PDFCK381

AWARD/CONTRACT

1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350) ▶ RATING

PAGE 1 OF 105 PAGES

2. CONTRACT (Proc. Inst. Ident.) NO.
DPE-3055-C-00-0051-00

3. EFFECTIVE DATE
See Block 20c

4. REQUISITION/PURCHASE REQUEST/PROJECT NO.
PIO/Ts 0361221 & Al
Project No. 936-3055

5. ISSUED BY CODE
Agency for International Development
Health & Population Branch
A.I.D./W Projects Division
Office of Procurement
Washington, D.C. 20523-1430

6. ADMINISTERED BY (If other than Item 5) CODE
Technical Office:
S&T/POP/IT

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code)
Management Sciences for Health
165 Allandale Road
Boston, MA 02130

Duns No.: 071713085
Tin: 04-2482188

CODE FACILITY CODE

8. DELIVERY
☐ FOB ORIGIN ☐ OTHER (See below)

9. DISCOUNT FOR PROMPT PAYMENT

10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN ▶ ITEM See Block 12

11. SHIP TO/MARK FOR CODE
NA

12. PAYMENT WILL BE MADE BY CODE
See Section G.2

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION:
☐ 10 U.S.C. 2304(c)( ) ☐ 41 U.S.C. 253(c)( )

14. ACCOUNTING AND APPROPRIATION DATA
See Section G. 5.

15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
	The Contractor shall provide services as specified in Section C, and shall perform in accordance with the terms and conditions contained herein				

15G. TOTAL AMOUNT OF CONTRACT ▶ $ 23,029,471

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CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. [X] CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 2 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. ☐ 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)
SHARON MOERLOOS, DIRECTOR
CONTRACT AND GRANT ADMINISTRATION

20A. NAME OF CONTRACTING OFFICER
Stephen A. Dean

19B. NAME OF CONTRACTOR
BY Sharon Moerloos
(Signature of person authorized to sign)

19C. DATE SIGNED
9-28-1990

20B. UNITED STATES OF AMERICA
BY Stephen A. Dean
(Signature of Contracting Officer)

20C. DATE SIGNED
9/28/90

* U.S. GOVERNMENT PRINTING OFFICE 1985 -461-275/20216

SECTION B - SUPPLIES OR SERVICES AND PRICES/COST

1. PURPOSE

The purpose of this contract is to promote institutional development and to strengthen the management capabilities of family planning organizations in developing countries.

2. SUPPLIES AND SERVICES

This is a Cost plus Fixed Fee contract. For the consideration set forth below, the Contractor shall provide the following services:

The Contractor shall provide 1,509 total person-months of direct employee, consultant, and/or subcontract labor as described in Section C and in Article 4 of Section F of this contract.

3. TOTAL ESTIMATED COST, FIXED FEE, AND FINANCING

a. Total Estimated Cost and Fixed Fee

The total estimated cost for the performance of the work specified in Section C of the contract, exclusive of the fixed fee is $22,209,471. The fixed fee is $ 820,000. The total estimated cost plus fixed fee is $23,029,471.

b. The funds presently available and obligated under this contract are limited to $ 2,337,000, 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 April 30, 1991.

c. Source of Funds

The source of funding for this contract is the S&T/POP Technical Office, i.e., A.I.D./Washington's Bureau for Science and Technology, Office of Population. Such

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funding is intended for what is hereinafter referred to as the "core activities" portion of this project. However, A.I.D. anticipates that other A.I.D./Washington Bureaus and Offices as well as USAID missions will require access to the resources and expertise developed by and under this contract. This is referred to as a "Buy-in." A buy-in is the acquisition of services which are related and complementary to, and within the scope of work contained in this contract. Such buy-ins are not included in this contract, but shall be implemented under the companion Requirements-type contract, Number DPE-3055-Q-00-0052-00.

4. BUDGET

a. The following itemized budget sets forth the estimates for reimbursement of dollar costs for individual line items of cost and the fixed fee, if any, for providing the services and other deliverables specified in this contract. Without the prior written approval of the Contracting Officer, the Contractor may not exceed the total estimated cost set forth in Article 3.a. above, or the obligated amount set forth in Article 3.b. of this contract, whichever is less. Without the prior written approval of the Contracting Officer, the Contractor may not exceed the estimated dollar cost 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 Article 4 of this Section B.

b.

Itemized Budget

Category	Budget Amount
Salaries and Wages	$ 6,038,818
Consultants	101,505
Overhead	4,719,718
Travel, Transportation and Per Diem	5,029,487
Nonexpendable Equipment	308,621
Other Direct Costs	5,504,086
Subcontract(s)	507,236
TOTAL ESTIMATED COST	$22,209,471
Fixed Fee	820,000
TOTAL ESTIMATED COST PLUS FIXED FEE	$23,029,471

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c. The inclusion of a dollar amount for salaries and wages, 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" (FAR 52.244-02), or Section H of this contract for prior written approval by the A.I.D. official indicated therein.

d. The inclusion of any costs in the above budget does not obviate the requirement for prior approval by the Contracting Officer of cost items designated as requiring prior approval by any of the terms and conditions of this contract including the applicable cost principles [see the clause of this contract entitled "Allowable Cost and Payment" (FAR 52.216-07)], nor does it constitute a determination of the allowability by the Contracting Officer of any item of cost, unless specifically stated elsewhere in this contract.

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

f. All purchases of nonexpendable equipment require approval of the Contracting Officer, except for the equipment listed in Article 5.(h) of Section H of this contract which the Contracting Officer will approve during contract award.

5. <u>ESTABLISHMENT OF INDIRECT COST RATES</u>

Pursuant to the clause of this contract entitled "Allowable Cost and Payment" (FAR 52.216-07), an indirect cost rate or rates shall be established for each of the Contractor's accounting periods which apply to this contract. Pending establishment of revised provisional, final, or revised predetermined indirect cost rates for each of the Contractor's accounting periods which apply to this contract, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional or predetermined rate(s) applied to the base(s) which is (are) set forth on the next page.

Description	Rate 1/	Base 2/	Period
Employee Overhead	80%	(a)	7-1-89 until amended
Consultant Overhead	50%	(b)	7-1-89 until amended

1/ Type of Rate: Provisional
2/ Base of Application: (a) Employee Direct Labor plus holiday, vacation and sick pay

(b) Consultant Fees

6. 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" (FAR 52.216-07) and "Documentation for Payment" (AIDAR 752.7003), 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" (FAR 52.232-20) and "Limitation of Funds" (FAR 52.232-22), and other applicable terms and conditions of this contract.

b. Fixed Fee

In addition to reimbursement of costs, the Contractor shall (if the clause entitled "Fixed Fee" (FAR 52.216-08) is applicable) 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" (FAR 52.216-07), "Prompt Payment" (FAR 52.232-25), "Electronic Funds Transfer" (FAR 52.232-28), "Documentation for Payment" (AIDAR 752.7003); and "Fixed Fee" (FAR 52.216-08).

(2) Payment shall be made by the payment office designated in Section G.2. 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 documention 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 Article 7.d.(2) above, wherein logistic support to be provided by the Mission will be provided without charge].

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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.

END OF SECTION B

SECTION C - DESCRIPTION/SPECS./WORK STATEMENT

I. Overview

The Family Planning Management Development Project is designed to promote institutional development and to strengthen the management capabilities of family planning organizations in developing countries. It is the successor to the Family Planning Management Training Project, a highly successful five-year project which addressed family planning management weaknesses through training of leaders and managers.

The project is a primary mechanism for improving the serious management weaknesses in family planning organizations which hinder effective and efficient service delivery. The focus of the project is to institutionalize effective management and quality assurance as guiding principles of the organizational development process. The project will help family planning organizations so that they progress from fragile and dependent programs to mature and sustainable institutions.

The Family Planning Management Development project has been authorized for five years under a ten year project paper. The project will be competitively procured for the first five year period of project implementation. It is expected that project operations will commence in the fourth quarter of FY 1990.

To accomplish project objectives, contractors are expected to provide a variety of inputs, as outlined in Article IV of this Section C. Contractors will be expected to assess the management capabilities and develop subprojects with over 50 family planning institutions; provide training in various content areas of management (financial, personnel, workplanning, strategic planning, management information systems); support developing country individuals to certain third country or U.S.-based training programs; provide short-term technical assistance as specified; provide long-term technical assistance in select countries; conduct carefully structured study tours to innovative and sustainable programs; develop and disseminate training materials; and evaluate the impact of project activities on an ongoing basis.

Types and levels of assistance will vary by region, by country, and by institution. Assistance will be provided to institutions on either an adhoc, intermediate, or intensive basis, according to established criteria. Approximately 20-40 percent of project resources will be devoted to the African region; 20-40 percent to Asia and the Near East; and 20-40 percent to Latin America and the Caribbean. It is anticipated that a substantial amount of funding will be provided through A.I.D. field missions utilizing the buy-in mechanism available in the companion requirements contract DPE-3055-Q-00-0052-00.

II. Background

Despite advances in other aspects of family planning efforts (such as method mix and community-based distribution), management weaknesses are still a major constraint to program success in many less developed countries (LDCs). Many programs have weak family planning institutions which are unable to plan and manage sustainable programs: they are unable to deliver quality services to growing numbers of clients; unable to achieve levels of contraceptive prevalence which are high enough to have a significant impact on population growth rates; and unable to reduce their dependency on donor funding to achieve self-sufficiency. The weaknesses which remain as challenges for many, if not most family planning programs, are of two interrelated types. One is technical, related to the management effectiveness within the institution. The other is programmatic, related to the quality of services--a key outcome of the management process.

A. Management Effectiveness

Since the 1970s, many of A.I.D.'s bilateral projects and centrally funded projects have been providing some assistance to family planning organizations in developing countries to improve their management systems and skills. That assistance, however, has chiefly focused on service delivery or has otherwise been a lower priority relative to other project activities.

The Office of Population hypothesized that a project whose sole focus was to improve program management could provide the needed assistance in a more effective or intensive way than projects with other priorities are generally able to do. The Office of Population also believed that many management weaknesses in family planning programs could be significantly overcome by training that provided program leaders and managers with a firm understanding of the range of problems they can face in directing and administering family planning programs in their countries. Thus in May 1985, A.I.D. authorized the five year Family Planning Management Training (FPMT) project.

The purpose of the FPMT project was to strengthen the leadership and management of public and private family planning programs in less developed countries by training senior and middle-level personnel. A recent external evaluation of FPMT concluded that the strategy for achieving the desired leadership and management strengthening was too limited. A primary focus on training alone, in the absence of a strategy for improving organizational development, would not be likely to result in the strengthened management of family planning organizations. FPMT leadership recognized the above shortcoming in the project design and focused instead on the organizational and management development needs of organizations conducting family planning programs. The shift in emphasis meant that the project provided not only management training but also technical assistance to LDC organizations in such important areas as: determining organizational mission, operational planning, basic management skills, financial planning and management, strategic planning, supervision, developing management information systems, and program sustainability. The shift in emphasis on organization and management development, as opposed to a major focus on management training, has enabled FPMT to have a strategic impact on organizational development, planning and management systems, as well as on such issues as sustainability in a number of important family planning organizations in Africa, Asia, and Latin America.

A useful theoretical framework has grown out of the FPMT project which identifies central management issues for organizations at various stages of development. (Vriesendorp, Sylvia, et al. "A Framework for Management Development of Family Planning Program Managers," Management Sciences for Health, Boston, MA, October 1989). This theoretical framework will serve as an important organizing principle for the Family Planning Management Development project. As implementation of FPMD proceeds, this framework may be refined. The theoretical framework has allowed FPMT to work systematically with the organizations that have solicited its involvement and to assess the level of management effectiveness within organizations in both the public and private sectors. The framework includes an emphasis on four key areas of management: 1) the organization's mission, 2) organizational strategies, 3) management structures, and 4) management systems. The framework also includes a categorization of organizations, from the emergent organization, concerned about survival, to the very mature program concerned with sustainability. This framework, as well as its application, is discussed in more detail in Annex 1 of Section C.

B. Quality of Care

All family planning programs aspire to provide quality care. However, managers have been handicapped by the absence of an understandable and accessible definition of quality care. Attention to quality has also been neglected because it has often been thought that providing good care is necessarily expensive in both the short and long run and that an emphasis on quality would impact negatively on the effectiveness and volume of contraceptive use.

Lacking usable definitions, material incentives, or evidence of the demographic impact, family planning managers have too often lost sight of the client's perspective and regarded quality of services as an afterthought rather than the raison d'etre for family planning management. This bias has contributed to limited method choice for many couples, relatively low acceptance rates in some areas, high rates of discontinuation, and frequent dissatisfaction among users regarding both their methods and the family planning program.

Historically, management development efforts have often framed the programmatic end-point for enhanced management capability primarily in output terms, e.g., numbers of new acceptors, numbers of pill cycles distributed, reduced cost per user, etc. Use of such discrete indicators masks the importance of quality service provision which a successful manager should be striving for. Recently, however, weaknesses in the quality of program services have become a concern. Despite this deep concern, there has not been a systematic approach to incorporating quality in family planning management development.

Generally speaking, the "clients" of FPMT were the organizations it was assisting. For these clients, FPMT's approach was to provide assistance tailored to the needs and situations of the individual organizational client. The project also demonstrated concern for the needs and perspectives of individual family planning clients (contraceptive users), but the project did not focus so directly on this concern because the mandated focus of the project was planning, organizational development, financial management, personnel, management information systems, and so on.

Management training and technical assistance experts have begun focussing attention on the importance of the client perspective and quality care as an outcome of the managerial process. A recent evaluation of FPMT recommended that the project put increased emphasis on the individual client perspective and the need to have satisfied users. The Family Planning Management Development project will place increased emphasis on quality of care considerations in all phases of management development.

Important strides have currently been made in defining quality care and identifying related indicators. The Population Council has developed a framework which identifies six fundamental elements of quality in family planning services: choice of methods, information given to clients, technical competence, interpersonal relations, follow-up and continuity mechanisms, and the appropriate constellation of services (Bruce, Judith, Fundamental Elements of the Quality of Care: A Simple Framework, Population Council, New York, N.Y., 1989). Methods and criteria have also been suggested to assess the six elements. In addition, broad outcome indicators have been identified which reflect the quality of services and from which program growth can be measured. These include: client knowledge, satisfaction, contraceptive use, fertility, and health. The elements of this framework and its relationship to management development are discussed more fully in Annex 2 of Section C.

III. Objectives

With respect to the objectives of the project, the goal, purpose and end-of-project status are indicated below.

A. Goal

The goal of the Family Planning Management Development project has two facets: first, to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children; and second, to encourage a population growth rate consistent with a country's goals for economic and social development. These are the two principal objectives of A.I.D.'s population sector strategy.

B. Purpose

The purpose of the project is to promote institutional development and strengthen the management capabilities of public and private (non-profit) family planning organizations, to enhance the quality and sustainability of their services.

C. End of Project Status Indicators and Methodologies

Conditions which indicate that the project purpose has been achieved (i.e., to promote institutional development and strengthen management capabilities) are shown below.

- Institutions are better able to define objectives, to meet targets on schedule, and to operate efficiently while maintaining or improving program quality, coverage, and accessibility;

- Institutions implement mission statements, structures, strategies and systems that support quality service provision; and

- Institutions are increasingly sustainable over time.

Measurable indicators of the management development process are to be identified early in the project and will be part of all management development plans. Such indicators must include the quantitative and qualitative impact of project interventions on some or all of the following: (a) organizational performance in meeting its stated objectives and implementing management improvements; (b) quality of care (the number of methods available among programs, increases in contraceptive use, continuation rates, client knowledge, and satisfaction); (c) coverage or expansion of services; (d) program efficiency (increases in numbers of users, decreases in costs); and (e) program sustainability (increased availability of services to lower income and poor populations; decreased financial dependency on external funding sources; and ability to adapt to changing environments and client needs).

This project will incorporate a range of methodologies to achieve its purpose. The present project will have five components reflecting the range of methodologies to be used:

- management development planning;

- institutional development through technical assistance and training to help organizations implement management development plans;

- development, adaptation, use, and dissemination of training materials;

- evaluation of project-assisted activities; and

- preparation and dissemination of materials that capture

and synthesize the project's experience in supporting organizational and management development of family planning programs.

These components will be discussed more fully in Article IV.B. of this Section C.

IV. Scope of Technical Services

The contractor will execute the scope of work, described below, consisting of implementing the project strategies and components/activities.

A. Project Strategies

The project has a number of strategies that the activities and components will carry out. These strategies are discussed in the present section.

1. Regional Strategies.

In conjunction with the theoretical framework looking at management issues at various stages of development, the project will also have distinct regional strategies. The regional strategy of the FPMD project will evolve from those that have been used sucessfully in the FPMT Project. The regional strategies which have been implemented in FPMT are as follows:

Africa. In Africa, FPMT has worked with the Stage 1 countries to strengthen nascent management systems there. The countries which have been involved are: Burkina Faso, Cameroon, Mali, Lesotho, Niger, Nigeria, Rwanda and Zimbabwe. FPMT has also worked intensively in Kenya, a stage 2 country, to strengthen public and private management systems. A Francophone Regional Advisory Committee has been established as a technical and advisory resource for the project and self-help network within the region.

Asia/Near East. While FPMT has worked with five countries in the region, Bangladesh, India, Thailand, Turkey, and Indonesia, the majority of the work has been in Bangladesh and Indonesia. Bangladesh is seeking to strengthen the family planning program in its administrative regions, termed upazilas. The project has supported a large program of study tours to BKKBN Indonesia so that Bangladeshi political and family planning officials can observe how Indonesia has decentralized its family planning program. In Indonesia, FPMT has worked intensively assisting the BKKBN to test privatization strategies in rural areas. Lastly, FPMT has assisted Bangladesh, India, Thailand, and Turkey with the establishment of management information systems.

Latin America/Caribbean. FPMT has been active in the region, focusing on Brazil, Ecuador, Bolivia, and Mexico. The regional strategy calls for FPMT to emphasize issues of PVO sustainability in Brazil and Ecuador, in view of declines in donor assistance. Furthermore, FPMT is expanding its focus in Brazil to coordinate service delivery efforts between the public, private, and commercial sectors. FPMT has assisted Ecuador and Brazil in the development of MIS, and has provided assistance to several emergent Bolivian public and private sector organizations.

FPMD focal countries by region and contraceptive prevalence are shown in Table 1. This analysis is the basis for the determination of levels of effort by region. Regarding core fund allocations, it is anticipated that the project will devote approximately 20-40 percent of central funds to programs in sub-Saharan Africa, 20-40 percent to programs in Latin America and the Caribbean, and 20-40 percent to programs in Asia and the Near East. Total participation in any given region will depend on the buy-ins received.

An analysis of Table 1 (See Page 16) of this Section] provides the rationale for the use of a range of percentages for central funds and the adoption of the indicated range for each region. The Asia/Near East region contains 12 focal countries, five of which are among the most populous countries in the world. The Africa region contains 15 countries, four of which are among the most populous countries. From this vantage point, Asia/Near East would appear to require more resources than Africa. However, the A.I.D. field mission is planning to fund two large subprojects under FPMD which will remove this work from the central funds category. One of these will be to continue the study tour program to BKKBN in Indonesia in an effort to promote decentralization in rural administrative units in Bangladesh. The Bangladesh buy-ins, as presently proposed, constitute 26 percent of estimated buy-ins for the first five years of the project. Indonesia, through an ANE Bureau regional population project, may also provide funds to the project. Thus Africa and Asia/Near East may require roughly the same level of central funds. By comparison, the Latin America/Caribbean region includes seven countries, of which two are among the most populous countries. It is unlikely that this region would be able to absorb funding at levels similar to the other regions. The use of a range of percentages allows flexibility to accommodate a changing world, but also provides for a possible final breakdown of something like Africa and ANE at 40 percent of project funds each, and LAC at 20 percent.

Table 1.

Illustrative FPMD Focal Countries by Contraceptive Prevalence and Region

	Contraceptive Prevalence Level				
	1-8	8-15	16-34	35-44	45+
AFRICA					
	Chad Mozambique Burkina* Uganda* Nigeria(x) Zaire(x)* Ghana Mali Senegal	Rwanda* Cameroon* Swaziland	Kenya(x) Lesotho*	Zimbabwe(x)	
LATIN AMERICA/CARIBBEAN					
		Bolivia* Haiti	Peru*	Jamaica* Ecuador	Brazil(x) Mexico(x)
ASIA/NEAR EAST					
	S.Pacific Yemen*	Algeria	Morocco	Tunisia Bangl.(x)*	Indonesia(x)* Sri Lanka Thailand Philippines(x Turkey(x) India(x)

* Potential buy-in.

(x) One of the most populous countries in the world.

Note: Contraceptive prevalence levels and the Stages of Program Development as described in this paper are not directly comparable. However, stages of program development may be approximated by contraceptive prevalence levels as follows:

Stage 1. Emergent:	Less than 15% contraceptive prevalence
Stage 2. Growth:	16-44% contraceptive prevalence
Stage 3. Mature:	45% and above contraceptive prevalence
Stage 4. Sustainable:	No specific contracep. prev.

The interim evaluation of FPMT strongly recommended that middle-prevalence countries (15 - 44 percent) and high prevalence countries (45 percent or higher) be included in the follow-on project. Those countries have sufficient management capabilities and large enough programs to be able to absorb advanced technical assistance expertise in management and to institutionalize management improvements. They can greatly profit from the spectrum of FPMD's expertise to improve their more sophisticated and complex programs, where issues such as quality of care, expansion of services into the private sector, and increasing financial sustainability are of paramount importance.

Therefore, this project will explicitly include the middle and high prevalence countries, which some other A.I.D. projects are prohibited from assisting. This project will also be able to assist emergent countries with their management development needs.

The content areas which FPMD will focus on in the mid- to high-prevalence countries are: coordination of decentralized service delivery; expansion into the private sector; MIS for large-scale family planning programs to be integrated into primary health care systems; computer-based MIS systems that integrate service statistics and cost data; coordination of service delivery in a complex situation of public, PVO and commercial sector service providers, and financial sustainability.

2. Other Strategies.

The project will also pursue a number of other strategies which will cross-cut the project component structure and be addressed in several components. These cross-cutting strategies are discussed below.

o Decentralization. One of the cross-cutting issues for many Third World health and family planning programs is that of decentralization. Many Ministries and implementing organizations suffer from too much centralization of decision-making and management procedures. This becomes a generalized problem which a project such as FPMD should address. Decentralization is an important concern of the programs in Bangladesh and Zimbabwe.

o Sustainability. Sustainability is an important issue for PVOs and is increasingly of concern as programs mature and donors decrease their assistance. PVOs, and to a lesser degree public sector programs, need help planning and implementing income-generating schemes and cost recovery mechanisms. For

FPMD, this will include working with PVOs to change mission statements, strategic plans and operational procedures to generate income and to manage cash flow. The provision of services to clients who can pay should be encouraged to subsidize the cost of services for those clients who cannot pay for services. Marketing of services to private enterprise, and determining how much distinct activities cost and what benefits result, will also be important.

o Management Information Systems. The Management Information System is part of an entire management process. Development of MIS should include the following steps: an in-depth needs assessment and management analysis of the organization; identification of subsystems to be targeted; system development, testing, and documentation; software design; system implementation; and operation/maintenance. Every step of the process should be implemented through an intensive program of counterpart training and technical assistance designed to make local counterparts fully aware of management issues and entirely capable of using and maintaining the management information system.

For the maturing program, a functioning MIS that integrates financial and service statistics data is essential, and growing programs are increasingly facing the need for this type of system. The component modules included in such a system are: accounting, payroll, fixed assets, budgeting, billing, cost accounting, inventory, and services statistics. This integrated system enables managers to closely monitor services and costs of services within and between clinics, and to support service delivery to poor population groups who cannot afford to pay for services. Thus, it supports strategies for cross-subsidization between urban and rural clinics, within clinics, and from service to service. In this way, the MIS promotes service delivery effectiveness, efficiency, and sustainability.

The FPMD project will support the development and implementation of management information systems in family planning organizations. The project will provide training and technical assistance in MIS development and implementation, and provide computer equipment to selected programs.

o Contraceptive methods. As programs grow and develop, the range of contraceptive methods offered should grow and adapt to increasing acceptor demand. While this is true in general, it becomes particularly the case for new methods coming on line. The next new method likely to come into use is NORPLANT. There will be many managerial issues related to incorporation of this method, including protocols for promotion, supply systems,

procedures for intermediary visits by the acceptor, training of practitioners in insertion and removal, not to mention consideration of the cost-benefits of this long-term method requiring a surgical insertion. FPMD will participate in A.I.D. Task Forces and coordinate its requests for assistance in these areas with other cooperating agencies.

o Regional training institutions. These programs continue to be of interest where indigenous organizations are at the level of development where they can be utilized effectively. The project should use strong in-country management training institutions as de facto regional training institutions. According to the FPMT interim evaluation,

> "these organizations do not require large investments for institutional development, many have substantial experience and capability in social sector ... management, and their use would help to institutionalize developing country management training capability" (Wickham et al, 1989).

FPMD will explore the feasibility of organizing courses from several weeks to several months for key managers at these institutions. FPMD will also provide limited amounts of technical assistance and training as necessary to strengthen weaknesses within these institutions. To the extent that SEATS, JHPIEGO, and other A.I.D. projects depend on local and national training and management institutes to provide management training or technical assistance, this feature of FPMD will be important. Among the relevant institutions in this regard are the Centre for African Family Studies (CAFS), the Pan African Institute for Development (PAID), the Asian Institute of Management in the Philippines, the Indian Administrative Staff College in Hyderabad, the Central American Institute for Business Administration (INCAE) and the BKKBN Regional Training Institute in Indonesia.

o Management assistance to other cooperating agencies and donors. With respect to the A.I.D. cooperating agencies, it will be important for the project to share experiences, management expertise, and perspectives on program quality. Furthermore, in the final stages of FPMT, other donors have begun to seek FPMT's assistance in training and technical assistance in recognition of the contributions of the project. This should be encouraged and sustained. Few other donors are as adept at using technical assistance resources as A.I.D.; it may well improve the performance of other donor interventions if such assistance in institutional development could be provided.

B. Components/Activities

Criteria for Assistance

Institutions to be included for project assistance will be non-profit or public sector service delivery providers. The organization must be sufficiently developed to be able to profit from expertise in the management area, and must be able to survive after project assistance has terminated. As stated previously, countries with mid- or high contraceptive prevalence levels, for which quality of care, expansion of services, and financial sustainability are significant issues, will be included in this project. Where countries have bilateral projects with institutional implementing agencies, FPMD may be able to supplement the work of the institutional contractor or provide specialized assistance upon request.

In the early stages of the project, the contractor will be asked to refine the criteria for assistance to organizations. These criteria will be applicable primarily to centrally-funded activities; there will be somewhat more flexibility for activities funded through buy-ins.

As stated above, the project will have five components, reflecting the range of methodologies that will be used. The components are:

- management planning;
- institutional development through technical assistance and training to help organizations implement management development plans;
- development, adaptation, use, and dissemination of training materials;
- evaluation of project-assisted activities; and
- preparation and dissemination of materials that capture and synthesize the project's experience in supporting organizational and management development of family planning programs. These components will be discussed in the paragraphs below.

Components and Activities

1. Management Planning.

The starting point in any country anticipating an active involvement of FPMD will be management planning. This will have

two aspects: needs/resource assessments and management development plans. These will be discussed in the paragraphs which follow.

Needs/Resource Assessments. Needs and resource assessments are designed to precede training and technical assistance (TA) to identify the specific management problems and resource constraints of the program. Under FPMT, three types of assessments were performed: (1) those to determine the training and TA needs of family planning programs, (2) those to look at institutional capabilities and potential of regional and country training institutions, and (3) those concerned with U.S. training organizations, to determine what they had to offer to meet project training needs. In the present project, the first type of assessment will be most heavily used, followed by the second. The third type of assessment will not be continued in the present project in view of the decreased emphasis on long-term training and U.S.-based training (see Training on Page C-17).

The assessment of the family planning program should be comprehensive. In addition to assessing institutional management capabilities, some assessments may need to be conducted at the clinic level to obtain summary information on method choice, information given to clients, technical competence, the client-provider relationship, continuing systems, and an appropriate constellation of services. Findings will indicate areas where management preparedness needs strengthening.

Where several institutions are expected to be involved, the assessment will include discussions with USAID staff, other donors, and the public sector to obtain perspective on issues of population and family planning. Boards of Directors of the private, voluntary organizations (PVOs), program leaders, and managers from each organization will be involved.

The assessment related to a regional training organization is also extensive. This will involve interviews with faculty and administrative staff, observations of training activities, review of curricula and training materials, examination of management and financial reports, and interviews with past participants.

Needs assessments will generally be carried out at the commencement of project involvement in a country. The only exception to this principle is when a small, discrete, ad hoc activity will be conducted, for which a full scale assessment would not be appropriate. Assessments may also be conducted at the request of the USAID Mission or host country counterpart, as a precursor to training or TA involvement of another source, such as another donor.

The countries in which assessments will be conducted will be determined from requests by host country governments, USAID Missions, AID regional bureaus and ST/POP/IT. An early task of the project will be to refine the criteria to guide the selection of organizations to work with. Selection should take into account an organization's level of development and the impact on family planning provision to be achieved by project interventions.

The contractor will carry out a total of 48 needs assessments under both the cost reimbursement, level of effort and the requirements contract.

Management Development Plans. After the completion of the needs and resource assessments, management development plans will be prepared. These are designed for use with key institutions to address the critical management needs that are amenable to training and TA. The management development plan may be at the national level, if several organizations participated in the needs assessment. Or, if only one organzation took part, this would be specific to that organization.

The management development plan represents a synthesis of the analysis from the needs assessment. It will contain several background sections, including a description of the assessment, country profile, economic and social indicators, demographic picture, and the history and current status of reproductive health and family planning, with emphasis on the quality of services provided. Then the work plan is developed in sections analysing the family planning organizations which were assessed, the training resources available, strategies for management training and technical assistance, and plans for project interventions.

Where the management plan specifies objectives for work with participating organizations, these objectives must be forged in a highly collaborative process. Without this spirit of collaboration and co-ownership, the subsequent work will never succeed. The interim evaluation alludes to this need for clear communication and collaboration, in pointing out that, "agreements with client organizations are needed such that they know the extent of the project's commitments, up front, to an annual and five-year planning and development process" (Wickham, et al, op. cit., p. 33).

Both the assessments and management development plans should be viewed as tools, to organize the later interventions, but not end in themselves. Thus, these components will not absorb a great deal of project staff and consultant effort.

The contractor will prepare a total of 48 management development plans under both the cost reimbursement, level of effort and the requirements contract.

2. Institutional Development through Technical Assistance and Training.

Technical Assistance. The bulk of project activity will come in this component and the next, Training. These are the heart of the project since the purpose of the project is to promote organizational development by institutionalizing effective management and quality assurance. Organizational development requires that a project undertake a long-term commitment to the growth and change of an organization. It is a process, not a package of pre-determined skills. By participating in the management development process, the project will share a much greater responsibility for the success and failure of its development activities, and, indeed, the client organization as a whole. This being the case, the FPMD project calls for continuity of technical assistance, training and support in recognition of the fact that management development is a long-term process.

Technical assistance and training are complementary. In the midst of a TA activity, it may become evident that certain training is needed. Furthermore, to bring the lessons of training home to an individual, TA in the home institution can reinforce what the individual learned in training. A lesson learned of FPMT is that repeated rounds of training and TA have more lasting results than single efforts.

The purpose of the TA component is to assist in carrying out improvements to the management systems and to reinforce training of staff of participating family planning organizations. Both short-term and long-term TA will be deployed. Short-term TA, for up to two months at a time, can be very useful in resolving punctual management problems. Furthermore, continuity of the TA resource person, making repeated visits to check on progress in a given task, can also greatly strengthen the short-term TA mechanism.

The TA resource persons of the contractor must have a comprehensive range of capabilities in the management development area. The project's activities will be strengthened if the staff/consultants can meet all the needs in management development, including strategic planning, staff development, MIS, financial management, marketing, program developmnet, logistics, and service delivery. The TA should always incorporate a forward looking perspective so that as programs grow and develop, their changing needs can be met. The project

should retain the flexibility to respond to a diverse range of requests from other donors, other cooperating agencies, and other programs with unanticipated needs.

It also will be important to use indigenous TA resource people to the greatest extent possible. These people are aware of local events, culture and personalities typically beyond the level of a short-term TA person.

Long-term TA in the form of resident advisers, will also be used. The criteria for use of long-term TA have been defined in the recent evaluation of FPMT:

> "1. When there is an opportunity for a highly skilled professional to work on a "cutting edge" program issue, e.g. sustainability, in a significant family planning program and the project can have a learning experience that can subsequently be applied in other countries;
>
> 2. When the project has a substantial number of activities under way in a country that has significant family planning program activity and it is determined that a full-time or part-time on-site professional is required for effective coordination and backstopping of the work." (Wickham, Robert, et al, op. cit. p. 37).

The project will focus on adoption of improved mission statements, management strategies, structures and systems leading to enhanced programmatic quality. Improvements in program quality will to a great degree have to do with improvements in client knowledge, satisfaction, contraceptive use, and health. This responds to a recommendation of the evaluation, to

> "... put increased emphasis on the individual client perspective and the need to have 'satisified users'. This can be done by encouraging family planning programs to (1) ascertain clients' views, needs and priorities regarding family planning services as inputs to the program planning process; (2) undertake periodic focused studies of acceptors to determine how family planing information and

services can better respond to clients' needs (e.g. clinic hours, appropriateness of informational materials); and (3) design monitoring and evaluation systems and procedures that capture the views and perceptions of users" (Wickham, et al, op. cit., p. 14).

Quantitative monitoring and evaluation systems can also capture users' actual experience with a program, including her choice to change methods. Such data allow reconciliation of the qualitative user data with aggregate program data.

It is planned that the project will provide assistance to programs as shown in the table below. FPMT classified the assistance provided under the project as ad hoc, to denote small, one-time activities, intermediate level, and intensive or high levels of involvement. Under the FPMD project, assistance will be provided during the first five years as shown below.

Planned Assistance by Level of Effort

Ad hoc:	25 institutions
Intermediate:	30 institutions
Intensive:	18 institutions

As stated previously, the criteria for selection of organizations will be defined and refined early on in the project. In general, organizations to be assisted will include non-profit or public sector service delivery organizations or institutions which are sufficiently developed to be able to absorb advanced technical assistance in management, and which will survive after project assistance is terminated. These criteria apply only to technical assistance at the intermediate and intensive levels of effort.

The total magnitude of outputs under the five year contract will allow for 1,920 person months of core project staff; 300 person months of short-term TA; and 492 person months of long-term TA (See level of effort cited on Page 85 of Section F of DPE-3055-C-00-0051-00.)

Training. The purpose of the training component is to transfer to the staffs of the participating organizations the knowledge and skills to lead and direct high quality family planning programs. Training under the project will be tailored to the particular situation based on the needs/resource assessment and management development plan. Since one-shot training in isolation from TA has been found to be less effective, training will be reinforced with follow-up TA. All training will be sequenced so that "trainable" key issues come first in the training program.

The training which has been conducted thus far under FPMT (on which the training under the new project will be founded) has focused on a number of skill and content areas. The broader content areas are:

organizational development,
strategic planning and goal setting,
financial planning and management,
program planning and implementation,
budgeting and financial control,
human resources development,
supervision,
marketing,
management information systems (MIS),
monitoring and evaluation,
alternative delivery systems, and
strategies for achieving programmatic and financial sustainability.

Training in sustainability for private sector organizations now, and for the public sector in the future, will be a major emphasis of FPMD. Also, the concern with improved quality of services will be integrated into all content areas in the present project.

Skill areas have also been identified for each broad content area. The content areas are broken down into specific skills necessary for particular tasks. For example under the financial content area, the specific skills are:

accounting and cost analysis,
program budgeting and resource allocation,
resource mobilization, and
information for management and decision making.

Training of managers should be the emphasis in the context of a focus on "whole organization" training. The "whole organization" concept means that when a management problem is identified, training is provided to individuals at every level involved in the problem. Thus, where, for example, the activity involves training staff in MIS or clinic operations, staff at every level would be trained in the new concepts. The rationale for this is that training is more effective in facilitating systematic change when targeted at multiple managerial levels within the institution.

To the greatest extent possible, training should be carried out in cooperation with country and regional training institutions. When possible, this strengthens the applicability of training to the indigenous situation. Some assistance will be provided under the project to these institutions to prepare them for this type of involvement.

Country and regional institutions should be resources for the project and not the object of extensive development work. The interim evaluation of FPMT has recommended cogently that this assistance be well thought out and limited. The evaluation suggests that

> "the project should not necessarily assume responsibility for the institutional development of regional training institutes. In Africa especially it is not likely that substantial investment of resources would result in significantly stronger institutions over the long term" (Wickham et al, op. cit., p. 34).

Under FPMT, training was provided in various forms: short-term training (both in-country and in the U.S.), study tours, and long-term training. In the present project, short-term training, conducted in country, will be the emphasis. Study tours and particularly long-term training will receive comparably less emphasis. Study tours, financed by buy-ins will be possible under FPMD. The A.I.D. field mission in Bangladesh plans to finance a large subproject to continue the sucessful study tour program with BKKBN in Indonesia.

The FPMD will not provide any long-term training. The decrease in long-term training stems from a lesson learned in FPMT -- that such training is hard for fledgling programs to support. Long-term training necessitates lengthy absences of key personnel during crucial program development periods. Long-term training is more useful in countries with more advanced programs and mid to upper contraceptive prevalence. Since there are other mechanisms for the provision of long-term training, especially when financed under buy-ins, the FPMD project will not provide or support any long-term training.

The project will foster both training of trainers (TOT) and the direct training of staff in order to institutionalize management improvements. The project should be continuously on the lookout for capable individuals who could assume training duties.

The magnitude of outputs under the project will allow for 100 workshops or study tours in the five-year period. Of these, 80 percent will be based in-country and 20 percent will be based in the U.S. or third-country.

3. Training Materials.

The project will use appropriate training materials to implement seminars and courses in participating countries. To the extent possible, existing materials will be evaluated and used or adapted for use. Creation of new materials is expensive and time consuming in view of the needs for comprehensive field research and testing. Therefore, only when there is a definite gap in existing materials, will new materials be developed.

Materials will be developed or adapted with specific reference to the regions or countries where they will be used, and to the extent possible will be prepared through co-development with local organizations. This approach increases the relevance and applicability of the training materials. All materials will be field tested prior to adoption, and upon adoption, will be entered into the S&T/POP/IT IEC and Training Materials Database (Notebook II). This database will be maintained and updated (by another intermediary charged with responsibility for this task) to facilitate appraisal of existing materials.

In FPMT, four types of training materials have been used, and it is likely that the present project will continue this pattern. The four types are: teaching cases, training exercises, resource packets and handbooks. The teaching cases are derived from actual situations encountered in field work. The process of developing cases will begin as early as the needs/resource assessment, where leads for subject matter may be uncovered. The training exercises address specific management skills such as staff management or financial analysis. The resource packets incorporate materials which already exist, put together in packages appropriate to the particular training session. One recent publication which should be considered is Qualite, a new publication of the Population Council.

FPMT is currently finalizing a handbook on basic management principles. It is anticipated that two additional handbooks will be developed under the FPMD project, on two of the four following topics: MIS, financial management, management training for quality of care, or cost-effective improvements in quality of care.

FPMT also has developed a management simulation, Pandora, which has proven extremely useful in a variety of settings. The handbook and management simulation will be useful to incorporate into the present project's work. The present project should incorporate a wide variety of materials, such as simulation

games, dialogues about women's health/perspectives, and situational materials like cases. All training materials, particularly those related to quality of care, should make reference to the key theoretical materials relevant to the subject matter.

4. Evaluation of Project Assisted Activities.

The purpose of this component is to assess and give feedback on the progressive development of project activities. In the interim evaluation of FPMT, this has been termed "on-line quality control" (Wickham, et al, op. cit., p. 40). The project must, on an active basis, assess the impact of interventions over time and the success of the various methodologies. A variety of monitoring and evaluation methodologies should be used, including indepth on-site followup studies, qualitative and quantitative measures.

FPMT has successfully used a tool, termed the Project Impact Assessment (PIA), to evaluate some aspects of project performance. The PIA uses the qualitative case study approach to illuminate program decisions or actions -- why they were taken, how they were implemented, at what cost, and with what results on service quality. The qualitative approach complements the quantitative measures obtained in other exercises of the project. In general, FPMT has effectively evaluated its training initiatives, but impact evaluation in other areas has been less strong.

Although the PIA has been used effectively, the interim evaluation of FPMT called for substantial increase in the monitoring and evaluation of project activities. A gap pointed to by the interim evaluation is the lack of a viable method -- and of an implementation system -- of evaluating, in impact terms, the project interventions. It is important for the present project to identify evaluation indicators in management development plans (at the intervention design stage) so that project activities can be evaluated systematically and on an ongoing basis for improvements on the management, service, and client levels. Impact on the management level should in part be tied to demonstrated changes in service quality and coverage.

The interim evaluation stressed that the achievements of the project must be measured in quantitative terms. A range of indicators should be assessed, including for example, verifying the quantitative impact of FPMD's interventions on the number of methods reliably available among programs, continuation rates (based on continuation with a program, not a particular method), client knowledge, satisfaction, and expansion of services. Cost impact studies also obviously figure here. Indicators of performance must be identified early in each project subactivity. Once the evaluation methodology is determined, the project will have to set up a system of implementation, and a monitoring system should be specified in every management development plan.

Data on quality of services must also be gathered to determine project impact, e.g., user studies and direct observational research undertaken prior and subsequent to FPMD interventions. Finally, the project should keep its accounts with every major subproject as a cost center to facilitate impact assessment of that subproject. Given the importance of this component, during the period of development of the impact assessment methodology, indicators, and implementation system, the project should work closely with A.I.D.

The magnitude of outputs under both contracts is 48 subproject evaluations, plus one indicators report.

5. Dissemination of Materials.

The present project will build on the very successful work of FPMT in materials development and dissemination. FPMT has produced some fine training materials and resources. On a regular basis, working papers, issues papers, reports and other products of the project will be prepared to reflect project activities and lessons learned. Examples of topics for such

papers include: strategic planning, sustainability in PVOs, and MIS that integrates costs and user-based service statistics. These papers are the intellectual capital of the project and should be developed to share with the broader community. The materials will be targeted to senior level managers, trainers, other donors, and A.I.D. cooperating agencies. Early on in the project, a feasibility study will be conducted to determine the utility of a periodic newsletter.

The Francophone regional advisory committee will continue to meet, as one element of this component, although the purpose of this subactivity is not solely the dissemination of project findings. This is certainly a forum where project progress and decision making will be shared. But, in addition, this has been pointed to as a successful element of FPMT, which has served for exchange and to combat professional isolation among Francophone program managers.

C. Quantification of Outputs. Table 2 on Page 29 summarizes this discussion by displaying a quantification of outputs.

Table 2.

Anticipated Quantified Contract Outputs

Type of Activity	Estimated Number
Needs Assessment	48
Mgt. Development Plans (Subprojects)	48
Technical Assistance	
adhoc	25 institutions
intermediate	30 institutions
intensive	18 institutions
core staff	1920 person months
short-term TA	300 person-months
long-term TA	492 person months
Training	
short-term in country workshops	80
short-term U.S., third country, or study tours	20
Training Materials	
content area sets	13
handbooks	2
Internal Evaluations	
subproject evaluations	48
management indicators report	1
Dissemination	
working & issues papers	30
program of international conferences	1
international conferences	3
meetings of Francophone Regional Advisory Committee	5

D. USAID Mission Interest

In the course of the evaluation of FPMT, USAID Missions were requested to respond to a world-wide cable requesting feedback and an indication of what Missions with active programs foresaw as next steps for work under the Project. Table 3 on Page 31 shows the activities Missions are interested in, organized by content area of the present FPMT Project. Missions expressed a diverse interest, ranging from strategic planning, to supervision, to MIS development, to sustainability.

Countries which have expressed interest in the project, but which are not included in Table 3, since they gave no indication of the substantive areas for assistance, include: Chad, Mozambique, Swaziland, Uganda, Zaire, Algeria, Sri Lanka, South Pacific, Tunisia, Yemen, Jamaica, and Haiti.

E. Coordination with Other Population Projects

1. Coordination with Other S&T/POP Projects

To maximize the success of this project and other ST/POP projects, and to minimize duplication among projects, coordination is essential. A number of projects in other divisions within the Office of Population have institutional development in their mandates to a greater or lesser degree and quality of care is an overarching concern in all projects. Further, family planning programs and initiatives in host countries have integrity, and work with one sector or organization ramifies on work with another. All ST/POP projects are seeking the same end: development of viable family planning programs with vigorous demand from families. Thus the various projects must be seen as working in an environment where actors and institutions fit together like a jigsaw puzzle.

Table 3

Mission Interest in Future FPMD Activities
By Content Areas of Present Training

Content Areas of Present Training	Country
Strategic Planning	
action plans/long-range planning	Bangladesh, Kenya, Burkina Faso
Management Information Systems	
MIS	Bangladesh, Zimbabwe, Cameroon, Kenya, India, Turkey, Honduras
Reporting, problem diagnosis	Rwanda, Sudan, Bolivia, Zimbabwe, Ghana and Burkina
Personnel & Finance Systems	
accounting & financial systems	Kenya, Zimbabwe, Cameroon
computerization	Zimbabwe, Rwanda
Supervision	
performance monitoring	Rwanda, Sudan, Bolivia, Ghana and Burkina
supervision	Burkina, Ecuador,
Evaluation	
evaluation	Burkina, Ecuador,
Program & Financial Sustainability	
Cost recovery & sustainability	Brazil, Zimbabwe, Indonesia, Ecuador
Curriculum Development & TOT	
Training of Trainers	Ghana, Cameroon, Indonesia

Table 3, continued

Other	
Study tours	Zimbabwe, Bangladesh
FP, community-based distribution unsalaried health care providers	Zimbabwe, Cameroon
Contraceptive management training	Ghana
Organizational placement of MCH/FP	Sudan
Public & private sector coordination	Peru, Brazil, Indonesia, Bolivia, Bangladesh
Inst. development of public/private sectors	Indonesia, Bolivia, Cameroon
Inter-, intra-Ministerial coordin.	Burkina, Cameroon, Sudan, Zimbabwe
Decentralization of communications and responsibility	Bangladesh, Sudan, Zimbabwe

Notes:

1. Substantive areas are based on responses received from a worldwide cable sent to Missions in June 1989 pertaining to the FPMT evaluation, and responses received from the worldwide cable soliciting interest in the project sent to Missions in February 1990.

2. Countries which expressed interest in the project, in response to the cable sent to Missions in February 1990, but which did not specify their substantive interests, and so are not included in this Table include: Chad, Mozambique, Swaziland, Uganda, Zaire, Algeria, Sri Lanka, South Pacific, Tunisia, Yemen, Jamaica, and Haiti.

For these reasons coordination among various projects is vital. There are a number of projects within the Office of Population for which active and systematic coordination must be assured: the Service Expansion and Technical Support (SEATS) project; the follow-on to the Family Planning Enterprise project; the Matching Grant program of IPPF/WHR; the Pathfinder Fund project, the grant to the International Statistical Programs Center (ISPC) of the U.S. Bureau of the Census (BuCen) for MIS activities funded by the Demographic Data Initiatives Project (DDI); the Options for Population Policy Project (OPTIONS II); the Operations Research projects; and the Family Planning Logistics Management (FPLM) project. These projects have different emphases in their mandates, but all include institutional development or technical assistance to some degree.

Table 4 (Pages 34 and 35) shows the countries in which FPMD could potentially work, based on expressions of interest or criteria for project assistance. Displayed also are the focal countries for the following projects: SEATS, Enterprise, IPPF/WHR, Pathfinder, OPTIONS II, Operations Research, and Family Planning Logistics Management. The DDI project is not shown on Table 4 because participants for the MIS training at ISPC have not yet been identified for targeted countries.

Optimal coordination between FPMD and all of these projects will entail coordination at every level -- central, regional and above all, in-country. This will mean that at every level of project management, for every organization, including A.I.D., staff will need to be in close contact. The emphasis on in-country and regional coordination stems from a renewed interest in S&T/POP in decentralization of project decision-making. It is very difficult to micromanage a large, complex operation in the field from AID/Washington.

Regional and in-country coordination is also vital. Here the detailed, day-to-day plans are hammered out. There are a number of tools available to facilitate this coordination, such as joint assessments, presentations of activities to the partner CAs in country, monthly/quarterly local coordination meetings, and annual coordination meetings to focus on annual workplans. This will help to balance workloads for local counterparts, synchronize interventions that are related, and achieve the synergy that many thinkers and testers of strategies generate. Local USAID missions should be encouraged to actively foster and monitor this coordination.

Table 4.. Focus of FPMD Compared to Other ST/POP Projects

(Based on expressions of interest or criteria for project assistance)

		FPMD	SEATS	Enterprise	IPPF/WHR	Pathfinder	OPTIONS II	OP RES	FPLM
	AFRICA								
*	Burkina Faso	x	x	x				x	x
*	Cameroon	x	x					x	
(N)	Chad	x	x	x					x
	Ghana	x		x			x		
*	Kenya	x		x		x		x	x
*	Lesotho	x							x
	Mali	x	x	x		x		x	x
(n)	Mozambique	x							
	Niger	x	x				x		
	Nigeria	x		x				x	
*	Rwanda	x	x	x				x	x
	Senegal	x		x				x	
	Sudan	x		x			x		
(N)	Swaziland	x	x	x				x	x
(N)	Uganda	x	x					x	x
	Zaire	x					x	x	x
*	Zimbabwe	x	x	x		x		x	x
	AFR REGIONAL								
	CAFS	x							
	PAID	x							

(N) Denotes a new country for FPMD (i.e., one that did not receive substantial management assistance under FPMT).
* Denotes potential buy-in.

Table 4.. continued

	FPMD	SEATS	Enterprise	IPPF/WHR	Pathfinder	OPTIONS II	OP RES	FPLM
ASIA/NE								
(N) Algeria	x							
* Bangladesh	x		x				x	x
India	x		x				x	
Indonesia	x		x				x	x
(N) Morocco	x		x		x	x	x	x
Philippines	x						x	
(N) S. Pacific	x	x						
(N) Sri Lanka	x		x				x	
(N) Thailand	x		x				x	x
(N) Tunisia	x	x	x				x	x
Turkey	x	x	x		x		x	x
* Yemen (North)	x	x						
ANE REGIONAL								
BKKBN R.T.I.	x							
(N) A.I.N.	x							
(N) I.A.S.C.	x							
LAC								
* Bolivia	x		x	x	x	x	x	x
Brazil	x		x	x			x	x
* Ecuador	x		x	x			x	x
(N) Haiti	x			x			x	x
*(N) Jamaica	x			x			x	x
Mexico	x		x	x	x		x	x
* Peru	x			x	x	x	x	
LAC REGIONAL								
INCAE	x							

(N) Denotes a new country for FPMD (i.e., one that did not receive substantial management assistance under FPMT).
* Denotes potential buy-in.

2. Coordination with Other Population Donors

The contractor will maintain close and regular coordination with other international donors and cooperating agencies including the World Bank, the UNFPA, and IPPF/London to coordinate management development activities with them. This will include sharing plans for interventions, identifying nominees for training, as well as obtaining information for needs assessments.

V. Implementation

This project will be carried out through contractual agreement with a U.S. organization which will be responsible for carrying out project activities worldwide. The implementation responsibilities of the contractor and A.I.D. are described in this section.

A. Implementation Plan

1. Implementation Schedule by Task. An implementation schedule by task is shown in Table 5 (Page 37).

2. Project-level Implementation Schedule. Table 6 (Page 38) consists of a project-level implementation schedule.

B. Staffing

1. Illustrative Organization Chart. Table 7 (Page 39) consists of an illustrative organization chart.

2. Illustrative Staffing Pattern

An illustrative staffing pattern to accompany the organization chart is shown in Table 8 (Page 40). Included in Table 8 are the estimated requirements by staff grade and time. With respect to technical assistance, although short term consultants will be providing some of the in-country TA, it is expected that home office, technical staff will also be travelling for this purpose.

Table 5

Estimated Implementation Schedule
by Major Activity and Deliverable

Activity	4th Qtr. FY '90	FY '91	FY '92	FY '93	FY '94	1-3 Qtr. FY '95
Planning and Assessment		10	12	15	11	
TA						
adhoc		5	5	5	5	5
intermediate*		6	7	7	7	3
intensive*		3	4	6	5	
Training		20	20	20	20	20
Training Materials						
materials by content area		4	5	4		
handbooks			1	1		
Internal Evaluation						
management indicators report		1 (by end of 3rd quarter)				
subproject evaluations		10	10	10	10	10
Dissemination						
materials		6	6	6	6	6
program of conferences		1				
international conferences (3)			1	1	1	
Francophone coordinating group		1	1	1	1	1

* Maybe multi-year activities

TABLE 6
PROJECT IMPLEMENTATION PLAN
By Quarter (FY 90 - 95)

Activity	FY 90 1/2/3/4/	FY 91 1/2/3/4/	FY 92 1/2/3/4/	FY 93 1/2/3/4/	FY 94 1/2/3/4/	FY 95 1/2/3/4/
Authorization	x					
PIO/T to SER/OP/HP	x					
RFP announced in CBD	x					
Proposal review	x					
Award of FPMT 5-yr contract	x					
S&T/POP advises Missions of proj. approv. & disseminates info re: contractor & types of assistance	x					
Operations begin, start-up activities		x				
Pres. of work plan		x	x	x	x	x
Needs assessment/mgt. devel. plan begins			x			
TA & training activities commence		x				
Indicators paper completed			x			
Annual report			x	x	x	x
Annual A.I.D. mgt. review			x	x	x	x
First interim evaluation					x	
Prep. of Scope of Wk. for 2nd 5-yr. contract						x
PIO/T to SER/OP/HP				x		
RFP announced in CBD					x	
End of first 5-yr. contract						x
Award of 2nd 5-yr. contract						x

Table 7 Organization Chart

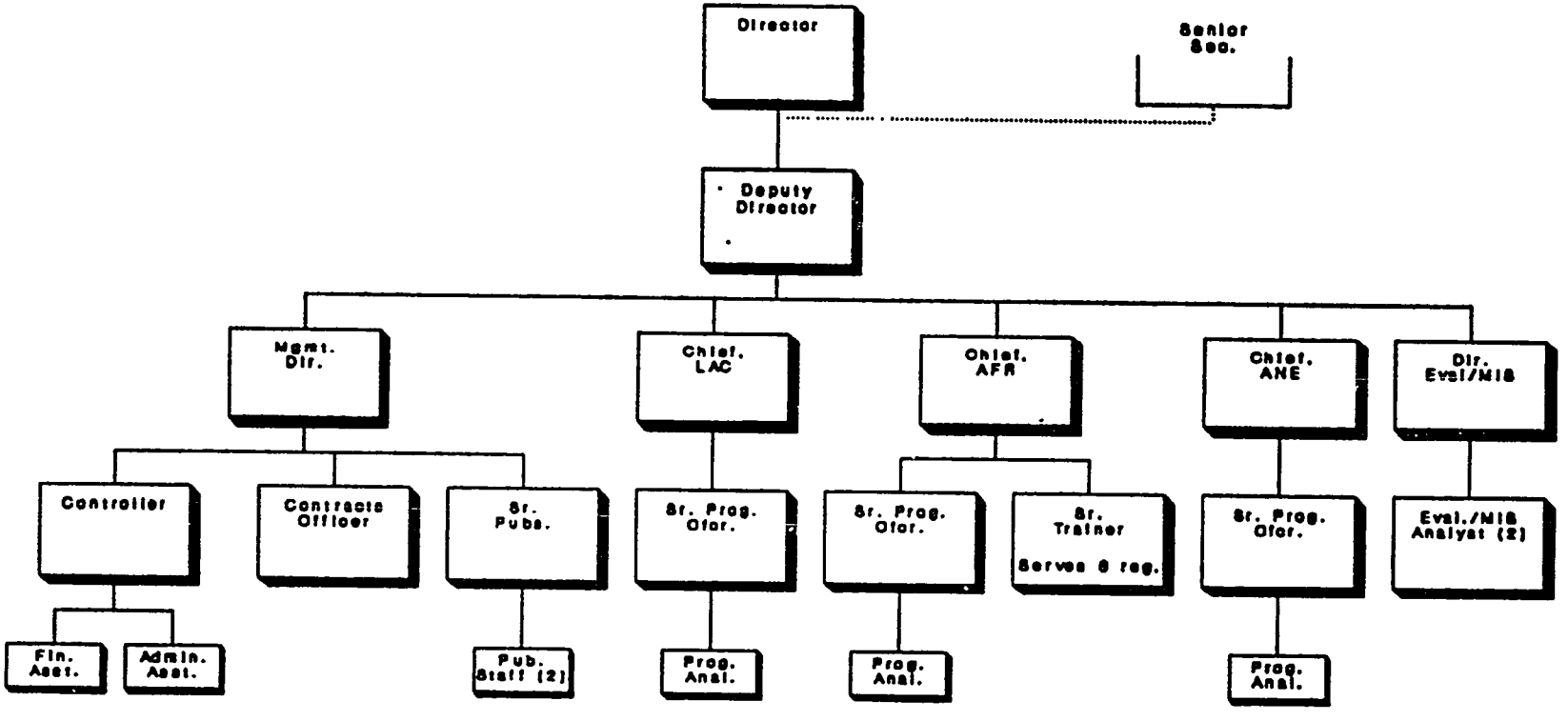

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Table 8. Illustrative Staffing Pattern

Staffing Pattern and Salary Scales

Personnel	Approximate GS Equivalency
Director	GS 15
Deputy Dir.	GS 14-15
Unit Directors:	GS 13-14
Mgt. Dir. (1),	
Reg. Chiefs (3),	
MIS/Eval. Dir. (1)	
Sr. Prog. Offic.:	GS 12-13
Controller (1)	
Reg. Spec. (3)	
Contracts Off. (1)	
MIS Analyst (1)	
Eval. Analyst (1)	
Sr. Trainer (1)	
Sr. Publ. (1)	
Prog. Officers:	GS-11
Fin. Asst. (2),	
Reg. Prog. Anal. (3),	
Publications (2)	
Sr. Support:	GS 9
Sr. Secy (1)	
Admin. Asst. (1)	
Support Staff (7)	GS 7

3. Position Descriptions

The following position descriptions are included for illustrative purposes only:

Project Director (Key Personnel) - The Project Director (PD) will be a senior manager with Ph.D. level technical training in management or a family planning related field, and at least ten years experience in managing large international development projects. The Project Director should also have experience working with a U.S. government agency and coordinating a variety of organizations such as other contractors, international

organizations, other donors, and local family planning organizations. Preference will be given to those candidates who have had experience either directly managing or overseeing family planning programs. Worldwide developing country experience is an asset. The Project Director will exercise management responsibility and authority for all project activities. He/she will provide technical guidance and oversight for the project, judge the feasibility of anticipated activities, and be responsible for the completion of project goals. In consultation with the A.I.D. Cognizant Technical Officer (CTO), he/she will determine project objectives, policies, strategies and procedures, and act as principal liaison with the A.I.D. CTO and Contracting Officer. He/she will be based in the U.S. (See below for language competency).

The project director and the deputy director should have demonstrated language capability in Spanish and/or French at the S-3/R-3 level. Both will spend approximately 15-20 percent time travelling to regional and country sites. Either the Project Director or Deputy should be in the home office at all times. Trips taking both away at the same time should not be planned.

Deputy Project Director (Key Personnel) - The Deputy Director will be a senior management specialist with at least seven years appropriate programmatic field experience, and graduate level training in management or a family planning related field. Preference will be given to candidates who have had family planning experience in a developing country setting. Academic training in management, such as an MBA, MA in management or equivalent degree at the Masters level or higher, is an asset. The Deputy Director will work with the Director to provide overall management, program supervision, technical guidance and liaison and coordination with A.I.D. and other relevant organizations. The Deputy will also exercise management authority and responsibility as delegated by the Director in his/her absence. The Deputy Director will have particular responsibility for the recruitment, selection and assignment of appropriate professional staff.

Management Director (Key Personnel) - The Management Director is a senior, highly skilled manager of financial and support functions. This person will supervise the project's Contracts Officer, Controller, and the administration of all financial matters, and in this capacity should have training at the Master's level and experience in accounting and business management. In order to supervise the Contracts Officer, the Management Director should be familiar with U.S. government and A.I.D. contracting rules and regulations. The Management Director's office will also oversee travel arrangements.

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Contracts Officer - In conjunction with the Contractor's legal department, the Contracts Officer will handle contracting and subcontracting issues. At least four years prior experience in management of U.S. government and preferably A.I.D. contracting regulations and procedures is a prerequisite for this position. Prior experience in developing and reviewing subcontracts with U.S. and third world contractors is desirable. The U.S.-based Contracts Officer will be responsible for the review, submission, tracking and reporting of all U. S. and other subcontracts. He/she may travel occasionally.

Controller - The Controller will be responsible for establishing and verifying all accounting and financial management systems to assure that they comply with A.I.D. regulations. The Controller will also periodically certify that the accounting and management procedures in local operations meet A.I.D. standards. Familiarity with U.S. government accounting and subcontracting policies and procedures is essential. A minimum of an MBA or a Master's in accounting or public administration is also required. The Controller will be based in the U.S. although occasional travel may be called for.

Finance Assistants - Two Finance Assistants will be based in the home office and will be responsible for maintaining the financial data base for the project, preparing financial reports, and assisting with the preparation of budgets, subprojects, subcontracts, travel/reimbursements, payroll, etc. Knowledge of U.S. government financial management procedures is important.

Senior Publications Specialist - The individual should have extensive experience with publications, dissemination activites, and some expertise in the IEC area, with family planning emphasis. The individual will be actively involved with regional and front-office staff in the development of dissemination programs, preparation of dissemination materials, and review and adaptation of training materials for use in the project. The individual will have to plan and implement the non-regional dissemination program. The individual will need to develop and adhere t a series of publications deadlines, and will work with translat.:s, artists, printers, etc. in this regard. Thus the individual must be capable of managing a complex process and of having technical input to it. The Senior Publications Specialist should have language capability at the S-3/R-3 level in either French or Spanish, and the language capacity of this individual should complement that of the publications analyst. The Senior Publications Specialist will travel no more than 15% of the time.

Publications Analyst - The individual will assist the development of dissemination programs, preparation of dissemination materials, and review and adaptation of training materials for use in the project, and, in this capacity, academic training in communications and prior experience with publications would be desirable. Experience with family planning is also desirable. The travel requirements will be approximately 15%. Excellent written communication skills are required. The individual should have language capability that complements the Senior Publications Specialist.

Editor - The Editor will be responsible for coordination and production of reports, and will assist the other publications staff in the development and dissemination of project materials. Specifically, the Editor will be responsible for the readability of project reports, consistency and accuracy in language usage, and presentation. The Editor should have a BA degree and at least two years of experience. Experience in health, family planning or social science technical writing is desirable. The individual should have language capability that complements the other publications staff. The Editor will travel sporadically.

Administrative Staff - The administrative staff consists of a Senior Secretary, reporting to the Project Director, an Administrative Assistant in the Management Unit for travel arrangements, etc., and 7 secretaries. The secretaries will be deployed as follows: two in the Management Unit, one each for the three regional units, and two for evaluation and MIS. It will be essential that several members of the support staff have written and conversational fluency in French and Spanish since much of the project correspondence will be prepared in French or Spanish.

Regional Chiefs (3) (Key personnel) - Three senior managers will head the regional units -- Africa, Asia/Near East, and Latin America/Caribbean. The Regional Chiefs, based in the U.S., will be responsible for planning, designing, and monitoring of all subprojects. The Chiefs will conduct management assessments; prepare management development plans; plan and conduct in-country and regional training programs; plan and conduct technical assistance visits in the field; prepare project strategies; and prepare programmatic progress reports for A.I.D. They will be responsible for supervising their staff, consultants deployed on regional subprojects, and long-term advisers. The Regional Chiefs must work closely with the technical support unit concerning evaluation, training, and publications. The chiefs should have at least seven years experience in management and international development (TA and training), and family planning experience is highly desirable. These individuals will be expected to travel 40-50% of the time. It is essential that they have language qualifications at the S-3/R-3 level (reading, speaking) -- Spanish

for the Latin America/Caribbean region, and French for Africa. Bidders should give consideration to including Haiti in the Africa region, given the language situation (French) and the similarity of programs in development.

Senior Program Officers (3) - The Senior Program Officers (Regional Specialists) deployed in each region, will have at least five years experience and demonstrated capability in management and family planning project design and implementation. Excellent written communication skills are required. The Senior Program Officers skills should complement those of the Regional Chiefs. The Senior Program Officers will coordinate with the technical support staff concerning evaluation, training, and publications needs in the regions in which they work. Language requirements and availability for travel described for the Regional Chiefs also apply for the Senior Program Officers. Knowledge of A.I.D. program and subproject development policies and procedures is highly desirable.

Senior Trainer - The Senior Trainer will have a combination of experience and academic background appropriate to designing and/or adapting training materials, and managing the implementation of courses in developing countries and U.S. based training programs. A Ph.D. in education technology is desirable, and a Master's Degree in Education or equivalent is required. Demonstrated experience in training design, curriculum development, setting course objectives and needs assessments are required for this position. Developing country experience is also essential. The Senior Trainer will provide theoretical guidance for the training assistant, short-term consultants, and long-term resident advisers (in the training area) and will assist in designing all regional courses. The Senior Trainer should have language capability at the S-3/R-3 level in either French or Spanish, and the language capacity of this individual should complement that of the training analyst. The Senior Training Specialist will travel 40-50% of the time.

Regional Program Analysts (3) - The Regional Program Analysts will round out the regional teams. The Program Analysts should have graduate level training in management, health, or the social sciences. Several years previous experience with family planning or primary health care programs, particularly in the field, is desirable. The Program Analysts will have responsibility in the home office for direct backstopping of activities and consultants, and for reporting and monitoring. Excellent written communication skills are required. The Program Analysts will work directly with the technical support unit concerning evaluation, training, and publications needs in the regions. The Program Analysts should

have language capabilities as described for the other regional staff, but their travel time will be constrained by home office responsibilities to 25-33%.

Evaluation/MIS Director (Key personnel) - The Evaluation/MIS Director is responsible for the extensive internal evaluation and MIS components of the project. As such, this individual should have at least ten years experience in evaluation, including both quantitative and qualitative methods. The individual should have both the academic training (Ph.D. in the social sciences or equivalent, with emphasis on research methods, computer science and statistics) and the applied experience to be able to design, monitor, and provide TA in a mentoring capacity in field settings. The individual will be responsible for impact evaluations, as well as process evaluations. The individual will develop and implement a system by which evaluation becomes an integral part of every TA and training activity undertaken by the project. Prior experience in project evaluation is essential. The MIS component will involve installation of the FPMT-developed MIS in participating institutions, and refinement of that system as required by particular institutions. The Evaluation/MIS Director should be able to supervise the work of the MIS analyst and of providing technical input to that work. Excellent written communication skills are required. The Evaluation/MIS Director should have language capability at the S-3/R-3 level in either French or Spanish in order to provide field-based TA, and the language capacity of this individual should complement that of the other MIS/evaluation staff. The Evaluation/MIS Director will travel 40-50% of the time.

Evaluation Analyst - The Evaluation Analyst should have similar academic training (Ph.D. in the social sciences or equivalent, with emphasis on research methods and statistics) as described above. The individual should have some experience in applied settings, and familiarity with family planning and management is desirable. The individual should have a sufficient computer background to facilitate work with project-sponsored MIS activities. This individual will have more responsibilities for backstopping evaluation consultants and activities from the home office, thus the travel requirements will be less -- 25-33%. Excellent written communication skills are required. The individual should have language capability that complements the Evaluation/MIS Director.

MIS Analyst - The MIS component will involve installation of MIS in participating institutions, and refinement of that system as required by particular institutions. The MIS Analyst will be responsible for adaptations and installation of MIS systems. The MIS Analyst will provide TA and continuous support to institutions as they incorporate MIS into their program

operations. The MIS Analyst should have academic training in computer science or equivalent degree. The individual should have some experience in applied settings, and familiarity with family planning and management is desirable. Given the installation and TA responsibilities of this individual, travel requirements will be approximately 45-50%. Excellent written communication skills are required. The individual should have language capability that complements the other MIS/evaluation staff.

Short-term consultants and long-term resident advisers are not included on this chart because their scopes will be tailored to their specific assignments.

C. Project Management and A.I.D. /Contractor Relations

1. Coordination with A.I.D. Management

Primary technical and administrative responsibility will rest with the Information and Training Division, Office of Population (ST/POP/IT). The A.I.D. cognizant technical officer (CTO) will provide the Contractor with overall technical guidance and ensure that project implementation is consistent with the design set forth in the Project Paper. The CTO will undertake appropriate coordination with other offices in the Agency such as ST/POP/FPSD, ST/POP/CPSD, ST/POP/R, ST/POP/PPD, SER/CM/COD, the Regional Bureaus and A.I.D. Missions. The CTO will arrange for appropriate mission clearances for proposed activities.

The CTO will exercise a variety of functions in the implementation of the project including:

1. Participation along with the contractor, A.I.D. Regional Bureau staff, and A.I.D. Missions in the selection of countries, institutions, and training participants for services described in this project paper.

2. Collaborative involvement in the development of an annual workplan which describes the specific activities to be carried out under the contract.

3. Approval of all activities carried out under this agreement including strategies, protocols, reporting formats, subcontracts,

subprojects, consultancies and international travel; and approval of all management development plans and reports carried out under the project (described in Section F-Deliveries or Performance).

4. Participation in site visits and evaluations to review program progress and future strategy.

2. Contractor Responsibilities

The technical and managerial resources of a contractor will be obtained competitively in accordance with A.I.D. regulations to carry out project activities. Contractor services will be obtained for a five-year period.

As described earlier, the contractor will carry out: planning and needs assessments specific to the project workscope; implement or arrange for training activities; conduct short-term and long-term technical assistance; develop management and leadership training packages; conduct an extensive internal evaluation effort; and carry out a program of dissemination.

Because this project deals with highly complex problems in the direction and management of LDC population/family planning programs, the prime contractor for the project will possess high-level, in-house expertise in management and demonstrated competence in a range of areas. Among these are, for example, current knowledge in the management field and its application to public and private sector development programs; executive and management training and organizational development; family planning program design, management and quality assurance; development and implementation of management information systems; and preparation, implementation and evaluation of international training activities. In order to meet the needs of senior LDC personnel involved in this project, contractor staff will also have expertise in dealing with broad program strategy and resource allocation questions related to LDC programs. Further, the contractor will have expertise in carrying out analyses and providing technical assistance to a range of public and private organizations in developing countries; will be able to respond quickly to requests for assistance; and will have access on a quick-response basis to expertise in specialized sub-fields of management and quality of care.

3. Contractor Services

The contractor will have overall responsibility for the planning, implementation, evaluation and coordination of project activities throughout the world. Under the guidance of S&T/POP, and in close collaboration with bureau representatives and A.I.D. Missions (where they exist), the contractor will:

a. assess country-specific and regional family planning management and leadership needs with particular attention to those amenable to improvement through TA and training interventions and develop management plans to address these needs; and incorporate plans for cooperating agency training where technical training in quality service provision is required;

b. provide technical materials and technical and financial assistance for implementing management activities;

c. procure equipment and supplies, as necessary, for the implementation of management information systems;

d. identify host country and regional training institutions and agencies which are capable of addressing the identified needs; plan and implement training activities to address management development needs and involve local and regional training institutions as appropriate;

e. review existing training materials and adapt or develop new training materials where gaps exist, for a range of managerial skill areas;

f. collect relevant data and conduct analyses for evaluating the impact and results of project activities in accordance with criteria established in collaboration with host countries and A.I.D.;

g. organize and conduct regional and international meetings for dissemination and implement a program of materials dissemination;

h. procure, as necessary, and monitor the assistance provided by subcontractors;

i. coordinate assistance with other A.I.D. contractors and assistance being provided by other donor agencies; and

j. process U.S.-based and regional participant trainees according to regulations in A.I.D. Handbook 10 including the coordination of reporting procedures with the S&T/Office of International Training.

It is expected that contractor staff and consultants will assume principal direct responsibility for the planning and assessment component of the project. They will also be directly involved in organizing and conducting regional and host-country training activities and performing the technical assistance work. With respect to technical assistance, although short-term consultants will be providing some of the in-country TA, it is expected that home office technical staff will also be travelling for this purpose.

Some project activities that might be suitable for subcontracting with host country institutions are: materials development; translation of reports and materials; and regional or country training in specific areas (e.g., MIS development, finance, accounting).

Discrete tasks such as the organization of international conferences; organization of the Francophone Regional Advisory Committee meetings; management training in specific areas (accounting, budgeting); procurement of computer equipment for MIS development; and publication of a periodic newsletter, if this is deemed appropriate from the proposed feasibility study may be appropriate for subcontracting with U.S. institutions.

The contractor must have the facilities necessary to carry out the program described, e.g. access to computer facilities, communications and mailing systems, printing facilities, etc. Project funds will not be available for capital purchases, renovation of facilities, construction, etc.

D. Detailed Description of Activities

1. Needs Assessments and Management Development Plans

After a preliminary planning period with A.I.D., the first major activity in countries where intermediate or intensive work will be done will be the needs assessments and management development plans. During the preliminary period, the contractor will meet with A.I.D for the purposes of identifying the countries where intermediate or intensive work is planned. A.I.D. will be able to identify these countries, based on expressions of interest in response to previous worldwide cables, but a further contact with Missions may be necessary to determine timing, level of effort, etc. A.I.D. will work closely with the contractor to provide input to the first annual workplan, due within 30 days of signing.

The needs assessments and development plans constitute the documentation for the design of subprojects. Contractor staff or consultants will travel to the countries where intermediate or intensive work will be done, where a team of two to three staff members and or consultants will determine needs and plan for interventions. The needs assessment/management plan will not be developed prior to ad hoc interventions, which tend to be time-limited, highly-specific requests, such as for one workshop, etc.

As described perviously, the needs assessment and management development plan is a comprehensive appraisal of the family planning program and its needs for training and technical assistance. Where several institutions are expected to be involved, the assessment will be drawn from discussions with USAID staff, other USAID-sponsored cooperating agencies, other donors, and the public sector to obtain perspective on issues of population and family planning. Boards of Directors of the private, voluntary organizations

(PVOs), program leaders, and managers from each organization will be involved. A matrix spelling out interventions of these entities as well as those under the project should be included as an annex to the plan.

Following the assessment, a management development plan is prepared specifying TA and training to be provided. This plan should include, for each activity, a brief statement of the problem, planned actions, responsible entities, timeframes, etc. Where training in technical competence for quality of care is concerned, planning should include developing specific plans for training by other cooperating agencies such as the Association for Voluntary Surgical Contraception or JHPIEGO. The contractor should expect to play a role in arranging this training and should put local organizations in touch with the cooperating agency. The needs assessment and management development plan should be submitted to A.I.D. for review and approval within 45 days of the completion of the planning mission. Prior to commencing work on the activities embodied in the plan, S&T/POP/IT and the appropriate A.I.D. field mission must approve the plan.

The first quarter of the project (fourth quarter of FY 90) will be devoted to initial planning, staffing and organization. As appropriate, needs assessments may be commenced, but none are slated for completion. Ten to fifteen assessment/plans will be completed each year from FY 91 to FY 94. To allow sufficient time for completion of work, no assessment/plan for intermediate or intensive work will be prepared in the final year of the project (FY 95).

2. Technical Assistance

The provision of TA may commence upon approval by A.I.D. of the management development plan. Intermediate and intensive TA will be required to institutionalize changes or solutions to problems in the management development process. Subprojects will have to be developed from the ground up and will provide in-depth, systematic experience in planning, problem solving and management. The long view is taken here, with repeat contacts by TA people, because local counterparts have to have time to absorb proposals, try out interventions, learn how new systems function, and fine-tune changes before a new procedure can be said to be institutionalized.

The contractor will be responsible for providing all long and short-term TA required for project interventions. With respect to technical assistance, although short-term consultants will be providing some of the in-country TA, it is expected that home

office technical staff will also be travelling for this purpose. The contractor should seek to provide continuity when providing technical assistance. Project staff and short-term consultants should be assigned to institutions that they will be capable of monitoring over time. Non-staff TA consultants will be used when specialized skills are required or when home office staffing requires supplementation. Short-term consultants may be drawn from the U.S., the respective geographic region or the individual country.

Long-term TA is often useful to implement and monitor the progress of subprojects. Thus, the contractor may base long-term TA resident advisors in the field. During the first four full years of project operations, 2-3 long-term TA persons may commence assignments for, on average, two year stays. No long-term TA persons should be assigned after September 30, 1994. Many of the long-term TA persons will be funded through buy-ins from A.I.D. field missions.

It will be the responsibility of the resident advisors to monitor and assist with the implementation of subprojects, coordinate technical assistance, identify impediments to project implementation and seek assistance for resolution, and inform the project home office on the subproject's progress. Quarterly progress reports will be required of all resident advisors. These should be submitted to contract headquarters and to A.I.D./CTO. From time to time, the resident advisor may be requested to provide either ad hoc TA for another task in country, or TA in a neighboring country.

The resident advisors will report to the project home office and the project home office will be responsible for supporting these advisors logistically and for providing short-term TA when needed. Prior to assigning these advisors to a given country, A.I.D./CTO and A.I.D. mission approval must be obtained by the Contractor.

Ad hoc assistance will be provided to 25 institutions, intermediate assistance to 30, and intensive assistance to 18 institutions. Six or seven subprojects at the intermediate level will be conducted in each full year of the project, and three in the final three quarters, during FY 95. Between three and six intensive subprojects will be initiated in each full year of the project (See Table 5 on Page 40). No intensive subprojects may begin after September 30, 1994. Approximately 300 person months of short-term TA (@ 22 days per month), 300 trips, and 492 person months of long-term TA should be planned.

This contract is to be utilized only in conjunction with contract number DPE-3055-C-00-0051-00.

3. Training

The primary emphasis of the training component will be short-term in-country training. Study tours, particularly if financed by buy-ins, will be possible under FPMD, but plans for study tours should grow from the needs/resource assessment and the management development plan. The large Bangladesh buy-in (see Annex 3 to this Section C) will include a significant component for study tours to Indonesia.

To the greatest extent possible, training should be carried out in cooperation with country and regional training institutions. Some assistance will be provided under the project to these institutions to prepare them for this type of involvement, but these institutions should be resources for the project and not the object of extensive development work.

The training will be focused on a number of skill and content areas. The broader content areas are:

organizational development,
strategic planning and goal setting,
financial planning and management,
program planning and implementation,
budgeting and financial control,
human resources development,
supervision,
marketing,
management information systems (MIS),
monitoring and evaluation,
alternative delivery systems, and
strategies for achieving programmatic and financial sustainability.

Training in sustainability for private sector organizations now, and for the public sector in the future, will be a major emphasis of FPMD. Also, the concern with improved quality of services will be integrated into all content areas in the present project. Since one-shot training in isolation from TA has been found to be less effective, training will be reinforced with follow-up TA.

Skill areas have also been identified which break down the content area to the specific skills necessary for particular tasks. For example under the financial content area, the specific skills are:

accounting and cost analysis,
program budgeting and resource allocation,
resource mobilization, and
information for management and decision making.

The pursuit of certificate programs in the U.S. is not recommended, unless these meet specific management needs of the participant. What is needed, however, is a three-month course specifically addressed to family planning managers. If developed, this could be conducted in developing countries in regional or linguistically-oriented groups.

The magnitude of outputs under the project will allow for 100 workshops and study tours in the five-year period. Of these, at least 80 percent will be based in-country and no more than 20 percent will be based in the U.S. or third-country. Approximately 20 training sessions per full year of project operations should be planned (20 also should be conducted in the first three quarters of FY '95). An average of 20-30 participants will attend each course. Home office training unit and regional staff will coordinate planning and logistics for training seminars and for individual participants travelling to the U.S. for training.

4. Training Materials

The contractor should plan to produce 13 sets of training materials by content area (4-5 per year for each of the first three full years of project operations) and two handbooks (one in the second full year of project operations, one in the third). In the initial phases of the project, the contractor will evaluate existing materials and use or adapt them for use as appropriate. New materials will only be developed when there is a definite, specific justification.

Materials will be produced in English, French and Spanish. Each module will include a training curriculum, a trainer's guide and participants' materials. Four types of materials are to be used: teaching cases developed from real, local situations, training exercises, resource packets and handbooks. The modules will address a range of subject areas, including traditional management and financial material, as well as interpersonal skills, supervision, motivation, etc. The contractor will field test all

materials prior to adoption, and upon adoption, will convey for entry into the S&T/POP/IT IEC and Training Materials Database (Notebook II). This database will be maintained and updated (by another intermediary charged with responsibility for this task) to facilitate appraisal of existing materials. Plans for the rigorous evaluation of training materials, including field test, post-training evaluation, long-term evaluation, etc. should be developed in the first quarter of project operations. The two handbooks will address two of the following: MIS, financial management, management training for quality of care, and cost-effective improvements in quality of care. The selection will be made in conjunction with A.I.D., and will be approved by A.I.D.

5. Internal Evaluation

A major ongoing task of the contractor will be internal evaluation. Ten subproject evaluations must be conducted each full year of project operations, and 8 in FY '95. The contractor must mount an active, ongoing program of impact of interventions over time and the success of the various methodologies. A variety of monitoring and evaluation methodologies should be used, including indepth on-site follow-up studies, qualitative and quantitative measures obtained through such approaches as user studies, and direct observational research. The system must be institutionalized so that each time a management development plan is prepared, an evaluation plan is incorporated in the document. Subsequently the program of evaluation specific to each subproject must be carried out. Indicators of project impact must be identified, and an Indicators Report must be prepared for A.I.D.'s approval by the end of the first twelve months of the project.

Impact at the management, service, and client levels may all be considered. Impact on the management level should in part be tied to demonstrated changes in service quality and coverage. The contractor should plan to verify the quantitative impact of FPMD's interventions on the number of methods reliably available among programs, continuation rates (based on continuation with a program, not a particular method), client knowledge, satisfaction, and expansion of services. Cost impact studies also figure here. The contractor should keep its accounts with every major subproject as a cost center to facilitate impact assessment of that subproject. Given the importance of this component, during the period of development of the impact assessment methodology, indicators, and implementation system, the contractor should consult closely with A.I.D.

6. Dissemination

In order to foster positive exchange of information among participating countries, other donors, and other cooperating agencies, the contractor will implement a number of information dissemination activities. The contractor will conduct a program of dissemination, including the following: preparation and dissemination of 6 working or issues papers related to the substance of the project each full year of project operations (and in the first three quarters of FY '95), develop a program of international conferences by the end of the first twelve months of the project, conduct three international conferences in years 2-4 of the project, conduct annual meetings of the Francophone Regional Advisory Committee (once in each full year of project operations and once in FY '95), perform a feasibility study for a newsletter and, if found to be feasible, publish a semi-annual newsletter on project activities.

With respect to internal information exchange, the Contractor will also conduct annual internal management meetings for the contractor staff (and any subcontractors) to review their workplans and accomplishments and set future priorities and budget levels. The meeting will be held at the Washington headquarters of the project, to give field staff an opportunity to meet with the home office team as well as A.I.D./W personnel.

7. Subprojects

All intermediate and intensive activities should be organized into subprojects. For the purposes of the FPMD project, a subproject is defined as follows. A subproject is characterized by an agreement between the project and a participating institution to jointly undertake a piece of work. The subproject is guided by a management development plan which constitutes the scope of work between the project and the participating institution. Responsible parties for the contract organization and the host country organization should sign the management development plan to indicate their concurrence in it and commitment to carry it out expeditiously. The subproject management development plan must contain the following: goals and objectives, interventions planned, an implementation schedule, an evaluation plan with measurable impact indicators, and a financial plan. Ideally the financial plan will specify the subgrantee's contribution. Where such contribution cannot be identified, the subproject documentation should include a discussion of the reasons why continued A.I.D. support is justified. This plan is not intended

to serve as a condition precedent to continued support, rather it is an attempt to set realistic targets so that recipients begin to assume a manageable share of project costs from the outset.

In countries where it is feasible, a 25-percent contribution (including in-kind) will be expected from subproject participating organizations. The financial plan should also identify other donors (both domestic and expatriate) which are currently supporting the organization.

Once the subproject document is completed, copies will be reproduced and sent to ST/POP/IT (2), the Mission (2) and the participating and implementing organizations (2 copies each) for approval. The contractor is expected to establish a streamlined design and approval process which allows for sufficient review of each subproject by A.I.D. and the participating organization, but does not hinder subproject start-up and implementation.

8. Subcontracting

Two types of subcontracting may take place under this project: 1) subcontracting with U.S. firms and organizations, and 2) subcontracting with local management/training institutions.

Subcontracting with U.S. Organizations

With respect to U.S. firms, PVOs and training institutes, subcontracting may be undertaken for substantive or small-business related reasons. Given the broad range of expertise required to implement this project, certain highly specialized services (such as financial management and MIS) may be subcontracted to supplement project in-house resources. Similarly, some of the international conferences, training, or publication work may be amenable to subcontracting. Any subcontracts must be developed in consultation with the project CTO and follow standard A.I.D. procedures for coordination and clearance.

Subcontracting with Local (Host Country) Management and Training Firms and Organizations

The project will also subcontract with local firms/organizations for some managerial and training needs. While these subcontracts may allow for limited TA to the local organization, the intent here is for the subcontract to serve the project, and not for the project to serve the local subcontractor. Thus the project will

(60)

look for qualified regional and local organizations who can round out the prime contractor's skills with deeper local insights, can offer a continuous presence in-country, etc.

Local subcontracts may be used for a variety of needs. For example, a local accounting firm may be subcontracted to develop a bookkeeping system for a participating organization. The accounting firm might develop the system and provide TA through the period of its adoption. However, the accounting firm would not be responsible for maintaining the books on an ongoing basis, as this would defeat the transfer of technology and institutional development objectives of the project. Local accounting firms may be subcontracted for subproject annual audits.

Local organizations might have publication or training responsibilities. Local or regional organizations may be involved in materials adaptation, managing and fielding trainees for in-country and regional training courses, providing follow-up to the trainees, and/or establishing a tracking system for all trainees. Through the mechanism of regional and local subcontracts, the prime contractor will gain maximum flexibility to offer the most tailored and efficient assistance to participant organizations.

E. A.I.D. Evaluation

As described previously in Section IV.B.4., Evaluation of Project-Assisted Activities, the project calls for extensive internal monitoring and evaluation of project activities to be undertaken by the contractor. In addition to these internal and on-going project evaluation activities, S&T/POP will provide for continuous project monitoring, annual management reviews, and an external project evaluation. The external evaluation will be an interim evaluation, conducted early in project year four. This interim evaluation will be the basis for planning related to new project development in management of family planning programs. The funding for the external evaluation will come from the Office of Population's Population Technical Assistance project, or its successor. The types of evaluations to be provided by A.I.D. are described on Page 59.

1. Continuous monitoring and assessment by S&T/POP/IT. The cognizant technical officer (CTO) will closely monitor and evaluate the project on a continuing basis. As part of this, the Management Coordinating Group will also meet monthly or quarterly to share plans and results from their respective projects. Annual management reviews will be conducted by S&T/POP to consider project progress, issues and needed corrective actions. For example, the management review would consider the efficiency with which project actions occur: whether project staff is in place and well qualified; whether the project headquarters operates smoothly; whether planning and implementation of TA and training programs take place on schedule; whether the contractor is responsive to Mission and host country needs and requests; whether consultants and subcontractors are well-qualified for their tasks, and supplied in a timely manner; whether the overall project workplans and implementation plans are realistic; and whether the contractor provides A.I.D. with necessary reports in a timely manner.

2. First interim project evaluation. This evaluation, scheduled to take place in early FY 1994, will be conducted by an external evaluation team. A.I.D. staff may or may not participate on the team. The purposes of this evaluation will be to: (1) assess the validity of the project design; (2) examine project performance in planning and implementing activities and in producing contractual outputs (e.g., management development plans, technical assistance and training activities, development of training materials, evaluation, and dissemination of results); (3) assess the project's effectiveness for achieving its purpose; and (4) provide guidance for mid-term corrections to be reflected in the scope of work for the second five-year contract which will be awarded under the project.

VI. Types of Activities Appropriate for Core Funding versus Buy-ins.

Family Planning Management Development activities will be funded with two types of funds: core funds, originating from S&T (also known as central funds), and buy-in funds, originating from A.I.D. Regional Bureaus or field missions. These funds will cover different types of activities and expenditures. Following is an illustrative description of the uses of core funds versus buy-ins. It will often be most appropriate for S&T/POP and A.I.D. missions to jointly fund project activities.

Use of Core Funds:

- To conduct management needs assessments and produce management development plans in countries which are new for the Family Planning Management Development project (i.e., those countries which did not benefit from assistance provided by the Family Planning Management Training project in the past). Examples might include Swaziland, Jamaica, and Algeria.

- To fund project activities in FPMD emphasis countries that do not have bilateral project agreements, or in countries that have inadequate bilateral project funds to cover all interventions planned under the project. Countries included in this category are, among others, Zimbabwe, Tunisia, Brazil, and Haiti.

- When project assistance fulfills a specific objective in the Office of Population: Central funding becomes more appropriate than buy-in funding when the activity responds to a priority within S&T/POP rather than a field-based need. An example of this might be the development of a regional impact evaluation or assistance in managing the introduction of a new contraceptive commodity (such as Norplant).

- To provide technical assistance or training to regional training institutes which may be unable to draw upon A.I.D. regional or bilateral funds. Examples of these might include: Centre for African Family Studies, Pan African Institute for Development, Central American Institute for Business Administration, BKKBN Regional Training Institute, Asian Institute of Management (Philippines), and Indian Administrative Staff College.

- To fund activities of a world-wide nature: Examples of these might include: the adaptation of prototypical training materials or case studies; production of management handbooks; development of MIS software; dissemination of training materials and project issues papers; and hosting of international conferences.

Use of Buy-in Funds

- To fund project activities of an ad hoc nature, upon request from A.I.D. missions.

- To fund intermediate and intensive country-specific institutional development efforts when adequate bilateral funds are available. Examples of countries which have expressed interest in providing buy-in funds include: Burkina Faso, Cameroon, Rwanda, Kenya, Lesotho, Bolivia, Peru, Ecuador, India, Indonesia, and Bangladesh.

- To fund observational study tours to innovative programs when such study tours are included in management development plans. An example of this would be the study tour program planned by the A.I.D. mission in Bangladesh.

- To fund long-term resident advisors when there is an opportunity to work on a "cutting edge" program issue or when the project has a substantial number of activities under way in a country. Countries which might request long-term resident advisors are: Kenya, Bolivia, Brazil, Bangladesh, and Indonesia. In some cases, particularly where there are certain local government restrictions, missions may request that central funds be provided to share the cost of the resident advisor.

Use of Joint Funds

- To share the cost of project activities in a given country: Central funds might pay subproject development costs and a designated part of the international costs, such as core staff salaries, travel, per diem; part of the costs for a resident advisor; and contractor overhead and fee. Buy-in funds might pay in-kind and local costs, such as those incurred for in-country training activities. Buy-in funds might also provide a portion of the international costs, U.S. - based short-term training, study tours, equipment, and support for long-term resident advisors.

SECTION C. ANNEX 1.

Theoretical Framework for Management Effectiveness

The purpose of the Family Planning Management Training project has been to strengthen local institutions with respect to their ability to manage their programs. The theoretical framework that has grown out of FPMT's work identifies central management issues for organizations at various stages of development. This theoretical framework will serve as an important organizing principle, and jumping off point, for the present project. As implementation of FPMD proceeds, this framework may be refined.

The theoretical framework has allowed FPMT to work systematically with the organizations that have solicited its involvement. The framework includes an emphasis on four key areas of management: 1) the organization's mission, 2) organizational strategies, 3) management structures, and 4) management systems. The framework also includes a categorization of organizations, from the emergent organization, concerned about survival, to the very mature program concerned with sustainability. In the sections which follow, these aspects of the theoretical framework, as well as their application, will be discussed. Following this discussion will be a discussion of quality of services -- a key outcome of effective management -- and the pertinent theoretical principles.

Management Elements.

The theoretical framework focuses project intervention in management on four key areas. As described in Vriesendorp et al. (op. cit.), these stem from the corporate world, where a "systems approach" to institutional development has been shown to be highly effective. This means that family planning programs, as with any organization, are to be viewed as composed of interlinking management elements.

The first of the key elements is the organization's mission or mission statement. This is a statement which clarifies the organization's philosophy, major purpose, values and unique distinctive nature. It should be clearly defined, widely understood among the staff of the organization, and the staff should feel ownership of it. This implies a participatory development process, so that it will fit the organization's goals and its staff. The mission should then become the source of the values and attitudes of staff in the conduct of their work.

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The second key element is the organization's strategies. These are well thought out plans to achieve the organizational mission. They should take into account social, political, and economic factors in the environment; the needs of current and future clients; the current capabilities of the organization; as well as the human and financial resources which will be required for efficient implementation. They should be clearly developed and expressed and should reflect the means the organization will employ to achieve its mission.

The third key element is the organizational structure. The structure refers to the way the human and financial resources are allocated so as to insure the implementation of the strategy. The structure should be tailored to each organization and to its needs to fulfill its mission through its particular strategies. The organizational structure should be well defined and should incorporate clear roles and responsibilities at every job level.

Management systems are the fourth element of the essential management foundation. The management systems allow the organization to plan, monitor, and evaluate its performance and help determine future directions. Examples of management systems include: planning systems, financial systems, personnel and human resource systems, and management information systems.

Classification of Organizations.

The theoretical framework also makes use of a classification of organizations. The classification was initially developed for use with private, non-profit family planning programs. However, as FPMT's sphere of influence grew to incorporate public sector organizations, the model was adapted accordingly. Organizations, according to Vriesendorp et al. (op. cit., p. 2), are said to be at one of four stages of development. But,

> "the 'developmental' dimension suggests that organizations go through a succession of stages, each characterized by a specific key issue and subsequent managerial challenges which must be resolved before the organization can move on to the next stage. The trend is not necessarily upward: organizations can fold, regress, or stagnate at any time."

The four stages of development are each chararacterized by a different specific key issue and managerial challenge which must be resolved in order for the organization to move on to the next stage.

Stage 1. Emergence. The key issue is survival. Organizations need assistance in building constituencies and public support, in building credibility, in clarifying roles and responsibilities between key ministries, and in establishing basic management systems, such as financial accountability systems, personnel training, and supervisory systems. Examples of countries in this stage include most of the countries in Francophone Africa, Haiti, and Bolivia.

Stage 2. Growth. The key issue is to expand service delivery through development of managerial capabilities and strengthening of management systems. Organizations need strong and effective financial systems, human resource systems, and management information systems which will collect and analyze data and disseminate this information to program managers for decision-making purposes. Effective management systems will enable organizations to expand outreach efforts, decentralize their services, and integrate more effectively with other development sectors. Examples of countries in this stage include Kenya, Zimbabwe, Bangladesh, India, Mexico, and Ecuador.

Stage 3. Maturity. The key issue is to assist in the consolidation of gains in order to increase effectiveness and efficiency, develop strategic and financial plans for sustainability, and expand outreach to marginal population groups. Examples of countries in this stage include Indonesia, Thailand, and Brazil.

Stage 4. Sustainability. The key issue is to assist organizations to become flexible and enable them to respond appropriately to changing environments. At present, no A.I.D. assisted countries are in this stage of development. Organizations in stage 3 continue to need assistance in order to achieve complete programmatic and financial sustainability.

Application of Framework.

The two-way categorization scheme (management emphases, stages of development) can thus be applied in organizational analysis. The scheme lends itself to matrices showing how an organization at each stage of development confronts the four key management needs. Annex Tables 1 and 2 have been included to show the application of this analysis to both the public and private sectors (Tables from Vreisendorp et al., op. cit.).

As shown in Annex Table 1, for an emergent public sector institution, the mission is the same as the program's mandate. Governmental support is unsure, and the critical task is to develop ownership of the program's activities within the government and outside it. By comparison, an organization at the stage of sustainability enjoys widespread support of family planning, and its critical task with respect to mission is to redefine its goals and objectives according to factors in the external environment. Continuing with the same public sector programs in terms of management systems, an emergent public sector program would use systems inherited from the larger bureaucracy, ill-suited to particular family planning management needs. The critical tasks for which management systems would be needed would be meeting donor requirements and developing human resources and logistics systems. For a public sector program at the stage of sustainability, management systems would be used purposefully. The critical task facing this organization would be obtaining management information to allow appropriate innovation and change.

With respect to private sector organizations (Annex Table 2), looking at organizations at the same stages of development, an emergent private sector organization's mission would be defined by its founders. Its critical task with respect to mission would be defining the target population and services to be delivered. For a private sector institution at the stage of sustainability, its mission would be defined and redefined by its Board of Directors. The critical task facing this organization about its mission, again, is adaptation to fit changes in the external environment.

In terms of management systems, the emergent private sector organization has minimal and informal systems. Like the emergent public sector program, management systems are needed to meet donor requirements and develop human resources and logistic systems. By contrast, for the private sector institution at the stage of sustainability, management systems support changing roles. The critical task, then, also is to obtain management information supporting appropriate innovation and change.

Annex Table 1.

MANAGEMENT ISSUES AT FOUR STAGES IN PROGRAM DEVELOPMENT
A MODEL FOR ANALYSIS AND PLANNING IN THE PUBLIC SECTOR

MANAGEMENT COMPONENT	STAGE 1 EMERGENCE	STAGE 2 GROWTH	STAGE 3 MATURITY	STAGE 4 SUSTAINABILITY
MISSION	Same as mandate. Tentative government support. Not clear which Min./group in charge. Critical Task: Identify key actors/constituents in gov't and public.	Development of broad goals and policy objectives (mission) based on mandate. Critical Task: Clarify mission for key actors/constituents in order to gain support.	Broad goals and policy objectives established and supported by key political and public leaders. Critical Task: Maintain political support;develop strong constituencies among users.	Family Planning supported by all. FP is a public good and a basic right. Critical Task: Re-define goals and objectives as the environment changes.
STRATEGIES	Donor-driven, politically suspect. Critical Tasks: Generate internal political support. Establish competence in service delivery.	Donor-influenced, politically more acceptable. Critical Tasks: Increase internal political/financial support; organize for service expansion, with focus on effectiveness.	Reflect awareness of different pop.targets; threat of reduced funding; concern for efficiency. Critical Tasks: Develop market segment strategies; contain costs; explore cost recovery options; explore public-private sector roles.	Responsive to changing goals and objectives; responsive to needs of key constituencies. Critical Tasks: Maintain a strategic mind-set;identify key strategic issues and formulate appropriate strategies; innovate.
STRUCTURE	Centralized and vulnerable to political influences; ill-defined, no clear locus for FP. Critical Task: Develop and clarify roles/responsibilities of departments and bureaus.	Established administrative locus. Centralized, bureaucratic, subject to political influences. Critical Task: Align structure to support broad strategies.	Structure reflects major strategic directions. Critical Task: Develop staff capability to manage change.	Flexible structure, aligned with public sector trends and strategic choices. Critical Task: Maintain flexibility, congruence with mission and strategies.
SYSTEMS	Basic systems inherited from larger bureaucracy. Inadequate for informed decision-making. Critical Task: Meet donor requirements; provide timely contraceptive supplies.	Perception of inadequacies of current systems. Critical Task: Explore needs and develop staff capability in basic system design and use.	All management systems in place. Critical Tasks: Improve systems for monitoring, controlling, and evaluating for effectiveness and efficiency.	Management systems are used purposefully. Critical Task: Provide management information to allow appropriate innovation and change.

Annex Table 2.

MANAGEMENT ISSUES AT FOUR STAGES IN PROGRAM DEVELOPMENT
A MODEL FOR ANALYSIS AND PLANNING IN THE PRIVATE SECTOR

MANAGEMENT COMPONENT	STAGE 1 EMERGENCE	STAGE 2 GROWTH	STAGE 3 CONSOLIDATION	STAGE 4 SUSTAINABILITY
MISSION	As defined by founders. Focus on municipal/regional targets, with simple service mix. Critical Task: Define target population/services.	Newly defined. Critical Task: Test ability to succeed in light of barriers to entry.	Under re-examination with concern for self-determination and sustainability. Critical Tasks: Expand definition of target population, service/product mix; explore links with public sector.	Success in fulfilling mission as re-interpreted by the Board of Directors Critical Task: Re-define mission in light of changes in environment and roles of public/private sectors
STRATEGIES	Emphasis on external environment including donor support. Critical Task: Surmount barriers to entry, such as • external policy environment • funding • service delivery competence	Characteristically donor directed, focused on establishing service delivery competence. Critical Task: Expand service delivery built upon effective marketing for increased funding and increasing FP clients; surmount the competition.	Formal strategy development to consolidate gains and deal with more complex internal and external management. Critical Tasks: Develop capacity to produce/deliver quality services/products thru cost containment/recovery, quality control, diversification of funding sources, and marketing.	Focus on matching organizational competence with present needs/future possibilities. Critical Tasks: Maintain strong, local, diversified financial base. Respond to needs of market; Stay competitive. Maintain strategic mind-set.
STRUCTURE	Fluid. Direct executive control. Project geared. Board and staff functions not clearly delineated.	Centralized. Project-based. Critical Tasks: Develop effective structure for implementation; Develop Board of Directors, representing various stakeholders.	Empowered Board of Directors. Defined Board/Staff roles. Critical Task: Re-align structure with new strategies.	Congruent with strategies. Synergistic Board/Staff relations. Critical Task: Re align structure as needed to support strategies.
SYSTEMS	Minimal and informal. Critical Task: Meet donor requirements; provide timely contraceptive supplies.	Minimal to basic. Inadequate for informed decision making. Critical Task: Meet donor requirements; develop personnel, financial, and logistics systems to support expansion.	Basic systems for effective functioning and decision making Critical Task: Develop systems for monitoring, controlling, evaluating for efficiency and effectiveness.	Management systems support changing roles. Critical Task: Provide management information allowing appropriate innovation and change.

SECTION C. ANNEX 2.

Theoretical Framework for Quality of Care

Important strides are being made in defining quality care. The Population Council has developed a framework which identifies six fundamental elements of quality care, establishing criteria and methods to assess specific elements of the quality of a service, analyzing the demographic impact of improving quality, rethinking appropriate outcome indicators, and developing management tools to promote quality. Each of these is treated briefly below.

Defining quality care. While there exist various precedents in the literature and in practice for frameworks to identify the fundamental elements of quality in family planning services, the recent work of Judith Bruce (Fundamental Elements of the Quality of Care: A Simple Framework, Population Council, New York, 1989) has proved useful for a number of population and family planning programs. Bruce focuses attention on service delivery process as the output of the management process. The framework includes six elements:

Choice refers both to the number of methods offered on a consistent basis and their intrinsic variability as well as the option to switch methods. Adequate information to users consists of contra-indications, risks and benefits of various methods: information on how to use the method, its potential side effects, and how to manage them, and what users can expect from service providers. Provider competence refers to maintenance of sterile conditions and technical competence of providers. Client-provider relations refers to the quality of contacts between providers and clients or potential clients that influence client's satisfaction with the service system. Continuity refers to promoting follow-up and considering forward-looking needs of the client. An appropriate constellation of services refers to situating family planning services so that they are both acceptable and convenient to couples, whether through vertical or horizontal structures.

Assessing the quality of care. Based on the framework for quality of care, Bruce, et al. (1989) have developed an approach for assessing the quality of services at three levels: the policy/management level, the service delivery points, and the client level. For each of the six elements of quality, this work specifies indicators of quality, as well as identifying items and data to be collected to assess managerial "preparedness", outcome, and impact on clients.

Analyzing the impact of quality of care on fertility. Recent work by Jain (1988) suggests that improvements in quality of family planning services by enhancing the choice of contraceptive methods would increase the overall use of contraception and thus would result in fertility reduction. Jain's analysis argues that "by concentrating on a small number of annual acceptors but providing them with good care to enhance their satisfaction and thus improve continuation rates, programs can achieve better demographic results than by trying to recruit a large number of acceptors at a time and not taking care of them.

Rethinking appropriate outcome indicators. If we can assume that quality care is important, can be defined and assessed, and have an impact on fertility rates by increasing client satisfaction, then the implications for program design and evaluation are significant. Categories such as number of new acceptors or couple-years-of-protection may become less relevant than client-based contraceptive use data that consider how effectively clients use their method. Kumar, Jain, and Bruce have synthesized their work and developed suggested broad outcome indicators which reflect not only the quality of services but also the quality of program management. The indicators suggested include: client knowledge, satisfaction, contraceptive use, fertility, and health. Capturing these data would require modifying management information systems and expanding user-based and direct observational research.

The Cooperating Agency Interagency Committee on Program Indicators has been conducting a review of this work.

- Developing management tools to promote quality. There has been progress not only in documenting the importance of quality and techniques for its assessment, but also in developing tools to improve quality at the service level. Concerned about weaknesses in the quality of services, a number of institutions have contributed major efforts to help family planning programs with this issue. Key among these efforts are:

- The Interagency Committees on Informed Choice and Quality of Care which have produced several documents to support programmatic improvement;

- The development of extended simulation game exercises to help management trainees understand the experience and perspective of clients (use of these games was praised in the External Interim Evaluation of FPMT);

- Publication of the twin series of Population Reports on family planning counseling (a number of agencies are currently working to develop family planning counseling manuals and training programs);

- Individual cooperating agencies have developed further initiatives aimed at improving the quality of care: publishing manuals on user-perspective programs, developing standards for clinical training programs, and incorporating sessions on quality care training programs.

The effective manager is seeking to provide available and accessible quality services. Quality of care in family planning is essential, given the important link of quality services to fertility reduction. Through increased acceptance, continuation and, therefore, greater contraceptive prevalence, quality service provision leads to decreased fertility. Modelling of the relationships between acceptance and continuation rates, on the one hand, and fertility declines, on the other, has shown that improved continuation rates have a larger impact on fertility reduction than improved acceptance rates. Continuation rates are related to user knowledge, satisfaction and health, key elements of quality of care (see below). Furthermore, it has been shown that expansion of method options leads to increased contraceptive prevalence, which has a direct impact on fertility reduction. Expanded method choice (and the ability of couples to switch methods according to changing needs) are both elements of quality service provision at the programmatic level. Further information on the relationships between quality of care and fertility declines can be obtained from Jain, Anrudh, Assessing the Fertility Impact of Quality of Family Planning Services, the Population Council, Working Paper No. 22, New York, July, 1988.

Quality service provision is being emphasized as a policy to guide implementation. All management systems should be designed to improve the staff/acceptor relationship. In considering quality service provision, it is important to note that for developing countries in the emergent stage, quality increases must occur from the base of current service provision, and not be defeated at the outset by some external standards of quality that cannot be met overnight.

As stated previously, quality service provision can be measured by changes in five areas:

- increased knowledge on the part of the acceptor
- increased satisfaction with services
- increased contraceptive use
- decreased fertility, and
- better health of the acceptor.

Quality service provision can be achieved by improvements in a number of aspects of service provision:

- choice of methods
- information given to clients
- technical competence of service provider
- interpersonal relations between client and provider
- follow-up/continuity mechanisms, and
- appropriate constellation of services.

While these measures and intervention areas may not be all inclusive, and are continually being refined, they nevertheless provide a useful conceptual basis for consideration of the quality issue. For more information on these measures and intervention areas, see Jain, Anrudh, Judith Bruce, and Sushil Kumar, Quality of Services, Program Efforts and Fertility Reduction, the Population Council, New York, June, 1989.

Since the effective manager is striving to provide a quality service, programmatic quality, as one outcome of effective management, becomes an output of the project. Quality indicators will be among the measures of program impact, and as such will be part of the reference standards available to managers to measure program development. Programs will then be managed with these quality standards in mind.

To create a feedback loop by which program managers can use quality indicators to improve service delivery, the management tools used in the project will reflect the concern for quality as an outcome. For example, in the needs/resource assessment phase, data will be collected on the quality indicators such as choice of method and technical competence. These data should then become part of ongoing monitoring and will ultimately be re-examined in the internal evaluation process to determine change over time as a result of program interventions. After the needs assessment, in the preparation of the management development plan, systems can be set up to improve program performance on quality of services. For example, if specific training needs in the area of technical competence were identified, a plan for assessing training from the appropriate

cooperating agency could be developed. Management systems such as planning, procuring, and evaluating the training might be developed under FPMD, but the actual training in technical competence would be the domain of another intermediary.

The various managerial functions can be tied to service delivery outcomes within the quality of care framework. Strategic planning, budgeting, marketing, logistics, and training all influence method choice. Policy formation, training, and IEC functions influence the information-giving process. Human resources management and monitoring/evaluation are key processes to assure competence. Human resource management (optimum density of workers, adequacy of training, and adequacy of the supervisory structure) and monitoring and evaluation (especially at the client level) are among the most relevant tools the manager can employ to enhance positive client-provider relations. Strategic planning, goal setting, long-range financial planning, human resource management, management information systems, and knowledge of alternative delivery systems are all needed to plan and provide an appropriate constellation of services.

SECTION C, ANNEX 3

Follow-on to the Upazila Initiatives Project

EXECUTIVE SUMMARY

This project continues the activities begun under the first phase of the Upazila Initiatives project (UIP) and is designed to support the BDG's* efforts to offer high quality and sustainable family planning services at the local level. The project will achieve this goal by continuing to offer carefully tailored training and technical assistance to Upazila teams of elected leaders and family planning professionals. The Upazila teams will continue to receive small amounts of funding to implement innovative family planning services at the local level.

During the five year duration of this project, it is anticipated that approximately 430 unions in 120 Upazilas will receive support. About 75 percent of these Upazilas will receive training in Indonesia conducted by the national family planning board, BKKBN. The remaining 25 percent will visit successful Bangladesh programs and be trained to adapt aspects of these to their own Upazilas. Over $2,000,000 will be provided to Upazilas so that they may implement innovative approaches to family planning and reinforce the management capabilities of community level family planning groups. Each union level action plan, successfully implemented, will receive funding for up to five years. Upazilas will be required to contribute at least 10 percent of the funding of these action plans.

In the spring of 1989, an external evaluation of the previous UIP concluded that the project was a valid way to promote decentralized and effective family planning programs. The evaluation recommended certain changes which have been incorporated into this new design. These changes include funding action plans for longer than one year, training of some Upazila teams in Bangladesh to see if effective action plans can be developed and implemented without going to Indonesia, expanding the project into other unions of the Upazila, having a technical advisor resident in Bangladesh and increasing the technical assistance to the Upazila groups after they have completed their study and observation program. A BDG concept paper prepared in the latter half of 1989 outlined government priorities for the continuation of the UIP. The recommendations of the BDG supported many of those of the external evaluation and have formed the basis of this redesign.

USAID will buy in to FPMD to implement the UIP. FPMD will subcontract with a Bangladesh organization to provide logistical and technical support and will also subcontract with BKKBN for the Indonesia study tour component of the project.

* BDG = Bangladesh Government

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END OF SECTION C

SECTION D - PACKAGING AND MARKING

1. Pursuant to the clause of this contract entitled "Reports" (AIDAR 752.7026), 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/POP under the companion contract, number DPE-3055-Q-00-0052-00, the project activity number and title associated with the source of those funds shall also be specified.

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.

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 OF SECTION D

SECTION E - INSPECTION AND ACCEPTANCE

1. Responsible Official

In accordance with the clauses of this contract entitled "Inspection of Services - Cost-Reimbursement" (FAR 52.246-05) and "Limitation of Liability - Services" (FAR 52.246-25), inspection and acceptance of all services and supplies required hereunder shall be made by the cognizant A.I.D./W Project Officer (see Section G of this contract). Officials in USAID Missions and/or other A.I.D. offices will serve in a liaison role. Inspection and acceptance of services and supplies by the cognizant A.I.D. Project Officer shall form the basis for payments to the Contractor.

2. Place of Inspection and Acceptance

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

3. FAR 52.252-02 - Clauses Incorporated by Reference (JUN 1988)

This contract incorporates the following 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.

52.246-03	Inspection of Supplies - Cost-Reimbursement (APR 1984)
52.246-05	Inspection of Services - Cost-Reimbursement (APR 1984)

END OF SECTION E

SECTION F -DELIVERIES OR PERFORMANCE

1. Period of Contract

The effective date of this contract is the date of the Contracting Officer's signature on the cover page, and the estimated completion date is five years thereafter.

2. Technical Directions

Performance of the work hereunder shall be subject to the technical directions of the cognizant A.I.D. Project Officer. As used herein, "Technical Directions" are directions to the Contractor which fill in details, suggest possible lines of inquiry, or otherwise complete the general scope of the work. "Technical Directions" must be within the terms of this contract, shall not change or modify them in any way, and shall not constitute changes [as described in the clause of this contract entitled "Changes - Cost Reimbursement" (FAR 52.243-02, Alternate II)], which may only be issued by the Contracting Officer. The Contractor shall comply with the clause of this contract entitled "Notification of Changes" (FAR 52.243-07).

3. Documentation Requirements

In addition to the requirements set forth for submission of reports in the clause of this contract entitled "Reports" (AIDAR 752.7026), the Contractor shall be responsible for submission to the CTO of the following deliverables:

Deliverables

A. Annual Work Plan

A first-year work plan (five copies) is due within 30 days after the contract has been signed. This plan will detail the contractor's proposed activities, calendar and allocations of human and financial resources, and overall strategy for Year 1. This work plan shall be updated each year, and will be fully discussed at formal annual meetings organized by the A.I.D./CTO on or about the anniversary of the contract signing. In the event of any inconsistency between the terms of this contract and the contractor's work plan, the terms of this contract shall control.

B. Semi-Annual Program Reports

The contractor shall prepare semi-annual progress reports due six months after the contract signing, and every six months thereafter. These shall describe the work accomplished and its relation to the work plan and expected outcomes. They should also identify gaps in performance, the reasons for these gaps,

steps taken to address any problems, and recommended actions. The project will include funds from different sources, including A.I.D./Washington (Bureau for Science and Technology) and from various USAID missions. When non-bilateral funds from missions are made available to the project, an amendment to the project will be made covering the corresponding scope of work, level and type of effort, budget, and other particulars. When bilateral funds from missions are made available to the project, a discrete delivery order will be negotiated, and will include the corresponding scope of work, level and type of effort, negotiated budget and other particulars. In order to keep accurate funding records, the contractor will submit, as part of the semi-annual progress reports, a financial report that details all expenditures for each mission-funded activity by source of funds. The financial summary also shall project expenditures for the remainder of the funding periods. The paying office is A.I.D./Washington. All funds made available from Bureaus or Missions will be disbursed from A.I.D. PFM/FM/CMPD/DCB.

The precise format of these reports will be determined jointly by the A.I.D./CTO and the Contractor. In general, these reports will begin with a one page summary followed by no more than ten pages of text. They will conclude with another one page summary of accomplishments during the reporting period. Appendices may be attached. A draft copy of the report will be sent to the A.I.D./CTO for review and approval two weeks before the report is due. Three copies of the approved report shall be sent to the A.I.D./CTO. One copy should be sent to the respective Regional Bureau, Office of Technical Resources, HPN Division. One copy should be sent to the Center for Development Information and Evaluation, Bureau for Program and Policy Coordination (PPC/CDIE/DI).

The above reports shall cover work performed under both this contract and its companion contract DPE-3055-Q-00-0052-00.

C. Report on Indicators

By the end of year one, the Contractor shall prepare a report on the indicators that will be used for the quantitative and qualitative evaluation of project activities. These will address, among other things: management improvements implemented in the institution as a result of project interventions; improvements in quality of care (for program users, increases in knowledge, satisfaction, contraceptive use, reductions in fertility, and improvements to health); increases in program efficiency (increases in numbers of users, decreases in costs); and organizational performance in achieving its stated objectives. The methodologies used to obtain data on these indicators should also be addressed. The entire document

should take the form of an evaluation plan showing how the internal evaluation of technical assistance and training will be conducted, its timing, and how it will be made a systematic element of activity planning.

The aforementioned reports shall cover work performed under both this contract and its companion contract DPE-3055-Q-00-0052-00.

D. Evaluation Reports

Reports shall be prepared using qualitative and quantitative measures (as described in the Scope of Technical Services) to appraise all TA and training activities for project assistance at the intermediate or intensive levels.

E. Monthly Expenditure Vouchers

The Contractor shall prepare and submit to the A.I.D./CTO one copy of a monthly expenditure voucher showing current and cumulative information relating to actual and accrued project expenditures by line item with an estimated budget for the remainder of the funding quarter. This report shall show expenditures by line item and balances for each separate source of contract funds, e.g., S&T/POP, USAID buy-ins, Regional Bureau buy-ins, etc. Buy-ins shall be listed along with their original estimated level of effort, dollar value, actual level of effort and funds expended against the work of that buy-in. In order to permit A.I.D.'s Office of Financial Management to charge each account appropriately, the Contractor shall attach this report to the financial reports required by the applicable Payment clause.

The above reports shall cover work performed under both this contract and its companion contract DPE-3055-Q-00-0052-00.

F. Quarterly Progress Report

The Contractor shall prepare and submit to the A.I.D./CTO one copy of a quarterly progress report showing current and cumulative information relating to actual and accrued total project expenditures. This report shall show obligations, accrued outlays, expenditures and balances for each source of project funds (e.g., S&T/POP, USAID buy-ins). In addition, a three-page summary shall describe project activities and accomplishments conducted during the quarter, and activities planned for the following quarter.

The above reports shall cover work performed under both this contract and its companion contract DPE-3055-Q-00-0052-00.

G. Travel and Training Trip Reports

At the conclusion of project-related travel for technical assistance or training, Contractor staff shall prepare a trip report describing the background, purposes, events, and contacts of the travel and discussing plans for future activities. All trip reports will begin with a one page summary and should normally not exceed 10 pages. The Contractor shall submit two copies of all trip reports to the A.I.D./CTO for all overseas travel within 20 working days of completion of the trip. One copy should be sent to the respective Regional Bureau, Office of Technical Resources HPN Division, and two copies should be sent to the USAID mission for distribution.

The above reports shall cover work performed under both this contract and its companion contract DPE-3055-Q-00-0052-00.

H. Final Report

A Final Report shall be submitted one month prior to the contract's termination. This report will concisely summarize all project activities and will assess the progress made toward the achievement of the project goals. The precise format of this report shall be jointly determined by the A.I.D./CTO and the contractor at the beginning of Year 5. This deliverable shall include transfer of any software (in the form of diskettes, documentation, and training in usage) developed under the project, for example the Family Planning Management data bases.

The above report shall cover work performed under both this contract and its companion contract DPE-3055-Q-00-0052-00.

I. Other reports as requested by A.I.D. such as success stories, weekly highlights, sub-project or country briefings, etc.

J. Property Inventory

The Contractor shall maintain property inventory schedules for all Government property purchased and utilized under this contract in accordance with FAR Subpart 45.5. One copy of the inventory schedule shall be sent to the A.I.D. Contracting Officer. All project equipment and materials will be transferred at the end of the five-year period to the new Contractor.

The Contractor shall immediately notify the A.I.D./CTO and the Contracting Officer in writing in the event that circumstances arise that have or may have adverse impact on the timely performance of the contract or the incurrence of costs under this contract. This provision shall be construed to be applicable to subcontractors as well as the prime Contractor.

4. Personnel Requirements

See Section C for an illustrative staffing pattern and position descriptions.

LEVEL OF EFFORT (LOE)

Position	Cost Reimb. Contract LOE (p-m)	Requirements Contract LOE (p-m)	LOE (p-m)
Project Director	54	6	60
Deputy Director	54	6	60
Unit Directors			
Mgt Director	54	6	60
Reg Chiefs	135	45	180
MIS/Eval Dir	42	18	60
Sr Prog Officers			
Controller	42	18	60
Reg Specialist	108	72	180
Contract Officer	30	30	60
MIS Analyst	36	24	60
Eval Analyst	36	24	60
Sr. Trainer	36	24	60
Sr. Publ. Spec.	48	12	60
Prog Officers			
Fin Asst	84	36	120
Reg Prog Analyst	108	72	180
Publications	96	24	120
Sr. Support			
Sr Secy	54	6	60
Admin Asst	42	18	60
Support Staff	252	168	420
Subtotal	1311	609	1920
Short-term Cons	75	225	300
Long-term Advisors	123	369	492
Total	1509	1203	2712

END OF SECTION F

SECTION G - CONTRACT ADMINISTRATION DATA

1. **S&T/POP TECHNICAL OFFICER**

The S&T/POP Technical Officer is Leslie B. Curtin, S&T/POP/IT, A.I.D., Room 806, SA-18, Washington, D.C. 20523-1819 or her successor or designee.

2. **PAYMENT OFFICE**

The payment office (the office to which requests for payment shall be sent) is PFM/FM/CMPD/DCB, A.I.D., Room 700, SA-2, Washington, D.C. 20523-0209.

3. **POST-AWARD CONTRACT ADMINISTRATION OFFICE**

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

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, D.C. 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" (FAR 52.219-09).

5. **ACCOUNTING AND APPROPRIATION DATA**

Funds currently obligated in this contract are chargeable as follows:

PIO/T	:	0361221
Appropriation	:	72-1101021-4
Allotment	:	044-36-099-00-81-01
Budget Plan Code	:	DDPA-90-13600-KG11
Amount	:	$2,200,000
PIO/T	:	0361221,A1
Appropriation	:	72-1101021-4
Allotment	:	044-36-099-00-81-01
Budget Plan Code	:	DDPA-90-13600-KG11
Amount	:	$137,000

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:

_____

_____

_____

_____

END OF SECTION G

SECTION H - SPECIAL CONTRACT REQUIREMENTS

1. 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 all international travel funded under this contract requires the prior written approval of the Contracting Officer, 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 cognizant A.I.D. Project Officer prior to their assignment abroad. Such approval must be within the terms of this contract, is subject to availability of funds, and should not be construed as authorization to increase the total estimated cost or the obligated amount of this contract, whichever is less (see Section B of this solicitation), which are subject to the clause of this contract entitled "Limitation of Funds" (FAR 52.232.22) A copy of each approval issued pursuant to this paragraph shall be retained by the Contractor for audit purposes.

All travel by the Contractor's staff and consultants must be approved in advance by the A.I.D. Project Manager and is subject to the prior concurrence of the relevant A.I.D. field missions, and host country institutions will not be expected to provide logistical support services to the Contractor's personnel or cooperators, except as may be mutually agreed in advance for collaboration purposes.

After approval of the proposed international travel, the Contractor shall provide the USAID Mission Director advance notification, with a copy to the A.I.D./CTO, of the arrival date, time and flight identification of A.I.D.-financed travellers.

B. Notwithstanding any other provision of the 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 entitled "Personnel" (AIDAR 752.7027)].

An inexcusable nonperformance shall be defined as an unauthorized absense or failure to undertake and/or complete assigned tasks which are within the scope of this contract, when such absenses or failures are within the control of the individual.

2. DEFENSE BASE ACT (DBA) INSURANCE

Pursuant to the clause of the contract entitled "Worker's Compensation (Defense Base Act)" (AIDAR 752.228-03), the insurance carrier currently under contract with A.I.D. to provide DBA insurance is Insurance Company of North America; 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).

3. EMERGENCY LOCATOR INFORMATION

The Contractor agrees to provide the following information to the U.S. Embassy/Mission Administrative Officer on or before the arrival in the Cooperating Country of every contract employee or dependent:

(a) The individual's full name, home address, and telephone number.

(b) The name and number of the contract, and whether the individual is an employee or dependent.

(c) The Contractor's name, home office address, and telephone number, including any after-hours emergency number(s), and the name of the Contractor's home office staff member having administrative responsibility for the contract.

(d) The name, address, and telephone number(s) of each individual's next of kin.

(e) Any special instructions pertaining to emergency situations such as power of attorney designees or alternate contact persons.

4. PERSONNEL COMPENSATION

(a) Limitations

Personnel compensation shall be in accordance with AIDAR Clause 752.7007 entitled "Personnel Compensation." Compensation of personnel that is charged as a direct cost under this contract, like other costs, will be reimbursable in accordance with the Article of Section B of the contract entitled "Costs Reimbursable, Logistic and Local Currency Support to the Contractor," and the clause of this contract entitled "Allowable

Cost and Payment" (FAR 52.216-07) and other applicable provisions of the contract, but subject to the following additional specified understandings which set limits on items which otherwise might be reasonable, allocable, and allowable.

(1) Approvals

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, currently $76,982 per year (or the equivalent daily rate of the maximum FS-1 salary, currently $295.09 per day, if compensation is not on an annual basis), unless advance written approval is given by the Contracting Officer.

(2) Salaries During Travel

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. Furthermore, Government-funded travelers (employees and consultants) while traveling on official business reimbursed under this contract may not earn or accumulate "frequent flier" or other preferred traveler "miles" or "bonus" points for subsequent personal use. Refer to AID Handbook 22 for guidance involving A.I.D. travel policies.

(3) Return of Overseas Employees

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

Annual salary increases may not exceed those provided by the Contractor's established policy and practice. With respect to employees performing work overseas under the contract, one annual salary increase of not more than (5) of the employee's base salary may, subject to the Contractor's established policies and

practices, be granted after the employee's completion of each twelve month period of satisfactory services under this contract. Annual salary increases of any kind exceeding these limitations or exceeding the maximum salary of FS-1 may be granted only with the advance written approval of the Contracting Officer.

(5) Consultants

No compensation for consultants will be reimbursed unless their use under this contract has the advance written approval of the cognizant A.I.D. Project Officer, and if such provision has been made or approval given, compensation shall not exceed, without specific approval of the rate by the Contracting Officer, (a) the current compensation or the highest rate of annual compensation received by the consultant during any full year of the immediately preceeding three years or (b) the maximum daily salary rate of FS-1, whichever is less.

(6) Third Country and Cooperating Country Nationals

No compensation for third country or Cooperating Country nationals will be reimbursed unless their use under the contract has the prior written approval of the cognizant A.I.D. Project Officer. Salaries and wages paid to such persons may not, without specific written approval of the Contracting Officer, exceed either the Contractor's established policies and practices; or the level of salaries paid to equivalent personnel by the USAID Mission in the Cooperating Country; or the prevailing rates in the Cooperating Country, as determined by A.I.D., paid to personnel of equivalent technical competence. In no event shall compensation for such persons exceed the FS-1 rate, unless approved in advance by the Contracting Officer.

(7) Initial Salaries

The initial starting salaries of all employees whose salaries are charged as a direct cost to this contract must be approved, in advance and in writing, by the Contracting Officer. However, the initial salaries of those individuals named in the best and final offer have Contracting Officer approval and no further clearance process is required. Subsequent salary increases shall be in accordance with paragraph (a)(4) above. Refer also to paragraphs (a)(5) and (a)(6).

NOTE: Any approvals issued pursuant to paragraphs (a)(5) and (a)(6) above shall be retained by the Contractor for audit purposes. Approvals issued pursuant to the above must be within

the terms of the contract, and shall not serve to increase the total estimated cost or the obligated amount of this contract, whichever is less (see Article 2 of Section B of the contract).

(8) Work Week

Nonoverseas Employee. The work week for the Contractor's non-overseas employees shall not be less than the established policies and practices of the Contractor.

Overseas Employee. The work week for the Contractor's overseas employees shall be scheduled to coincide with the work week for those employees of the AID Mission and the Cooperating Country associated with the work of this contract, except as A.I.D. may otherwise agree in writing.

(b) Definitions

As used herein, the terms "Salaries," "Wages," and "Compensation" mean the periodic remuneration received for professional or technical services rendered, exclusive of any of the differentials or allowances defined in the clause of the contract entitled "Differentials and Allowances" (AIDAR 752.7028), 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 (see also the clause of this contract entitled "Personnel Compensation" (AIDAR 752.7007).

5. PROCUREMENT AND SUBCONTRACTING

(a) Authorized Geographic Code

With reference to the clause of the contract entitled "Source and Nationality Requirements for Procurement of Goods and Services" (AIDAR 752.7004), the following applies:

> Except as specified below, all goods/commodities shall have their source and origin in the United States (A.I.D. Geographic Code 000) 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" (AIDAR 752.7017) applies.

Except as A.I.D. may otherwise agree in writing, the procurement of subcontract technical services shall be financed only with citizens or firms of any country included in A.I.D. Geographic Code 935, except that non-U.S. citizens lawfully admitted for permanent residence in the United States are eligible regardless of their citizenship.

(b) Travel and Transportation

Air travel and transportation shall be financed only on U.S. Flag Air Carriers, (A.I.D. Geographic Code 000) unless service by such carriers is unavailable [see the clauses of this contract entitled "Preference for U.S.-Flag Air Carriers" (FAR 52.247-63) and "Source and Nationality Requirements for Procurement of Goods and Services" (AIDAR 752.7004)].

Ocean shipping financed hereunder shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States (A.I.D. Geographic Code 000) [see also the clauses of these contracts entitled "Preference for Privately Owned U.S.-Flag Commercial Vessels" (FAR 52.247-64) and "Source and Nationality Requirements for Procurement of Good and Services" (AIDAR 752.7004)].

Except as A.I.D. may otherwise agree, in writing, marine insurance shall be placed only with insurance companies located in the United States (A.I.D. Geographic Code 000) and authorized to do a marine insurance business in any State of the United States [see the clause of these contracts entitled "Source and Nationality Requirements for Procurement of Goods and Services" (AIDAR 752.7004).

(c) Definitions

A.I.D. definitions and discussion regarding source, origin, componentry, nationality of suppliers and related requirements pertaining to corporations, partnerships, non-profit organizations, Government-owned organizations, local suppliers, eligibility of commodities and carrier and marine insurance are set forth in A.I.D. Handbook 1B, Chapter 5, as amended, and are hereby incorporated by reference.

(d) AID Geographic Codes

A.I.D. Geographic Codes are defined in Appendix D of A.I.D. Handbook 18, as amended, and are hereby incorporated by reference.

(e) Approvals

Except as specified herein, all purchases of nonexpendable equipment (i.e. property which is complete in itself, does not lose its identity or become a component part of another article when put into use, is durable with an expected service life of two years or more, and which has a unit cost of more than $500) will require approval of the cognizant A.I.D./W Project Officer, except as specified in paragraphs 5(f), (g), and (h) below. Any approvals given pursuant to this paragraph must be within the terms of the contract, and shall not constitute source/origin and/or componentry/nationality waivers unless specifically stated. The Contractor shall retain copies of all such approvals for audit purposes.

(f) Competition and Subcontracting

The Contractor shall secure competition to the maximum practical extent, as required by the clause of this contract entitled "Competition in Subcontracting" (FAR 52.244-05). Notwithstanding any approvals issued by the cognizant AID/W Project Officer pursuant to paragraph (e) above, the Contractor shall obtain the Contracting Officer's consent for purchases/subcontracts, if required by the clause of this contract entitled "Subcontracts (Cost-Reimbursement and Letter Contracts)" (FAR 52.244-02).

(g) Automation Equipment

Notwithstanding paragraph 5(e) above and paragraph 5(h) below, the Contractor must obtain the 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. The Contracting Officer must, in turn, have the concurrence of A.I.D./W, M/SER/IRM, before providing any such approvals.

(h) Anticipated Purchases

It is anticipated that the Contractor shall purchase the following items of nonexpendable equipment (which, by inclusion below, constitutes the Contracting Officer's approval to purchase the equipment proposed in the Best and Final Offer:

For Management support:
29 microcomputers, printers or printer sharing device, including software (Word processing, data base management, spreadsheets, desk top publishing, utilities, etc.); diskettes and cables; office furnishings and equipment for the Boston offices; and enhanced communication systems.
For four Resident Advisor's offices:
2 microcomputers and accessories, furniture and office equipment.

(i) Reporting

The Contractor shall comply with all reporting requirements of the clause of this contract entitled "Government Property -- A.I.D. Reporting Requirements" (AIDAR 752.245-70).

(j) Local Cost Financing

Pursuant to the clause of this contract entitled "Local Cost Financing With U.S. Dollars" (AIDAR 752.7017), indigenous goods and imported shelf items are eligible for local cost financing in unlimited quantities, up to the total amount available for local procurement, subject to the restrictions stated in such clause or Chapter 18 of Supplement B to A.I.D. Handbook 1.

(k) Small Business and Small Disadvantaged 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 "Small Business and Small Disadvantaged Business Subcontracting Plan" (FAR 52.219-09). With respect to the latter clause, reporting requirements are as follows:

Standard Form 294, entitled "Subcontracting Report for Individual Contracts", shall be prepared by the Contractor semi-annually for this contract and submitted to the A.I.D./W Office of Small and Disadvantaged Business Utilization (OSDBU/MRC).

Standard Form 295, entitled "Summary Subcontract Report", shall be prepared quarterly by the Contractor for all contracts subject to Public Law 95-507 [i.e., with the clause entitled "Small Business and Small Disadvantaged Business Subcontracting Plan" (FAR 52.219-09 or FPR Temp. Reg. 50)] and submitted to the A.I.D./W Office of Small and Disadvantaged Business Utilization (OSDBU/MRC).

(l) 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).

6. LANGUAGE REQUIREMENTS

Personnel are required to have language capability as stated in Section C of this contract. Language proficiency must be tested at the Contractor's expense by the A.I.D./Washington Office of Personnel Management, Professional Studies and Career Development Division, to insure that project staff have the required capability.

7. ORDINARY COURSE OF BUSINESS

With respect to the clauses of this contract entitled "Allowable Cost and Payment" (FAR 52.216-07) and "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.

8. 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.

9. 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.

10. SPECIAL CONDITIONS

a. The Contractor shall maintain office space in the Washington, D.C. area.

b. All international travel made by staff and consultants supported under this project shall be cleared at least thirty days prior to travel by the A.I.D./CTO and the A.I.D. field mission. Once subprojects have been identified in specific countries, a mechanism for blanket travel authorization will be established with the respective missions.

c. The A.I.D./CTO shall be informed of all substantive contract matters between the Contractor and persons or institutions in the U.S. or other countries on a regular basis. This may be accomplished by either forwarding copies of correspondence or verbally.

d. The Contractor shall be prepared to work collaboratively, when appropriate, with other A.I.D. cooperating agencies as well as other international donor agencies (such as International Planned Parenthood Federation, the World Bank, United Nations Population Fund, European donor agencies, etc.) when requested by the A.I.D./CTO for a coordinated country assistance effort.

e. The Contractor shall segregate all project (FPMD) work from other, non-FPMD activities in the Contractor's and subcontractors' organizations.

f. All project personnel, resident advisors, and consultants who travel, must be physically qualified for field work under hardship conditions at the time of appointment.

g. When specialized services in support of the project activities are required, but are not available within the contracting organization, they may be subcontracted subject to the prior written approval of the A.I.D./CTO and the A.I.D. Contracting Officer, and subject to the clause of this contract entitled "Subcontracts Under Cost-Reimbursement and Letter Contracts (FAR 52.244-02)."
Examples of specialized services might include materials production, computer hardware/software procurement, consulting services for discreet training activities, translation, etc.

h. All training materials developed by the Contractor under this project are the property of A.I.D. and are not proprietary materials of the Contractor.

i. The Offeror will provide evidence of availability of key personnel to begin work on this project within thirty (30) days of award of the contract.

j. Selection of countries for subproject development described in Article IV of Section C of this contract entitled "Scope of Technical Services," will be carried out by the Contractor with the concurrence of the A.I.D./CTO, the cognizant A.I.D. field mission, if applicable, and the regional bureau staff. Table 1 contains an illustrative list of countries.

k. All subproject proposals must be reviewed and cleared by the A.I.D./CTO.

l. The Contractor must obtain written concurrence from the A.I.D./CTO prior to initiating any short or long-term technical assistance activity, finalizing conference or workshop plans, or printing and distributing any technical reports or training materials.

m. Access to classified information will not be required by the Contractor staff.

n. Cooperating country acceptance of this project will be obtained through A.I.D. field missions and regional bureau staff prior to initiation of work by contractors in each country.

END OF SECTION H

SECTION I - CONTRACT CLAUSES

1. The following Federal Acquisition Regulation (48 CFR Chapter 1) and A.I.D. Acquisition Regulation (48 CFR Chapter 7) clauses apply to this contract.

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...".

(f) The following is inserted preceding the text of Clause 52.245-05 entitled "Government Property (Cost Reimbursement, Time and Material, or Labor Hour Contracts) (APR 1984)" in accordance with AIDAR 752.245-70:

"The term 'Government furnished property' wherever it may appear in the following clause, shall mean (1) non-expendable personal property owned by or leased to the U.S. Government and furnished to the contractor and (2) personal property furnished either prior to or during the performance of this contract by any U.S. Government acccountable officer to the contractor for use in connection with performance of this contract and identified by such officer as accountable. The term 'government property', wherever it may appear in the following clause, shall mean government-furnished property and non-expendable personal property title to which vests in the U.S. Government under this contract. Non-expendable property,

for purposes of this contract, is defined as property which is complete in itself, does not lose its identity or becomes a component part of another article when put into use; is durable, with an expected service life of two years or more; and which has a unit cost of more than $500."

(h) The following is inserted following the text of Clause 52.245-05 entitled "Government Property (Cost Reimbursement, Time-and-Material, or Labor-Hour Contracts)(APR 1984)" in accordance with AIDAR 752.245-70:

"Reporting Requirements: The contractor will submit an annual report on all non-expendable property in a form and manner acceptable to AID.

52.252-02 - Clauses Incorporated by Reference (JUN 1988)

This contract incorporates the following 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)
52.203-10	Remedies for Illegal or Improper Activity (MAY 1989)
52.203-12	Limitation on Payment to Influence Certain Federal Transactions
52.204-02	Security Requirements (APR 1984)
52.207-03	Right of First Refusal of Employment (APR 1984)
52.209-06	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (MAY 1989)
52.212-01	Time of Delivery (APR 1984)
52.212-13 & Alt. I	Stop Work Order (AUG 1989) (APR 1984)
52.215-01	Examination of Records by Comptroller General (APR 1984)

52.215-02	Audit-Negotiation (DEC 1989)
52.215-22	Price Reduction for Defective Cost or Pricing Data (APR 1988)
52.215-24	Subcontractor Cost or Pricing Data (APR 1985)
52.215-26	Integrity of Unit Prices (APR 1987)
52.215-30	Facilities Capital Cost of Money (SEP 1987)
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)
52.216-11	Cost Contract - No 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 (FEB 1990)
52.219-09	Small Business and Small Disadvantaged Business Subcontracting Plan (FEB 1990)
52.219-13	Utilization of Women-Owned Small Businesses (AUG 1986)
52.219-14	Limitations on Subcontracting (OCT 1987)
52.220-01	Preference for Labor Surplus Area Concerns (APR 1984)
52.220-03	Utilization of Labor Surplus Area 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)
52.222-02	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)
52.224-01	Privacy Act Notification (APR 1984)
52.224-02	Privacy Act (APR 1984)
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)
52.227-10	Filing of Patent Applications-Classified Subject Matter (APR 1984)
52.227-11	Patent Rights - Retention by the Contractor (Short Form) (JUN 1989)
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 (MAR 1990)
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)
52.232-17	Interest (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)
52.232-23	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 & Alternate I	Disputes (APR 1984)
52.233-03	Protest After Award - Alternate I (AUG 1989)
52.237-03	Continuity of Services (APR 1984)
52.237-09	Procurement Integrity - Advisory and Assistance Services (MAY 1989)
52.242-01	Notice of Intent to Disallow Costs (APR 1984)
52.243-02	Changes-Cost Reimbursement Alternate II (AUG 1987)
52.243-07	Notification of Changes (APR 1984)
52.244-02	Subcontracts (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)
52.220-04	Labor Surplus Area Subcontracting Program (APR 1984)
52.224-01	Privacy Act Notification (APR 1984)
52.230-05	Disclosure and Consistency of Cost Accounting Practices (APR 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)
52.252-06	Authorized Deviations in Clauses (APR 1984)

2. AID ACQUISITION REGULATION (48 CFR CHAPTER 7) CLAUSES

752.202, Alternate 70	AID Definitions Clause -- General Supplement for Use in All AID Contracts (APR 1984)
752.202, Alternate 72	AID Definitions Clause -- Supplement for AID Contracts Involving Performance Overseas (DEC 1986)
752.219-08	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	Travel and Transportation (JAN 1990)
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)
752.7012	Protection of the Individual as a Research Subject (APR 1984)
752.7013	Contractor-Mission Relationships (OCT 1989)
752.7014	Notice of Changes in Travel Regulations (JAN 1990)
752.7015	Use of Pouch Facilities (APR 1984)
752.7016	Family Planning and Population Assistance Activities (AUG 1986)

752.7017	Local Cost Financing with U.S. Dollars (APR 1984)
752.7019	Participant Training (OCT 1989)
752.7020	Organizational Conflicts of Interest (MAR 1985)
752.7025	Approvals (APR 1984)
752.7026	Reports (OCT 1989)
752.7027, Alternate 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	Leave and Holidays (OCT 1989)

END OF SECTION I

1P

AID 1350 1
(3 87)

*PIO/T

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country: Worldwide

Page 1 of Pages

2. PIO/T No. 0361221

3. [X] Original or Amendment No. ____

4. Project/Activity No. and Title: 936-3055 FAMILY PLANNING MANAGEMENT DEVELOPMENT

Doc # 0733

DISTRIBUTION

5. Appropriation Symbol: 72-1101021-4

6. Budget Plan Code: 044-36-099-00-81-01 DDPA-90-13600-KG11

7. Obligation Status: [X] Administrative Reservation [ ] Implementing Document

8. Project Assistance Completion Date (Mo., Day, Yr.): 9/30/00

9. Authorized Agent: M/SER/OP

10. This PIO/T is in full conformance with PRO/AG No: PAF signed by ST/AA Date 4/9/90

11a. Type of Action and Governing AID Handbook: [X] 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. ____

		(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
Maximum AID Financing Available	A. Dollars		2,200,000		2,200,000
	B. U.S.-Owned Local Currency				

FUNDS RESERVED BY: Initials: D. N. Barrett Date Posted: 5/9/90 PFM/FM/A/PNP

OFFICE OF FINANCIAL MANAGEMENT

13. Mission References

14A. Instructions to Authorized Agent: CN required; will advise when funds can be obligated. CK

Request that M/SER/OP issue a Request for Proposal (RFP) in order to negotiate a competitive contract as described in the attached scope of work. Evaluation criteria, deliveries, and special contract requirements are also attached.

The funds contained in this PIO/T provide incremental funding toward the first year budget of a five year contract. Budget tables are attached.

14B. Address of Voucher Paying Office: Agency for International Development
FM/PAFD, 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.
S&T/POP/IT: LCurtin — Phone No. 875-4655 — Date 3/27/90

B. The statement of work or program description lies within the purview of the initiating office and approved agency programs.
S&T/POP/OCS: EMaguire — Date 3/28/90

C. S&T/POP/OCS: KKosar — Date 3/28/90
S&T/POP/IT: RJacobstein — Date 3/28/90

D. Funds for the services requested are available
PFM/FM/A/PNP, Rose Anderson — Date

E. S&T/POP: DGillespie — Date 3/28/90
S&T/PO: LThompson — Date 3/30/90

16. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to
Signature N/A Date ____
Title

17. For the Agency for International Development
Signature Elizabeth P. Roche Date 4/10/90
Title Elizabeth P. Roche, S&T/PO

*See HB 3, Sup. A, App. C, Att B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

S&T/PO: FAlejandro

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AID 1350-1
(10-79)

PIO/T

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country: WorldWide

Page 1 of Pages

2. PIO/T No.: 036-1221

3. ☐ Original or Amendment No. 1

4. Project/Activity No. and Title: 936-3055 Family Planning Management Developmer

Doc. No: 0040

DISTRIBUTION

Initials: A. K. Barnett

Date Posted: 5/31/90

FUNDS RESERVED BY: PFM/FM/A/PNP

OFFICE OF FINANCIAL MANAGEMENT

5. Appropriation Symbol: 72-1101021-4

6. Allotment Symbol and Charge: 044-36-099-00-81-0

DDPA-90-13600-KG11

7. Obligation Status: ☒ Administrative Reservation ☐ Implementing Document

8. Project Assistance Completion Date (Mo., Day, Yr.): 9/30/00

9. Authorized Agent: M/SER/OP

10. This PIO/T is in full conformance with PRO/AG: PAF signed by ST/AA Date 4/9/90

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

11b. Contract/Grant/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. 1)

		(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
Maximum AID Financing	A. Dollars	2,200,000	137,000		2,337,000
	B. U.S. Owned Local Currency				

13. Mission Reference

14a. Instructions to Authorized Agent

Please amend original PIO/T to add additional funds in the amount of $137,000 to the RFP request. A one-year budget is attached.

CN processed; obligation may be executed 5/23/90.

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

16. 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 are technically adequate
S&T/POP/IT:LCurtin — Phone No. 5-4655 — Date 5/8/90

B. The statement of work lies within the purview of the initiating and approved agency programs
ST/POP: EMaguire — Date 5/21/90

C. ST/POP/OCS: KKosar — Date 5/18/90
ST/POP/IT:RJacobstein — Date 5/10/90

D. Funds for the services requested are available
PFM/FM/A/PNP, Rose Anderson

E. ST/POP/POP: DGillespie — Date 5/21/90
ST/POP/PO: LThompson — Date 5/23/90

16. For the cooperating country. The terms and conditions set forth herein are hereby agreed to

Signature _____ Date _____

Title

17. For the Agency for International Development

Signature Elizabeth P. Roche Date 5/24/90

Title Elizabeth P. Roche, ST/PO

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