

CONTRACT/AGREEMENT
DATA SHEET

B 25196

1. M/SER/AAM/A/SUP
Action Monitor

cme
PDFBW 926

2. Date PIO/T Received in
M/SER/AAM/A/SUP

5 30 89

COMPLETE EACH BLOCK FOR BOTH NEW ASSISTANCE/ACQUISITION AND MODIFICATION ACTIONS

1. Contract/Agreement/Number

DPF-5974-2-00-9026-00

4. Contractor/Recipient Name

Obt Associates Inc

5. Contractor Acronym

6. Project Title

Health Financing and Sustainability

7. Project Number

936-5974

8. Project Officer's Name

C. Collins

9. Bureau or USAID Symbol
S&T/H

10. PIO/T Number

936-5974-3-9361351

21. Budget Plan Code

DDCA-89-13600-KG11
APP. 72-1191021.7 ALL. 947-36-099-00-20-91

11. TYPE OF ACTION

A. New Acquisition/Assistance

B. Amendment/Modification

1. New/Revised Scope

2. Funded Extension

3. No Cost Extension

4. Transfer of action from AID/W to Mission/Mission to AID/W

5. Incremental Funding

6. Overhead Rate Adjustment

7. Contract Closeout

8. Other

A

22. Country or Region of Performance

www

23. A. This Action Increases or Decreases TEC by

\$ 16 553 243

B. Total Estimated Cost of Contractual Document

\$ 16 553 243

24. Amount of Non-Federal Funds Pledged to the Project

-0-

C.FPR or FAR

FAR

12. Amount of this PIO/T

Obl.

U.S. \$ 710,000

25. Effective Date of this Action

9, 20, 89

13. Amount Obligated Subobligated Deobligated
by this Contract or Amendment

U.S. \$ 710,000

26. Estimated Completion/Expiration Date

9, 19, 94

14. Cumulative Obligation (Life of Contract)

U.S. \$ 710,000

27. Contractor DUNS Number

04339.7520

15. This Action Funded Through

12, 15, 89

28. Consultant Type Award

YES

NO

16. Date Contractual Documents Signed by AID Official

9, 20, 89

29. Number of Person Months (PASA/RSSA only)

n/a

17. Incrementally Funded Contracts

YES

NO

30. Number of Persons (PASA/RSSA only)

n/a

18. Host Country/Counterpart Institution (University Contracts)

n/a

31. CONTRACT TYPE

A. Fixed Price (specify:

FPRD FPI FPII

B. Cost Reimbursement

(specify: CR CPFF

CS CPAF CPFF

C. IQC and Requirements Contracts

D. Grant/CA/PASA/RSSA

E. Contracts with Individuals

B

20. ADVANCE

A. No Advance

B. Advance Non-FRLC

C. Advance FRLC

A

32. Negotiator's Typed Name

L. Doheny

33. Negotiator's Signature

L. Doheny

34. Date Signed

9, 20, 89

35. Contract/Grant Officer's Organization Symbol
W/HP

36. Contract/Grant Officer's Signature

W/HP

37. Date Signed

9, 20, 89

38. SUBJECT TO STATUTORY REQUIREMENT

- A. Walsh-Healey Act, Manufacturer*
- B. Walsh-Healey Act, Regular Dealer*
- C. Service Contract Act
(U.S. ONLY - Guards, Maintenance, Laborers)
- D. Davis-Bacon Act *(Construction)*
- E. Not subject to Walsh-Bacon Act
(Most AID Contracts)

E

*Equipment, Supplies, Materials, and Commodities

39. Country of Manufacture

US

40. CURRENCY INDICATOR

- A. U.S. Dollar
- B. Local Currency
- C. Combination
- D. Unfunded

A

41. SUBCONTRACTS

Is there a provision for a subcontract? *(Contracts only)*

YES NO

42. TYPE OF SERVICE

- A. Training of Participants
- B. Technical Assistance to Host Country
(Program, Project related except A&E Services)
- C. A&E Services
- D. Construction
- E. Research
- F. Technical Services to AID
(other than training; usually operating expense)
- G. Training Service for AID
- H. Equipment, Materials, Supplies, Commodities
- I. Translation Service

B

43. CONTRACT/AGREEMENT SOURCE

- A. U.S. Contractor/Grantee
- B. Non-U.S. Contractor/Grantee
- C. Combination of A & B

A

44. TYPE OF AMERICAN OWNERSHIP

(U.S. Persons or Firms Only)

- Minority
- A. Asian/Pacific Islander
 - B. Black American
 - C. American Aleuts or Eskimos
 - D. American Indian
 - E. Hispanic

G

G. Non-Minority

45. METHOD OF SOLICITATION

- A. Sealed Bid
- B. Competitive Proposal
- C. Combination/Competition
- D. Other Competition
- E. Noncompetitive

B

46. LABOR SURPLUS AREA PREFERENCE

- Labor Surplus Area
- A. No Preference
- B. Tie Bid Preference
- C. Total Set Aside
- D. Not a Labor Surplus Area Preference Award

D

47. TYPE OF BUSINESS

- A. Source: Non-U.S. and Used Outside U.S. & Possessions
- B. Source: Non-U.S. and Possessions
(Foreign Purchases Used Inside U.S.)
(If U.S. Source, complete C through Q)
- C. Firm - Profit Making & PSC's
- Non-Profit Organizations
- D. Private Educational Organizations
- E. Hospitals
- F. Research Institutions, Foundations, and Laboratories
- G. Other
- Private Voluntary Organizations
- H. U.S. Registered
- I. U.S. Non-Registered
- J. Foreign
- State/Local Government
- K. Educational Institutions
- L. Hospitals
- M. Research Organizations
- N. Other
- O. International Agricultural Research Organizations
- P. Public International Organizations
- Q. U.S. Cooperatives

C

48. Women Owned Business?

YES NO

49. TYPE OF AWARD

- Small Business
- A. Not Set Aside
- B. Partial Set Aside
- C. Total Set Aside
- Other Than Small Business
- D. Personal Service Contract
- E. Individual Non-Personal Service Contract
- F. U.S. Government
- G. University
- H. Non-Profit Organizations and PVOs
- I. Large Businesses

I

50. Paying Office:

Payment will be made by

AID/W

2

51. SYNOPSIS PRIOR TO AWARD

- A. Synopsized prior to awards
- B. Not synopsized due to emergency
- C. Not synopsized for other reasons

A

54. APPLICABILITY OF COMPETITION IN CONTRACT ACT (CICA)

- 1. Pre-CICA
- 2. Post-CICA

2

52. COMPETITIVE SOLICITATION PROCEDURES

- A. Normal full and open competition *
 - B. Architect - Engineer
 - C. Basic Research Proposal
 - D. Multiple Award Schedule
 - E. Alternate Source - Reduced Cost
 - F. Alternate Source - Mobilization
 - G. Alternate Source - Engineering/R&D Capability
 - H. Small Business Set-Aside
 - J. Labor Surplus Area Set-Aside
 - K. LSA/Small Business Set-Aside
 - L. Other than full and open competition
 - M. Small Purchases
 - N. 8(a) Program
 - P. Otherwise authorized by statute
- *If 'A', block 57 must be completed

A

55. AUTHORITY FOR OTHER THAN FULL & OPEN COMPETITION

- A. Unique Source
- B. Follow-on Contract
- C. Unsolicited Research Proposal
- D. Patent/Data Rights
- E. Utilities
- F. Standardization
- G. Only One Source - Other
- H. Urgency
- J. Mobilization
- K. Essential R&D Capability
- L. International Agreement
- M. Authorized by Statute *
- N. Authorized Resale
- P. National Security
- Q. Public Interest

n/a

*If 'M', block 56 must be completed

53. NUMBER OF OFFERORS

- 1. Only one offeror
- 2. More than one offeror

2

56. SPECIAL AUTHORITY FOR NON-COMPETITIVE ACTIONS

(Impairment of Foreign AID Programs) Authorized Under AIDAR Sec. 706.302.70(b)(3)

- 1. PSC's Awarded Under Sec. 638(a)(3)
- 2. An Award of \$100,000 or Less by an Overseas Contracting Activity
- 3. Written Determination by Assistant Administrator or Administrator
- 4. None of the above.

n/a

57. SPECIAL SELECTION PROCEDURES

- 1. University Selection Procedures
- 2. Collaborative Assistance Procedures
- 3. None of the above

n/a

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)	RATING	PAGE OF PAGES 1 56
2. CONTRACT (Proc. Inst. Ident.) NO. DPE-5974-7-00-9026-00		3. EFFECTIVE DATE See Block 20C	4. REQUISITION/PURCHASE REQUEST/PROJECT NO. 936-5974-9361351	
5. ISSUED BY Agency for International Development Office of Procurement Health & Population Branch Washington, D.C. 20523-1430		6. ADMINISTERED BY (If other than Item 5) Technical Office: S&T/H/HSD		

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code) Abt Associates, Inc. Suite 500 4250 Connecticut Ave., N.W. Washington, D.C. 20008-1173 DUNS No. 04-339-7520		8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input type="checkbox"/> OTHER (See below)
		9. DISCOUNT FOR PROMPT PAYMENT None
		10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN: See Item 12

11. SHIP TO/MARK FOR N/A	12. PAYMENT WILL BE MADE BY Agency for International Development Office of Financial Management PFM/FM/PAFD, Room 700, SA-2 Washington, D.C. 20523
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c) <input type="checkbox"/> 41 U.S.C. 253(c)	14. ACCOUNTING AND APPROPRIATION DATA See Section G, Page 39

15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
	The Contractor shall provide supplies and services as set forth herein.	FUNDS AVAILABLE <i>Gloria Craig</i> SEP 21 1989 <i>o/c 2590</i> Program Mgtg Division Office of Financial Management		Obligated:	\$710,000
16G. TOTAL AMOUNT OF CONTRACT					\$ 16,553,243

W)	SEC.	DESCRIPTION	PAGE(S)	W)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1	X	I	CONTRACT CLAUSES	52-56
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2-14	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS/WORK STATEMENT	15-29	J		LIST OF ATTACHMENTS	
X	D	PACKAGING AND MARKING	30	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	31-33	K		REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	34-38	L		INSTRS, CONDS, AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	39-40	M		EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	41-51				

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 8 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)	18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.
---	---

19A. NAME AND TITLE OF SIGNER (Type or print) <i>Stephanie Y Wilson MVP</i>	20A. NAME OF CONTRACTING OFFICER Stephen A. Dean
19B. NAME OF CONTRACTOR BY <i>Stephanie Y Wilson</i> (Signature of person authorized to sign)	19C. DATE SIGNED 9-17-89
20B. UNITED STATES OF AMERICA BY <i>Stephen A. Dean</i> (Signature of Contracting Officer)	20C. DATE SIGNED 9/20/89

SECTION B

SUPPLIES OR SERVICES AND PRICE/COSTS

B.1. PURPOSE

The purpose of this contract is to assist the Agency for International Development in improving the health status of target population groups in Lesser Developed Countries (LDCs) through improvements in the allocation and use of resources within the health sector.

B.2. SUPPLIES AND SERVICES

The Contractor shall furnish all necessary facilities, materials, personnel (estimated at not to exceed 1,775 person months (p/m) for the life of this contract), and services to assist A.I.D. in demonstrating that improvements in access, affordability, efficiency and quality of health care in developing countries can occur through: (a) enhancing the financial base from which cost-effective health activities can be organized and implemented, and (b) improvements in the allocation, use and management of health sector resources, both public and private, as more fully described in Section C, Description/Specs./Work Statement.

B.3. TOTAL ESTIMATED COST, FIXED FEE AND LIMITATION OF FUNDS

- a. The total estimated cost of this contract, exclusive of fixed fee, is \$15,764,993. The fixed fee is \$788,250. The total estimated cost plus fixed fee is \$16,553,243.
- b. The funds presently available and obligated under this contract are limited to \$710,000, and the Contractor shall not exceed this amount unless approved in writing by the Contracting Officer as provided in the clause of this contract entitled "Limitation of Funds". It is estimated that the amount currently obligated will be sufficient to fund this contract through December 15, 1989.

c. Source of Funds

The primary source of funding for this contract is the A.I.D. Technical Office, S&T/H/HSD. However, it is anticipated that USAID Missions and other A.I.D./W Bureaus and Offices will also provide funding from time to time for specific activities which are within the scope of this contract. In general, these "buy-ins" will not be less than \$25,000 each and normally will not be incrementally funded.

d. Types of Funds

Two types of funds will be provided by the above sources to finance this contract, as follows:

1. Bilateral funds refer to funds which are obligated under a bilateral project loan or grant agreement between the United States Government and the Government of a Cooperating Country. Typically, only USAID Missions will provide bilateral funds, although not all USAID Mission funds will be bilateral funds. Bilateral funds are obligated under a bilateral project loan or grant. Thus, Delivery Orders issued hereunder will serve as subobligating documents for all bilateral funds. The Contractor shall not undertake any action on a project which is to be financed with bilateral funds without the PRIOR CONSENT of the Contracting Officer.
2. Non-bilateral funds refer to funds which are not obligated under a bilateral project loan or grant agreement. Typically, all S&T/H funds and other A.I.D./W Bureau and Office funds will be non-bilateral funds. USAID Missions may also provide non-bilateral funds (e.g., Program Development and Support [PD&S] funds). This contract and modifications to it will serve as the obligating document for all non-bilateral funds. Activities financed with non-bilateral funds may begin upon receipt of technical directions from the S&T/H/HSD Technical Officer with the concurrence of the Contracting Officer.

e. Accounting for Costs

A.I.D. requires that a separate accounting be made for each increment of funds obligated or subobligated hereunder. Invoices submitted for payment should indicate a funding source which corresponds to the Bureau or USAID Mission receiving services, except in the case of "non-bilateral" funds remaining at the completion of the discrete project, which are then considered part of core funding. Bilateral funds subobligated hereunder shall be for a specific contract work activity and may be used only for that work activity. Any bilateral funds remaining at the completion of the specific activity shall be reported to the S&T/H/HSD Technical Officer for deobligation and subsequent return to the cooperating country. Accordingly, the Contractor's accounting system must accumulate and segregate costs, including a proportional share of indirect costs and fee by each increment of funds obligated or subobligated hereunder.

B.4. BUDGET

The following itemized budget sets forth the fixed fee and estimates for reimbursement of dollar costs for individual line items of cost. Without the prior written approval of the Contracting Officer, the Contractor may not exceed the total estimated cost set forth in the budget hereunder, or the obligated amount, whichever is less (see Section B.3. of this section entitled "Total Estimated Cost, Fixed Fee, and Limitation of Funds"). Without the prior

written approval of the Contracting Officer, the Contractor may not exceed the estimated dollar cost, or lesser proportionate amounts relative to available funding, for any individual line item of cost shown below by more than 15% of such line item, except for indirect costs, which are governed by Section B.6., below.

<u>Category</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>TOTAL</u>
<u>I. Technical assistance to S&T/H/HSD</u>						
Salaries (estimated at 319 p/m)	\$ 299,866	\$ 286,211	\$ 272,555	\$ 247,844	\$ 233,537	\$ 1,340,013
Fringe Benefits	119,947	114,484	109,022	99,137	93,415	536,005
Overhead	167,295	159,677	152,058	138,272	130,291	747,593
Consultants (estimated at 6 p/m)	5,434	5,434	5,434	5,434	10,868	32,604
Travel, Transportation, and Per Diem	29,141	24,147	24,147	24,147	14,335	115,917
Subcontracts (estimated at 403 p/m)	872,023	858,746	865,662	770,531	696,664	4,063,626
Other Direct Costs	43,219	42,751	42,451	41,651	41,251	211,323
G&A	185,084	178,293	173,945	157,957	146,515	841,794
SUBTOTAL EST. COST-I	\$1,722,009	\$1,669,743	\$1,645,274	\$1,484,973	\$1,366,876	\$ 7,888,879
FIXED FEE	\$ 86,100	\$ 83,487	\$ 82,264	\$ 74,249	\$ 68,344	\$ 394,444
SUBTOTAL EST. COST PLUS FIXED FEE ITEM I	\$1,808,109	\$1,753,230	\$1,727,538	\$1,559,222	\$1,435,220	\$ 8,283,319
<u>II. TECHNICAL ASSISTANCE TO OTHERS</u>						
Salaries (estimated at 85 p/m)	\$ 22,990	\$ 72,802	\$ 103,456	\$ 91,961	\$ 34,485	\$ 325,694
Fringe Benefits	9,196	29,121	41,382	36,784	13,794	130,277
Overhead	12,826	40,616	57,718	51,305	19,239	181,704
Consultants (estimated at 361 p/m)	44,685	174,370	336,956	271,149	94,958	922,118
Travel, Transportation, and Per Diem	60,492	111,298	180,578	182,972	81,550	616,890
Subcontracts (estimated at 601 p/m)	616,310	975,375	1,059,684	1,032,543	663,179	4,347,091
Other Direct Costs	11,495	150,042	187,075	159,163	29,945	537,720
G&A	75,326	177,238	242,766	220,241	99,053	814,624
SUBTOTAL EST. COST-II	\$ 853,320	\$1,730,862	\$2,209,615	\$2,046,118	\$1,036,203	\$ 7,876,118
FIXED FEE	\$ 42,666	\$ 86,543	\$ 110,481	\$ 102,306	\$ 51,810	\$ 393,806
SUBTOTAL EST. COST PLUS FIXED FEE ITEM II	\$ 895,986	\$1,817,405	\$2,320,096	\$2,148,424	\$1,088,013	\$ 8,269,924
TOTAL ESTIMATED CPFF (ITEMS I & II)	\$2,704,095	\$3,570,635	\$4,047,634	\$3,707,646	\$2,523,233	\$16,553,243

The Contractor agrees to furnish data which the Contracting Officer may request on costs expended or accrued under this contract in support of budget information provided herein.

NOTE: The inclusion of a dollar amount for subcontract(s) and/or consultants in the above budget does not obviate the requirements of the clause of this contract entitled "Subcontracts under Cost Reimbursement and Letter Contracts", or Section H. of this contract, for prior written approval of the A.I.D. official indicated therein.

B.5. ESTABLISHMENT OF INDIRECT COST RATES

Pursuant to the clause of this contract entitled "Allowable Cost and Payment", a rate or rates shall be established for each of the Contractor's accounting periods which apply to this contract. In accordance with this clause, the Contractor shall, within 90 days after the expiration of each of its fiscal years, submit to the Contracting Officer proposed final indirect cost rates for that period and supporting cost data specifying the contract to which the rates apply. The Contractor's fiscal year ends on March 31.

Pending establishment of revised provisional or final indirect cost rates for each of the Contractor's accounting periods which apply to this contract, provisional payment on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base(s) which are set forth below:

<u>Description</u>	<u>Rate</u>	<u>Base</u>	<u>Type</u>	<u>Period</u>
Fringe Benefits (Regular)	40%	1/	1/	1/
Fringe Benefits (Casual)	13%	2/	2/	2/
Labor Overhead	46%	3/	3/	3/
Site Overhead	5%	4/	4/	4/
G&A	18%	5/	5/	5/
Subcontract G&A	7.5%	6/	6/	6/

- 1/ Base of Application: Direct salaries and wages excluding vacation, holiday, sick and other paid leave. Not applicable to casual labor.
Type of Rate: Provisional
Period: 9/20/89 - until amended
- 2/ Base of Application: Direct salaries and wages - casual labor
Type of Rate: Provisional
Period: 9/20/89 - until amended
- 3/ Base of Application: Direct salaries and wages including fringe benefits but excluding contract site labor and its related fringe benefits.
Type of Rate: Provisional
Period: 9/20/89 - until amended
- 4/ Base of Application: Total site labor including fringe benefits
Type of Rate: Provisional
Period: 9/20/89 - until amended

5/ Base of Application: Total costs excluding subcontract and G&A
 Type of Rate: Provisional
 Period: 9/20/89 - until amended

6/ Base of Application: Total subcontract costs
 Type of Rate: Provisional
 Period: 9/20/89 - until amended

B.6. ADVANCE UNDERSTANDING ON CEILING INDIRECT COST RATES AND FINAL REIMBURSEMENT FOR INDIRECT COSTS

a. Notwithstanding any other clause of this contract to the contrary, for each of the Contractor's accounting periods during the term of this contract, the parties agree as follows:

1. The distribution base for establishment of final fringe benefit rates (regular) is direct salaries and wages excluding vacation, holiday, sick and other paid leave. Not applicable to casual labor.
2. The distribution base for establishment of final fringe benefit rates (casual) is direct salaries and wages - casual labor.
3. The distribution base for establishment of final labor overhead rates is direct salaries and wages including fringe benefits but excluding contract site labor and its related fringe benefits.
4. The distribution base for establishment of final site overhead rates is total site labor including fringe benefits.
5. The distribution base for establishment of final G&A rates is total costs excluding subcontract and G&A.
6. The distribution base for establishment of final subcontract G&A rates is total subcontract costs.
7. Reimbursement for indirect costs shall be at final negotiated rates, but not in excess of the following ceiling rates:

<u>For Accounting Period Ending</u>	<u>Overhead</u>		<u>Fringe Benefits</u>		<u>G&A</u>	<u>SubK G&A</u>
	<u>Labor</u>	<u>Site</u>	<u>Regular</u>	<u>Casual*</u>		
3/31/90	50.6%	5%	44%	N/A	19.8%	8.25%
3/31/91	50.6%	5%	44%	N/A	19.8%	8.25%
3/31/92	50.6%	5%	44%	N/A	19.8%	8.25%
3/31/93	50.6%	5%	44%	N/A	19.8%	8.25%
3/31/94	50.6%	5%	44%	N/A	19.8%	8.25%
3/31/95	50.6%	5%	44%	N/A	19.8%	8.25%

8. The Government shall not be obligated to pay any additional amount on account of indirect costs above ceiling rates established in this contract. Other U.S. Government Agreements shall not absorb these costs.
9. This advance understanding shall not change any monetary ceiling, cost limitation, or obligation established in this contract.

*The use of casual labor is not anticipated. However, upon identification of a need for, but prior to use of casual labor, the Contractor shall negotiate a ceiling rate with the Contracting Officer.

- b. A determination as to the adequacy and acceptability of the Contractor's accounting system has preceded the awarding of this contract. To the extent that the allocation and allowability of costs affects the agreement negotiated in this contract, it is understood and agreed that the Contractor shall make no change in this accounting system without the prior written approval of the Contracting Officer. Any agreement to modify or change, in any way, the Contractor's current method of allocating costs in the overhead, G&A, or other burden center accounts is subject to negotiation.

B.7. COSTS REIMBURSABLE, PAYMENT, AND LOGISTIC SUPPORT TO THE CONTRACTOR

a. Costs Reimbursable

In accordance with the clauses of this contract entitled, "Allowable Cost and Payment" and "Documentation for Payment", the Contractor shall be reimbursed in U.S. dollars for reasonable, allowable, allocable, and necessary costs incurred during performance of this contract, subject to the clauses of this contract entitled "Limitation of Cost" and "Limitation of Funds", and other applicable terms and conditions of this contract.

b. Fixed Fee

In addition to reimbursement of costs, the Contractor shall be paid a fixed fee in accordance with said clause. Payment of fee will be made at the time of each payment to the Contractor for allowable dollar costs, such that the Contractor shall be paid a dollar amount which is in the same ratio to the total fixed fee as the related payment being made for allowable dollar costs is to the total estimated cost, as amended from time to time; provided however, that whenever in the opinion of the Contracting Officer such payment would result in a percentage of fee in excess of the percentage of work completion, further payment of fee may be suspended until the Contractor has made sufficient progress, in the opinion of the Contracting Officer, to justify further payment of fee up to

the agreed ratio; provided further, that after payment of eighty-five percent (85%) of the total fixed fee, the provisions of the clause of this contract entitled "Fixed Fee" (FAR 52.216-08) shall be followed.

c. Payment

1. Payment shall be made in accordance with the clauses of this contract entitled "Allowable Cost and Payment", "Prompt Payment", "Electronic Funds Transfer", "Documentation for Payment", and "Fixed Fee".
2. Payment shall be made by the payment office designated in Section G.3. of this contract.

d. Logistic Support

1. The Contractor shall be responsible for providing or arranging for all logistic support in the United States and shall generally be responsible for providing or arranging for all logistic support for its overseas performance of this contract.
2. To the extent that a USAID Mission or a cooperating country provides logistic support for the Contractor's overseas performance under this contract, the costs of such logistic support will not be charged by the Cooperating Country and/or the USAID Mission to the Contractor, and shall not be charged by the Contractor to this contract. Logistic support provided in the form of local currency shall be paid to the Contractor in a manner adapted to the local situation and as agreed to by the Mission Director, in writing. The documentation for such costs shall be on such forms and in such manner as the Mission Director shall prescribe.
3. If, under emergency circumstances, it is necessary for a USAID Mission to pay for any in-country costs on behalf of the Contractor in order to facilitate implementation of any activities under this contract, the Mission may bill the Contractor for such costs, and the Contractor may, in turn, charge those costs against this contract (however, see Section B.7.[d][2] above, wherein logistic support to be provided by the Mission will be provided without charge). Under no circumstances will the Mission recoup those costs via an Advice of Charge (AOC) to the payment office. In addition, in order to maintain the Contractor's responsibility for compliance with the clauses of this contract entitled "Limitation of Cost" and "Limitation of Funds", a Mission may not pay any in-country cost without the prior written approval of the Contractor, which approval must indicate a maximum amount which may be paid.

B.8. PERSONNEL COMPENSATION

- a. Personnel compensation shall be in accordance with the AIDAR clause entitled "Personnel Compensation." Compensation of personnel which is charged as a direct cost under this contract, like other costs, will be reimbursable in accordance with Section B.7. of this contract, and the clause of this contract entitled, "Allowable Cost and Payment" and other applicable provisions of this contract, but subject to the following additional specified understandings which set limits on items which otherwise might be reasonable, allocable and allowable.
1. Salaries and wages may not exceed the Contractor's established policy and practice, including the Contractor's established pay scale for equivalent classifications of employees, which will be certified to by the Contractor, nor may any individual salary or wage, without approval of the Contracting Officer, exceed the employee's current salary or wage or the highest rate of annual salary or wage received during any full year of the immediately preceding three years. There is a ceiling on reimbursable salaries and wages paid to a person employed directly under the contract of the maximum salary rate of FS-1 (or the equivalent daily rate of the maximum FS-1 salary, if compensation is not on an annual basis), unless advance written approval is given by the Contracting Officer.
 2. Salaries and wages paid while in travel status will not be reimbursed for a travel period greater than the time required for travel by the most direct and expeditious air route.
 3. Salaries and wages paid to an employee serving overseas who is discharged by the Contractor for misconduct, inexcusable nonperformance, or security reasons will in no event be reimbursed for a period which extends beyond the time required to return him promptly to his point of origin by the most direct and expeditious air route.
 4. Annual salary increases may not exceed those provided by the Contractor's established policy and practice. With respect to employees performing work directly under this contract, ONE ANNUAL SALARY INCREASE (TO INCLUDE MERIT, PROMOTION, AND COST OF LIVING INCREASES) OF NOT MORE THAN NINE PERCENT (9%) OF THE EMPLOYEE'S BASE SALARY may, subject to the Contractor's established policy and practice, be granted either after the employee's completion of each twelve-month period of satisfactory services under this contract (if the individual was not a regular employee of the Contractor prior to award of this contract) or after the employee's completion of each twelve-month period of satisfactory job performance as a regular employee of the Contractor (if the individual was

a regular employee of the Contractor prior to award of this contract). Annual salary increases of any kind exceeding these limitations or which cause the employee's salary to exceed the maximum salary of FS-1 may be granted only with the advance written approval of the Contracting Officer.

b. In addition to the requirements set forth above, the following criteria shall be met:

1. Consultants

The use of consultants is authorized under this contract, subject to the concurrence of the S&T/H/HSD Technical Officer that the proposed consultant is suitable for the task assigned. Fees paid to consultants and reimbursed hereunder shall be reasonable in accordance with the FAR cost principle entitled "Professional and Consultant Service Costs," and shall not exceed, without the specific prior approval of the Contracting Officer, 1) a daily rate based on current compensation or the highest rate of annual compensation received by the consultant during any full year of the immediately preceding three years, or 2) the maximum daily salary rate of a Foreign Service Officer Class 1 (FS-1), whichever is less. The Contractor shall ensure that no individual receives dual compensation with regard to State and Federal funds. (NOTE: Daily rates are determined by dividing the consultant's annual compensation by 260 days).

2. Third Country National (TCN) and Cooperating Country National (CCN) Compensation

Compensation, including merit or promotion increases paid to TCNs and CCNs, may not, without the approval of the Mission Director or the Assistant Administrator having program responsibility for the project, exceed the prevailing compensation paid to personnel performing comparable work in the cooperating country as determined by the USAID Mission.

3. Work Week

U.S. Employees. The work week for the Contractor's U.S. employees shall not be less than the established practice of the Contractor.

Overseas Employees. The work week for the Contractor's overseas employees shall not be less than forty (40) hours and shall be scheduled to coincide with the work week for those employees of the USAID Mission and the Cooperating Country associated with work under this contract. Six-day work weeks are subject to the approval of the S&T/H/HSD Technical Officer and the cognizant USAID Mission Director.

c. Definitions

As used herein, the terms "Salaries," "Wages," and "Compensation" mean the periodic remuneration received for professional or technical services rendered exclusive of overseas differential or other allowances associated with overseas service unless otherwise stated. The term "Compensation" includes payments for personal services (including fees and honoraria). It excludes earnings from sources other than the individual's professional or technical work, overhead, or other charges.

B.9. TECHNICAL ASSISTANCE TO A.I.D.'S CENTRAL AND REGIONAL BUREAUS AND USAID MISSIONS

- a. As part of this contract, other Central and Regional Bureaus and USAID Missions may provide funding for work under this contract. These funds will be treated as allocations for work anticipated and authorized by this contract, not as funding for additional effort not otherwise contemplated by this contract's statement of work.
- b. To implement USAID Mission, bilaterally funded activities, the following procedure will be utilized:
1. Mission identifies project which is considered suitable for placement under this contract.
 2. Mission contacts S&T/H/HSD Technical Officer.
 3. S&T/H/HSD Technical Officer verifies suitability for placement under the contract, makes informal contact with the Contractor to discuss the feasibility of the project, as necessary, and obtains the names of possible candidates (also as necessary).
 4. S&T/H/HSD Technical Officer contacts mission, relays information.
 5. Mission makes decision to proceed, drafts project requirements including, but not limited to, scope of work, level of effort, qualification requirements, deliverables, performance period, etc., and forwards to S&T/H/HSD Technical Officer.
 6. S&T/H/HSD Technical Officer reviews the mission issued document for completeness and forwards same to the Contracting Officer.
 7. Following cursory review (which will include suitability, as discussed below), the Contracting Officer forwards the scope of work to the Contractor, requests proposal, and sets forth deadline for submission.

8. Upon receipt of proposal, the Contracting Officer negotiates and awards an order which includes the terms required in the performance of the project, or advises S&T/H/HSD Technical Officer that no agreement can be reached, as appropriate.

Non-bilaterally funded activities are obligated as incremental funding following a review for acceptability under the contract.

- c. For bilaterally funded projects, the S&T/H/HSD Technical Officer review of suitability (as well as Contracting Officer review) includes an analysis of the obligational authority (i.e., sufficient remaining level of effort, funding) as well as required services. Not only shall the requested buy-in scope of work fit within the parameters of the original contract, but must in some tangible way enhance the original contract. This review is completed primarily by the S&T/H/HSD Technical Officer in the use of non-bilateral funds, however, the Contractor must also ensure that buy-in requirements fit within contract ceilings (level of effort, total estimated cost, obligations) and the scope of work. THE CONTRACTOR SHALL NOT UNDERTAKE THE PROVISION OF ANY SERVICES WHICH IT FEELS ARE OUTSIDE THE SCOPE OF THE ORIGINAL CONTRACT.
- d. The Contractor shall not have access to information proprietary to the Government. If such information is received by the Contractor, the Contractor must immediately inform the Contracting Officer and shall not undertake the provision of services without the prior consent of the Contracting Officer.
- e. On bilaterally funded projects, some down time can be anticipated following agreement between the Contracting Officer and the Contractor (required for drafting final document, typing, technical clearance, and signatures). Therefore, with the concurrence of the Contracting Officer, the effective date may be as early as the date agreement is reached. In no event may the Contractor proceed sooner without the prior approval of the Contracting Officer. For non-bilaterally funded projects, however, the Contractor may proceed upon receipt of Technical Directions from the S&T/H/HSD Technical Officer. It is incumbent upon the Contractor to know which type of funds are being utilized, since reimbursement under a project using bilateral funds will not cover any expenses incurred prior to the effective date established by the Contracting Officer.
- f. Funds obligated in the basic contract may NOT be used for costs associated with a project funded with bilateral money unless a) the order specifically authorizes such use or b) specific written technical directions authorize such use.

- g. If a buy-in activity will require more funds than specifically budgeted in the contract for the buy-in, the Contractor must notify, prior to incurring the additional costs, both the Contracting Officer and the S&T/H/HSD Technical Officer who will decide whether to request additional buy-in funds, charge the additional costs to S&T funds, or to discontinue the project once funds are expended.
- h. The Contractor is encouraged to close out buy-in accounts as soon as possible after all goods and services have been delivered. For non-bilateral funds, there will be no deobligation of unused funds. Residual funds will be allocated toward home office support to clear the balances. For bilateral funds, unused balances will be deobligated and returned to the corresponding missions.

END SECTION B

SECTION C

STATEMENT OF WORK

C.1. BACKGROUND

Health financing has become an issue of central importance in the domain of donor assistance and a focus of research, policy discussions and technical assistance among donor and other international organizations within the last decade. A.I.D. has shared this worldwide concern for sustaining and financing health care in developing countries and has undertaken several important initiatives in this arena.

C.2. SCOPE OF WORK

- a. The Contractor shall assist A.I.D. in facilitating the process of increasing public and private resources available to the health sector; improving the efficiency with which those resources are being used; and incorporating equity and quality of care considerations into resource allocation decisions. In order to achieve these objectives, the Contractor shall undertake technical assistance, applied research, training and information dissemination.

The Contractor shall focus activities on the following five technical areas:

1. Resource Generation Through Cost Recovery

The Contractor shall provide technical assistance in resource generation including the implementation, evaluation or expansion of user charges; mechanisms for routine collection, administration and management of fee revenues; development of pricing schemes; improvements in quality of services using retained fee revenues, i.e. establishing incentives to improve staff performance or procurement of essential drugs and supplies; and cross-subsidization of preventive health care with revenues generated from the delivery of curative care. The Contractor shall study the effects of resource generation on the demand for and utilization of health services, including preventive care, inpatient and outpatient services, health insurance and health care under health insurance, among other things.

2. Social Financing of the Demand for Health Services

The Contractor shall provide technical assistance including assisting in the establishment of insurance mechanisms that will allow low income groups to have adequate access to publicly and privately provided health care. This may take many forms including the establishment or strengthening of public and private

insurance programs; community revolving funds; prepayment schemes; methods of extending urban programs into rural areas to cover the poor; use of insurance as a means of quality and price control; establishing catastrophic coverage in some settings; and facilitating the development of health maintenance organizations in a variety of settings. Priority shall be given to addressing the needs of low income populations.

3. Public-Private Collaboration

The Contractor shall provide technical assistance to identify appropriate roles for the public and private sectors in meeting national health goals. As appropriate, private sector involvement in the delivery, financing and/or management of health services will be encouraged. Governments shall be encouraged to establish a competitive marketplace for health service delivery by eliminating legal or other restrictions faced by the private sector; facilitate alternative arrangements for managing public facilities or services within those facilities to improve efficiency; and encourage private sector involvement in delivering a range of preventive and curative health care services. Upon direction of the S&T/H/HSD Technical Officer, opportunities to work with employers, particularly large, rural employers, should be sought with the objective of establishing health service arrangements for employees, dependents and persons in the immediate community.

4. Resource Allocation, Use and Management

The Contractor shall provide technical assistance in the areas of resource allocation, use and management including developing and/or expanding mechanisms for cost containment; improving efficiency; innovative practices in drug procurement and distribution; manpower analyses; capital and recurrent budgetary analyses; improvement in existing budgeting systems; developing tools for financial management and control; and cost benefit studies for public health programs such as vector control and control of communicable diseases. Emphasis shall be placed on encouraging private resources to contribute to the achievement of national health goals.

5. Health Care Costing

The Contractor shall provide technical assistance in the costing of health care as part of a larger planning effort to improve efficiency and equity in the delivery of health care. This is equally important in both the public and private provision of health care. This assistance may include cost analyses of providing specific types and packages of services, particularly PHC

to the poor; costing of services in private health care facilities; and may look at the costs of alternative arrangements for service delivery. Private sector delivery mechanisms and organizational incentives may provide examples of cost containment and efficiency for the provision of public services. As required, cost benefit and cost-effectiveness analyses will be undertaken. In addition, upon direction of the S&T/H/HSD Technical Officer, Government budgets and the budget process shall be examined and better understood.

b. Implementation

The Contractor shall assist developing countries in the five technical areas through four modes of implementation: technical assistance, applied research, training and information dissemination, as follows:

1. Technical Assistance (it is estimated that approximately 61% of contract activities will fall under this category)
 - Policy Dialogue: The Contractor shall work with public and private national leaders to design and implement health financing strategies within the realities of the existing legal and regulatory environment. Resource allocation issues within the health sector, as a whole, will be a major area of dialogue and the concomitant development of analytic tools for this purpose will be of high priority.
 - Sector diagnosis, assessment and options development: The Contractor shall conduct a diagnostic assessment of major financing issues accompanied by public and private alternatives to address those issues. The legal and regulatory environment shall also be assessed for impediments to effective financing options.
 - Design, implementation and evaluation of health financing schemes: The Contractor shall work with both public and private interests to develop, pilot test and evaluate health financing schemes among different population groups and in different scenarios.
 - Institutional development and training: The Contractor shall assist in the expansion of host country analytical capacity to design, implement and evaluate strategies and programs. Short term training of key host country representatives and development of systems/tools to improve financial management and cost accounting of public and private institutions shall be included.

- i. Short term technical assistance will generally be carried out in an average of one month and no more than four months, in as many countries as possible, in order to: 1) identify and explore potential areas for policy discussion with both public and private LDC leaders; 2) undertake rapid sector diagnoses of major health financing issues, with proposals for longer term assistance; 3) develop health financing strategies for USAID missions, host country public or private institutions; 4) undertake training seminars and small workshops for host country officials; 5) respond to technical inquiries, requests for information and review/development of technical papers; participate in international conferences and/or workshops; 6) develop financial or cost accounting tools for public or private institutions; 7) assist in the development of host country research agenda; and 8) assist host countries with developing plans directed at improving efficiency and/or cost-containment.
- ii. Long term technical assistance shall be provided in approximately eight countries, for a period of one to four years, to assist in the development of a national or regional capability and commitment to improving the delivery and financing of health services.
- iii. Country selection criteria will include, but not be limited to: potential contributions of technical assistance; regional priorities; a range of socioeconomic characteristics; expressed commitment by host country and USAID missions to addressing financing issues; and availability of local professionals to work on activities. All long term country selections will be subject to the approval of the S&T/H/HSD Technical Officer, Regional Bureaus, and USAID Missions.
- iv. In some instances, long term advisors will be required to manage activities, ensure continuity and provide regular oversight and guidance. There may be instances when these long term advisors will serve in a regional capacity. Long term activities will be responsive to the concerns of USAID Missions and their host country counterparts, though a component of all long term assistance will address the impact of reforms on the poor. Every measure will be taken to ensure that the poor are protected from any direct or indirect financial hardship arising from contract activities.
- v. Long term technical assistance may include, but is not limited to: 1) the design, application and

evaluation of financing reforms in a pilot area/facility; 2) improvements in the operational efficiency of a specific public or private health facility; 3) development and application of policy tools for senior host country officials, which address resource allocation issues within the health sector; 4) the design, application and evaluation of alternative delivery mechanisms in a pilot area; 5) the integration of financing reforms into the national plan for financing health; and 6) design, implementation and evaluation of public-private arrangements to deliver and finance health services.

vi. All long term assistance shall be initiated by the S&T/H/HSD Technical Officer and shall require S&T/H/HSD Technical Officer approval. The following procedure will apply to all such activities:

- General nature of activity, objective, strategy and expected outcomes, provided the Contractor by the S&T/H/HSD Technical Officer.
- Preliminary visit of approximately three weeks duration, to proposed country. The purpose of the visit is to discuss health financing issues with relevant USAID Mission staff and host country officials within the country setting; discuss options for long term involvement, including proposed activities, inputs and expected outputs; and a time frame for proposed involvement. All initial site visits will be undertaken by core staff.
- 15 days after the return of core staff, a trip report shall be submitted to the S&T/H/HSD Technical Officer for review. The report shall include an assessment of the problems and a proposed implementation plan which addresses those problems. The plan shall be part of an overall financing strategy for that country. In addition, an activity and evaluation plan, time frame and budget shall be included.
- The Contractor shall identify appropriate technical specialists to undertake the activities. Candidates must be reviewed and approved by the S&T/H/HSD Technical Officer and the host country.
- Long term activities will generally evolve over a period of one to four years.
- Formal and informal training (and transfer of technology, when appropriate) is an essential component of the activity.

- Expected outcomes of the activity will be identified at the start, in order to evaluate the success and effectiveness of the activity. Evaluation methodology, including plans for data collection from activity start to finish will be agreed upon by the S&T/H/HSD Technical Officer, selected members of the Technical Advisory Group (TAG) and the Contractor at the start of the activity.
- All activities will be distilled for lessons learned and major findings, which will be disseminated to all countries deemed relevant by the S&T/H/HSD Technical Officer.

2. Applied Research

Due to the limited knowledge that currently exists about the effectiveness and long term success of various health financing options relevant to developing countries, applied research shall play an important role in the project. (it is estimated that approximately 22% of contract activities will involve applied research). All research activities shall be designed to address critical questions regarding the delivery and financing of health care to LDC populations. Specifically, research results will assist in determining to what extent and under what conditions specific interventions are effective in improving the delivery and financing of health services, with the larger goal of improving health status of the target population groups. The purpose of the research will be to guide the design and implementation of health financing activities. Although some research may be free-standing, most shall be integrated with other activities, particularly the long term technical involvement in selected countries.

Each study design will be approved by the S&T/H/HSD Technical Officer, as well as the host country and USAID Mission. These studies differ from long term assistance in that they are intended to answer critical technical questions which require empirical evidence and are deemed essential by the TAG, the S&T/H/HSD Technical Officer, and the Contractor to furthering knowledge in this arena. Research activities shall be designed and conducted in countries and settings that will assure the incorporation of the results into national or regional policy, strategy or operational activities of that country.

The anticipated number of major research projects will be limited to 3 per region over the life of the contract.

It is estimated that up to thirty smaller research activities (approximately 4 p.m.) shall be undertaken

over the life of the contract. The objective of these smaller activities is to encourage and foster locally initiated research in health economics/financing and related policy and operational issues. All such research activities will be part of a larger applied research or long term technical assistance activity, except in special circumstances.

Plans shall be forwarded by the S&T/H/HSD Technical Officer to the Contractor for review; selected TAG members with relevant expertise shall also review plans; USAID Missions must approve activities; the S&T/H/HSD Technical Officer will provide the final approval. Priority will be given to proposals of host country nationals, however, proposals submitted by U.S. researchers may be considered. Procurement of computers and related hardware and software will not be funded under this contract.

The Contractor shall be responsible for regular supervision and overall management of these smaller research activities. The activity objectives, strategy, implementation plan, budget and time frame must fit within the parameters of this contract. The principal investigator(s) will be responsible for, among other things, day to day management of the activity, including the identification of appropriate technical expertise, logistical and secretarial support, and for the documentatoin and final evaluation report on the activity. International travel by local researchers will not be supported in this activity, except in unusual circumstances, as determined by the S&T/H/HSD Technical Officer.

Long term/regional advisors may be necessary to provide guidance and sustain continuity throughout the research period. Every attempt will be made to identify developing country candidates for these positions. There will be host country collaboration in all research efforts. It is anticipated that most research will be conducted by host country researchers working out of local universities. One outcome of the research will be the development of local capabilities in health economics and health care financing research. All applied research will be considered for publication in one or more respected journals of A.I.D.'s selection.

Most questions for applied research will fall under the five technical areas of project focus described in Section C.2.a. The area of production and delivery is included herein. Illustrative topics are as follows:

Resource generation through cost recovery: What factors determine where people seek health services? How much do they pay for health care relative to their level of

disposable income? What proportion goes to drugs? Are the poor excluded from adequate health care because of inability to pay? What charges should be levied for what services at different points in the health care system? How can the poor be protected? How should the fee revenues be managed and what are the short and long term financial implications at participating facilities? What are the appropriate roles for central and local decision makers in cost recovery decisions? Are there generalized lessons from the private sector experience in cost recovery that would benefit the public sector?

Social financing of the demand for health care: What insurance type arrangements exist in the public and private sectors? How much do they cost? How efficient are they? Whom do they benefit? How are prices and quality controlled? What opportunities exist for extending coverage under insurance programs into rural areas? into the informal sector where income is irregular at best? How much can insurance revenues be used to supplement government revenues? Are there ways to arrange major insurance programs such that the duplication of services and inefficiency found in countries with parallel Ministry of Health and Social Security care systems can be avoided?

Public-private collaboration: What are appropriate roles for the public and private sectors in achieving national health goals? What are the comparative advantages of each and how can they be utilized most efficiently? What legal, regulatory or financial incentives could be considered to encourage and facilitate private sector involvement in the delivery, financing and management of health care? What is the scope of work for private activities in public hospitals? What incentives trigger efficient operation and quality performance?

Resource allocation, use and management: What factors determine the allocation of public resources within the health sector; what are the opportunities to alter that allocation to include private resources; and what are the appropriate tools necessary for relevant policy changes? What are the relevant public finance issues which affect health financing? How can improvements in the efficiency of service delivery affect the quality and quantity of health services available to the public? What tools are available for improving efficiency? What changes could be instituted to facilitate organizational reform directed at more efficient operation?

Health care costing: How much would it cost to routinely provide basic health services to different population groups in different geographic settings? How much is presently being spent on the delivery of a similar set of health services? Are there more cost-effective ways to

deliver those same services? What factors have the greatest impact on costs of delivering services? What budgeting tools could be used by Ministries of Health to sharpen the budgeting process and the concomitant dialogue with the Ministries of Plan and Finance?

Production and Delivery: What would be the potential savings from local production of drugs as an alternative to imports? Are ambulatory interventions more cost effective than similar inpatient procedures; what are the implications for service structures? What cost effective PHC technologies could be put into place and at what cost and subsequent savings? How can access to health care be improved through government reimbursement of private providers? What mechanisms could be put into place to facilitate and improve coordination of resource use and planning among government, social security, and private providers? What alternative strategies for health care delivery could be put into place to increase coverage of preventive and promotive health programs?

One of the first research activities to be carried out under this contract shall be a review of the research and service experiences of other A.I.D. activities that have dealt with the five technical areas of health financing/economics covered by this contract. These experiences shall comprise an important part of this review and be complemented with the experiences of other bilateral and multilateral groups, such as WHO and the World Bank, national projects, PVO experiences, Foundations' efforts in health care financing, and USAID Mission projects. This review shall result in the development of a database, which shall be updated on a regular basis. Rationale for strategy, research activities and selection of sites for long term involvement shall emanate from this review. The identification of innovative health care financing activities worldwide and the collection of documentation and its analysis shall remain an important activity.

This preliminary investigation shall also examine any settings in which health financing initiatives or policy reforms have been particularly effective. The intent is to identify common exogenous factors which have led to successful interventions, in order to incorporate them into the design of long term and applied research activities.

The TAG shall play an important role in the development of the research agenda for this contract. The initial meeting will be used to review a draft research agenda and research implementation proposals that will have been developed by the Contractors with input from the S&T/H/HSD Technical Officer. TAG members will also serve as a committee to review the methodological aspect of

each potential research study. Based on the TAGs' review and recommendations, research efforts will be undertaken. The review of updated research agendas as well as the review of preliminary and final research results will be a regular function of the TAG.

3. Training (it is estimated that approximately 3% of contract activities will focus on training)
 - i. Training of key host country officials is a key element of this contract. Up to three country workshops and two regional conferences will be held in an A.I.D.-assisted developing country or region and will address those areas designated above, upon request by USAIDs (as approved by the S&T/H/HSD Technical Officer).
 - ii. Study tours or observational travel will be utilized very selectively as a means to educate national leaders about experiences in other countries. Up to five regional study tours/observational trips will be arranged for up to three participants for one week.
 - iii. Limited funding will be set aside to be used for a Fellows Program for U.S. graduate students who wish to undertake research in health care financing in LDCs. (It is estimated that approximately four grants, \$15,000 each, will be awarded.) The Fellows and their proposed research will be selected by the Contractor, with final approval from the S&T/H/HSD Technical Officer. The Contractor shall be responsible for technical oversight during the period of research. Logistical and other administrative support shall be the responsibility of the Fellow.
 - iv. All long term technical assistance and applied research activities will be accompanied by a series of workshops designed to encourage full participation, interest and longer term involvement with the relevant issues.

Many crucial decisions which affect health financing throughout the sector lie within the confines of the Ministries of Finance and Planning. MOH officials are generally unequipped to communicate their rationale for budget requests or explain the repercussions of various budget decisions to these ministries. Facilitating inter-ministerial dialogue by targeting relevant policy makers and practitioners and arming them with useful tools for communication will be one of the objectives of this component. Both the EDI of the World Bank, and the WHO sponsor training in the areas of health financing to this

cadre of officials. The Contractor shall work with EDI and WHO, as appropriate. The Contractor may assist in the development of appropriate materials and participate in workshops. These training courses shall provide a ready venue for both dissemination of activities and experiences as well as expose senior officials to the availability of technical expertise through A.I.D.

4. Information dissemination (it is estimated that this element will constitute approximately 14% of contract activities)

- i. Audiences

Publication and dissemination of information on project activities, research findings, reviews of the literature, and technical updates is an important component. Information will be packaged for a wide variety of audiences including A.I.D. personnel, host country policy makers and senior officials, and academic and research institutions. As a routine function, distribution of information will be timely, well-packaged and well-targeted.

Within A.I.D. health care financing issues touch not only health officers, but program officers and economists as well. Mission Directors are likely to have to intercede in gaining country acquiescence to sensitive and difficult policy changes inherent in many health financing initiatives, many of which must be dealt with outside of the health sector. Newsletters, technical updates and synopses of activities, experiences and research findings will be sent to USAID Missions regularly.

Within developing countries there is also a need for information. In addition to technical updates and newsletters, a special effort shall be devoted to the production of "policy" publications for senior government officials. These will be a simplified (and/or) condensed version of technical updates packaged in a glossy format. The objective is to attract attention to the issues, rather than to inundate policy makers with technical information.

Private voluntary organizations, many with A.I.D. funding, are involved with delivering health services in many developing countries. Many of the more effective cost recovery systems in Africa have been developed by PVOs. The information dissemination element of the project will look to PVOs for examples of how to approach financing problems and will also target PVOs as an important group that will be able to utilize information developed and/or disseminated under this contract.

The academic/research community is expected to participate as well. Most activities will include data collection, developing research and evaluation methodology, testing hypotheses and generating new findings. Because of the limited knowledge in this arena, it would be useful to publish such information and have it undergo review by the scientific community. Furthermore, academic conferences and settings are the primary recruiting grounds for professionals interested in pursuing this type of applied economics and public health work. Engaging them at an early stage in their careers could substantially increase the limited pool of available and interested professionals.

Finally, other donor organizations are struggling with the issues of health care financing. The Contractor shall continue to promote A.I.D.'s leadership role in health care financing within the international donor community. Information dissemination will be directed at UNICEF, WHO and others, to promote strategies which support the financial sustainability of child survival programs, within the realities of a country's economic context.

ii. Information Center

The Contractor shall develop an information center that will be responsible for these dissemination activities. Through this center, the Contractor shall: publish resource material on health financing policy and implementation for host country and donor institutions; coordinate the circulation of project methods and findings to the technical community; and serve as a resource center for project staff. It will also have technical material including on-line data bases, questionnaires used in household surveys on health utilization and spending, and econometrics, survey research methods, and sampling reference texts.

Two major products shall be a quarterly newsletter and focused, policy resource documents. The newsletter will summarize the technical assistance and applied research activities of the project. A comprehensive mailing list for the newsletter will be developed. Publication of policy-related material will acquaint policymakers with tested, concrete tools for intervention. The Contractor shall produce annual theme papers (in English, Spanish, and French), in the five technical areas and glossy four-page discussions of findings, stressing their practical applicability. A long-term objective will be a publication summarizing findings of the nine major applied research activities and selected summaries of the 30 smaller applied research activities. This volume will include an analytical overview showing how the project

has increased knowledge in the field and contributed to changes in policy and practice.

In summary, activities will include long-term technical assistance in eight developing countries, ranging from one to four years in duration; short-term technical assistance in as many developing countries as possible, with an average of one month duration, but for no longer than four months; an applied research program with major activities in nine developing countries, for a period of one to four years and up to thirty smaller applied research activities in developing countries, pertinent literature reviews and technical papers; training activities which will include up to three country workshops and two regional conferences on health financing issues, up to five study tours and up to four Fellows grants; and a program of information dissemination, which includes the development of an information center, publication and dissemination of newsletters, technical updates and technical, research, and policy papers. Target audiences include A.I.D., LDC policy makers and program managers, PVOs, academic/research settings and donor organizations. All interventions should be designed within the framework of contract objectives.

c. Project Sites

Since long term assistance and applied research will be intensive in terms of resources, long term technical assistance shall be limited to eight countries, and major applied research activities shall be limited to nine countries (three countries per region). At each site, collaboration with a host country institution will be required for at least a one year period.

Primary consideration will be given to those countries with:

1. Severe financing problems within the health sector;
2. Opportunities for the contract to have a significant impact on improving the delivery and financing of health care;
3. Evidence of a desire on the part of the MOH and related organizations to improve the delivery of health services within the country;
4. Evidence of a desire on the part of the USAID Mission to commit resources to activities;
5. Availability of host country institution for collaboration over the project period; and
6. Evidence of MOH commitment to improve the relative allocation of resources to primary health care.

Countries in each of the three regions with different levels of socioeconomic and political development will be selected so that financing reforms may be tested under a variety of scenarios. Consideration will also be given to opportunities to coordinate with other donors (World Bank, UNICEF, WHO, etc.) and other A.I.D. activities and funding sources, in order to maximize impact. Regional priorities will also play a major role in country selection.

C.3. CONTRACTOR WORK FORCE AND KEY PERSONNEL

- a. The key personnel which the Contractor shall furnish for the performance of this contract are as follows:

Project Director
Deputy Director
Senior Health Economist
Senior Health Insurance Expert
Health Planner
Financial Management/Health Administration Expert

- b. The personnel specified above are considered to be essential to the work being performed hereunder. Prior to diverting any of the specified individuals to other programs, the Contractor shall notify the Contracting Officer reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No diversion shall be made by the Contractor without written consent of the Contracting Officer. The Contracting Officer may ratify in writing such diversion not later than 30 days after the diversion of any of the specified individuals, and such ratification shall constitute the consent of the Contracting Officer and the S&T/H/HSD Technical Officer.

Failure to comply with these terms may be considered nonperformance by the Contractor. The listing of key personnel may, with the consent of the contracting parties, be amended from time to time during the course of this contract to either add or delete personnel, as appropriate.

C.4. TECHNICAL DIRECTIONS

Performance of the work hereunder shall be subject to the "Technical Directions" of the S&T/H/HSD Technical Officer. As used herein, "Technical Directions" are instructions to the Contractor which fill in details, suggest possible lines of inquiry, or otherwise complete the general Scope of Work. "Technical Directions" must be within the terms and conditions of this contract, shall not change or modify the Scope of Work in any way, and shall not constitute changes within the meaning of the contract clause entitled "Changes - Cost Reimbursement." Alternate II (APR 1984). The Contractor shall immediately notify the Contracting Officer in writing of any Technical Direction which is considered to constitute a change in the Scope of Work prior to implementing any such change.

C.5. TECHNICAL SPECIALISTS

- a. The Contractor shall establish and maintain a roster of individuals to be utilized for the provision of technical assistance. The roster shall be maintained on a current basis and include names, addresses, telephone number, qualification, rates, experience, language capabilities, availabilities, restrictions or constraints on availability; etc. The information shall be in a form suitable for search and retrieval by automatic data processing equipment, shall be compatible with Form AID 1420-17, and shall be accessible to the S&T/H/HSD Technical Officer. Individuals included upon contract award are approved by the S&T/H/HSD Technical Officer. Individuals identified subsequent to award shall require S&T/H/HSD Technical Officer approval prior to inclusion.
- b. **Quick Response Capability:** The Contractor shall maintain a staff, subcontractor employee, and/or consultant roster of personnel adequate to insure quick response. The Contractor shall obtain prior written approval from the S&T/H/HSD Technical Officer for use of individuals under this roster.
- c. **Consultant Identification, Recruitment and Posting of Consultants on Assignment:** Requirements for technical assistance will be in the Annual Work Plan or may be communicated to the Contractor by the S&T/H/HSD Technical Officer. Specifics of work to be done should be negotiated by the Contractor with the consultant(s) and finalized with a written agreement.
- d. **Editing, Publication and Distribution of Consultants Reports:** Consultant agreements shall stipulate due dates, requirements for draft reviews, copies for USAID's translations (and by whom), and specific details for specific consultancies. Unless otherwise directed, publications shall be written in the English language.
- e. **Evaluation:** The Contractor shall be responsible for follow-up evaluations of each consultant task. Evaluations shall be available to the S&T/H/HSD Technical Officer upon request.

END SECTION C

SECTION D

PACKAGING AND MARKING

D.1. Pursuant to the clause of this contract entitled "Reports", the cover page of all reports prepared by the Contractor shall include at a minimum, the Project Title, the Project Number, and the Contract Number. In addition, for activities funded by sources other than S&T/H/HSD, the project/activity number and title associated with the source of those funds shall also be specified.

D.2. Unless otherwise specified in a delivery order, any commodities purchased and shipped by the Contractor under a delivery order shall be in accordance with the supplier's standard export packaging.

D.3. 52.252-2, CLAUSES INCORPORATED BY REFERENCE (JUN 1988)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request the Contracting Officer will make their full text available.

A.I.D. Acquisition Regulation (48 CFR Chapter 7) Clauses

752.7009, Marking (APR 1984)

752.7026, Alternate 70, Reports (JUN 1987)

END SECTION D

SECTION E

INSPECTION AND ACCEPTANCE

E.1. RESPONSIBLE OFFICIAL

Inspection and acceptance of all services and reports and other deliverables required hereunder shall be made by the S&T/H/HSD Technical Officer (see Section G.1. of this contract). Acceptance of services and reports and other deliverables by the S&T/H/HSD Technical Officer shall form the basis for payments to the Contractor.

E.2. PLACE OF INSPECTION AND ACCEPTANCE

A.I.D. inspection and testing of services and reports and other deliverables required hereunder, if any, shall take place in the Washington, DC metropolitan area or at any other location where the services are provided/performed and reports and other deliverables are produced or submitted/delivered. Acceptance of services and reports and other deliverables required hereunder shall take place in the Washington, DC metropolitan area or at any other location where the services are provided/performed and reports and other deliverables are produced or submitted/delivered.

E.3. 52.252-2 CLAUSES INCORPORATED BY REFERENCE (JUN 1988)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request the Contracting Officer will make their full text available.

Federal Acquisition Regulation (48 CFR Chapter 1) Clauses

52.246-3 Inspection of Supplies - Cost Reimbursement (APR 1984)
52.246-5 Inspection of Services - Cost-Reimbursement (APR 1984)

E.4. EVALUATION

a. Expected Achievements/Accomplishments

The objectives of this project are to: 1) facilitate the process of increasing public and private resources available to health sectors in developing countries; 2) improve the efficiency with which those resources are used within the health sector; and 3) incorporate equity and quality considerations into resource allocation decisions. In order to achieve these three major objectives, achievements must reflect the four programmatic modes of implementation, ie. technical assistance and applied research (including policy dialogue, sector assessment and diagnoses and design, implementation and evaluation of health financing schemes); training; and information dissemination. Most activities will lead to expanded and improved policy discussions and actions

by high level public and private sector leaders. The principal outcomes of these activities will be:

1. Increased understanding of health financing issues by public and private policy makers in developing countries through training, workshops, conferences and information dissemination;
2. Effective policy tools developed for furthering the discussion on health financing issues between and within ministries; and studies which demonstrate utility and feasibility of financing reforms;
3. Strengthened partnerships between the public and private sector resulting in increased resources for health and improvements in overall efficiency; and identification of appropriate roles for the public and private sectors in meeting national health objectives;
4. Diagnostic and financial management tools developed for improving resource use and management, to improve overall efficiency of available resources;
5. Country-specific operational plans prepared for implementing, monitoring and evaluating the results of applied research, demonstration projects and evaluations;
6. Economic analyses of effects of financing reforms on target populations; and
7. Blueprints for further policy development, research and demonstration activities developed.

Outcomes of a smaller scale may be expected from demonstration activities, under both the long term and the applied research components. S&T/H/HSD expects to see adoption of specific financing reforms in a given facility, set of facilities or administratively defined area accompanied by enhanced managerial and financial skills. Strengthened community based efforts, such as drug revolving funds or community insurance funds may also be an outcome of this project.

The underlying assumption of these outcomes is that, through interventions, convincing evidence will be generated which persuades national leaders that there are viable alternatives to the present system of government financing and delivery of health care. Furthermore, it is assumed that improvements in health financing will result in improvements in the quality and quantity of health care available to target populations in LDC's and that better health care leads to improvements in health status.

b. Evaluation

This contract will be subject to two evaluations; the first evaluation will be conducted at the end of the second year and a second evaluation near the end of the fourth year of the contract. The objective of the first evaluation is to assess the effectiveness of the management structure; responsiveness to USAID Missions and to AID/W; direction and strategy; and any major issues which have arisen during the course of operation.

The objective of the second evaluation will be to assess the effectiveness and success of both A.I.D. and the Contractor in achieving objectives. This shall include, but not be limited to assessment of: the quality, effectiveness and accomplishments of technical assistance, training and information dissemination; financial management of the contract; development and application of new tools to address financing, management, training and cost issues; and the effectiveness of applied research to respond to critical questions in the field.

The evaluation team shall make recommendations regarding operation of the final year, particularly regarding the culmination, syntheses and presentation of lessons learned. The team shall also advise A.I.D. on appropriate direction, strategy, management and operations of the second five years of the project which reflect the experiences of the last four years.

The criteria against which the project activities will be evaluated will differ from site to site, but will reflect the country strategy documents and the workplan. The TAG will have as one of its agenda items in the third and fourth meetings, the review and finalization of the evaluation framework.

Improvements in financing health services are the means to improved quality and accessibility of health care rather than an end in itself and this should be kept in mind during the development of all activities and their subsequent evaluation.

END OF SECTION E

SECTION F

DELIVERIES OR PERFORMANCE

F.1. PERIOD OF PERFORMANCE

The effective date of this contract is September 20, 1989. The estimated completion date is September 19, 1994.

F.2. REPORTS/DELIVERABLES

In addition to reporting requirements as set forth in contract clauses contained in Section I, the Contractor shall submit the following reports. The precise format of these reports and the number to be submitted (if not specified herein) will be determined jointly by the S&T/H/HSD Technical Officer and the Contractor.

- a. The Contractor shall submit a detailed work plan annually to the S&T/H/HSD Technical Officer. The first year's work plan will be submitted within three months of contract award, reviewed and distributed to the TAG members one week prior to the first TAG meeting. This work plan will describe 1) start up activities, including the orientation, responsibilities and proposed travel of staff and structure for project management; 2) proposed roles and responsibilities; 3) potential countries for long term activities and proposal for initiating activities; 4) potential topics and sites for research activities; 5) structure for handling short term technical assistance requests; 6) strategy for development of information center/clearinghouse, information dissemination and training and 7) standardizing and reporting of financial accounts. The work plan shall detail technical activities by country and by technical component; level of effort, including involvement of staff, subcontractors and consultants; budget; collaborating host country institutions; timetable; and travel. All of those areas mentioned above shall be placed within the context of the strategy, objectives and technical areas of activity. The workplan will be modified to reflect the recommendations of the TAG, discussion with the Regional Bureaus and as approved by the S&T/H/HSD Technical Officer. Subsequent work plans will be due for review one month prior to the annual TAG meetings.
- b. Interim activity reports, submitted six months after contract award and then at 12 month intervals. The reports shall include, but not be limited to, a description of all activities and their status to date, accompanied by planned activities for the next six months. All activity descriptions should depict level of effort of technical, managerial and administrative staff and consultants, expenditures to date, and the approved activity budget.

- c. Project strategy, with attention to the four modes of implementation, including technical assistance, applied research, training/institutional development and information dissemination to be completed by the end of the first year of contract operation and approved by the S&T/H/HSD Technical Officer. Any required revisions to the project strategy must be approved by the S&T/H/HSD Technical Officer.
- d. Final plan of implementation for each long term activity shall be due 15 days after returning from initial site visit.
- e. Implementation plan for each applied research activity, including objectives, management and evaluation plan, methodology, collaborating institutions, staff and consultants, budget shall be submitted prior to commencement of activities.
- f. Final reports for all activities, which should include but not be limited to description of purpose, methodology, findings and recommendations and final cost.
- g. Monthly budget summaries, with activities grouped by region (i.e. AFR), mode of implementation (i.e. applied research), technical area (i.e. resource generation) and contractual expenditure category (i.e. salaries, travel, overhead, etc.). This is particularly important to ensure that expenditures can be monitored by distinct categories of operation. As necessary, the S&T/H/HSD Technical Officer may add other categories for characterizing project expenditures. The project will maintain expenditure records including, but not limited to in-house training, participation in seminars and continuing education; recruiting.
- h. Five copies of a monthly report within ten (10) working days after the end of each month during the term of this contract. The report shall include a summary of activities conducted, complete financial analysis of activities (central and buy-in), and outstanding issues to be resolved.
- i. Annual report, describing all activities that have been carried out over the previous year. The Contractor shall include a section on major issues and lessons learned during the reporting period.
- j. A final report, submitted one month prior to the completion of the contract, summarizing all contract activities and assessing the progress made towards the achievement of contract objectives. The precise format of this report shall be jointly determined by the S&T/H/HSD Technical Officer and the Contractor at the beginning of the fifth year of the contract.
- k. The Contractor shall provide the S&T/H Technical Officer, and as appropriate the USAID mission, with copies of all

correspondence pertaining to substantive project matters between the Contractor and local organizations.

1. At the conclusion of each overseas assignment, the Contractor shall prepare a trip report describing the findings obtained by the specialists and the results and accomplishments of the assignment. The Contractor shall, within 45 days after completion of each trip, submit two copies to the S&T/H/HSD Technical Officer, and one copy each to appropriate USAID Mission(s) and principal relevant cooperating country institution(s). Prior to departure from the cooperating country at the end of each overseas assignment, the specialists shall brief the USAID Mission and cooperating country personnel on the principal activities, accomplishments, and findings during the assignment, unless the USAID Mission does not desire a briefing. All trip reports shall begin with a one- to two-page summary.
- m. Financial reports and vouchers. All financial reports and vouchers for payment and reporting of expenditures shall conform to standard A.I.D. regulations and procedures. Advance copies of vouchers shall be sent to the S&T/H/HSD Technical Officer. As required, the Contractor shall also provide other financial data and program reports.

Two copies of all reports shall be submitted to the Center for Development Information and Evaluation, Bureau for Program and Policy Coordination (PPC/CDIE/DI), Agency for International Development, Washington, D.C., 20523. The title page of each report shall include the contract, delivery order (if applicable), and project numbers.

The Contractor shall immediately notify the S&T/H/HSD Technical Officer and Contracting Officer in writing in the event that circumstances arise that have or may have an adverse impact on the timely performance of the contract or the incurrence of costs under this contract. This shall be construed to be applicable to subcontractors as well as the prime Contractor, except that notification by subcontractors will be provided the prime Contractor.

F.3. LEVEL OF EFFORT

Person-months (p/m) are used herein as an estimate of what is required to perform the contract services. The following table provides a maximum limitation for technical services to be rendered under this contract.

The total life-of-contract effort is estimated at 648 person-months for the Project Director, long-term professional staff and support staff, and 1,127 person months for long/short term technical specialists as outlined in the following illustrative table:

PERSON MONTHS LEVEL OF EFFORT BY TASK CATEGORY

Task Category	Total	Yr					Total S&T/H	Yr					Total Mission
	Person Months	1	2	3	4	5		1	2	3	4	5	
Project Director	60	12	12	12	12	12	60	--	--	--	--	--	0
Deputy Director	60	12	12	12	12	12	60	--	--	--	--	--	0
Senior Health Economist	60	12	12	12	12	12	60	--	--	--	--	--	0
Insurance Expert	60	12	12	12	12	12	60	--	--	--	--	--	0
Health Planner	60	12	12	12	12	12	60	--	--	--	--	--	0
Financial Manager/Hospital Administration	60	12	12	12	12	12	60	--	--	--	--	--	0
Information Specialist	60	12	12	12	12	12	60	--	--	--	--	--	0
Technical Associate	60	12	12	12	12	12	60	--	--	--	--	--	0
Technical Associate	48	--	12	12	12	12	48	--	--	--	--	--	0
Administrative/Secretarial	120	24	24	24	24	24	120	--	--	--	--	--	0
Technical Specialists	1,127	5	15	20	20	20	80	67	150	280	350	200	1,047
TOTAL	1,775	125	147	152	152	152	728	67	150	280	350	200	1,047

In the event that the Contractor fails to furnish the level of effort set forth herein for the specified term, the Contracting Officer may: (1) require the Contractor to continue performance of the work beyond the estimated completion date until the Contractor has furnished the specified level of effort or until the estimated cost of the work for such period shall have been expended, or (2) terminate that portion of the contract and renegotiate any fee for the unterminated portion of the work.

It is understood and agreed that the rate of person-months per year may fluctuate in pursuit of the technical objectives, provided such fluctuation does not result in the utilization of the total person-months of services prior to the expiration of the term of this contract.

The Contracting Officer may, by written order, direct the Contractor to increase the average annual rate of utilization of effort to such an extent that the total person-months of effort, specified above, would be utilized prior to the expiration of the term hereof. Any such order shall specify the degree of acceleration required, and the revised term of this contract resulting therefrom.

For the purpose of this contract, a person-month of effort is defined as 22 working days, 8 hours per day.

F.4. PLACE OF DELIVERY

The Final Report shall be delivered to the Contracting Officer at the following address:

Agency for International Development
Office of Procurement
Health & Population Branch (OP/W/HP)
Room 1579 SA-14
Washington, D.C. 20523-1430.

Fifteen (15) copies of the Final Report and all other reports shall be delivered to the S&T/H/HSD Technical Officer at the following address:

Agency for International Development
Science & Technology Bureau
Office of Health (S&T/H/HSD)
Room 702, SA-18
Washington, D.C. 20523-1817.

F.5. SCHEDULE OF WORK

All tasks set forth in the Statement of Work shall be performed in accordance with the Work Plan and schedule as negotiated. Performance shall begin on the effective date of this contract.

F.6. 52.252-2 CLAUSES INCORPORATED BY REFERENCE (JUN 1988)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request the Contracting Officer will make their full text available.

Federal Acquisition Regulation (48 CFR Chapter 1) Clauses

52.212-13 Stop-Work Order (APR 1984)--Alternate I (APR 1984)
52.247-35 F.o.b. Destination, Within Consignee's Premises (APR 1984)
752.7026 Reports--Alternate 70

END OF SECTION F

SECTION G

CONTRACT ADMINISTRATION DATA

G.1. TECHNICAL OFFICER

The Technical Officer is R. Clay, S&T/H/HSD, A.I.D., Washington, DC 20523-1817 or her successor or designee.

G.2. PAYMENT OFFICE

The payment office, and the office to which requests for payment shall be sent, is PFM/FM/PAFD, A.I.D., Room 700, SA-2, Washington, DC 20523-0209.

G.3. POST-AWARD CONTRACT ADMINISTRATION OFFICE

The post-award contract administration office is M/SER/OP/W/HP, A.I.D., Washington, DC 20523-1430.

G.4. SMALL BUSINESS AND SMALL DISADVANTAGED BUSINESS SUBCONTRACTING

The Director of the Office of Small and Disadvantaged Business Utilization (OSDBU/MRC), A.I.D., Washington, DC 20523-1414 is hereby designated as the Contracting Officer's representative, responsible for assisting the Contracting Officer in monitoring, evaluating, and documenting the Contractor's performance under the clause of this contract entitled "Small Business and Small Disadvantaged Business Subcontracting Plan" (if applicable).

G.5. ACCOUNTING AND APPROPRIATION DATA

- a. Funds currently obligated in this contract are chargeable as follows:

PIO/T	:	936-5974-9361351
Appropriation	:	72-1191021.7
Allotment	:	947-36-099-00-20-91
Budget Plan Code	:	DDCA-89-13600-KG11
Amount	:	\$710,000

- b. All expenditures under this contract must be attributed to the appropriate A.I.D. funding source (A.I.D./W or Mission Project) and be represented by an accounting system to reflect this. Invoices are to be submitted for reimbursement according to the A.I.D. project number under which the expenses were incurred. For each invoice submission (SF 1034 or like format), the following data must appear on the face of the submittal:

Contract No:
Project No: (A.I.D./W or Mission Project #)
Project Office: (S&T/H/HSD)

G.6. CONTRACTOR'S PAYMENT ADDRESS

Payments shall be made to the Contractor either by electronic funds transfer or by check mailed to the address shown on the cover page of this contract, unless otherwise indicated below:

Abt Associates, Inc.
P.O. Box 2276
Washington, D.C. 20013-2276
Attn: FAST FUNDING

END OF SECTION G

SECTION H

SPECIAL CONTRACT REQUIREMENTS

H.1. GENERAL REQUIREMENTS

- a. Due to the sensitive nature of health financing and the political visibility of consequent decisions, it is essential to have a high level of cooperation and agreement on activities between A.I.D., the Contractor, Ministries of Health, Planning and Finance, participating universities and PVO's. Prior to the initiation of long term or applied research activities in any country, there will be a written agreement between A.I.D. and the Ministry of Health (other relevant Ministries or research institutions) that describes purpose, activities and responsibilities of all parties involved. The Contractor shall provide support to the USAID Mission in negotiating the agreement, upon request. It is expected that host country personnel will play a key role in all long term and applied research activities, in addition to participating in training workshops. Preference will be given to host country nationals in the case of long term advisors.
- b. The steps involved in developing, managing, implementing and evaluating activities will follow the same general pattern for long term technical assistance, applied research, training and information dissemination. Country proposals shall be developed and approved by A.I.D. and the host country for all long term technical assistance and applied research activities prior to the initiation of the activity. These proposals shall include a well defined purpose, strategy, activities and expected outcomes, time frame, budget, plan of evaluation and specification of staff/consultant involvement. Plans for training and policy dialogue will also be specified.
- c. All activities shall take place, to the extent possible and appropriate, with the collaboration of local public and private health personnel. Particular emphasis will be placed on developing host country capacity to carry out systematic planning, monitoring and evaluation of project activities.

These activities will all be conducted with the objective of (a) increasing the total resources available for health particularly for cost-effective services and (b) improving the allocation, use and management of public and private resources for health, in order to provide health care efficiently and equitably to LDC populations. Resources include personnel, drugs and supplies, equipment, facilities, transport and operating budgets. Improvements in efficiency are relatively determined according to host country standards, with the private sector often used as the model. Improvements in equity, that is, available, affordable and accessible health care for the poor, and in particular, available to women and

children, must also be determined according to the situation of each particular country. Each long term and applied research activity must address these two objectives. Baseline data should be collected at the start of each activity and quantitative or qualitative indicators of achievement at the end of the activity should be derived from these initial data. Formative applied and operational research are expected to feed back into the planning and implementation of project activities.

- d. As appropriate, the Contractor shall work with other A.I.D.-supported projects, including Technology for Primary Health Care (PRITECH), Resources for Child Health (REACH), Supply, Production and Promotion of ORT (SUPPORT), Primary Health Care Operations Research (PRICOR-II), as well as bilateral and regional projects. These projects will also lend advice to important technical meetings, including the annual TAG. Coordination with other A.I.D.-sponsored communication activities, such as Communication on Acquired Immune Deficiency Syndrome (AIDSCOM) and the Nutrition Communication Project will be an important mandate for this contract to ensure cross-fertilization of information, including lessons learned.

H.2. SECURITY REQUIREMENTS

The Contractor shall not have access to classified information during the term of this contract.

H.3. DEFENSE BASE ACT (DBA) INSURANCE

Pursuant to applicable clauses of this contract entitled "Workers' Compensation Insurance (Defense Base Act)", A.I.D.'s current insurance carrier for, and from which the Contractor shall purchase, DBA insurance is Wright & Co.; 1400 I Street, N.W.; Washington, D.C. 20005; telex 440508; telephone (202) 289-0200, or (800) 424-9801 outside the Washington area (toll-free).

H.4. SPECIAL PROVISION REGARDING THE CLAUSES ENTITLED "TRAVEL EXPENSES AND TRANSPORTATION AND STORAGE EXPENSES" (AIDAR 752.7002, ALTERNATE 70) AND "PERSONNEL" (AIDAR 752.7027, Alternate 71)

- a. In accordance with each of the above clauses of this contract, whereunder the Contractor must obtain the Contracting Officer's prior written approval for all international travel under this contract, the Contracting Officer does, hereby, provide said approval for those individuals required to travel outside the United States; provided, however, that concurrence with the assignment of any and all said individuals outside the United States is obtained by the Contractor, in writing, from the S&T/H/HSD Technical Officer prior to their assignment abroad. Such concurrence must be within the terms of this contract, is subject to availability

of funds, and shall not be construed as authorization to increase the total estimated cost of this contract or to exceed the obligated amount, whichever is less. A copy of each concurrence issued pursuant to this paragraph shall be retained by the Contractor for audit purposes.

- b. After approval of the proposed international travel, the Contractor shall notify the USAID Mission and the S&T/H/HSD Technical Officer, of the arrival date and time and flight identification of A.I.D. financed travellers.
- c. The Contractor shall obtain the S&T/H/HSD Technical Officer's prior written concurrence for travel within the United States. Such concurrence must be within the terms of this contract, is subject to availability of funds, and shall not be construed as authorization to increase the total estimated cost of this contract or to exceed the obligated amount, whichever is less.

H.5. TRAVEL EXPENSES

Notwithstanding any other provision of this contract, if any of the personnel utilized hereunder are discharged by the Contractor for misconduct or inexcusable nonperformance, travel and transportation costs associated with the assignment of substitute personnel therefore shall not be an allowable cost under this contract. Misconduct shall be defined as the deliberate and/or repeated disregard for the laws and regulations of the Cooperating Country or of A.I.D., the continued existence of conflict of interest after advice that such conflict exists, or general behavior unbecoming a professional serving as a part of the U.S. foreign assistance program (see also the clause of this contract entitled, "Personnel"). Inexcusable nonperformance shall be defined as unauthorized absences or failure to undertake and/or complete assigned tasks which are within the scope of this contract, when such absences or failures are within the control of the individual.

H.6. PROCUREMENT AND SUBCONTRACTING

For the purposes of this contract, the following A.I.D. eligibility rules apply (see also AIDAR 752.7004):

a. Authorized Geographic Code

Except as specified below, all goods/commodities shall have their source and origin in the United States or the Cooperating Country*, and shall meet A.I.D.'s componentry requirements, except as the Contracting Officer may otherwise agree in writing. Because the Cooperating Country is authorized for source and origin purposes, the clause of this contract entitled "Local Cost Financing With U.S. Dollars" applies.

*Each developing country in which training or other assistance takes place under this contract shall be considered a Cooperating Country.

b. Government Owned Organizations

Except as the Contracting Officer may otherwise agree in writing, a Government Owned Organization, i.e., a firm operated as a commercial company or other organizations (including nonprofit organizations other than public educational institutions) which are wholly or partially owned by governments or agencies thereof, are not eligible for A.I.D. financing hereunder.

- c. In light of objectives of institutionalization and strengthening cooperating country resources, subcontracting with cooperating country firms for specific services (in accordance with FAR 52.244-2, "Subcontracts under Cost-Reimbursement and Letter Contracts") is generally acceptable. With the exception of any subcontractors identified in the Contractor's proposal and/or best and final offer which was accepted by A.I.D. through award of this contract, additional subcontracting with firms outside cooperating countries is not generally anticipated. However, should additional subcontracting become necessary, the Contractor shall comply fully with requirements set forth in FAR 52.244-2. Notwithstanding the above, small dollar subcontracting is acceptable for services such as videotaping, conference logistics, etc. This type of activity will be permitted in accordance with applicable regulations.

d. Automation Equipment

In addition to the requirements of Section H.6.a. above and H.6.e. below, the Contractor must obtain the specific approval of the Contracting Officer for any purchases of automation equipment (e.g., computers, word processors, etc.), software, or related services made hereunder, if the total cost of such purchases will exceed \$100,000.

e. Anticipated Purchases

Prior to purchasing any nonexpendable equipment, the Contractor shall perform an analysis of the cost of purchasing such equipment vs. the cost of leasing such equipment, and shall submit such analyses to the S&T/H/HSD Technical Officer, together with the request to lease or purchase. The S&T/H/HSD Technical Officer must approve each purchase or lease.

f. Government Property

With respect to nonexpendable equipment purchased by the Contractor hereunder, the Contractor shall comply with all requirements of the clauses of this contract entitled "Government Property (Cost Reimbursement, Time-and-Material, or Labor-Hour Contracts)" (FAR 52-245-05) and "Government Property -- AID Reporting Requirements" (AIDAR 752.245-70).

g. Small Business and Small Disadvantaged Business Subcontracting

The Contractor shall comply with the requirements of the clauses of this contract entitled, "Utilization of Small Business Concerns and Small Disadvantaged Business Concerns" (FAR 52.219-08 and AIDAR 752.219-08) and, if applicable, "Small Business and Small Disadvantaged Business Subcontracting Plan" (FAR 52.219-09).

H.7. MEDEVAC INSURANCE

In addition to any insurance provided under the Contractor's normal personnel policies, the Contractor shall obtain medevac insurance for all its employees and consultants working overseas, on either long-term or short-term assignments.

H.8. STAFFING AND QUALIFICATION REQUIREMENTS

The Contractor shall establish a core group of individuals to be responsible for the planning and implementation of the contract. The contractor shall provide a wide range of demonstrated technical expertise in the area of health financing, economics and public finance, hospital administration and financial management, private insurance arrangements, social security and alternative delivery mechanisms such as managed care organizations; health systems analysis, including policy work; experience with culturally appropriate information dissemination, education and communication; skills in program/project management; skills and experience in applied research, including survey methodology and statistical analysis; and demonstrated managerial and technical competence in providing technical assistance to developing countries. At least one member of the Contractor's professional staff must have French language capability at the S-3 and R-3 levels or above and one member must have Spanish language capability at the S-3 and R-3 levels or above, as defined by the Foreign Service Institute.

Within three months of the effective date of the contract, the Contractor shall have in place a full time core staff of approximately eight professionals with health care financing expertise and developing country experience. The core staff will manage operations of the contract, participate directly in the delivery of technical assistance, and evaluate and report on results. All of the core staff must be available for travel in support of activities and possess adequate technical skills to enable them to provide direct technical assistance to health care financing efforts. In addition to this core staff, the Contractor shall have access to additional personnel who will be available to work on activities on a part-time basis or as short-term technical specialists.

a. Qualifications for Key Personnel:

1. Project Director: demonstrated technical competence and experience in health economics/financing, work history in

developing countries; managerial expertise with large projects/programs; familiarity with the US health care industry; demonstrated leadership capabilities; good speaking and representational skills; language competence in Spanish or French.

2. Deputy Director: complementary rather than duplicative skills to the Project Director. These may include demonstrated managerial and administrative competence and experience with projects in developing countries; technical knowledge and skills in health financing and economics; familiarity with the US health care industry and good representational skills. Foreign language competence is preferred.
3. Senior Health Economist: demonstrated technical competence in health economics/public finance/health financing issues, with PhD. International field experience; managerial expertise; research experience and appropriate methodological skills; publication in academic journals; language competence in Spanish or French.
4. Senior Health Insurance Expert: demonstrated technical and managerial competence in designing, implementing and evaluating health insurance arrangements, including payment and reimbursement mechanisms, social security systems; experience in private sector financing of health care; international technical experience preferable; good presentation and writing skills. Foreign language competence preferred.
5. Health Planner: demonstrated technical competence in health systems analysis; experience in policy dialogue with senior level representatives of developing countries; experience in interfacing between medical and other health professions in order to achieve health objectives through economic and financial mechanisms; foreign language competence.
5. Financial Management/Hospital Administration Expert: demonstrated technical competence and experience in managing and evaluating the administration of public/private hospitals, financial management, cost accounting and the use of financial management information systems; experience in developing countries preferred; foreign language competence preferred.

b. Qualifications for Non-Key Personnel:

1. Information Specialist: experience in information management and dissemination; experience in report writing, abstracting and publication and knowledge of information dissemination networks in developing countries.

2. Technical Associates (2): possess an MPH, MBA, MHA or similar professional preparation in international health. Language competence in French or Spanish required.
 3. Project Administrator: experience and competence in project/program administration; office management and scheduling; typing and computer skills; good organizational skills.
- c. As the project matures and service needs become better defined, additional/replacement staff may be necessary to supplement the skills of the core technical and administrative staff. Additional staff shall be proposed to the S&T/H/HSD Technical Officer for review and approval.
 - d. The Contractor shall provide Field Advisors as deemed necessary by the S&T/H/HSD Technical Officer. These field advisors may be located in a single country or have regional responsibilities. Where possible and practical, they will be hired in-country. Field advisors shall direct project activities within the sites to which they are assigned. The field advisor's expertise shall include the ability to design and manage health care financing activities, assist with the design and management of applied research, manage training activities and coordinate activities with the host government(s), PVOs or other health care providers in the area.
 - e. Consultants may be utilized to work with the core staff. They should be experts of high professional stature in their fields. Consultants should have both technical skills and field experience in developing countries, a letter of commitment to provide a defined amount of time to the project, flexibility to travel as needed, and appropriate language capabilities.

H.9. ORDINARY COURSE OF BUSINESS

With respect to the clauses of this contract entitled, "Allowable Cost and Payment" (FAR 52.216-07) and "Documentation for Payment" (AIDAR 752.7003), it is understood and agreed that the Contractor may, in some circumstances, invoice and be paid for recorded costs for items or services purchased directly for this contract, even though the Contractor has not yet paid for those items or services; provided, that such costs are paid in the ordinary course of business. "The ordinary course of business" is defined in accordance with the principles established by the Prompt Payment Act, Public Law 97-177 (96 Stat. 85, 31 USC 1801), i.e. within 30 days after the Contractor's receipt of payment from A.I.D. for such costs. In those instances where the Contractor properly invoices and is paid for recorded costs which have not yet been paid by the Contractor, the Contractor agrees to pay all such costs, and especially employee compensation, consultants, subcontractors, suppliers, support of participants, and costs incurred in the Cooperating Country, in the ordinary course of business. Failure to do so may be considered nonperformance by the Contractor.

H.10. SUBMISSION OF COMPLETION VOUCHER

The clause of this contract entitled, "Allowable Cost and Payment" (FAR 52.216-07), provides in Paragraph (h)(1) that "...the Contractor shall submit a completion invoice or voucher, designated as such, promptly [emphasis added] upon completion of the work...". The term "promptly" is not defined in the clause. In order to avoid ambiguity, and to ensure expeditious closeout of completed contracts, the term "promptly" is defined as 60 days from the actual completion date of the contract, unless otherwise approved in writing by the Contracting Officer. The Contractor shall have up to one year after completion of the contract effort (or longer, as the Contracting Officer may approve in writing), or until a mutually acceptable final release has been signed, to submit a revised completion voucher, should circumstances warrant. Upon receipt of the final voucher, the Contracting Officer shall begin actions necessary to properly close the contract. Processing of the final voucher for payment shall not begin until compliance by the Contractor with all terms and conditions of the contract.

H.11. CONTRACTOR LOCATION

Because of the need for frequent interaction (developing of plans, coordination, communications, briefing, debriefing, information requests, etc.) the Contractor shall maintain an operations center within the Washington Metropolitan area, conveniently located to A.I.D./Washington staff.

H.12. TECHNICAL ADVISORY GROUP

This contract will have a Technical Advisory Group (TAG), whose major purpose will be to advise A.I.D. on technical and strategic issues related to the contract. The TAG will be comprised of a select group of technical experts, chosen from international organizations, universities, donor organizations, PVO's, or relevant A.I.D. projects. The TAG membership will include private practitioners from the international health care industry as well as individuals involved with government financed health services. Ten individuals will be identified by the Contractor within the first three months following contract award, and presented to the S&T/H/HSD Technical Officer for consideration. In addition, A.I.D. will seek out experts in the field for potential TAG membership. The TAG will provide expert review of the contract and make recommendations for improvement or modification. TAG members are expected to meet formally at least six times during the course of the first five years, however, the S&T/H/HSD Technical Officer or the Project Director may consult with members of the TAG as frequently as need be. Attendance at the formal TAG meetings will include at least the Project Director, Senior Health Economist and Senior Health Planner. These meetings will be chaired by the S&T/H/HSD Technical Officer. Other A.I.D. staff may be included.

The first formal TAG meeting will be designated to review initial work plans approximately four months after contract award. The most

important aspects of this review include strategy, preliminary selection of target countries for long term activities and the nature of the activity, the research agenda to be addressed and the development of criteria against which achievements will be measured. Relevant materials will be prepared by the Contractor and distributed to TAG members one week prior to the meeting.

The second TAG meeting will be held approximately one year later (16-18 months after contract award). The purpose of this meeting will be to review progress to date, including the initiation of long term and applied research activities. Methodology will be reviewed for all research activities. The TAG will also review selected reports of short term assistance for technical merit and quality, to be identified jointly by the S&T/H/HSD Technical Officer and the Contractor. The Contractor shall prepare synopses of all activities to date; obstacles to progress; and rationale for modifications in earlier work plan or project strategy. All materials for the TAG meetings will be distributed to TAG members one week prior to the meeting.

The third TAG meeting will be held approximately 10-12 months after the second TAG (28 months after contract award). The third TAG meeting will perform the same review as described above, with more attention devoted to long term and applied research activities. The TAG will also review the evaluation criteria and their appropriateness to activities.

The fourth TAG will meet approximately one year after the last TAG (40 months after contract award). The objectives of this TAG will be to review activities and establish a paradigm to discuss and explain achievements, lessons learned and recommendations. Evaluation criteria will again be reviewed. The information dissemination and training aspects of the contract will be reviewed for improvement or modification.

The fifth TAG will meet at the beginning of the fifth year of project operation, approximately 10-11 months after the last TAG. The purpose of this TAG will be to review the recommendations and findings from the contract's fourth year external evaluation; to discuss possible responses to the evaluation; to assist the S&T/H/HSD Technical Officer in drafting the scope of work for the second five year contract based on lessons learned and evaluation findings and recommendations; and assist the S&T/H/HSD Technical Officer in revising evaluation criteria for the second five year contract.

The sixth and final TAG meeting will meet several months before the close of the first five year contract. Objectives will be to review the work of the contract and make recommendations for strategy, type of activities, topics for research; nature and quantity of training; staff composition; and modifications in the information dissemination component of the second five year contract. It may be decided by the S&T/H/HSD Technical Officer that the agenda of this TAG would be more useful if it were included in the fifth TAG meeting, in which case, this last meeting would be cancelled.

Minutes will be kept at each TAG meeting and the Contractor shall respond to any TAG recommendations within 20 working days after the TAG meeting. As the contract evolves, the time and agenda of these TAG meetings may be changed by the S&T/H/HSD Technical Officer in order to maximize the contribution of the all of the technical experts. In the case of drop out, the S&T/H/HSD Technical Officer may choose another technical expert to participate in the TAG. All TAG members will be compensated for their time in review of documents and participation in the meeting out of contract funds as approved by the S&T/H/HSD Technical Officer. Travel and per diem will also be reimbursed as appropriate.

TAG members may be invited to participate in evaluations of the contract. They will also assist the Contractor and/or A.I.D. in developing research plans and protocols and reviewing reports.

H.13. CONFLICTS OF INTERESTS

It is understood and agreed that some of the delivery orders proposed to be issued hereunder may place the Contractor* in the position of having an organizational conflict of interest, i.e., may (a) result in an unfair competitive advantage to the Contractor, or (b) impair the Contractor's objectivity in performing the work. To preclude or mitigate any potential conflicts of interest, the Contractor agrees not to undertake any activity which may result in an organizational conflict of interest (further discussion of organizational conflicts of interest may be found in FAR 9.5) without first notifying the Contracting Officer of such potential conflict of interest and receiving the Contracting Officer's approval to undertake such activities (the issuance and acceptance of a delivery order shall constitute the Contracting Officer's approval if the potential conflict of interest was identified in the Contractor's proposal for the delivery order). The Contracting Officer's approval to undertake such activities may be based on the Contracting Officer's determination that an organizational conflict of interest does not exist, or may be conditioned on the placement by the Contracting Officer and acceptance by the Contractor of restrictions on the Contractor's future activities, as permitted by FAR 9.5, which shall then be included in the delivery order. If it is discovered that the Contractor engaged in any activities which constitute an organizational conflict of interest without having first obtained the Contracting Officer's approval to undertake such activities, restrictions, as permitted by FAR 9.5, on the Contractor's future activities may be placed unilaterally by the Contracting Officer, and other remedies (including those permitted by the clause of this contract entitled "Remedies for Illegal or Improper Activity") may be taken by A.I.D. If it is discovered that the Contractor engaged in any activities in violation of the restrictions placed by the Contracting Officer on the Contractor's future activities, other remedies (including those permitted by the clause of this contract entitled "Remedies for Illegal or Improper Activity") may be taken by A.I.D. Nothing in this provision

precludes the application of any other remedies available to A.I.D. by law, regulation, or other provisions of this contract.

*As used herein, "Contractor" includes the Contractor's personnel, subcontractors and their personnel

END SECTION H

SECTION I

CONTRACT CLAUSES

I.1. FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSES

52.252.04 Alterations in Contract (APR 1984)

Portions of this contract are altered as follows:

- (a) In the clause entitled "Payment for Overtime Premiums" (FAR 52.222-02), insert "zero" in the blank in paragraph (a).
- (b) In the clause entitled "Taxes - Foreign Cost Reimbursement Contracts (FAR 52.229-08), insert "the Cooperating Country" and "the Cooperating Country", respectively, in the blanks.
- (c) In the clause entitled "Notification of Changes" (FAR 52.243-07), insert "7 days" in the blank in paragraph (b).
- (d) If the Contractor is an educational institution, in the clause entitled "Allowable Cost and Payment" (FAR 52.216-07), delete "...Subpart 31.2...", and in lieu thereof, substitute "...Subpart 31.3...".
- (e) If the Contractor is a not-for-profit organization, other than an educational institution, in the clause entitled "Allowable Cost and Payment" (FAR 52.216-07), delete "...Subpart 31.2...", and in lieu thereof, substitute "...Subpart 31.7...".

52.252-02 Clauses Incorporated by Reference (JUN 1988)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available.

- 52.202-01 Definitions (APR 1984)
- 52.203-01 Officials Not to Benefit (APR 1984)
- 52.203-03 Gratuities (APR 1984)
- 52.203-05 Covenant Against Contingent Fees (APR 1984)
- 52.203-06 Restrictions on Subcontractor Sales to the Government (JUL 1985)
- 52.203-07 Anti-Kickback Procedures (OCT 1988)
- 52.203-9 Requirement for Certificate of Procurement Integrity-Modification (MAY 1989)
- 52.203-10 Remedies for Illegal or Improper Activity (MAY 1989)
- 52.209-06 Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (May 1989)

52.212-13 Stop Work Order (APR 1984)
 & Alt. I
 52.215-01 Examination of Records by Comptroller General (APR 1984)
 52.215-02 Audit-Negotiation (APR 1988)
 52.215-22 Price Reduction for Defective Cost or Pricing Data (APR 1988)
 52.215-24 Subcontractor Cost or Pricing Data (APR 1985)
 52.215-31 Waiver of Facilities Capital Cost of Money (SEP 1987)
 52.215-33 Order of Precedence (JAN 1986)
 52.216-07 Allowable Cost and Payment (APR 1984)
 52.216-08 Fixed Fee (APR 1984)
 52.216-15 Predetermined Indirect Cost Rates (APR 1984)
 52.219-08 Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (JUN 1985)
 52.219-09 Small Business and Small Disadvantaged Business Subcontracting Plan (APR 1984)
 52.219-13 Utilization of Women-Owned Small Businesses (APR 1984)
 52.220-01 Preference for Labor Surplus Area Concerns (APR 1984)
 52.220-03 Utilization of Labor Surplus Area Concerns (APR 1984)
 52.222-02 Payment for Overtime Premiums (APR 1984)
 52.222-03 Convict Labor (APR 1984)
 52.222-26 Equal Opportunity (APR 1984)
 52.222-28 Equal Opportunity Preaward Clearance of Subcontracts (APR 1984)
 52.222-29 Notification of Visa Denial (APR 1984)
 52.222-35 Affirmative Action for Special Disabled and Vietnam Era Veterans (APR 1984)
 52.222-36 Affirmative Action for Handicapped Workers (APR 1984)
 52.222-37 Employment Reports on Special Disabled Veterans and Veterans of the Vietnam Era (JAN 1988)
 52.223-02 Clean Air and Water (APR 1984)
 52.223-06 Drug-Free Workplace (MAR 1989)
 52.225-11 Certain Communist Areas (APR 1984)
 52.225-13 Restrictions on Contracting with Sanctioned Persons (MAY 1989)
 52.227-01 Authorization and Consent (APR 1984)
 52.227-02 Notice and Assistance Regarding Patent and Copyright Infringement (APR 1984)
 52.227-03 Patent Indemnity (APR 1984)
 52.227-08 Reporting of Royalties (Foreign) (APR 1984)
 52.227-09 Refund of Royalties (APR 1984)
 52.227-11 Patent Rights-Retention by the Contractor (Short Form) (APR 1984)
 52.227-14 Rights in Data - General (JUN 1987)
 52.228-03 Workers' Compensation Insurance (Defense Base Act) (APR 1984)
 52.228-04 Workers' Compensation and War-Hazard Insurance Overseas (APR 1984)
 52.228-07 Insurance-Liability to Third Persons (APR 1984)
 52.229-08 Taxes-Foreign Cost-Reimbursement Contracts (APR 1984)
 52.232-17 Interest (APR 1984)
 52.232-23 Assignment of Claims (JAN 1986)

52.232-25 Prompt Payment (APR 1989)
 52.232-28 Electronic Funds Transfer Payment Methods (APR 1989)
 52.233-01 Disputes (APR 1984)
 & Alt. I
 52.233-03 Protest After Award - Alternate I (JUN 1985)
 52.237-03 Continuity of Services (APR 1984)
 52.242-01 Notice of Intent to Disallow Costs (APR 1984)
 52.243-02 Changes-Cost Reimbursement Alternate II (AUG 1987)
 Alt. II
 52.243-07 Notification of Changes (APR 1984)
 52.244-02 Subcontracts under Cost-Reimbursement and Letter
 Contracts) (JUL 1985)
 52.244-05 Competition in Subcontracting (APR 1984)
 52.245-05 Government Property (Cost Reimbursement,
 Time-and-Material, or Labor-Hour Contracts) (JAN 1986)
 52.246-03 Inspection of Supplies-Cost Reimbursement (APR 1984)
 52.246-05 Inspection of Services - Cost-Reimbursement (APR 1984)
 52.246-23 Limitation of Liability (APR 1984)
 52.246-25 Limitation of Liability - Services (APR 1984)
 52.247-01 Commercial Bill of Lading Notations (APR 1984)
 52.247-63 Preference for U.S.-Flag Air Carriers (APR 1984)
 52.247-64 Preference for Privately Owned U.S.-Flag Commercial
 Vessels (APR 1984)
 52.249-06 Termination (Cost-Reimbursement) (MAY 1986)
 52.249-14 Excusable Delays (APR 1984)
 52.251-01 Government Supply Sources (APR 1984)
 52.204-02 Security Requirements (APR 1984)
 52.207-03 Right of First Refusal of Employment (APR 1984)
 52.212-01 Time of Delivery (APR 1984)
 52.215-26 Integrity of Unit Prices (APR 1987)
 52.215-26 Integrity of Unit Prices (APR 1987)
 & Alt. 1
 52.219-14 Limitations on Subcontracting (OCT 1987)
 52.219-09 Small Business and Small Disadvantaged Business
 Subcontracting Plan (APR 1984)
 52.219-10 Incentive Subcontracting Program for Small and Small
 Disadvantaged Business Concerns (APR 1984)
 52.220-04 Labor Surplus Area Subcontracting Program (APR 1984)
 52.222-01 Notice to the Government of Labor Disputes (APR 1984)
 52.224-01 Privacy Act Notification (APR 1984)
 52.224-02 Privacy Act (APR 1984)
 52.227-10 Filing of Patent Applications-Classified Subject Matter
 (APR 1984)
 52.230-03 Cost Accounting Standards (SEP 1987)
 52.230-04 Administration of Cost Accounting Standards (SEP 1987)
 52.230-05 Disclosure and Consistency of Cost Accounting Practices
 (SEP 1987)
 52.232-09 Limitation on Withholding of Payments (APR 1984)
 52.232-18 Availability of Funds (APR 1984)
 52.232-20 Limitation of Cost (APR 1984)
 52.232-22 Limitation of Funds (APR 1984)
 52.242-10 F.o.b. Origin-Government Bills of Lading or Prepaid
 Postage (APR 1984)

- 52.242-11 F.o.b. Origin-Government Bills of Lading or Indicia Mail (APR 1984)
- 52.248-01 Value Engineering (MAR 1989)
- 52.252-06 Authorized Deviations in Clauses (APR 1984)

I.2. A.I.D. ACQUISITION REGULATION (48 CFR CHAPTER 7) CLAUSES

- 752.202
 - Alt. 70 AID Definitions Clause -- General Supplement for Use in All AID Contracts (APR 1984)
- 752.202
 - Alt. 72 AID Definitions Clause -- Supplement for AID Contracts Involving Performance Overseas (APR 1984)
- 752.219-8 Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (APR 1984)
- 752.228-3 Worker's Compensation Insurance (Defense Base Act) (APR 1989)
- 752.228-7 Insurance - Liability to Third Persons (DEC 1988)
- 752.245-70 Government Property-AID Reporting Requirements (APR 1984)
- 752.245-71 Title to and Care of Property (APR 1984)
- 752.7001 Biographical Data (DEC 1988)
- 752.7002
 - Alt. 70 Travel Expenses and Transportation and Storage Expenses (AUG 1986)
- 752.7003 Documentation for Payment (APR 1984)
- 752.7004 Source and Nationality Requirements for Procurement of Goods and Services (APR 1989)
- 752.7005 Language, Weights, and Measures (APR 1984)
- 752.7006 Notices (APR 1984)
- 752.7007 Personnel Compensation (AUG 1984)
- 752.7008 Use of Government Facilities or Personnel (APR 1984)
- 752.7009 Marking (APR 1984)
- 752.7010 Conversion of U.S. Dollars to Local Currency (APR 1984)
- 752.7011 Orientation and Language Training (APR 1984)
- 752.7013
 - Alt. 70 Contractor-Mission Relationships (APR 1984)
- 752.7013
 - Alt. 71 Contractor-Mission Relationships (APR 1984)
- 752.7014 Notice of Changes in Travel Regulations (DEC 1988)
- 752.7015 Use of Pouch Facilities (APR 1984)
- 752.7020 Organizational Conflicts of Interest (MAR 1985)
- 752.7025 Approvals (APR 1984)
- 752.7026
 - Alt. 70 Reports (APR 1984)
- 752.7027
 - Alt. 71 Personnel (APR 1984)
- 752.7028 Differentials and Allowances (DEC 1988)
- 752.7029 Post Privileges (APR 1984)
- 752.7030 Inspection Trips by Contractor's Officers and Executives (APR 1984)
- 752.7031
 - Alt. 70 Leave and Holidays (APR 1984)
- 752.7031
 - Alt. 71 Leave and Holidays (DEC 1988)

752.7031
Alt. 72 Leave and Holidays (DEC 1988)
752.7031
Alt. 73 Leave and Holidays (APR 1984)
752.7017 Local Cost Financing with U.S. Dollars (APR 1984)
752.7018 Health and Accident Coverage for AID Participant Trainees
(AUG 1984)
752.7019
Alt. 70 Participant Training (APR 1984)
752.7019
Alt. 71 Participant Training (APR 1984)
752.7021 Changes in Tuition and Fees (APR 1984)
752.7023 Required Visa Form for AID Participants (APR 1984)
752.7024 Withdrawal of Students (APR 1984)

END SECTION I

ON in process, funds may be obligated 5/24/89

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country: **Worldwide**

2. PIOT No: **936/351**

3. Original or Amendment No. _____

4. Project/Activity No. and Title: **936-5974**
Health Financing and Sustainability

TOOCOD

5. Appropriation Symbol: **72-1191021.7**

6. Budget Plan Code: **DDCA-89-13600-KG11**
947-36-099-00-20-91

7. Obligation Status: Administrative Reservation Implementing Document

8. Project Assistance Completion Date (Mo., Day, Yr.): **3-31-99**

9. Authorized Agent: **SER/OP/W/HP**

10. This PIOT is in full conformance with PRO/AG No. **PAF Approved** Date: **5-1-89**

11a. Type of Action and Governing AID Handbook: AID Contract (HB 14) AID Grant or Cooperative Agreement (HB 13) PASA/RSSA (HB 12) Other

11b. Contract/Grant/Cooperative Agreement/PASA/RSSA Reference Number (if this is an Amendment)

12. Estimated Financing (A detailed budget in support of column (2) is attached as Attachment No. _____)

Maximum AID Financing Available	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
					710,000
	B. U.S.-Owned Local Currency				

13. Mission Reference:

14a. Instructions to Authorized Agent:
Request that you issue a Request for Proposal (RFP) in order to negotiate a competitive contract for the services contained in the attached scope of work. Evaluation Criteria for Procurement are listed in an attachment.

Logistic support by A.I.D. and contractor is requested as noted in Block.23, page 3.

14b. Address of Voucher Paying Office: **Agency for International Development**
FM/PAFD, Room 700 SA-2
Washington, D.C. 20523

15. Clearances - include typed name, office symbol, telephone number and date for all clearances

A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate <i>C Collins</i> S&T/H/HSD, Connie Collins	Phone No. 5-5508 Date 4/3/89	B. The statement of work or program description lies within the purview of the initiating office and approved agency program. <i>Kenneth J. Bart</i> Kenneth J. Bart, M.D.	Date 5/1/89
C. S&T/H, Genease E. Pettigrew S&T/PO, Carolyn Coleman	Date 5/11/89 5/22/89	D. Funds for the services requested are available	Date 5/24/89
E. S&T/H/HSD, Anne Tinker S&T, Ann Van Dusen	Date 4/2/89 4/5/89		

16. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to by **S&T/MGT, K. Harley** Date **5/2/89**
SER/MO, D. McHale Date **5/1/89**

17. For the Agency for International Development
Signature: *Elizabeth P. Roche* Date **5/22/89**
Title: **Elizabeth P. Roche, Chief, S&T/PO/PR**

* See HB 2, Sec. A, App. C, An. B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

SOURCE OF SENSITIVE INFORMATION
- SEE PAR 3.104

FUNDS RESERVED BY
Elizabeth P. Roche
 POSTED 5/24/89
 N/PAFD