POSITION TITLE** : USAID/Ethiopia President's Malaria Initiative Team Leader and Malaria Advisor
- 5. MARKET VALUE** : GS-14 (\$84,697 -\$110,104)
- 6. PERIOD OF PERFORMANCE** : Two Years
- 7. PLACE OF PERFORMANCE** : USAID/Ethiopia, Addis
- 8. AREA OF CONSIDERATION** : U.S. Citizens, US Resident Aliens, Permanent Residents, or Third Country Nationals.
- 9. SECURITY CLEARANCE** : Employment Authorization
- 10. POSITION DESCRIPTION** : See below

**A. BACKGROUND**

Ethiopia is one of the six countries that account for 50% of under-five child deaths worldwide. Approximately 350,000 Ethiopian children die each year before their fifth birthday. About 90% of mortality in under-fives is caused by pneumonia, neonatal complications (prematurity, asphyxia and sepsis), malaria, diarrhea and measles, with malnutrition underlying a significant proportion of these deaths. Furthermore, access to safe water and sanitation facilities is the lowest in sub-Saharan Africa. As shown by the recent Demographic Health Survey, Ethiopia has, however, made significant progress in coverage and uptake and health services since 2005, which has led to a dramatic 29% reduction in child mortality [<http://www.measuredhs.com/publications/publication-pr10-preliminary-reports.cfm>].

Malaria is ranked as the leading communicable disease in Ethiopia, accounting for about 30% of the overall Disability Adjusted Life Years lost. Approximately 68% of the total population of 78 million lives in areas at risk of malaria. According to Ethiopia's Federal Ministry of Health (FMOH), in 2009/2010, malaria was the leading cause of outpatient visits and health facility admissions, accounting for 14% of reported outpatient visits and nearly 9% of admissions. Malaria was also among the ten leading causes of inpatient deaths among children under five years of age. Because a large proportion of the population does not have access to health care services, these figures probably under-estimate the true burden of malaria in the country. In Ethiopia, malaria transmission is largely determined by climate and altitude. Most of the transmission occurs between September and December, after the main rainy season from June

to August. Cases are caused by both *Plasmodium falciparum* and *Plasmodium vivax*. Malaria is unstable in most parts of the country and erupts in periodic epidemics every seven to eight years with focal annual epidemics. Such epidemics usually coincide with prolonged drought and subsequent famine; and are associated with attack rates of up to 30% and case fatality rates of 2.2% to 5%. The last epidemic was in 2003 when a total of 211 districts in the four most populous regions were affected.

The Government of Ethiopia's Expanded Response to Malaria Program aims to reduce the overall burden of the disease by 75% by the year 2015. The program is guided by a five-year strategic plan developed according to the goals and objectives of the global Roll Back Malaria Partnership and the country's Health Sector Development Plan (HSDP). The program focuses on six key areas: (1) Prevention of malaria infection and illness; (2) Promotion of effective treatment; (3) Protection of pregnant women; (4) Response to the emergence and spread of drug-resistant strains; (5) Response to vulnerable populations involved in humanitarian emergencies; and (6) Development of new strategies for malaria prevention and control.

In 2007, Ethiopia became one of the focus countries for the President's Malaria Initiative, and in April of 2009 President Obama announced the \$63B Global Health initiative. Ethiopia was chosen to be one of the first eight 'GHI Plus' countries. One of the key elements of the initiatives is "integration and coordination" of different programs. PMI support to malaria prevention and control in Ethiopia began in FY2008 with an initial focus on Oromia Regional State, the largest of Ethiopia's nine regional states, covering a third of the country. PMI has contributed between \$20 and \$41 million annually to malaria control efforts during the last four years [[http://pmi.gov/countries/mops/fy11/ethiopia\\_mop-fy11.pdf](http://pmi.gov/countries/mops/fy11/ethiopia_mop-fy11.pdf)]. In addition, Ethiopia has received three malaria grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). With this support and that of other donors, the Government of Ethiopia (GoE)'s FMOH has been able to dramatically scale-up its efforts in malaria prevention and control.

The most recent Malaria Indicator Survey (MIS), in 2007, showed a rapid increase in the household insecticide-treated net (ITN) coverage from 6% to 66% in the targeted malarious areas since 2004 [<http://www.malariajournal.com/content/9/1/58>]. However, the survey also showed that Oromia was lagging behind the country's other regional states in key malaria intervention indicators. For example, in Oromia in 2007 only 41% of households were shown to own one or more ITNs; and only 29% of pregnant women and 24% of children under five years of age had slept under an ITN the previous night. On the positive side, the prevalence of malaria parasitemia was shown to be <1% in 2007. While this figure could be the result of the scale-up of malaria interventions, it needs to be interpreted with caution. Historically, Ethiopia has experienced cycles of malaria epidemics every five to eight years, with the last nationwide epidemic in 2003. The low malaria prevalence observed in the MIS 2007 may simply reflect the low transmission characteristics of non-epidemic years, and the burden of malaria infection may be actually substantially higher than has been detected by recent surveys.

Programmatically, PMI support in Ethiopia is managed by the inter-agency, 6-person USAID/Ethiopia and CDC/Ethiopia PMI Team. The PMI Team is one of the four teams in USAID/Ethiopia's Health, AIDS, Population and Nutrition (HAPN) Office, and is being led by the USAID/Ethiopia Malaria Advisor in coordination with the CDC/Ethiopia Resident Malaria Advisor; other members of the PMI Team currently are a Senior FSN Malaria Advisor, a FSN Malaria Advisor, and a FSN Malaria Program Manager. The overall HAPN office has an annual budget between \$250 - 350 million, and more than 50 staff. HAPN program support includes support for HIV/AIDS; maternal, neonatal and child health; reproductive health/family planning; tuberculosis; polio; nutrition; and health systems strengthening.

## **B. OVERALL DUTIES AND RESPONSIBILITIES**

The PMI Team Leader, in collaboration with the other PMI Team members, shall oversee the planning, implementation, and monitoring of the PMI in Ethiopia. S/he shall work with the USAID/Ethiopia PMI Team in liaising with backstops for the PMI in USAID/Washington, counterparts in CDC Ethiopia and Atlanta, CDC Malaria Advisor, USAID personnel working within and overseeing the Mission's activities related to malaria control and providing managerial and technical support to the FMOH, ORHB and other in-country stakeholders. In addition, the PMI Team Leader shall represent USAID/Ethiopia and the USG on various national and international technical and policy forums.

To successfully fulfill his/her role, the Malaria Advisor will focus efforts in the following areas:

### **1. Team Management (30%)**

The incumbent will be responsible for overseeing the USAID/Ethiopia PMI team and the management of projects being implemented under the PMI in Ethiopia. This includes but is not limited to malaria prevention and control activities, including the procurement and distribution of malaria commodities, IRS, and social behavior change and communication activities. The incumbent, in collaboration with other members of the PMI Team, will also be responsible for monitoring and reporting the results of all PMI activities implemented by PMI implementing partners. The PMI Team Leader shall manage and oversee services and deliverables provided by contractors and grantees, in accordance with USG contractual and program management regulations and procedures, and practices.

### **2. Activity Development and Design (25%)**

The incumbent, working in collaboration with the PMI Team members, PMI staff in the US, FMOH, ORHB and other in-country malaria stakeholders, will be responsible for leading and overseeing the development of the annual PMI Malaria Operational Plan, annual implementing partner work plans, as well as any new procurement to be developed under PMI in Ethiopia. The incumbent will ensure that these plans and procurement are in line with PMI objectives and goals.

### **3. Partner Relationships (25%)**

Successful performance in this position depends upon establishing and maintaining productive and collaborative relationships with a wide range of partners and stakeholders, including FMOH, ORHB, regional governments, and a range of in-country malaria stakeholders (e.g. UNICEF, WHO, NGOs, FBOs). The PMI Team Leader shall, therefore, develop and maintain relationships with these partners and stakeholders in order to effectively assure that all of USG PMI's activities are complementary and enhance all other malaria activities being implemented in Ethiopia. The incumbent is expected to participate in regular meetings hosted by FMOH, ORHB and other stakeholders.

### **4. Coordination with Other PMI Personnel (10%)**

The incumbent will be required to communicate regularly and work jointly with other PMI staff in the US, i.e. USAID/Washington and CDC/Atlanta. Furthermore, to ensure that PMI activities are being implemented in coordination with and complementary to other USG health support, close interactions and coordination with other USAID/Ethiopia HAPN teams as well as other USG agencies (e.g. CDC/Ethiopia, Peace Corps, Department of Defense) is required.

## **5. Monitoring and Evaluation (10%)**

Monitoring and evaluation is a key component of the PMI. The PMI Team Leader shall be responsible for leading the implementation of the PMI monitoring and evaluation plan in line with the PMI targets, as well as ensure that PMI implementing partners develop project monitoring plans and report in a timely manner on their activities. It is also expected that the PMI Team Leader shall provide expert advice and practical experience in helping the FMOH, ORHB and other in-country malaria stakeholders to monitor inputs and outcomes, progress towards RBM goals, and how to execute it jointly.

### **C. SPECIFIC DUTIES AND RESPONSIBILITIES**

The incumbent must possess technical expertise in the area of malaria epidemiology, prevention and control, case management, and possess an understanding of the social, economic and cultural determinants and implications of the epidemic in Ethiopia and neighboring countries, as well as have the experience and skills required to provide overall management and leadership for the PMI in Ethiopia.

Specifically, the PMI Team Leader shall:

- In coordination with the CDC/Atlanta Resident Malaria Advisor, lead the USAID/Ethiopia HAPN PMI team;
- Lead the PMI Team to ensure that financial and technical reports on the PMI in Ethiopia are prepared and submitted as required;
- In coordination with the CDC/Atlanta Resident Malaria Advisor, be the USG focal person for malaria and represent PMI in Ethiopia with host government and other in-country counterparts;
- Collaborate with senior staff of the FMOH, ORHB and other partners, such as GFATM, World Health Organization, United Nations Children's Fund, World Bank, and non-governmental organizations and faith-based organizations to design, plan and manage the implementation of malaria prevention and control activities consistent with the malaria control coverage needs identified by the strategy and plans of the FMOH and PMI;
- Assist the FMOH and ORHB in ensuring effective communication and coordination between Roll Back Malaria and Global Fund partners, including donor agencies and other stakeholders working on malaria prevention and control in Ethiopia;
- Ensure that all activities are consistent with internationally accepted best practices; relevant to the specific malaria epidemiology of Ethiopia; and in-line with overall FMOH strategic plans for malaria and the health sector;
- Coordinate with other partners and support efforts to address malaria prevention and control commodity delivery gaps and help build technical and managerial capacity within the FMOH at the national, regional, zonal, district and lower levels;
- Provide technical support to all partners and managerial support as needed during the designing and implementation phases of the project to ensure the quality of interventions supported and that programmatic targets are met;

- Work with suppliers and partners to ensure that programmatic commodities are purchased in a timely and cost effective manner. Also, ensure that the absorptive capacity exists in implementation sites to receive, manage and distribute these items effectively;
- Work with FMOH, ORHB and other partners to develop and execute a monitoring and evaluation plan to be implemented through existing FMOH systems and existing USG supported mechanisms. Carry out monitoring and evaluation visits to implementation sites to ascertain all quantitative and qualitative data is collected properly and ensure programmatic quality and value for money are maintained;
- Liaise with USAID/Washington and CDC/Atlanta about the design, implementation and monitoring of the PMI program portfolio in Ethiopia;
- Ensure that malaria prevention and control activities are integrated into overall USAID/Ethiopia-supported HAPN activities, and to coordinate these activities with the FMOH to avoid duplication of effort and programming gaps;
- Assist the PMI Program Manager and other USAID/Ethiopia offices to ensure full accountability and value for money of funds provided by the PMI.

#### **D. 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/Ethiopia reserves the right to conduct telephonic interviews with the most highly ranked applicants and make the interview a deciding factor in selection.

##### **1. Education – 20%**

Minimum of a Masters Degree in public health, international health, or social sciences from a recognized institution. Specialized experience in malaria is required in areas including but not limited to malaria program design, management and implementation; vector control; entomology; malaria case management; and epidemic surveillance.

##### **2. Experience – 45%**

The incumbent will have at least 10 years of progressively responsible experience in designing, implementing and managing malaria and other health programs in developing countries, with a preference given to candidates with African experience. The incumbent will also have demonstrated experience managing successful teams comprised of experienced professionals. Demonstrated technical leadership, program management, strategic planning, policy experience and problem solving skills working on complex projects in a highly sensitive environment are required. Preference will be given to those candidates with proven knowledge and experience with USAID programs, procedures and systems for program design, procurement, implementation, management and monitoring.

The incumbent will also have the following:

- (a) Analytical ability to interpret public policies and assist in the development of revised policies as required improving the policy environment related to malaria in Ethiopia. Management skills are

required to develop and implement effective malaria prevention and case management program activities involving financial and human resources. Administrative skills are required to assist in the oversight of cooperating agency technical advisors and institutional contractors.

- (b) Skill 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 HAPN Office and PMI with the cultural/organizational needs of the host country government.
- (c) Knowledge and skills in quantitative and qualitative evaluation methods; experience in designing and evaluating malaria activities in Africa. The incumbent must have proven skills in capacity building and mentoring local staff in a developing country.
- (d) Demonstrable skills are required in working effectively with health personnel of diverse cultural backgrounds, negotiating agreements on matters of program strategy and performance, writing, administration, and management. Ability to navigate and manage politically sensitive issues related to malaria control.

### **3. Teamwork and Interpersonal Skills – 20%**

Excellent leadership, communications and interpersonal skills are critical to this position. The incumbent must have the following:

- (a) Ability 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 is a must.
- (b) Ability to work effectively in a team environment and communicate highly technical health information to both health and non-health audiences, and achieve consensus on policy, project, research, and administrative matters.

### **4. Language, Communication, and Computer Skills - 15%**

The incumbent must have the following:

- (a) Proven ability to communicate quickly, clearly and concisely – both orally and in writing in English. Demonstrated ability to make sensitive oral presentations logically and persuasively to senior USG and Government of Ethiopia officials and other donors.
- (b) Excellent verbal communication skills, 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. Excellent written communication skills are required to prepare regular and ad hoc reports, activity documentation and briefing papers.
- (c) Excellent computer skills (MS Word, Excel, Power Point, and Outlook, Access, SPSS and other statistical and other relevant software) are required for effectively operating in this position. Good computer skills are required to implement, analyze, and monitor, and manage activity goals, inputs, outcomes, and achievements, both program and impact.

**NOTICE TO APPLICANTS:** The USAID reserves the right to obtain from previous employers relevant information concerning the applicant's past performance and may consider such information in its evaluation.

**E. Medical and Security Clearance:** If a USPSC is selected, s/he must be able to obtain a USG secret level security clearance and a Department of State medical clearance. TCN candidates must be able to obtain a Security certification for employment and a medical clearance from Department of State.

**F. Benefits:** AS A MATTER OF POLICY, AND AS APPROPRIATE, AN INDIVIDUAL MEETING THE REQUIREMENTS OF AN OFFSHORE HIRE USPSC IS NORMALLY AUTHORIZED THE FOLLOWING BENEFITS. [TCNPSCs WILL BE AUTHORIZED THE USUAL TCNPSC BENEFITS AS STIPULATED IN APPENDIX J OF THE AIDAR UNLESS ADDITIONAL ALLOWANCES ARE AUTHORIZED BY THE MISSION DIRECTOR]:

(1) Employee's FICA Contribution

(2) Contribution toward Health & Life Insurance --72% of Health Insurance Annual Premium (not to exceed \$20,339 for a family and \$7,266 for employees without dependents) --50% of Life Insurance Annual Premium (not to exceed \$500)

(3) Pay Comparability Adjustment--Annual across the board salary increase for USG employees and USPSCs

(4) Eligibility for Worker's Compensation

(5) Vacation & Sick Leave

2. Allowances\* (If Applicable): As a matter of policy, and as appropriate, an offshore USPSC is normally authorized the following allowances:

(1) Post Differential (Section 500)

(2) Living Quarters Allowance (Section 130)

(3) Temporary Lodging Allowance (Section 120)

(4) Post Allowance (COLA)(Section 220)

(5) Supplemental Post Allowance (Section 230)

(6) Payments During Evacuation (Section 600)

(7) Education Allowance (Section 270)

(8) Separate Maintenance Allowance (Section 260)

(9) Danger Pay (Section 650)

(10) Educational Travel (Section 280)

\* Dept. of State Standardized Regulations (DSSR) (Government Civilians Foreign Areas).

3. Other Benefits: Additional benefits are available for individuals hired from outside Ethiopia in accord with the AIDAR, Federal Travel Regulations and Standardized Regulations, e.g., international airfare from place of residence, R&R, international shipment of personal effects, unaccompanied baggage allowance, consumables allowance, POV Shipment, Repatriation Travel, furnished housing and educational allowances for dependent children.

G. **FEDERAL TAXES:** USPSCs are not exempt from payment of Federal Income taxes under the foreign earned income exclusion.

H. **LIST OF REQUIRED FORMS FOR PSCs:**

For initial consideration:

1. OF-612

Upon advice by the Contracting Officer that the applicant is the successful candidate:

2. Contractor Employee Biographical Data Sheet (AID 1420-17)

3. Contractor Physical Examination (DS-6561).

4. Questionnaire for Sensitive Positions (for National Security) (SF-86)

5. Finger Print Card (FD-258). \*\* (Available from the law enforcement offices or in USAID/Washington).

The list of required PSC forms above can be found at: <http://www.usaid.gov/forms/>

I. **APPLICATION PROCESS:**

Qualified individuals are requested to submit a U.S government OF-612 which is available at the USAID website <http://www.usajobs.opm.gov/forms.asp>, or at Federal Offices. Alternatively, the old SF-171 may be submitted in lieu of the OF-612. All application forms must be signed and dated prior to transmittal.

Applicant's detailed CV and a cover letter of application should also be included.

All applications should be submitted electronically to [Fali@usaid.gov](mailto:Fali@usaid.gov)

To ensure consideration of applications for the intended position, please reference the solicitation number on your application and as the subject line of cover letter. The highest ranking applications may be selected for interview. Applications must be received before the closing time and date in item number three of this solicitation. Applications received after that date and/or time may not be considered.

**ACQUISITION AND ASSISTANCE POLICY DIRECTIVES (AAPDs) PERTAINING TO PERSONAL SERVICE CONTRACT (PSC):** AAPDs contain information or changes pertaining to USAID policy, regulation and procedures concerning acquisition and assistance. A number of AAPDs pertain to Personal Service Contracts. Please refer to the USAID website [http://www.usaid.gov/procurement\\_bus\\_opp/procurement/psc\\_solicit/](http://www.usaid.gov/procurement_bus_opp/procurement/psc_solicit/) to locate relevant AAPDs. Additionally, AIDAR Appendix D or J also applies to PSCs and can be found at: <http://www.usaid.gov/policy/ads/300/aidar.pdf>

**J. Points of Contact**

1. Roger Heller, A/Executive Officer, USAID/Ethiopia, E-MAIL: Rheller@usaid.gov

2. Ferehiwot Ali, HR Assistant: Fali@usaid.gov

Cleared by:

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