

*Q. McDonald, LA/DR 5110453*

PIO/T	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT		1. Cooperating Country <b>Bolivia</b>		Page 1 of 6 pages
	PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES		2. PIO/ No. <b>511-439.6-3-50095</b>		3. <input checked="" type="checkbox"/> Original Amendment No. _____
			4. Project/Activity No. and Title <b>511-11-570-439.4</b> <b>Family Care: Rural Health</b> <b>Delivery Systems</b>		<b>453</b> <b>PD-AAF-149</b>
	DISTRIBUTION		5. Appropriation Symbol <b>72-11x1024</b>		6.A. Allotment Symbol and Charge <b>424-50-51200-6963</b>
		7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document		6.B. Funds Allotted to: <input type="checkbox"/> A.I.D./W <input checked="" type="checkbox"/> Mission	
		9.A. Services to Start (Mo., Day, Yr.) Between <b>9-8-75</b> and <b>9-11-75</b>		9.B. Completion date of Services (Mo., Day, Yr.) <b>9/30/75</b>	
		10.A. Type of Action <input checked="" type="checkbox"/> A.I.D. Contract <input type="checkbox"/> Cooperating Country Contract <input type="checkbox"/> Participating Agency Service Agreement <input type="checkbox"/> Other			
		10.B. Authorized Agent			
		<b>AID/W</b>			
		Estimated Financing		(1) Previous Total	(2) Increase
				(3) Decrease	(4) Total to Date
		\$1.00=			
11. Maximum A.I.D. Financing		A. Dollars		\$5,600	\$5,600
		B. U.S.-Owned Local Currency			
12. Cooperating Country Contributions		A. Counterpart			
		B. Other			
13. Mission References A PAZ 5517 A PAZ 203242 A PAZ 5971		14. Instructions to Authorized Agent To negotiate a task order with the American Public Health Association under Basic Ordering Agreement AID/CSD-1070 for the services of a medical anthropologist and a survey design specialist according to the scope of work described in block 19.			
15. Clearances - Show Office Symbol, Signature and Date for all Necessary Clearances.					
A. The specifications in the scope of work are technically adequate <b>LA/DR/HNPC N. Parker</b> <i>N. Parker</i>			B. Funds for the services requested are available <b>LA/DP A. Silver</b> <i>ale</i>		
C. The scope of work lies within the purview of the initiating and approved Agency Programs <b>LA/DR/HNPC M. Brackett</b> <i>M/B</i>			D. <b>LA/BC R. Nicholson</b>		
E. <b>TA/H M. Shutt</b> <i>MS</i>			F. <b>LA/DR A. McDonald</b> <i>M</i>		
16. For the cooperating country: The terms and conditions set forth herein are hereby agreed to  Signature and date:  Title:			17. For the Agency for International Development  <i>Donor M. Lion</i> Signature: <b>Donor M. Lion</b> Title: <b>LA/DR - Director</b>		18. Date of Signature  <i>Sept 15 75</i>

**RECORD COPY**

AID 1350-1X (8-70)  PIO/T	Cooperating Country	PIO/T No.	Page 2 of 6 Pages
	Bolivia	511-439.6-3-50095	
Project Activity No. and Title, 511-11-570-439.4 Family Care: Rural Health Delivery Systems			

**SCOPE OF WORK**

**19. Scope of Technical Services**

**A. Objective for which the Technical Services are to be Used**

To assist the Bolivian Ministry of Health in designing and implementing a low cost rural health delivery system in a test area - Montero, Santa Cruz, Bolivia over a 15 month period.

**B. Description**

For Survey Design Specialist: To review and modify design of survey instruments for statistical appropriateness in baseline research for health, institutional, and community profiles in test area in order to evaluate the impact of the project at the end of the implementation period.

For Medical Anthropologist: To assist in (A) identifying socio-cultural aspects of target group in test area in order to relate these characteristics to health problems and to the design of a health service delivery system; (B) to review survey design instruments for their social/cultural content and information in order to be able to do A above.

**C. Technicians**

(i) (a) Number	(b) Specialized Field	(c) Grade and/or Salary	(d) Duration of Assignment (Man-Months)
1	Medical Anthropologist	\$95 per day	2 weeks
1	Survey Design Specialist	\$80 per day	2 weeks

**(2) Duty Post and Duration of Technicians' Services**

Montero, Santa Cruz, Bolivia

**(3) Language requirements**

Spanish

**(4) Access to Classified Information**

N/A

**(5) Dependents**       Will       Will Not      **Be Permitted to Accompany Technician**

**D. Financing of Technical Services**

(1) By AID - \$ 5600

(2) By Cooperating Country -

AID 1380-1X 18-70: PIO/T	Cooperating Country <b>Bolivia</b> Project/Activity No. and Title	PIO/T No. <b>511-439.6-3-500</b>	Page 3 of 6 Pages
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20. Equipment and Supplies (Related to the services described in Block 19 and to be procured outside the Cooperating Country by the supplier or these services)

A. (1) Quantity	(2) Description	(3) Estimated Cost	(4) Special Instructions
N/A			

B. Financing of Equipment and Supplies

(1) By AID - \$

(2) By Cooperating Country -

21. Special Provisions

- A. This PIO/T is subject to AID (contracting) (PASA implementation) regulations.
- B. Except as specifically authorized by AID or when local hire is authorized under the terms of a contract with a U.S. Supplier, services authorized under this PIO/T must be obtained from U.S. sources.
- C. Except as specifically authorized by AID/W, the purchase of commodities authorized under this PIO/T will be limited to the U.S. under Geographic Code 000.
- D. Other (specify):

6 day work week is authorized

AID 1350-1X (8-70) PIO/T	Cooperating Country Bolivia Project/Activity No. or File	PIO/T No. 511-439.6-3-500 <sup>00</sup>	Page 4 of 6 Pages
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22. Reports by Contractor or Participating Agency (Indicate type, content and format of reports required, including language to be used if other than English, frequency or timing of reports, and any special requirements)

5 copies of each consultant's report to LA/DR for distribution within AID.

23. Background Information (Additional information useful to Authorized Agent and Prospective Contractors or Participating Agency; if necessary cross reference Block 19.C(4) above.)

Bolivian Health Sector Assessment  
PROP for Rural Health Delivery Systems dated 6/24/75

24. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities

B. Cooperating Country Liaison Official

MOH regional officials in Santa Cruz  
Obras Públicas in Santa Cruz

C. AID Liaison Officials

TA/H, Dr. Merrill Shutt  
LA/DR/HNP, Maura Brackett  
USAID/Public Health Advisor

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	Project/Activity No. and Title		

**LOGISTIC SUPPORT**

25. Provisions for Logistic Support  A. Specific Items (Insert "X" in applicable column at right. If entry needs qualification, insert asterisk and explain below in C. "Comments")	IN KIND SUPPLIED BY		FROM LOCAL CURRENCY SUPPLIED BY		TO BE PROVIDED OR ARRANGED BY SUPPLIER
	AID	COOPERATING COUNTRY	AID	COOPERATING COUNTRY	
(1) Office Space		X			
(2) Office Equipment		X			
(3) Housing and Utilities					
(4) Furniture					
(5) Household Equipment (Stoves, Refrig., etc.)					
(6) Transportation in Cooperating Country	X				
(7) Transportation To and From Country	X				
(8) Interpreter Services/Secretarial					
(9) Medical Facilities	X				
(10) Vehicles (official)	X				
(11) Travel Arrangements/Tickets	X				
Other: (12)					
(specify) (13)					
(14)					
(15)					

B. Additional Facilities Available From Other Sources

- APO                     
 PX                     
 COMMISSARY
- OTHER (specify, e.g., duty free entry, tax exemption)

C. Comments

CONTINUATION SHEET

FORM SYMBOL

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

Worksheet  Invoice

PAGE 6 OF 6 PAGES

1. Cooperating Country  
Bolivia

2.a. Code No.

2.b. Effective Date

2.c.  Original OR  Amendment No: \_\_\_\_\_

3. Project/Activity No. and Title

Indicate block numbers.

Use this form to complete the information required in any block of a PIO or PA/PR form.

Estimated Budget

Salaries	1750
10 days at \$95 p. d.	
" " " \$80 p. d.	
Per Diem	840
28 days at \$30 p. d.	
Travel	
2 round trips: Pittsburgh <i>Boston Range</i> to Santa Cruz and return	2500
Miscellaneous	
(typing, Xeroxing etc.)	500
Total	\$5590
Rounded:	\$5600

PIO/C

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION  
ORDER/COMMODITIES

Worksheet  Issuance

PAGE 1 OF 3 PAGES

1. Cooperating Country  
Bolivia

2. PIC/C No.  
511-0453-5-70114

3. Project/Activity No. and Title  
511-0453 **PD-AAF-149**  
Rural Health Delivery Services

4. Appropriation Symbol  
72-11X1024

5. a. Allotment Symbol & Charge  
424-50-511-00-69-83

5. b. Funds Allotted To:  
 AID/W  Mission

6. Obligation Status

Administrative  
Reservation

Obligation by Agreement

7.  
 Original or  
Amendment No: \_\_\_\_\_

8. Authorized Agent  
GSA/FSS/FPZ-Bldg.4  
Room 713A, Crystal  
Mall, Stop 353

9. Method of Financing  
a.  U.S. Government  
b.  Letter of Commitment  
c.  Reimbursement

10. Banking Institution

11. Approved Applicant

12. Contracting Period (Mo., Day, Yr.)  
From: To:

13. Delivery Period (Mo., Day, Yr.)  
From: To: 3/31/79

14. Final Contribution Date  
(Mo., Day, Yr.) 6/30/79

15. Area of Source

16. Dollar Value

United States (000)

A. Previous Total	B. Increase	C. Decrease	D. Total to Date
	25,600		25,600

17. Commodity Code

18. Item No.

19. a. Quantity, Description, Specifications, Instructions and Special Provisions  
(Include Catalog Name and Number, where Appropriate)

19. b. Estimated Cost

This authorization has been reviewed and approved in accordance with the President's Memorandum of September 16, 1966, concerning economy in procurement.

- A. PROJECT COMMODITIES: Specifications forwarded to the authorized Agent under separate cover.
- B. BASIS OF DELIVERY: C&F La Paz, Bolivia.
- C. DELIVERY: Earliest possible delivery requested.
- D. SHIPPING: Air ship and consign as indicated in AID Form 11-94. The Authorized Agent will give first preference to the use of U.S.-flag air carriers.
- E. SPECIAL INSTRUCTIONS: Attached
- F. DOCUMENT DISTRIBUTION AND SHIPPING INSTRUCTIONS: AID Form 11-94 attached.

(See Authority and Letter of Commitment on Reverse)

TOTAL:

21. Mission Clearances

Date

Mission Clearances

Date

22. Date of Original Issuance  
July 12, 1978

23. Date of this Issuance  
July 12, 1978

24. For the Cooperating Country-  
The terms and conditions set forth herein are hereby agreed to:

25. For the Agency for International Development

SIGNATURE

DATE

TITLE

SIGNATURE  
For the Administrator

TITLE

Bolivia  
PIO/C 511-0453-5-70114

E. SPECIAL INSTRUCTIONS:

1. All drugs must have a two-year minimum expiration date from time of shipment.
2. MARKING: A.I.D. (clasped-hands) and Alliance for Progress (flaming torch) emblem marking requirements apply.
3. Do not insure shipment. Items to be sent via air freight to El Alto Airport, La Paz, Bolivia.
4. PACKING: To be properly packed for export shipment to Bolivia to minimize damages and theft. The PIO/C and Purchase Order numbers shall be shown on all documents and all boxes. A packing list shall be included in each box. Use adequate inner packing to protect the commodities. Show the word "FRAGILE".

**F. DOCUMENT DISTRIBUTION AND SHIPPING INSTRUCTIONS**

DEPARTMENT OF STATE  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
UNITED STATES OF AMERICA

1. DATE  
July 12, 1978

PAGE 3 OF 3 PAGES

2. U.S. AID ORDERING OFFICE  
USAID/Bolivia

IMPORTANT: This form shall be completed by the U.S. AID Ordering Office and attached to all requests for commodities (PA's and PIO/C's) submitted for supply action. A separate form is required for each ultimate consignee receiving material.

3. U.S. AID PROCUREMENT REQUEST NO.  
511-0453-5-70114

4. DOCUMENT CONTROL NO.  
(Leave Blank)

**SHIPPING**

5. CONSIGN SHIPMENT TO:  
USAID/Bolivia, Development Resources Div.  
For: Rural Health Delivery Services  
La Paz, Bolivia  
(Air Freight to El Alto Airport,  
La Paz, Bolivia, S.A.)

6. MARK FOR (Final Destination):  
USAID/Bolivia  
For: Rural Health Delivery Services  
PIO/C 511-0453-5-70114  
Purchase Order No. \_\_\_\_\_  
Via Air Freight to El Alto Airport,  
La Paz, Bolivia, S.A.

7. PARTIAL DELIVERY ACCEPTANCE  
 a. YES  b. NO

**DOCUMENTATION**

8. ADDRESS TO RECEIVE INFORMATION REGARDING STATUS OF PROCUREMENT REQUEST:  
USAID/Bolivia  
Development Resources Division  
APO New York 09867

9. ADDRESS TO WHICH BILLING DOCUMENTS ARE TO BE SENT  
72G2C4  
USAID/Controller  
APO New York 09867

10. SHIPPING DATA (Insert complete address(es) below, Items a through c, to receive shipping documents in the number of copies indicated.)

	ADDRESS	OCEAN BILL OF LADING		AIR FREIGHT B/L	PACKING LISTS	EXPORT INVOICE
		NEGOTIABLE	COPY			
a.	Same as Block No. 8			3	3	3
b.	Same as Block No. 9			1	1	1
c.	USAID/Bolivia Health and Humanitarian Assistance Division APO New York 09867			1	1	1

11. SPECIAL DOCUMENTATION (Identify any special documents required, such as import licenses, certificates of origin, etc.)

**NOTE:** ALL DRUGS MUST HAVE A TWO-YEAR MINIMUM EXPIRATION DATE FROM TIME OF SHIPMENT.

\* Supply documents furnished to the addressee will serve to inform the ordering office of the status of the procurement request during the export processing cycle.