

PD-ABF 454 81277

ORIGINAL

AWARD/CONTRACT

1. CERTIFIED FOR AID UNDER DEFENSE UNDER DUSA REG. 2 AND/OR DMS REG. 1

RATING

PAGE OF PAGES

2. CONTRACT (Proc. Inst. Ident.) NO.
DPE-5972-2-00-7070-00

3. EFFECTIVE DATE
See Block 20C

4. REQUISITION/PURCHASE REQUEST/PROJECT NO.
7361403

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

6. ADMINISTERED BY (If other than Item 5)

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code)

Academy for Educational Development, Inc.
1255 23rd Street, N.W., Fourth Floor
Washington, D.C. 20037

DUNS No.: 07-103-1280

8. DELIVERY

FCB ORIGIN OTHER (See below)

9. DISCOUNT FOR PROMPT PAYMENT

10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN: **Block 12**

11. SHIP TO/MARK FOR

N/A

12. PAYMENT WILL BE MADE BY

FM/PAFD
Agency for International Development
Washington, D.C. 20523

13. THIS ACQUISITION WAS (Check appl. box(es))

A. ADVERTISED

B. NEGOTIATED PURSUANT TO:

10 USC 2304(a)(1) 41 USC 252(c)(1) (5)

14. ACCOUNTING AND APPROPRIATION DATA

72-1171021.8
DDHA-87-13600-KG11 748-36-099-00-20-71

15A. ITEM NO	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT

15G. TOTAL AMOUNT OF CONTRACT \$15,407,381

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CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ 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)
William A. Smith
Executive Vice President

20A. NAME OF CONTRACTING OFFICER
Joyce E. Frame

19B. NAME OF CONTRACTOR

19C. DATE SIGNED
9/22/87

20B. UNITED STATES OF AMERICA

20C. DATE SIGNED
SEP 22 1987

NSN 7540-01-152-8069 PREVIOUS EDITION UNUSABLE

ORIGINAL

STANDARD FORM 26 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.214(a)

SERVICES AND COSTS

1. SERVICES

For the period specified in Section F of this contract, the Contractor shall develop and demonstrate public health communication strategies and methods for the control and prevention of AIDS. These services are more fully described in Sections C, D, F, and H of this contract, for the estimated cost shown below.

2. ESTIMATED CONTRACT COST AND FINANCING

(a) The total estimated cost for performance of the work required hereunder is \$15,407,381.

(b) The amount of funds currently obligated to this contract for performance hereunder is \$1,000,000. This amount is anticipated to be sufficient through approximately April 21, 1988. The Contractor shall not exceed this amount unless authorized by the Contracting Officer pursuant to the clause of this contract entitled "Limitation of Funds" (FAR 52.232-22), (see Section I of this contract).

3. BUDGET

(a) The following itemized budget sets forth the estimates for reimbursement of dollar costs for individual line items of cost. Without the prior written approval of the Contracting Officer, the Contractor may not exceed the total estimated cost set forth in the budget hereunder or the obligated amount (see part 2 above), whichever is less. Within the grand total, the Contractor may adjust line item amounts as reasonably necessary for the performance of the work hereunder, except for indirect costs, which are governed by Part 5 of this Section B.

(b) The Contractor also 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 herein.

(c) This five-year contract is to contain a two-year extension option clause. (See item 4 below). It is expected that a portion of the funding of this project will be through the "buy-in" mechanism from USAID Missions and A.I.D. Regional Bureaus (see item 5 below).

Academy for Educational Development
 Budget - 09/22/87 - 09/21/92
 Optional Two-Year Extension - 09/22/92 - 09/21/94

CATEGORY	PROJECT YEAR 1	PROJECT YEAR 2	PROJECT YEAR 3	PROJECT YEAR 4	PROJECT YEAR 5	SUBTOTAL	OPTIONAL YEAR 6	OPTIONAL YEAR 7	TOTAL
1. Salaries and Wages:	\$435,360	\$491,176	\$454,532	\$418,743	\$471,521	\$2,274,432	\$321,103	\$327,650	\$2,923,185
2. Employee Benefits @ 26%:	113,194	126,512	118,178	108,873	122,595	591,352	83,487	85,189	760,028
3. Consultants:	75,372	67,014	70,363	87,252	91,616	391,617	192,505	202,129	786,251
4. Travel & Transportation:	183,050	257,213	266,364	248,629	405,723	1,360,979	261,289	272,256	1,894,524
5. Other Direct Costs:	421,340	623,690	483,935	254,674	637,369	2,421,008	38,104	40,008	2,499,120
SUBTOTAL Lines 1-5:	1,228,316	1,570,705	1,393,372	1,118,171	1,728,824	7,039,388	896,488	927,232	8,863,108
6. Indirect Costs @ 28%:	343,929	439,798	390,145	313,088	484,071	1,971,031	251,017	259,625	2,481,673
7. Overseas Allowances:	67,000	105,615	77,064	57,274	62,795	369,748	0	0	369,748
8. Equipment:	143,650	200,000	150,000	75,000	200,000	768,650	0	0	768,650
9. Subcontract Expenses:	951,869	1,266,701	1,118,459	893,042	925,984	5,155,455	590,017	606,051	6,351,522
10. Subcontract G&A @ 2%:	19,037	25,322	22,369	17,861	18,520	103,109	11,800	12,121	127,030
SUBTOTAL Lines 1-10:	2,753,801	3,607,541	3,151,409	2,474,436	3,420,194	15,407,381	1,749,322	1,805,029	18,961,731
11. Fixed Fee @ 0%:	0	0	0	0	0	0	0	0	0
TOTAL	\$2,753,801	\$3,607,541	\$3,151,409	\$2,474,436	\$3,420,194	\$15,407,381	\$1,749,322	\$1,805,029	\$18,961,731

Note: The inclusion of a dollar amount for subcontract(s) and/or consultants in the above budget does not obviate the requirements of the clause of this contract entitled "Subcontracts Under Cost-Reimbursement and Letter Contracts" (FAR 52.244-02), or Part 4(a)(5) of Section H of this contract for prior written approval by the A.I.D. official indicated therein.

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4. TWO-YEAR OPTIONAL CONTRACT EXTENSION

During the third year of contract operations, A.I.D. may determine that it wishes to extend the life of contract for an additional two years. This two year extension has been budgeted separately (see itemized budget, Section B. 3.) and includes estimates for the following activities:

- a) Continuation of key Contractor staff and home office support;
- b) Ten person years equivalent of technical assistance;
- c) Continued participation in national evaluations;
- d) Four additional seminars for LDC professionals;
- e) Travel to support continued operations;
- f) Preparation of additional required documents as described in Section F.3.

5. MISSION PARTICIPATION

5.1. Sources of Funds

The primary source of funding for this contract will be A.I.D./W's Bureau for Science and Technology, Office of Health. However, it is anticipated that other USAID overseas Missions and A.I.D./W Bureaus and Offices will also provide funding from time to time for specific activities which are within the scope of this contract.

5.2. Types of Funds

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

5.2.(a) Bilateral Funds

These are funds that are obligated under a bilateral project loan or grant agreement between the United States Government and the Government of the cooperating country. Any obligation of bilateral funds under this contract shall be made through a discrete delivery order. This order will require a separate request to the contractor from the Contracting Officer for a cost estimate, and if necessary, a technical proposal, a negotiation process, and final issuance of a discrete delivery order. Each order will contain a scope of work, level of effort, line item budget, period of performance, limitation of costs, etc. Funds obligated under a discrete delivery order may be used only for performance of that order. At the conclusion of the performance of any delivery order any remaining funds shall revert to the original source and must be deobligated from the contract.

Costs incurred by the contractor in the performance of a delivery order (including a proportional share of indirect costs, and fee, if any) in excess of the funds obligated therein will not be reimbursed unless specifically authorized in writing by the Contracting Officer. The contractor may not begin work under a delivery order until receipt of the executed delivery order unless specifically authorized to do so by the Contracting Officer.

5.2.(b) Non-Bilateral Funds

Funds from the sponsoring office and non-bilateral funds from other offices, bureaus, and missions will normally be obligated by contract modification. Initiation of actual services will be accomplished through technical directions issued by the sponsoring S&T project office. Funds obligated in the basic contract may NOT be used for costs associated with a delivery order unless 1) the delivery order specifically authorizes such use or 2) specific written technical directions authorize such use. Any non-bilateral funds obligated by incremental funding modifications, which are in excess of the costs (including a proportional share of indirect costs, and fee, if any) of performance of the activity for which the funds are obligated hereunder, shall not revert to the source of those funds. Instead, they shall remain available for expenditure and shall be treated as S&T funds. The contractor may not begin work under activities funded by non-bilateral money unless specifically authorized to do so in accordance with the technical directions clause of this contract.

The contract includes both the contract document itself and all modifications thereto and all delivery orders issued thereunder. Thus, the total amount of funds obligated for the contract performance is always the total of the amount obligated in the contract, including all modifications plus the sum of the amounts obligated in all delivery orders and modifications thereto.

5.3. Segregation of Funds

A.I.D. requires that a separate accounting be made for each increment of funds obligated hereunder. Accordingly, the Contractor's accounting system must accumulate and segregate costs (including a proportional share of indirect costs, and fee, if any) separately by each increment of funds obligated hereunder (hereinafter referred to as "accounting of PIO/T").

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5.4. Billing for Costs

The Contractor's periodic billings for costs (including a proportional share of indirect costs, and fee, if any) incurred on contract work activities may be made on one consolidated invoice or voucher; however, within each invoice or voucher the Contractor must segregate costs (including a proportional share of indirect costs, and fee, if any) by PIO/T. In addition to this requirement, the Contractor's invoice must include the modification number or delivery order number which obligated the funds, PIO/T number, the appropriation number, the allotment symbol (if applicable), and the budget plan code (BPC) for each increment of funds against which costs (including a proportional share of indirect costs, and fee, if any) are being charged. This information will be indicated in the modification or order obligating those funds.

The final billing against each increment of non-bilateral funds which are obligated in a contract modification, other than from the sponsoring project office, shall be marked with "Completion." The final billing against each order shall be marked "Completion" and the Contractor shall comply with the clause of the contract entitled "Allowable Cost and Payment" (FAR 52.216-07) for completion invoices or vouchers.

6. ESTABLISHMENT OF INDIRECT COST RATES

(a) 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 or final 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 rate(s) applied to the base(s) which is (are) set forth below:

<u>Type of Rate</u>	<u>Rate</u>	<u>Base</u>	<u>Period</u>
Overhead (Regular)	28.0%	<u>1/</u>	09/22/87 (until amended)
Overhead (Pass-Through)	2.0%	<u>2/</u>	09/22/87 (until amended)

1/ Total Direct Costs, excluding costs of subcontracts, equipment, educational, post differential and housing allowance and participant expenses.

2/ Subcontract expenses only.

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

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

(a) (i) The distribution base for establishment of final overhead rates (regular) is total direct costs, excluding costs of subcontracts, equipment, educational, post differential and housing allowance and participant expenses.

(ii) The distribution base for establishment of final overhead rates (pass-through) is subcontract expenses only.

(b) The Contractor shall make no change in his established method of classifying or allocating indirect costs without the prior written approval of the Contracting Officer.

(c) Reimbursement for indirect costs shall be at final negotiated rates, but not in excess of the following ceiling rates:

<u>Accounting Period</u>	<u>Rate</u>	<u>Overhead</u>
09/22/87 - 09/21/92	32.0%	Regular
09/22/87 - 09/21/92	2.5%	Pass-Through

(d) The Government shall not be obligated to pay any additional amount on account of indirect costs above the ceiling rates established herein.

This advance understanding shall not change any monetary ceiling, cost limitation, or obligation established in the contract.

8. COSTS REIMBURSABLE AND LOGISTIC SUPPORT TO THE CONTRACTOR

(a) United States Dollar Cost

Reimbursement of United States dollar costs incurred under this contract shall be paid to the Contractor as described in the clauses of this contract entitled "Allowable Cost and Payment" (FAR 52.216-07) and "Payment" (AIDAR 752.7003, Alternates 70 and 71), and shall be limited to reasonable, allocable, and necessary costs determined in accordance with the clause of this contract entitled "Allowable Cost and Payment" (FAR 52.216-07).

(b) Logistic Support

A.I.D./W will not make provisions for logistic support. USAID Missions may do so, depending on local conditions. Unless a contract modification or the Cognizant A.I.D. Technical Officer (C.T.O.) specifies that the Cooperating Country and/or the USAID Mission will provide logistic support, the Contractor and any employee or consultant of the Contractor or its subcontractors is prohibited from using U.S. Government facilities (such as office space or equipment) or U.S. Government clerical or technical personnel in the performance of the services. If at any time it is determined that the Contractor, or any of its employees or consultants have used U.S. Government facilities or personnel without authorization either in a contract modification or in writing by the cognizant A.I.D. Project Officer, then the amount payable under the contract shall be reduced by an amount equal to the value of the U.S. Government facilities or personnel used by the Contractor, as determined by the Contracting Officer. If the parties fail to agree on an adjustment made pursuant to this clause, it shall be considered a "dispute" and shall be dealt with under the terms of the clause of this contract entitled "Disputes" (FAR 52.233-01 and Alternate 1).

In terms of operational expenses, funding for an average of \$150,000 per site will be provided within the existing total estimated contract amount for local in-country expenditures in each emphasis country for such items as equipment, local hire staff, production services, media products and evaluation-related services. A vehicle will be budgeted for each emphasis country site within this figure.

An additional \$50,000 per emphasis country site will be budgeted within the existing total estimated contract amount for participation in national AIDS control and prevention surveillance and impact evaluation activities in collaboration with WHO and host country plans.

The budget for local expenditures will be approved by A.I.D. as part of the implementation plan for each site.

The Contractor's non-cooperating country personnel and their dependents shall be entitled to use of the pouch (see the clause of this contract entitled "Use of Pouch Facilities" [AIDAR 752.7015]), and shall have access to the Embassy health room in each country, subject to rules and regulations in effect at the time. All other logistic support will be provided or arranged for by the Contractor.

(c) The costs of logistic support being provided by the Cooperating Country and/or the USAID Mission are not included in the budget of this contract and are in addition to U.S. dollar costs. Logistic support provided in the form of local currency shall be paid to the Contractor in a manner adapted to the local situation and as agreed to by the Mission Director, in writing. The documentation for such costs shall be on such forms and in such manner as the Mission Director shall prescribe.

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SECTION C

WORK STATEMENT

1. BACKGROUND AND OBJECTIVE OF THE PROJECT

Acquired Immunodeficiency Syndrome (AIDS) and infections with its causative human immunodeficiency virus (HIV) represent an unprecedented challenge to the international health community. The numbers of reported cases and the larger numbers of infected persons continue to increase rapidly, indicating a pandemic of historic proportions. AIDS has no immediate medical solution, yet is taking a continually escalating social and economic toll on individuals, families, communities and entire countries. Its control in the near term depends on changing human behavior. A.I.D. is designing the Public Health Communication Project to apply and further develop the use of public health communication strategies and methods to inform people about HIV infection, how it is spread and not spread, and to understand, motivate and support the process of their adoption of specific risk reduction practices.

Public health communication is the application of communication technologies and behavior change strategies to public health problems. Public health communication is broadly defined as the systematic attempt to influence positively specific health practices of large populations as well as targeted subpopulations using principles and methods of mass communication, instructional design, health education, social marketing, behavioral analysis, anthropology and related social sciences and public health disciplines including epidemiology. It typically involves the use of multiple channels of communication -- face-to-face and mediated; public and private; open and intra-organizational; traditional and modern -- in the most effective mix for achieving specific public health objectives. It relies heavily on -- and sometimes is a catalyst for change in -- medical, training, marketing and communication support systems for achieving change.

The control of AIDS in the near term depends on changing human behavior. Large numbers of people need to be informed about HIV infection and how it is and is not transmitted. Feasible, specific alternatives for reducing risk of infection need to be presented in believable, culturally acceptable terms and adopted by large numbers of people. The process of adoption of these alternatives needs to be understood, continually monitored and translated into increasingly effective communication strategies and messages. There is no room for the ultimate failure of this endeavor. It must be attempted, refined and sustained until it succeeds.

The HIV virus is transmitted by intimate exposure to the body fluids of an infected person. Sexual activity with an infected person is the primary means of transmission. Transmission also occurs through exposure to blood or blood products from an infected person, particularly through blood transfusions or the use of blood contaminated needles or skin-piercing equipment, and from mother to child during pregnancy or shortly after birth. HIV infection is not transmitted through casual contact such as touching, sneezing, hugging, sharing meals or bathrooms in the home, school or workplace.

The objectives of risk reduction strategies include:

- o informing the public of the nature of the AIDS problem -- how HIV infection is and is not transmitted; the extent of their risk; and the types and sources of services available;
- o informing and motivating decision makers, opinion leaders and service providers in their evolving role as system-wide responses to the AIDS problem develop;
- o informing the public, particularly high risk groups, about what they can do to reduce their risk of HIV infection and promoting adoption of appropriate practices, including:
 - the maintenance of stable familial relationships, the practice of "safe sex," including abstinence, and the use of condoms or other barrier or virucidal contraceptive methods;
 - the use of (and creation of demand for) sterile needles and other skin piercing instruments;
 - participation in testing programs for men and women planning to become parents;
 - the adoption of safe infant care practices as evidence emerges which indicates the nature of these practices; and
- o promoting participation in testing programs.

This is not an easy communications agenda. The nature of the disease, the kind of behavior to be changed, the changing status of the disease from country to country and the variety of cultural contexts in which it occurs justify caution and a solid research and development program to accompany the increasing volume of immediate responses being generated by immediate need.

The challenge is compounded by differing perceptions of the extent of the disease problem. Countries with large numbers of frank AIDS must be approached differently than countries with few cases and only an emerging awareness of their HIV infected population base. This also implies that all educational efforts must be epidemiologically driven: they must be targeted interventions which match the areas of greatest need and are informed with the best available data on local knowledge, beliefs and practices.

2. SCOPE OF WORK

(a) The purpose of the Public Health Communication Project is to develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS.

(b) To achieve the above objectives and outputs, the Project design includes the following major inputs, all of which shall be the responsibility of the Contractor to implement:

2.1 Contract Activities. The Contractor will develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS. The Contractor will do this as guided by A.I.D. policy in the context of the World Health Organization (WHO) worldwide leadership and in collaboration with A.I.D. Missions and national AIDS prevention and control plans, providing support for country-specific AIDS control and prevention programs within an operations research context.

The methodology developed by this project is to be applicable worldwide. Thus project objectives require that it work with a variety of relevant practices in diverse settings. The strategies, methods and procedures developed across sites and across regions will contribute to the methodology.

To develop and demonstrate strategies and methodologies, the Contractor will implement three interrelated activities.

1) Sustained operations research activities in up to 15 emphasis countries. The adaptation of public health communication strategies and methods to new problems as complex as AIDS is best undertaken in a context of sustained operations research over several years with the same on-going programs. A sustained relationship with a program provides a context within which assistance with achieving immediate program objectives can be combined with operations research, including the continued assessment of epidemiologically defined target audience characteristics and program impact, directed toward the refinement of communication strategies and methods.

2) Technical assistance in public health communication in other countries. The project will provide technical assistance for A.I.D. Missions and, at their request, country programs which may require but otherwise would not have access to public health communication expertise applied specifically to AIDS prevention. These countries are additional to the emphasis countries described above.

3) Dissemination activities. The research findings and lessons learned from pilot project activities will be shared worldwide through a series of dissemination activities. The contractor will contribute to the institutionalization of the methods and procedures developed under the contract in each participating country within existing organizations through the in-service training that will occur during long and short-term technical assistance activities. U.S. based degree training is not required under this contract unless specified by exception in a country implementation plan.

2.2 The Contractor shall direct efforts to achieve Public Health Communication Project impact in four areas:

- 1) in the development of effective strategies and methods for applying public health communication to the problem of AIDS prevention;
- 2) in the adoption of appropriate practices by high risk groups, service personnel and various target groups among the general population at project sites;
- 3) in the dissemination of public health communication strategies and methods to additional sites; and
- 4) in the refinement of the accepted norms for conducting public health communication for AIDS control and prevention among the international community.

2.3 The specific results required during the five-year life of contract (with a two-year extension option clause) include:

- 1) Sustained operations research activities in up to 15 emphasis countries;
- 2) Demonstrable project impact at each emphasis site;
- 3) Technical assistance in public health communication in additional countries;
- 4) A manual of public health communication strategies and methods adapted for the control and prevention of AIDS;
- 5) An instructional videotape series (approximately three) for field officers, decision makers and development professionals about project strategies and methods;

- 6) The conduct of a series of workshops and seminars;
- 7) Reports, publications and papers.

2.4 Technical Background. The Contractor will apply lessons learned from other A.I.D.-funded programs which have developed significant experience and expertise in the application of communication and social marketing strategies and methods to comparable problems. For the reduction of risk of AIDS through sexual transmission, promoting stable familial relationships, abstinence and other practices such as the use of condoms will be critical. Promoting the use of sterile needles by health care workers and injectionists, promoting testing programs and reducing unreasonable fear of contracting AIDS from non-risk practices will be among other critical objectives. Skill in understanding the behavior change process and in applying this understanding to communication strategy and message development successfully in a variety of cultural contexts is essential.

Thus A.I.D.'s programs in contraceptive social marketing, in population information, education and communication and in introducing change to support child survival practices are directly relevant. A.I.D.'s experience in supporting immunization programs has relevance for the promotion of the use of sterile needles. A.I.D.'s experience in applying social marketing strategies and methods to introduce widespread targeted change in practices related to family planning, diarrheal disease control, immunizations, breastfeeding and other child survival objectives provides a significant base of experience in developing countries from which to approach the control and prevention of AIDS.

While the Contractor is to pay special attention to this base of experience within A.I.D., significant public health communication programs with comparable objectives to AIDS control and prevention have been implemented by WHO (smallpox eradication), other donors and many developing countries. In addition, the major industrialized countries and some developing countries are gaining experience rapidly in communicating to their populations about AIDS. The Contractor is to consider these experiences carefully in developing appropriate public health communication strategies and methods. A general strategic and methodological frame of reference for successful communication programs has emerged from the application of interdisciplinary approaches within these programs. This frame of reference, variously described within different sectoral disciplines, has broad consensus among communication and social marketing practitioners and is to be the basis for further development of public health communication strategies and methods applied to AIDS control and prevention under this project. This section will conclude with a brief description of a generic public health communication process which will provide a context for work under this contract.

The communication process. Effective public health communication requires planning, research and creativity. It is a methodological activity involving investigation, development of strategies, experimental examination and revision of strategies, intervention and monitoring and evaluation of results. It can be described in three stages.

Stage 1: Planning: The collection of critical information, the selection of key target populations, the development of strategies, testing of materials and formulation of an operational plan.

Health Problem Analysis: All relevant information regarding the epidemiology and clinical nature of the problem is assembled and examined.

Developmental Research: This broad based exploratory research provides valuable information on audiences, possible products, practices and channels of communication, using a variety of techniques to analyze all four aspects of the marketing mix: product, place, price and promotion. Research techniques include surveys, in-depth individual interviews, focus groups and ethnographies.

Health Practice Studies: These studies focus on small-scale behavioral trials using observation protocols to identify potential obstacles and test possible incentive schemes.

Strategy Development: Research results are used to develop an initial plan for the program. The plan is comprehensive and will change as specific materials are tested and new information is gathered. The plan defines specific objectives, target audiences, key consumer benefits, the reasons to believe in those benefits, key messages, the tone or style of the program and the mix of channels to be used.

Materials Pretesting: Draft materials, consistent with the strategy are developed and pretested among members of the target audience and revised.

Operational Plan: This plan serves as a guide for program planning and as a record of program objectives and strategies. It includes a summary of principal research findings, program objectives, the intervention strategy, monitoring, management and evaluation plans and the budget.

Stage 2: Intervention: Implementation and management of the communication process responds to the planning document.

Production: Intervention begins with the production of the communication and training materials, ensuring that materials match, or rise above, existing quality norms.

Distribution: Final materials are distributed to the target audiences through the appropriate channels. Effective distribution entails producing the correct quantities and materials; timely delivery of materials and instruction in their use; and effective integration of channels.

Stage 3: Monitoring: The communication program's progress is continually measured and monitored -- with continued mid-course corrections -- to ensure accurate results.

Monitoring: This function examines project outputs and outcomes compared with the original plan and objectives. It focuses on distribution systems for products and materials; internal project adherence to work schedule and budget; interim tracking of audience knowledge, acceptance and practice. Monitoring techniques include focus groups, tracking surveys, observation of program operations and panels of influentials.

Impact Evaluation: The last step in the continuous communication process, the impact evaluation, assesses total program impact and defines the program results in terms of improved health status, knowledge, acceptance and usage.

This communication planning, intervention and monitoring process is seldom implemented comprehensively. It often does not need to be. It is often too time consuming or costly. Learning to communicate about a complex problem such as AIDS is cumulative. Not every step or lesson learned need be repeated every time. But at the beginning of learning to communicate about a complex problem such as AIDS, a significant body of research and experience following the general outlines of this planning, intervention and monitoring process is a requisite for success.

3. SPECIFIC CONTRACT/TECHNICAL REQUIREMENTS

The Contractor shall provide services and documentation required by paragraphs 2 and 3 of this Statement of Work.

3.1 General Methodology. The Contractor shall organize its efforts under the following guidelines.

3.1.1 Sequencing of Contractor Activities for Each Emphasis Country Site.

The Contractor shall follow this sequence of activities for emphasis countries:

- o Country selection in collaboration with A.I.D. and according to the guidelines expressed below.
- o Conducting a feasibility study and development of a Implementation Plan and Letter of Agreement in-country with the collaboration of A.I.D., WHO and host country officials. Approval of the Implementation Plan and Letter of Agreement by A.I.D.

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- o Collaboration with host country institutions in the conduct of a series of operations research activities over an average three-year period as specified in the implementation plan for the country. A resident advisor and/or other short term technical assistance will be required as specified in the plan. The operations research activities will provide a basis for:
 - Development of the public health communication strategies and methodologies;
 - Significant impact on country AIDS control and prevention programs;
 - Significant impact on the knowledge, behavior and risk status of target audiences of these programs;
 - The evaluation studies required in C-3.3.1; and
 - Participation in worldwide Project dissemination activities.

Each of these elements shall be discussed in the Implementation Plan.

- o Collaboration in worldwide dissemination activities as they reflect experience across sites through seminars and workshops, site visits, evaluation reports, the Project Manual, videotapes, "Field Notes" and other publications described in paragraph C-3.4.

3.1.2. Site Selection for Emphasis Countries. The Contractor shall follow, with A.I.D. guidance, these country selection criteria:

- o The extent and nature of the AIDS problem;
- o A.I.D. Regional Bureau recommendation and Mission request;
- o Strength of host country commitment and ability to collaborate;
- o Extent to which project activity can support the development and implementation of the country national AIDS control and prevention plan in collaboration with WHO; and
- o Feasibility of conducting project activities.

For planning purposes, the Contractor should anticipate working in 5 African countries, 5 Latin American/ Caribbean countries and 5 Asia/ Near East countries.

3.1.3 Development of Letter of Agreement and Implementation Plan with Emphasis Countries.

A Letter of Agreement expressing respective responsibilities between A.I.D. and designated host-country representatives is required before implementing activities recommended by the feasibility study. An Implementation Plan approved by A.I.D. and host country representatives is required subsequently. Guidance in designing and implementing the Intervention Plan will be obtained from A.I.D., WHO and the Contractor's Technical Advisors listed under key personnel.

In each Implementation Plan, the Contractor shall describe:

- 1) The major operations research objectives appropriate for the site;
- 2) The collaborating institutions, counterpart professional staff and plans for integrating project activities into the country AIDS control and prevention plan;
- 3) The public health communication strategy which will be implemented in the country in association with project operations research activities, with initial information on target audiences, objectives, general approach, communication channels and their interaction, the relationship between public and private institutional inputs, training plan for networks of change agents and the procurement and distribution plan for products and printed materials, in so far as these are involved;
- 4) The type (long term/short term; disciplinary categories) and duration of technical assistance required;
- 5) An evaluation plan for participation in country-wide impact assessment, if appropriate, and for the operations research activities; and
- 6) A management plan for implementing project activities.

An attachment to the plan shall include a budget for local expenditures, if any, to be funded under the contract, as described under "Operational Expenditures" in Section B.

3.1.4 The Contractor's role is one of advisor and active collaborator in the AIDS control and prevention program in each country, through its operations research activities, in collaboration with A.I.D. and WHO and as described in the Letter of Agreement and Implementation Plan for each country. The Contractor is responsible for funding only those in-country operations for the activities that are described in the Implementation Plan and are within the scope of this contract.

3.1.5 Sequencing of Contractor Activities for Other Short Term Technical Assistance Activities.

The Contractor shall follow this sequence of activities:

- o A.I.D. will originate each technical assistance request from the contractor, including a draft scope of work and suggested composition of the technical assistance team.
- o The Contractor will respond with a proposed consultant team and proposed final scope of work.
- o The activity will begin after A.I.D. Mission approval is received and the C.T.O. has given final written approval.

3.1.6 Short term technical assistance will provide support to country AIDS control and prevention activities in collaboration with A.I.D. Mission activities and WHO. Assistance will be provided in a broad range of expertise that pertains to designing and implementing public health communication activities and the conduct of operations research to support public health communication activities. Assistance will emphasize the areas of social marketing, communication research, behavioral analysis and related social sciences, message and materials development and pretesting, electronic and print media production, intervention planning and management and evaluation. Assistance in areas such as medicine and epidemiology will be provided through other A.I.D. support mechanisms whenever possible.

3.2 Intervention Stage for Country Activities.

3.2.1 In each emphasis country, the contractor will initiate a series of operations research activities that will provide immediate benefit to the country AIDS control and prevention program in implementing public health communication activities; that will provide a sustained supportive relationship to that program over an average of three years per site; that will benefit the worldwide effort to combat AIDS through the findings of the operations research activities and through the cumulative experience across sites expressed in the Manual required under the contract. The required Implementation Plan will express the major approach to operations research activities in each country. A mix of long and short term technical assistance will usually be required. Close collaboration with the country AIDS Control and Prevention Committee, the local A.I.D. Mission and WHO will be required.

The description of the public health communication process described in Section C.1 above will serve as a general frame of reference for country operations research activities under the contract.

Some studies are expected to be brief in duration, requiring only a few weeks or months; other studies may be of several years duration. Broad summative impact evaluation studies are encouraged as well as studies which are narrower in scope. Both quantitative and qualitative research methods are expected. Within this context, the Contractor should be prepared to examine the following kinds of questions within an operations research agenda:

- o how AIDS control and prevention interventions can best relate to existing programs, particularly where A.I.D. may have an active involvement, such as immunizations and family planning;
- o the development of targeted strategies to influence practices among those practicing high risk behavior;
- o the development of strategies to involve decision makers and opinion leaders in support of local AIDS programs;
- o the development of evaluation indicators to monitor program impact such as:
 - ability of target audiences to correctly state risk factors and methods of prevention of AIDS;
 - behavior change toward promoted practices;
 - condom sales and use; and
 - where this is seen to be feasible, HIV sero-conversion rates;
- o the refinement of research methods and instruments for monitoring program impact;
- o the optimal adaptation of available channels of communication (modern and traditional), including service infrastructures, marketing systems, local organizations and media systems, for AIDS prevention strategies;
- o the improvement of methods for implementing the basic components of a public health communication strategy, including:
 - identification and description of target audiences;
 - determination of locally specific behavior to be influenced;
 - determination of measurable objectives based on intended change in practices;
 - selection of marketing and communication strategies appropriate for achieving these objectives;
 - determination of the character and content of program messages;
 - experimentation with different channel mixes including the integration of modern with traditional channels;
 - the development and pretesting of program components and materials; and

- revision of program strategies, components and materials based on monitoring and evaluation of program implementation and impact; and
- o the improvement of methods for consumer and product research, including public knowledge, attitudes and reported practices, and for the investigation of local customs relevant to the prevention of AIDS;
- o investigation of areas of special importance to AIDS public health communication programs such as:
 - local sensitivities to AIDS prevention messages, particularly those involving sexual behavior;
 - the range of locally acceptable approaches to reducing the risk of sexual transmission;
 - the best approach to generating increased condom sales;
 - the best approach to promoting sustained and correct condom use;
 - demand creation among potential parents for testing for HIV infection so that perinatal transmission can be avoided;
 - demand creation among health professionals for sterile needles in immunization programs and for training related to AIDS control and prevention;
 - the best approach to IV drug users where this is a problem;
 - the promotion of AIDS prevention practices among traditional practitioners; and
 - acceptable approaches to monitoring change in sexual practices.

The studies conducted at any site should be planned so that they are of immediate benefit to local programs in addition to contributing to worldwide knowledge. Thus they should be integrated with continued assistance to the implementation of the local AIDS control and prevention program through the services of the technical advisors provided under the Contract.

The Contractor will coordinate researchers, health system providers and inputs from a variety of public and private sector institutions and private voluntary organizations in order to carry out the required implementation plan and operations research activities at each site.

3.2.2 Responses to short term technical assistance requests for other countries should be guided by the broad public health communication process and by the overall operations research agenda of the contract. These activities should support the development, implementation or evaluation requirements of national AIDS prevention and control plans. As directly as possible, the short term technical assistance activities in other countries should contribute to the development and demonstration of public health communication strategies and methods required by the contract.

3.3 Evaluation Studies.

3.3.1 Evaluation Studies at Emphasis Sites.

The Contractor shall prepare an evaluation plan for each country as part of the Implementation Plan. This plan is to collaborate with on-going national AIDS Committee evaluation plans, as feasible, and to provide evidence of impact on target audience knowledge, attitudes, practices and, if feasible, health status pertaining to AIDS through the public health communication interventions assisted under the contract. Whenever possible, the evaluation should include the collection of data from the target audience or institutions working directly with the target audience pertinent to the assessment of impact.

3.3.2 Technical Advisory Group (TAG).

The Contractor in consultation with the S&T C.T.O. (S&T/ED) and S&T/H and S&T/POP project managers is to convene an annual TAG meeting. (See Section G.1 for A.I.D. contract management definitions). The TAG will include key Contractor personnel, key A.I.D. personnel and additional advisors to be approved by the C.T.O. The additional advisors will be recognized experts in AIDS control and prevention and include representation from WHO. The TAG will advise A.I.D. and the Contractor regarding (1) programs under the project; (2) problems that need to be resolved; and (3) opportunities for greater project impact.

3.4 Dissemination Activities.

The Contractor shall complete the following dissemination activities:

- a. Methodology Handbook. A practical guide for public health communication professionals and associated decision makers which states the strategic and methodological approaches adapted and developed under the contract.

The manual is to represent a compendium of lessons learned across project sites and across operations research activities. An initial draft based on the description of the public health communication process in C-1 and on early life of project planning activities is to be completed during the second year of the contract. Two revisions will be submitted subsequently at a time determined by the CTO. (For planning, estimate a 75-page document; with the final version produced in four languages.)

- b. Professional workshops. A series of workshops (six for planning purposes) for LDC professionals and decision makers to provide instruction in applying public health communication strategies and methods in their countries (core Contractor staff with experience at project sites are to be used primarily). It is estimated that these workshops will be an average of two-weeks' duration in LDCs working with the project.

An average of six scholarships per workshop are to be allocated from country "operational funds" under the contract. The remaining participants will be funded from other sources outside the contract, unless by exception as approved in writing by the CTO

- c. Professional seminars. A series of U.S.-based professional seminars (two for planning purposes) of two to five days' duration for U.S. professionals working with PVOs and/or universities, to exchange experience in the application of public health communication strategies and methods to AIDS control and prevention (core Contractor staff with experience at project sites are to be used primarily). Funding for travel and per diem is to be provided from sources outside the contract, unless by exception as approved in writing by the CTO.
- d. Instructional videotape series. A series of instructional videotapes in three languages about public health communication strategies and methods based on project experience (three twenty-minute tapes for planning purposes).
- e. Field Notes. The publication of a series of highly specific reports or "Field Notes" about major practical lessons learned from field experience in the application of public health communication strategies and methods. The number and length of Field Notes will be determined by the Contractor in consultation with the CTO. (For planning, estimate completion of 25 ten-page Field Notes; 15 in English only and 10 in four languages.)
- f. Publications, papers and professional communication. The project will attempt to achieve broad dissemination of results through the international public health community working on AIDS prevention and control. Special attention will be given to collaboration with WHO in this effort. A stream (a minimum of four each fiscal year) of publications, papers and presentations about public health communication strategies and methods based on project experience and data will be produced by the Contractor, written by key Contractor personnel and others, as appropriate, for the major journals, magazines and professional fora pertaining to the field.)
- g. Briefings. In addition to participating in the annual advisory meeting, key U.S.-based Contractor personnel are to be available to prepare and present up to two major briefings a year to AID/W and WHO staff. (For planning, estimate that all of these will take place in Washington, D.C. except three which will take place in Geneva, Switzerland.)

The Contractor shall prepare an overall Dissemination Activities Plan for the life of contract, which shall be revised annually and will require CTO approval for each submission.

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 (see Section F of this contract) shall include the Project Name (AIDS Technical Support: Public Health Communication Component), the Project Number (936-5972), and the Contract Number.
2. All commodities purchased and shipped by the Contractor hereunder shall be marked in accordance with the clause of this contract entitled "Marking" (AIDAR 752.7009).

SECTION E

INSPECTION AND ACCEPTANCE

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. Project Officer.

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, with a two-year extension option clause.

2. TECHNICAL DIRECTIONS

Performance of the work hereunder shall be subject to the technical directions of the cognizant AID 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 accomplished 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

a) Semi-annual Report

The Contractor shall provide semi-annual progress reports describing major activities undertaken during the previous six months, summarizing project activities and experience to date, and summarizing major upcoming activities. Each report is to contain a self-contained Executive Summary suitable for distribution among key A.I.D. personnel, Project advisors and otherwies interested parties. The first report is due on April 30, 1988 covering the period up to March 31, 1988.

Reports are due covering subsequent six-month intervals, within thirty days of the completion of the six-month period. The CTO will be given one calendar week to review draft text of the Executive Summary before final printing. The full semi-annual report shall be submitted in 3 copies to the CTO, with one copy to the Contracting Officer. Up to fifty additional copies will be distributed directly by the Contractor to specific officers in A.I.D., WHO and to other collaborating professionals directly involved with project activities as determined by the CTO.

b) Dissemination Activities Materials

The Contractor shall submit instructional and professional material developed as part of its dissemination activities for each site. These materials will be provided to the CTO for review and approval before distribution. See Section C-2.4.a and C-2.4.d,e,f above for further discussion of these materials.

c) Site Plans.

The Contractor shall submit a Letter of Agreement and Implementation Plan (Section C-2.1.3) and, within this, an Evaluation Plan (C-2.3.4) for each site. Each document shall be submitted to the CTO for review by the S&T project managers. CTO approval must be provided in writing for each document. If work is extended beyond the initial period described in the plan, the Contractor shall develop an amended plan covering the new period, and re-submit the plan for CTO review and approval. Distribution of the approved plan will be made to the A.I.D. Project Managers and other relevant A.I.D., WHO, LDC Officers and the Contracting Officer.

d) Other Reports

In addition to these major reports, the Contractor shall submit ten copies to the CTO of each of the following kinds of on-going management reports:

- o A trip report for all international travel.
- o A proceedings for every workshop seminar and TAG meeting and a report for every technical assistance Mission.
- o A brief semi-annual management report describing progress, problems, and up-coming decision and actions to be taken. This report will contain comparative analysis of targeted and actual resource allocation, cost and schedule, with projections and suggestions for corrective action should actual experience detrimentally exceed targets.

e) Final Report

The Contractor will provide a final project report outlining all major activities undertaken during the life of the project, level of effort, and costs associated. Five copies of this final report shall be submitted to the CTO, with one additional copy to the Contracting Officer.

f) Financial Reporting

Reports are required not less frequently than quarterly from the Contractor's resident field teams, and will be sent to the Contractor's home office for consolidating with home office financial and progress reports (see the clauses of this contract entitled "Allowable Cost and Payment" [FAR 52.216-07] and "Payment" [AIDAR 752.7003, Alternates 70 and 71]). Such financial reports shall be submitted to the paying office indicated on the cover page of this contract, as well as the cognizant A.I.D./W CTO.

4. KEY PERSONNEL

(a) The Contractor will be required to furnish key personnel, the qualifications of whom are set forth in the Project Staffing section below. The positions which are considered to be key personnel in this contract include the Project Director, Senior Technical Staff, Field Advisors and Technical Advisors. Those individuals named in the Contractor's proposal, including any revisions thereto, have A.I.D. approval and no further clearance process is required.

(b) To carry out the objectives of this project, the Contractor shall recruit or otherwise provide a highly qualified technical and managerial staff which meet or exceed the personnel requirements set forth below. The Contractor will retain responsibility for insuring maintenance of this skill base through the life of the contract. Any proposed changes to the key personnel skill base will require the written consent of the Contracting Officer with concurrence of the CTO.

Project Director, Senior Technical Staff, Field Advisors and Technical Advisors as described below:

(1) The Contractor shall appoint a competent, qualified Project Director to manage the project and be the senior spokesperson and advisor for the project, particularly in matters relating to public health communication. The Director will closely oversee the progress of all technical assistance and operations research interventions, evaluations, reports and major dissemination activities.

(2) The Contractor shall appoint a Senior Technical Staff member to assist in managing the project with principal responsibility for overseas technical assistance operations of the project.

(3) The Contractor shall appoint a Senior Technical Staff member to assist in managing the project with principal responsibility for all dissemination activities.

(4) The Contractor shall hire Field Advisors as necessary to respond to the need for resident overseas advisors under the project. These Field Advisors may be located in a single country or have regional responsibility; they may be hired in-country, or from any third country source if this is appropriate. Field Advisors shall direct project activities within the site(s) to which they are assigned.

Field Advisors' expertise should include the ability to design and manage interventions using various communication channels including mass media, health service personnel and traditional communication systems; to plan and implement formative evaluation activities; to implement and manage operations research activities; to hire media production skills; to manage face-to-face training activities; and to monitor all outreach and operations research systems of the project.

(5) The Contractor shall hire Technical Advisors for Epidemiology/Medicine, Behavioral Science and Evaluation to advise the project in a significant on-going relationship concerning major project activities. Such Technical Advisors, in addition to this specific advisory role, should be available to be active as short term advisors at pilot sites, as seminar/workshop staff and as participants in dissemination activities.

(c) The Government estimates that for certain key personnel a minimum period of time is mandatory for adequate performance of this contract. Such periods of time are as follows:

Long term advisors resident in emphasis countries or at regional sites with responsibility for operations in emphasis countries: an average of 1.5 person years per emphasis country.

Short term advisors for use in emphasis countries as part of operations research activities and for providing responses to other countries requesting short term technical assistance: a total of 25 person years across all sites.

(d) With the exception of short-term specialists, the positions and qualifications specified above are considered to be essential to the work being performed hereunder. Unless otherwise requested by A.I.D. the Contractor shall be responsible for providing the personnel included in the Contractor's proposal (or best and final offer) which is accepted by A.I.D. through award of this contract. Unless failure to do so is beyond the control, and without the fault or negligence, of either the individual or the Contractor, failure to provide such personnel may be considered nonperformance by the Contractor.

Notwithstanding A.I.D.'s acceptance of the Contractor's proposal (or best and final offer), all personnel (long and short-term) must be individually approved by the cognizant A.I.D./W Project Officer (with USAID Mission/host country concurrence) prior to actual assignment to the project. However, those individuals named in the best and final offer have CTO approval and no further clearance process is required. This approval process may require travel for personnel interviews. Prior to diverting any of the individuals approved by the cognizant A.I.D./W Project Officer to other programs, the Contractor shall simultaneously notify both the Contracting Officer and the cognizant A.I.D./W Project Officer (with copies to the cognizant USAID Mission Director or his designee) reasonably in advance, and shall submit justification in sufficient detail to permit evaluation of the impact on the program.

No diversion shall be made by the Contractor without the written consent of the Contracting Officer; provided, that the Contracting Officer may ratify in writing such diversion and such ratification shall constitute the consent of the Contracting Officer required by this clause. Proposed substitutions must be submitted simultaneously to the Contracting Officer and the cognizant A.I.D./W Project Officer (with copies to the cognizant USAID Mission Director or his designee) not later than 30 days after the diversion of any of the approved individuals. Failure to do so may be considered nonperformance by the Contractor. Candidates for short-term technical assistance shall be submitted simultaneously to the cognizant A.I.D./W Project Officer and the cognizant USAID Mission Director or his designee not later than 30 days after the identification of the need for such short-term technical assistance. Failure to do so may be considered nonperformance by the Contractor.

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

(f) A.I.D.'s design (i.e. the Project Paper) has estimated that 1,113 total person-months of technical assistance (both long and short-term) and backstopping/support effort (employee, consultant, and/or subcontract labor) will be required to achieve the goals, purposes, and outputs of the project, as set forth in part 1 of Section C of this contract. A breakdown of such estimated level of effort for the five-year period is as follows:

<u>Position</u>	<u>Number of Person-Months</u>	
Project Director		60
Senior Technical Staff		90
Administrative Assistant		120
Writer/Editor		30
Financial Manager		30
Secretary		150
Long-Term Advisors		270
Consultants		
Proj. Tech. Advisors (3)	45 (total)	
TAG Consultants	6	
Short-Term TA	<u>312</u>	<u>363</u>
TOTAL		1,113

The Contractor shall comply with A.I.D.'s design and shall not exceed 1,113 total person-months of effort for the five-year period without the prior written approval of the Contracting Officer, as described in the clause of this contract entitled "Changes - Cost Reimbursement" (FAR 52.243-02, Alternate II).

(g) For the two-year extension period, A.I.D.'s design has estimated that 302 additional person-months of technical assistance (both long and short-term) and backstopping/support effort (employee, consultant, and/or subcontract labor) will be required to achieve the goals, purposes, and outputs of the project. A breakdown of such estimated level of effort is as follows:

<u>Position</u>	<u>Number of Person-Months</u>	
Project Director		24
Senior Technical Staff		36
Administrative Assistant		48
Writer/Editor		12
Financial Manager		12
Secretary		30
Consultants		
Proj. Tech. Advisors (3)	18 (total)	
TAG Consultants	2	
Short-Term TA	<u>120</u>	<u>140</u>
TOTAL		302

NOTE: The provision of some or all of this effort may be provided through subcontracts and/or consultants. However, subcontracts may require the consent of the Contracting Officer pursuant to the clause of this contract entitled "Subcontracts Under Cost-Reimbursement and Letter Contracts" (FAR 52.244-02). and the use of consultants may require the prior written approval of the cognizant AID Project Officer pursuant to part 4(a)(5) of Section H of this contract.

Paragraph (b), Duration of Assignments, of the clause of this contract entitled "Personnel" (AIDAR 752.7027, Alternate 71), requires long-term technical assistance personnel to be appointed for at least two years when the position to be filled by the individual is for two years or more; when the position is for less than a two-year period, the appointment may be made for such lesser period of time. Notwithstanding any other provisions of this contract concerning failure to serve a full appointment, failure of any of the long-term technical assistance personnel to complete a full appointment may be considered nonperformance by the Contractor, unless such failure is beyond the control, and without the fault or negligence, of either the individual or the Contractor.

SECTION G

CONTRACT ADMINISTRATION DATA

1. The Contractor is expected to work closely in all significant technical matters with the A.I.D. Science and Technology/Education (S&T/ED) Cognizant Technical Office (CTO), the S&T/H (Health) and S&T/POP (Population) project managers and the designated Mission officer for each site. The Public Health Communication Project is jointly managed by S&T/ED, S&T/H and S&T/POP. The S&T/ED project manager will serve as the CTO and the primary A.I.D. contact officer for the contract. The S&T/ED, S&T/H and S&T/POP project managers, along with A.I.D. Mission and Regional Bureau officers as appropriate, will be closely involved at all technical stages of the contract.

The Contractor is expected to coordinate activities closely with other A.I.D. projects operative at each participating site and maintain a relationship with other A.I.D./Washington projects working with related problems. The Contractor is to develop and maintain a regular exchange of information with the WHO and to coordinate contract activities as closely as possible with WHO activities.

2. The payment office is the Program Accounting and Finance Division, Office of Financial Management, Bureau for Management (M/FM/PAFD), A.I.D./W.

3. The contract administration office is the Health and Population Branch, A.I.D./W Projects Division, Office of Procurement, Directorate for Program and Management Services, Bureau for Management (M/SER/OP/W/HP), A.I.D./W.

4. Funds for this contract are chargeable as follows:

PIO/T:	7361403
Appropriation:	72-1171021.8
Allotment:	748-36-099-00-20-71
Budget Plan Code:	DDHA-87-13500-KG11
Amount:	\$1,000,000
Contract No.:	DPE-5972-Z-00-7070-00

FUNDS AVAILABLE

J. Fuller
SEP 28 1987
o/c 2590

Program Acctg Division
Office of Financial Management

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)

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 contract), which are subject to the clauses 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.

After approval of the proposed international travel, the Contractor shall provide the USAID Mission, with a copy to the cognizant A.I.D. Project Officer if not in the USAID Mission, of the arrival date and time and flight identification of A.I.D. financed travellers.

2. DEFENSE BASE ACT (DBA) INSURANCE

Pursuant to the clause of this contract entitled "Insurance - Worker's Compensation, Private Automobiles, Marine, and Air Cargo" (AIDAR 752.228-70, Alternate 70), 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

Compensation of personnel that is charged as a direct cost under this contract, like other costs, will be reimbursable in accordance with the part of Section B of this contract entitled "Costs Reimbursable and Logistic Support to the Contractor," and the clause of this contract entitled "Allowable Cost and Payment" (FAR 52.216-07) and other applicable provisions of this contract, but subject to the following additional specified understandings which set limits on items which otherwise might be reasonable, allocable, and allowable.

(1) 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 (or the equivalent daily rate of the maximum FS-1 salary, if compensation is not on an annual basis), unless advance written approval is given by the Contracting Officer.

(2) Salaries 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.

(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 this contract, one annual salary increase of not more than 7% of the employee's base salary may, subject to the Contractor's established policy and practice, be granted after the employee's completion of each twelve month period of satisfactory services under the 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 the 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, (1) the current compensation or the highest rate of annual compensation received by the consultant during any full year of the immediately preceding three years or (2) the maximum daily salary rate of 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 AID 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 policy and practice; 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.

NOTE: The daily rate of a Foreign Service Officer Class 1 (FS-1) is determined by dividing the annual salary by 2087 hours and multiplying the quotient by 8.

NOTE: Any approvals issued pursuant to paragraphs 5 and 6 above shall be retained by the Contractor for audit purposes. Approvals issued pursuant to the above must be within the terms of this contract, and shall not serve to increase the total estimated cost or the obligated amount of this contract, whichever is less (see Part 2 of Section B of this contract).

(7) Work Week

Nonoverseas Employee. The work week for the Contractor's nonoverseas employees shall not be less than the established practice of the Contractor.

Overseas Employee. The work week for the Contractor's overseas employees shall not be less than 40 hours and 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.

(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 this 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]).

6. PROCUREMENT AND SUBCONTRACTING

(a) Authorized Geographic Code

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

Each developing country where training or other assistance takes place under this contract shall be deemed to be a cooperating country for the purpose of permitting local cost financing.

Goods and services, except for ocean shipping, financed by A.I.D. under the contract shall have their source and origin in a cooperating country or in the United States except as A.I.D. may otherwise agree in writing. The purchase of all vehicles under this contract is subject to the provisions of AIDAR 752.7004(e).

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 this contract 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 this contract entitled "Source and Nationality Requirements for Procurement of Goods and Services" [AIDAR 752.7004]).

(c) AID Geographic Codes

A.I.D. Geographic Codes are defined in Appendix D of A.I.D. Handbook 18 (see Section J and Exhibit 3 of this contract).

(d) Approvals

Procurement of commodities shall be made by the Contractor when the long-term personnel have determined what equipment and commodities are appropriate for various activities. 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. Any approvals given pursuant to this paragraph must be within the terms of this contract, and shall not serve to change them in any way. The Contractor shall retain copies of all such approvals for audit purposes.

(e) 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 (b) 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).

(f) Automation Equipment

Notwithstanding paragraph (b) above, the Contractor must obtain the approval of the cognizant A.I.D./W Project 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 cognizant A.I.D./W Project Officer must, in turn, have the concurrence of A.I.D./W, M/SER/IRM, before providing any such approvals.

(g) Anticipated Purchases

It is anticipated that the Contractor shall purchase the following items of nonexpendable equipment:

Vehicles
Vehicle Spare Parts
Office Equipment
Office Supplies
Household Furnishings and Equipment
Communication Equipment

(h) 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).

(i) 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. Shelf item purchases will include vehicle spares, office supplies, and materials needed to support financial management team operations and workshops conducted in the field.

(j) 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 Contracting Officer.

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).

7. LANGUAGE REQUIREMENTS

Personnel are required to have language capability as stated in Section F of this contract. References to S-3, R-3 language capability refer to the Definitions of Absolute Language Capability, as defined by the Foreign Service Institute (FSI) A.I.D. reserves the right to test proposed individuals to ensure that they have the required language capability. In the event that the individual(s) possess(es) the required language capability, expenses for language testing shall be an allowable charge to this contract. However, if the individual(s) do(es) not have the required language capability, expenses for language testing for such individual(s) shall be borne by the Contractor.

8. 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, Alternates 70 and 71), 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.

9. TRAVEL EXPENSES

(a) Notwithstanding any other provision of this contract, if any of the personnel utilized hereunder are discharged by the Contractor for misconduct or inexcusable nonperformance, travel and transportation costs associated with the assignment of substitute personnel therefor shall not be an allowable cost under this contract.

(b) Misconduct shall be defined as the deliberate and/or repeated disregard for the laws and regulations of the Cooperating Country or of A.I.D., the continued existence of conflict of interest after advice that such conflict exists, or general behavior unbecoming a professional serving as a part of the U.S. foreign assistance program (see also the clause of this contract entitled "Personnel" [AIDAR 752.7027]).

(c) Inexcusable nonperformance shall be defined as unauthorized absences or failure to undertake and/or complete assigned tasks which are within the scope of this contract, when such absences or failures are within the control of the individual.

10. SUBMISSION OF COMPLETION VOUCHER

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

SECTION I

CONTRACT CLAUSES

1. The following clauses which apply to this contract are designated by an "X".

(X) 52.252.04 - Alterations in Contract (APR 1984)

Portions of this contract are altered as follows:

(a) In the clause entitled "Notification of Changes" (FAR 52.243-07), insert "14 days" in the blank in paragraph (b).

(b) In the clause entitled "Payment for Overtime Premiums" (FAR 52.222.02), insert "zero" in the blank in paragraph (a).

(X) 52.252-02 - Clauses Incorporated by Reference (APR 1984)

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.

(a) FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1)
CLAUSES

(X) 52.202-01	Definitions (APR 1984)
(X) 52.203-01	Officials Not to Benefit (APR 1984)
(X) 52.203-03	Gratuities (APR 1984)
(X) 52.203-05	Covenant Against Contingent Fees (APR 1984)
(X) 52.203-06	Restrictions on Subcontractor Sales to the Government (JUL 1985)
(X) 52.203-07	Anti-Kickback Procedures (FEB 1987)
(X) 52.204-01	Approval of Contract (APR 1984)
(X) 52.212-13 & Alternate I	Stop-Work Order (APR 1984)
(X) 52.215-01	Examination of Records by Comptroller General (APR 1984)
(X) 52.215-02	Audit-Negotiation (APR 1984)
(X) 52.215-22	Price Reduction for Defective Cost or Pricing Data (APR 1984)
(X) 52.215-24	Subcontractor Cost or Pricing Data (APR 1985)
(X) 52.215-31	Waiver of Facilities Capital Cost of Money (APR 1984)
(X) 52.215-33	Order of Precedence (JAN 1986)

(X) 52.216-07	Allowable Cost and Payment (APR 1984)
(X) 52.217-08	Option to Extend Services (APR 1984)
(X) 52.217-09	Option to Extend the Term of the Contract Services (APR 1984)
(X) 52.219-08	Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (JUN 1985)
(X) 52.219-09	Small Business and Small Disadvantaged Business Subcontracting Plan (APR 1984)
(X) 52.219-13	Utilization of Women-Owned Small Businesses (AUG 1986)
(X) 52.220-01	Preference for Labor Surplus Area Concerns (APR 1984)
(X) 52.220-03	Utilization of Labor Surplus Area Concerns (APR 1984)
(X) 52.220-04	Labor Surplus Area Subcontracting Program (APR 1984)
(X) 52.222-02	Payment for Overtime Premiums (APR 1984)
(X) 52.222-03	Convict Labor (APR 1984)
(X) 52.222-26	Equal Opportunity (APR 1984)
(X) 52.222-28	Equal Opportunity Preaward Clearance of Subcontracts (APR 1984)
(X) 52.222-29	Notification of Visa Denial (APR 1984)
(X) 52.222-35	Affirmative Action for Special Disabled and Vietnam Era Veterans (APR 1984)
(X) 52.222-36	Affirmative Action for Handicapped Workers (APR 1984)
(X) 52.223-02	Clean Air and Water (APR 1984)
(X) 52.224-01	Privacy Act Notification (APR 1984)
(X) 52.225-11	Certain Communist Areas (APR 1984)
(X) 52.227-01	Authorization and Consent (APR 1984)
(X) 52.227-02	Notice and Assistance Regarding Patent and Copyright Infringement (APR 1984)

(X) 52.228-03	Workers' Compensation Insurance (Defense Base Act) (APR 1984)
(X) 52.228-07	Insurance-Liability to Third Persons (APR 1984)
(X) 52.229-08	Taxes-Foreign Cost-Reimbursement Contracts (APR 1984)
(X) 52.227-14	Rights in Data - General (JUNE 1987)
(X) 52.232-17	Interest (APR 1984)
(X) 52.232-22	Limitation of Funds (APR 1984)
(X) 52.232-23	Assignment of Claims (JAN 1986)
(X) 52.233-01 & Alternate I	Disputes (APR 1984)
(X) 52.233-03	Protest After Award - Alternate I (JUN 1985)
(X) 52.242-01	Notice of Intent to Disallow Costs (APR 1984)
(X) 52.243-02	Changes-Cost Reimbursement Alternate II (APR 1984)
(X) 52.244-02	Subcontracts (Cost-Reimbursement and Letter Contracts) (JUL 1985)
(X) 52.244-05	Competition in Subcontracting (APR 1984)
(X) 52.246-05	Inspection of Services - Cost-Reimbursement (APR 1984)
(X) 52.246-23	Limitation of Liability (APR 1984)
(X) 52.246-25	Limitation of Liability-Services (APR 1984)
(X) 52.247-63	Preference for U.S.-Flag Air Carriers (APR 1984)
(X) 52.249-06	Termination (Cost-Reimbursement) (MAY 1986)
(X) 52.249-14	Excusable Delays (APR 1984)
(X) 52.251-01	Government Supply Sources (APR 1984)

(b) AID ACQUISITION REGULATION (48 CFR CHAPTER 7) CLAUSES

(X) 752.202, Alternate 70	AID Definitions Clause -- General Supplement for Use in All AID Contracts (APR 1984)
(X) 752.202, Alternate 72	AID Definitions Clause -- Supplement for AID Contracts Involving Performance Overseas (DEC 1986)
(X) 752.203-01	Officials Not to Benefit (APR 1984)
(X) 752.219-08	Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (APR 1984)
(X) 752.228-70, Alternate 70	Insurance - Worker's Compensation, Private Automobiles, Marine, and Air Cargo (APR 1984)
(X) 752.232-70	Letter of Credit Advance Payment (AUG 1984)
(X) 752.245-70	Government Property-AID Reporting Requirements (APR 1984)
(X) 752.245-71	Title to and Care of Property (APR 1984)
(X) 752.7001	Biographical Data (APR 1984)
(X) 752.7002, Alt _s . 70 & 73	Travel Expenses and Transportation and Storage Expenses (AUG 1986)
(X) 752.7004	Source and Nationality Requirements for Procurement of Goods and Services (MAY 1986)
(X) 752.7005	Language, Weights, and Measures (APR 1984)
(X) 752.7006	Notices (APR 1984)
(X) 752.7007	Personnel Compensation (AUG 1984)
(X) 752.7008	Use of Government Facilities or Personnel (APR 1984)
(X) 752.7009	Marking (APR 1984)
(X) 752.7010	Conversion of U.S. Dollars to Local Currency (APR 1984)
(X) 752.7011	Orientation and Language Training (APR 1984)
(X) 752.7013, Alternate 70	Contractor-Mission Relationships (APR 1984)
(X) 752.7014	Notice of Changes in Travel Regulations (APR 1984)

- (X) 752.7015 Use of Pouch Facilities (APR 1984)
- (X) 752.7020 Organizational Conflicts of Interest (MAY 1985)
- (X) 752.7025 Approvals (APR 1984)
- (X) 752.7026, Alternate 70 Reports (APR 1984)
- (X) 752.7027, Alternate 71 Personnel (APR 1984)
- (X) 752.7028 Differentials and Allowances (MAR 1986)
- (X) 752.7029 Post Privileges (APR 1984)
- (X) 752.7031, Alts. 70 & 72 Leave and Holidays (APR 1984)

2. 52.252-04 - Alterations in Contract (APR 1984)

Portions of this contract are altered as follows:

1. The following is added to Clause 52.219-08 entitled "Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (APR 1984)" in accordance with AIDAR 752.219-08:

"A.I.D. small business provision. To permit A.I.D., in accordance with the small business provisions of the Foreign Assistance Act, to give small business firms an opportunity to participate in supplying equipment, supplies and services financed under this contract, the Contractor shall, to the maximum extent possible, provide the following information to the Office of Small Disadvantaged Business Utilization (PRE/SDB), A.I.D., Washington, D.C. 20523, at least 45 days prior to placing any order in excess of five thousand dollars (\$5,000), except where a shorter time is requested of, and granted by PRE/SDB:

- (1) Brief general description and quantity of commodities or services;
- (2) Closing date for receiving quotations or bids; and
- (3) Address where invitations or specifications may be obtained."

2. 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 accountable 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 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."

3. 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 substantially as follows:

ANNUAL REPORT OF GOVERNMENT PROPERTY
IN CONTRACTOR'S CUSTODY

(Name of Contractor)

As of (End of Contract Year), 19xx

	Motor vehicles	Furniture and furnishings -- Office Living quarters	Other nonexpendable property
A. Value of property as of last report.			
B. Transactions during this reporting period.			
1. Acquisitions (add):			
a. Purchased by contractor <u>1/</u>			
b. Transferred from AID <u>2/</u>			
c. Transferred from others-without reimbursement <u>3/</u>			
2. Disposals (deduct):			
a. Returned to AID			
b. Transferred to AID- Contractor Purchased			
c. Transferred to other Government agencies <u>3/</u>			
d. Other disposals <u>3/</u>			
C. Value of property as of reporting date.			
D. Estimated average age of contractor-held property.			
	Years	Years	Years

1/ Property which is complete in itself, does not lose its identity of 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.

2/ Government furnished property listed in this Contract as non-expendable.

3/ Explain if transactions were not processed through or otherwise authorized by AID.

attest that (1) physical inventories of Government property are taken not less frequently than annually; (2) the accountability records maintained for Government property in our possession are in agreement with such inventories; and (3) the total of the detailed accountability records maintained agrees with the property value shown opposite line C above, and the estimated average age of each category of property is as cited opposite line D above.

Authorized Signature:

4. Delete paragraph (a) of Clause 52.204-02 entitled "Security Requirements (APR 1984)" in its entirety and insert in lieu thereof the following in accordance with AIDAR 752.204-02:

"(a) This clause applies to the extent that this contract involves access to classified ('Confidential', 'Secret', or 'Top Secret'), or administratively controlled ('Limited Official Use') information."

SECTION J

Academy For Educational Development, Inc.
Small Business And Small Disadvantaged Subcontracting Plan
RFP No. 87-002: AIDSCOM

It is the policy of the Academy for Educational Development to provide maximum practicable opportunity for U.S. small business concerns and minority enterprises to participate to the fullest extent possible in the conduct of all activities. This policy applies to any goods and/or services procured from outside vendors as well as formal subcontract agreements. The goal of this program is twofold: to ensure that an equitable share of all outside purchases is placed with said concerns and to provide opportunity to for such concerns to gain sufficient experience and quality to compete in future Government procurements. To this end, the following tasks have been outlined to ensure that the plan is an active part of all Academy activities. The plan's administrator is Mr. Alexander Greeley, the Vice President for Contract Management for the Academy. Mr. Greeley's duties include general responsibility for the business management activities of the Academy. Specifically, he conducts liaison with client and subcontractor contracts and accounting offices. As the plan's administrator, his duties will include the following:

- Maintaining lists of goods or services which the Academy regularly obtains from outside sources--printing, foreign language translations, media productions, and supplies.
- Maintaining lists of small and minority-owned vendors who have the capabilities to fulfill the needs outlined above.
- Communicating and corresponding actively with said vendors to enable them to be aware of and participate in the Academy's outside procurements.
- Providing direct overseas assistance with small business and minority-owned firms so that they will gain enough experience and expertise to qualify and compete as prime contractors in future Agency procurements.
- Making sure that a clause which states the specific goals of this program, as stated above, will be included in all future subcontract agreements also allowing for any surveys that may be conducted.
- Requiring a specific subcontracting plan from any AED subcontractor who proposes the use of subcontractors and submitting this plan to the U.S. Government for approval.
- Incorporating the specific goals of Public Law 95-507 (October 24, 1978) in all applicable subcontract agreements.
- Filing quarterly and semi-annual reports as required, stating the process and results of the plan. (Standard Form 294 and Standard Form 295)
- Maintaining all records, correspondence, and lists generated as a result of this plan, including statistics as to the percentage of subcontracts actually let by the Academy to said concerns.

Cooperating to the fullest extent possible with any studies or surveys conducted by the U.S. Small Business Administration.

AIDSCOM Goals

Line Item/ Category	Small Business Goals	Small Disadvantaged Business Goals	Total Line Item	%
Travel & Transportation	504,906 *	--	1,360,979	37.0%
Other Direct Costs	20,000 **	--	2,421,008	.8%
Indirect Costs	20,000 ***	--	1,971,031	1.0%
Equipment	--	--	--	
Subcontracts	<u>--</u>	<u>281,156 ****</u>	5,155,455	5.5%
Grand Total	<u>\$544,906</u>	<u>\$ 281,156</u>		
Percentage of Total Budget	<u>3.5%</u>	<u>1.8%</u>		

*The Academy's travel agent is a woman-owned small business. This figure is the proposed five-year air travel budget.

** AIDSCOM project printing will be done through a small business.

*** A portion of printing expense borne by our indirect cost pool will be done by a small business.

**** PRISM Corporation Subcontract.

AID 170-1 (10-79)

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country
Worldwide

2. PIOT No.
7361403

3. Original or Amendment No.
 Original or Amendment No. _____

4. Project/Activity No. and Title
AIDS Technical Support: Public Health Communication Component 936-5972
DOC: T00040

Page 1 of 3 Pages

DISTRIBUTION

5. A. Appropriation Symbol 72-1171021.8

6. Allotment Symbol and Charge DDHA-87-13600-KG11 (748-36-099-00-20-71)

7. Obligation Status
 Administrative Reservation Implementing Document

8. Authorized Agent SER/OP/W

10. This PIOT is in full conformance with PRO/AG
PAF Date 4/87

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

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

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

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

13. Mission Reference

14a. Instructions to Authorized Agent SER/OP/W is requested to issue a Request for Proposal in order to negotiate a competitive contract for the services contained in the attached scope of work. Evaluation criteria for procurement are listed in an attachment. Work should begin NLT September 30, 1987. The work is to be completed by 9/30/94. FY 87 funds cover the first 7 months of a 5 year contract, with a 2-year extension option clause at the end of the third year. LOP project funding is estimated at \$3,000,000 of central funding and \$5,000,000 of Mission/Regional Bureau funding. The initial S&T FY 87 tranche is \$1,000,000, and the initial Regional Bureau FY 87 tranche is under discussion.

14b. Address of Voucher Paying Office
EM/PAB, Room 623, SA-12
A.I.D., 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 are technically adequate

S&T/ED, Anthony J. Meyer *[Signature]* Phone No. 235-9006 Date 4/23/87

S&T/H, J. Harris *[Signature]* Date 4/21/87

S&T/POP, J. Shelton *[Signature]* Date 5/18/87

S&T/H, A. Pettigrew *[Signature]* Date 5/15/87

B. The statement of work lies within the purview of the initiating and approved agency programs Date 5/18/87

S. Bart, Dir., S&T/H *[Signature]*

C. Funds for the services requested are available

S&T/PO, R. Starrod *[Signature]* Date 5/24/87

S&T/H, *[Signature]* Date 5/15/87

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

17. For the Agency for International Development

Signature _____ Date _____

Signature *[Signature]* Date 5/18/87

Title Robert Mehan, Chief S&T/PO/PR

FUNDS RESERVED BY
 POSTED 01/27/87
[Signature]

AID 1350-1 (10-79)	1. Cooperating Country Worldwide	2. PIO/T No.	Page 3 of 3 Pages	
	4. Project/Activity No. and Title AIDS Technical Support 936-5972			

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

A. Relationships and Responsibilities

All approvals required in the SOW are to be obtained from the CTO in writing, as described in the contract. The Contractor is to keep records of expenditures under each Mission project funding source separately by PIO/T number and indicate expenditures by PIO/T source on all vouchers.

B. Cooperating Country Liaison Official

After obtaining general guidance and SOW approval from the CTO as described in the contract, the Contractor is to follow the directives of the designated A.I.D. Mission Officer within each participating country, in matters pertaining to routine operations in that country.

C. AID Liaison Officials

FM/PAB is to reimburse the Contractor according to the Mission or Central Project account referenced on the voucher.

LOGISTIC SUPPORT

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

B. Additional Facilities Available From Other Sources

N/A

APO/FPO

PX

COMMISSARY

OTHER (Specify, e.g., duty free entry, tax exemption)

*AID/W will not make provisions for Logistic Support. USAID Missions may do so, depending on local conditions.

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SCOPE OF WORK

18. THE SCOPE OF TECHNICAL SERVICES REQUIRED FOR THIS PROJECT ARE DESCRIBED IN ATTACHMENT NUMBER A HERETO ENTITLED "STATEMENT OF WORK".

19. SPECIAL PROVISIONS

- A. LANGUAGE REQUIREMENTS (SPECIFY) _____
(IF MARKED, TESTING MUST BE ACCOMPLISHED BY AID TO ASSURE DESIRED LEVEL OF PROFICIENCY)
- B. ACCESS TO CLASSIFIED INFORMATION WILL WILL NOT BE REQUIRED BY TECHNICIAN(S).
- C. DUTY POST(S) AND DURATION OF TECHNICIANS' SERVICES AT POST(S) (MONTHS) Will be varied.
- D. DEPENDENTS WILL WILL NOT BE PERMITTED TO ACCOMPANY TECHNICIAN. For overseas residence if longer than one year.
- E. WAIVER(S) HAVE BEEN APPROVED TO ALLOW THE PURCHASE OF THE FOLLOWING ITEM(S) (COPY OF APPROVED WAIVER IS ATTACHED)
- F. COOPERATING COUNTRY ACCEPTANCE OF THIS PROJECT (APPLICABLE TO AID/W PROJECTS ONLY)
 HAS BEEN OBTAINED HAS NOT BEEN OBTAINED
 IS NOT APPLICABLE TO SERVICES REQUIRED BY PIO/T
 Is obtained at the initiation of work at any site through a "Letter of Agreement."
- G. OTHER (SPECIFY)
 Source origin waiver.

20. BACKGROUND INFORMATION (ADDITIONAL INFORMATION USEFUL TO AUTHORIZED AGENT)
 All Mission "add-ons" are incremental funding. They do not require work additional to that negotiated under the terms of Attachment A. The scope of work, if any, attached to a Mission PIO/T represents part of the implementation plan for that country and falls within the work already required. It can be attached to the contract as such. The five-year contract is to contain a two-year extension option clause.

21. SUMMARY OF ATTACHMENTS ACCOMPANY THE PIO/T (INDICATE ATTACHMENT NUMBER IN BLANK)

- B DETAILED BUDGET IN SUPPORT OF INCREASED FUNDING (BLOCK 12)
- C EVALUATION CRITERIA FOR COMPETITIVE PROCUREMENT (BLOCK 14)
- _____ JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT (BLOCK 14)
- A STATEMENT OF WORK (BLOCK 18)
- _____ WAIVER(S) (BLOCK 19) (SPECIFY NUMBER)

STATEMENT OF WORK

A.1 INTRODUCTION AND SCOPE OF WORK

Acquired Immunodeficiency Syndrome (AIDS) and infections with its causative human immunodeficiency virus (HIV) represent an unprecedented challenge to the international health community. The numbers of reported cases and the larger numbers of infected persons continue to increase rapidly, indicating a pandemic of historic proportions. AIDS has no immediate medical solution, yet is taking a continually escalating social and economic toll on individuals, families, communities and entire countries. Its control in the near term depends on changing human behavior. A.I.D. is designing the Public Health Communication Project to apply and further develop the use of public health communication strategies and methods to inform people about HIV infection, how it is spread and not spread, and to understand, motivate and support the process of their adoption of specific risk reduction practices.

Public health communication is the application of communication technologies and behavior change strategies to public health problems. Public health communication is broadly defined as the systematic attempt to influence positively specific health practices of large populations as well as targeted subpopulations using principles and methods of mass communication, instructional design, health education, social marketing, behavioral analysis, anthropology and related social sciences and public health disciplines including epidemiology. It typically involves the use of multiple channels of communication -- face-to-face and mediated; public and private; open and intra-organizational; traditional and modern -- in the most effective mix for achieving specific public health objectives. It relies heavily on -- and sometimes is a catalyst for change in -- medical, training, marketing and communication support systems for achieving change.

The control of AIDS in the near term depends on changing human behavior. Large numbers of people need to be informed about HIV infection and how it is and is not transmitted. Feasible, specific alternatives for reducing risk of infection need to be presented in believable, culturally acceptable terms and adopted by large numbers of people. The process of adoption of these alternatives needs to be understood, continually monitored and translated into increasingly effective communication strategies and messages. There is no room for the ultimate failure of this endeavor. It must be attempted, refined and sustained until it succeeds.

The HIV virus is transmitted by intimate exposure to the body fluids of an infected person. Sexual activity with an infected person is the primary means of transmission. Transmission also occurs through exposure to blood or blood products from an infected person, particularly through blood transfusions or the use of blood contaminated needles or skin-piercing equipment, and from mother to child during pregnancy or shortly after birth. HIV infection is not transmitted through casual contact such as touching, sneezing, hugging, sharing meals or bathrooms in the home, school or workplace.

The objectives of risk reduction strategies include:

- o informing the public of the nature of the AIDS problem -- how HIV infection is and is not transmitted; the extent of their risk; and the types and sources of services available;
- o informing and motivating decision makers, opinion leaders and service providers in their evolving role as system-wide responses to the AIDS problem develop;
- o informing the public, particularly high risk groups, about what they can do to reduce their risk of HIV infection and promoting adoption of appropriate practices, including:
 - the maintenance of stable familial relationships, the practice of "safe sex," including abstinence, and the use of condoms or other barrier or virucidal contraceptive methods;
 - the use of (and creation of demand for) sterile needles and other skin piercing instruments;
 - participation in testing programs for men and women planning to become parents;
 - the adoption of safe infant care practices as evidence emerges which indicates the nature of these practices; and
- o promoting participation in testing programs.

This is not an easy communications agenda. The nature of the disease, the kind of behavior to be changed, the changing status of the disease from country to country and the variety of cultural contexts in which it occurs justify caution and a solid research and development program to accompany the increasing volume of immediate responses being generated by immediate need.

The challenge is compounded by differing perceptions of the extent of the disease problem. Countries with large numbers of frank AIDS must be approached differently than countries with few cases and only an emerging awareness of their HIV infected population base. This also implies that all educational efforts must be epidemiologically driven: they must be targeted interventions which match the areas of greatest need and are informed with the best available data on local knowledge, beliefs and practices.

The purpose of the Public Health Communication Project is to develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS.

A.1.1 Contract Activities. The Contractor will develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS. The Contractor will do this as guided by A.I.D. policy in the context of the World Health Organization (WHO) worldwide leadership and in collaboration with A.I.D. Missions, providing support for country-specific AIDS control and prevention programs within an operations research context.

The methodology developed by this project is to be applicable worldwide. Thus project objectives require that it work with a variety of relevant practices in diverse settings. The strategies, methods and procedures developed across sites and across regions will contribute to the methodology.

To develop and demonstrate strategies and methodologies, the Contractor will implement three interrelated activities.

1. Sustained operations research activities in up to 15 emphasis countries. The adaptation of public health communication strategies and methods to new problems as complex as AIDS is best undertaken in a context of sustained operations research over several years with the same on-going programs. A sustained relationship with a program provides a context within which assistance with achieving immediate program objectives can be combined with operations research, including the continued assessment of epidemiologically defined target audience characteristics and program impact, directed toward the refinement of communication strategies and methods.

2. Technical assistance in public health communication in other countries. The project will provide technical assistance for A.I.D. Missions and, at their request, country programs which may require but otherwise would not have access to public health communication expertise applied specifically to AIDS prevention. These countries are additional to the emphasis countries described above.

3. Dissemination activities. The research findings and lessons learned from pilot project activities will be shared worldwide through a series of dissemination activities.

The contractor will contribute to the institutionalization of the methods and procedures developed under the contract in each participating country within existing organizations through the in-service training that will occur during long and short term technical assistance activities. U.S. based degree training is not required under this contract unless specified by exception in a country implementation plan.

The Contractor is expected to work closely in all significant technical matters with the A.I.D. Science and Technology/Education (S&T/ED) Cognizant Technical Office (CTO), the S&T/H (Health) and S&T/POP (Population) project managers and the designated Mission officer for each site. The Public Health Communication Project is jointly managed by S&T/ED, S&T/H and S&T/POP. The S&T/ED project manager will serve as the CTO and the primary A.I.D. contact officer for the contract. The S&T/ED, S&T/H and S&T/POP project managers, along with A.I.D. Mission and Regional Bureau officers as appropriate, will be closely involved at all technical stages of the contract.

The Contractor is expected to coordinate activities closely with other A.I.D. projects operative at each participating site and maintain a relationship with other A.I.D./Washington projects working with related problems. The Contractor is to develop and maintain a regular exchange of information with the WHO and to coordinate contract activities as closely as possible with WHO activities.

A.1.2 The Contractor shall direct efforts to achieve Public Health Communication Project impact in four areas:

- 1) in the development of effective strategies and methods for applying public health communication to the problem of AIDS prevention;
- 2) in the adoption of appropriate practices by high risk groups, service personnel and various target groups among the general population at project sites;
- 3) in the dissemination of public health communication strategies and methods to additional sites; and
- 4) in the refinement of the accepted norms for conducting public health communication for AIDS control and prevention among the international community.

A.1.3 The specific results required during the five-year life of contract (with a two-year extension option clause) include:

- 1) Sustained operations research activities in up to 15 emphasis countries;
- 2) Demonstrable project impact at each emphasis site;
- 3) Technical assistance in public health communication in additional countries;
- 4) A manual of public health communication strategies and methods adapted for the control and prevention of AIDS;
- 5) An instructional videotape series (approximately three) for field officers, decision makers and development professionals about project strategies and methods;
- 6) The conduct of a series of workshops and seminars;
- 7) Reports, publications and papers.

A.1.3 Technical Background. The Contractor will apply lessons learned from other A.I.D.-funded programs which have developed significant experience and expertise in the application of communication and social marketing strategies and methods to comparable problems. For the reduction of risk of AIDS through sexual transmission, promoting stable familial relationships, abstinence and other practices such as the use of condoms will be critical. Promoting the use of sterile needles by health care workers and injectionists, promoting testing programs and reducing unreasonable fear of contracting AIDS from non-risk practices will be among other critical objectives. Skill in understanding the behavior change process and in applying this understanding to communication strategy and message development successfully in a variety of cultural contexts is essential.

Thus A.I.D.'s programs in contraceptive social marketing, in population information, education and communication and in introducing change to support child survival practices are directly relevant. A.I.D.'s experience in supporting immunization programs has relevance for the promotion of the use of sterile needles. A.I.D.'s experience in applying social marketing strategies and methods to introduce widespread targeted change in practices related to family planning, diarrheal disease control, immunizations, breastfeeding and other child survival objectives provides a significant base of experience in developing countries from which to approach the control and prevention of AIDS.

While the Contractor is to pay special attention to this base of experience within A.I.D., significant public health communication programs with comparable objectives to AIDS

control and prevention have been implemented by WHO (smallpox eradication), other donors and many developing countries. In addition, the major industrialized countries and some developing countries are gaining experience rapidly in communicating to their populations about AIDS. The Contractor is to consider these experiences carefully in developing appropriate public health communication strategies and methods.

A general strategic and methodological frame of reference for successful communication programs has emerged from the application of interdisciplinary approaches within these programs. This frame of reference, variously described within different sectoral disciplines, has broad consensus among communication and social marketing practitioners and is to be the basis for further development of public health communication strategies and methods applied to AIDS control and prevention under this project. This section will conclude with a brief description of a generic public health communication process which will provide a context for work under this contract.

The communication process. Effective public health communication requires planning, research and creativity. It is a methodological activity involving investigation, development of strategies, experimental examination and revision of strategies, intervention and monitoring and evaluation of results. It can be described in three stages.

Stage 1: Planning: The collection of critical information, the selection of key target populations, the development of strategies, testing of materials and formulation of an operational plan.

Health Problem Analysis: All relevant information regarding the epidemiology and clinical nature of the problem is assembled and examined.

Developmental Research: This broad based exploratory research provides valuable information on audiences, possible products, practices and channels of communication, using a variety of techniques to analyze all four aspects of the marketing mix: product, place, price and promotion. Research techniques include surveys, in-depth individual interviews, focus groups and ethnographies.

Health Practice Studies: These studies focus on small-scale behavioral trials using observation protocols to identify potential obstacles and test possible incentive schemes.

Strategy Development: Research results are used to develop an initial plan for the program. The plan is comprehensive and will change as specific materials are tested and new information is gathered. The plan defines specific objectives,

target audiences, key consumer benefits, the reasons to believe in those benefits, key messages, the tone or style of the program and the mix of channels to be used.

Materials Pretesting: Draft materials, consistent with the strategy are developed and pretested among members of the target audience and revised.

Operational Plan: This plan serves as a guide for program planning and as a record of program objectives and strategies. It includes a summary of principal research findings, program objectives, the intervention strategy, monitoring, management and evaluation plans and the budget.

Stage 2: Intervention: Implementation and management of the communication process responds to the planning document.

Production: Intervention begins with the production of the communication and training materials, ensuring that materials match, or rise above, existing quality norms.

Distribution: Final materials are distributed to the target audiences through the appropriate channels. Effective distribution entails producing the correct quantities and materials; timely delivery of materials and instruction in their use; and effective integration of channels.

Stage 3: Monitoring: The communication program's progress is continually measured and monitored -- with continued mid-course corrections -- to ensure accurate results.

Monitoring: This function examines project outputs and outcomes compared with the original plan and objectives. It focuses on distribution systems for products and materials; internal project adherence to work schedule and budget; interim tracking of audience knowledge, acceptance and practice. Monitoring techniques include focus groups, tracking surveys, observation of program operations and panels of influentials.

Impact Evaluation: The last step in the continuous communication process, the impact evaluation, assesses total program impact and defines the program results in terms of improved health status, knowledge, acceptance and usage.

This communication planning, intervention and monitoring process is seldom implemented comprehensively. It often does not need to be. It is often too time consuming or costly. Learning to communicate about a complex problem such as AIDS is cumulative. Not every step or lesson learned need be repeated every time. But at the beginning of learning to communicate about a complex problem such as AIDS, a significant body of research and experience following the general outlines of this planning, intervention and monitoring process is a requisite for success.

A.2 TECHNICAL REQUIREMENTS

The Contractor shall provide services and documentation required by paragraphs A.2 and A.3 of this Statement of Work.

A.2.1 General Methodology. The Contractor shall organize its efforts under the following guidelines.

A.2.1.1 Sequencing of Contractor Activities for Each Emphasis Country Site.

The Contractor shall follow this sequence of activities for emphasis countries:

- o Country selection in collaboration with A.I.D. and according the guidelines expressed below.
- o Conduct of a feasibility study and development of an Implementation Plan and Letter of Agreement in-country with the collaboration of A.I.D., WHO and host country officials. Approval of the Implementation Plan and Letter of Agreement by A.I.D.
- o Collaboration with host country institutions in the conduct of a series of operations research activities over an average three-year period as specified in the implementation plan for the country. A resident advisor and/or other short term technical assistance will be required as specified in the plan. The operations research activities will provide a basis for:
 - Development of the public health communication strategies and methodologies;
 - Significant impact on country AIDS control and prevention programs;
 - Significant impact on the knowledge, behavior and risk status of target audiences of these programs;
 - The evaluation studies required in A.2.3.1; and
 - Participation in worldwide Project dissemination activities.

Each of these elements shall be discussed in the Implementation Plan.

- o Collaboration in worldwide dissemination activities as they reflect experience across sites through seminars and workshops, site visits, evaluation reports, the Project Manual, videotapes, "Field Notes" and other publications described in paragraph A.2.4.

A.2.1.2. Site Selection for Emphasis Countries. The Contractor shall follow, with A.I.D. guidance, these country selection criteria:

- o The extent and nature of the AIDS problem;
- o A.I.D. Regional Bureau recommendation and Mission request;
- o Strength of host country commitment and ability to collaborate;
- o Extent to which project activity can support the development and implementation of the country national AIDS control and prevention plan in collaboration with WHO; and
- o Feasibility of conducting project activities.

For planning purposes, the Contractor should anticipate working in 5 African countries, 5 Latin American/ Caribbean countries and 5 Asia/ Near East countries.

A.2.1.3 Development of Letter of Agreement and Implementation Plan with Emphasis Countries.

A Letter of Agreement expressing respective responsibilities between A.I.D. and designated host-country representatives is required before implementing activities recommended by the feasibility study. An Implementation Plan approved by A.I.D. and host country representatives is required subsequently. Guidance in designing and implementing the Intervention Plan will be obtained from A.I.D., WHO and the Contractor's Technical Advisors listed under key personnel (A.5).

In each Implementation Plan, the Contractor shall describe:

- 1) The major operations research objectives appropriate for the site;
- 2) The collaborating institutions, counterpart professional staff and plans for integrating project activities into the country AIDS control and prevention plan;

- 3) The public health communication strategy which will be implemented in the country in association with project operations research activities, with initial information on target audiences, objectives, general approach, communication channels and their interaction, the relationship between public and private institutional inputs, training plan for networks of change agents and the procurement and distribution plan for products and printed materials, in so far as these are involved;
- 4) The type (long term/ short term; disciplinary categories) and duration of technical assistance required;
- 5) An evaluation plan for participation in country-wide impact assessment, if appropriate, and for the operations research activities; and
- 6) A management plan for implementing project activities.

An attachment to the plan shall include a budget for local expenditures, if any, to be funded under the contract, as described under "Operational Expenditures" in Section A.6 hereunder.

A.2.1.4 The Contractor's role is one of advisor and active collaborator in the AIDS control and prevention program in each country, through its operations research activities, in collaboration with A.I.D. and WHO and as described in the Letter of Agreement and Implementation Plan for each country. The Contractor is responsible for funding only those in-country operations for the activities that are described in the Implementation Plan and are within the scope of this contract.

A.2.1.5 Sequencing of Contractor Activities for Other Short Term Technical Assistance Activities.

The Contractor shall follow this sequence of activities:

- o A.I.D. will originate each technical assistance request from the contractor, including a draft scope of work and suggested composition of the technical assistance team.
- o The Contractor will respond with a proposed consultant team and proposed final scope of work.
- o The activity will begin after A.I.D. Mission approval is received and the C.T.O. has given final written approval.

A.2.1.6 Short term technical assistance will provide support to country AIDS control and prevention activities in collaboration with A.I.D. Mission activities and WHO. Assistance will be provided in a broad range of expertise that pertains to designing and implementing public health communication activities and the conduct of operations research to support public health communication activities. Assistance will emphasize the areas of social marketing, communication research, behavioral analysis and related social sciences, message and materials development and pretesting, electronic and print media production, intervention planning and management and evaluation. Assistance in areas such as medicine and epidemiology will be provided through other A.I.D. support mechanisms whenever possible.

A.2.2 Intervention Stage for Country Activities.

A.2.2.1 In each emphasis country, the contractor will initiate a series of operations research activities that will provide immediate benefit to the country AIDS control and prevention program in implementing public health communication activities; that will provide a sustained supportive relationship to that program over an average of three years per site; that will benefit the worldwide effort to combat AIDS through the findings of the operations research activities and through the cumulative experience across sites expressed in the Manual required under the contract. The required Implementation Plan will express the major approach to operations research activities in each country. A mix of long and short term technical assistance will usually be required. Close collaboration with the country AIDS Control and Prevention Committee, the local A.I.D. Mission and WHO will be required.

The description of the public health communication process described in A.1 above will serve as a general frame of reference for country operations research activities under the contract. Some studies are expected to be brief in duration, requiring only a few weeks or months; other studies may be of several years duration. Broad summative impact evaluation studies are encouraged as well as studies which are narrower in scope. Both quantitative and qualitative research methods are expected. Within this context, the Contractor should be prepared to examine the following kinds of questions within an operations research agenda:

- o how AIDS control and prevention interventions can best relate to existing programs, particularly where A.I.D. may have an active involvement, such as immunizations and family planning;
- o the development of targeted strategies to influence practices among those practicing high risk behavior;

- o the development of strategies to involve decision makers and opinion leaders in support of local AIDS programs;
- o the development of evaluation indicators to monitor program impact such as:
 - ability of target audiences to correctly state risk factors and methods of prevention of AIDS;
 - behavior change toward promoted practices;
 - condom sales and use; and
 - where this is seen to be feasible, HIV sero-conversion rates;
- o the refinement of research methods and instruments for monitoring program impact;
- o the optimal adaptation of available channels of communication (modern and traditional), including service infrastructures, marketing systems, local organizations and media systems, for AIDS prevention strategies;
- o the improvement of methods for implementing the basic components of a public health communication strategy, including:
 - identification and description of target audiences;
 - determination of locally specific behavior to be influenced;
 - determination of measurable objectives based on intended change in practices;
 - selection of marketing and communication strategies appropriate for achieving these objectives;
 - determination of the character and content of program messages;
 - experimentation with different channel mixes including the integration of modern with traditional channels;
 - the development and pretesting of program components and materials; and
 - revision of program strategies, components and materials based on monitoring and evaluation of program implementation and impact; and
- o the improvement of methods for consumer and product research, including public knowledge, attitudes and reported practices, and for the investigation of local customs relevant to the prevention of AIDS;

- o investigation of areas of special importance to AIDS public health communication programs such as:
 - local sensitivities to AIDS prevention messages, particularly those involving sexual behavior;
 - the range of locally acceptable approaches to reducing the risk of sexual transmission;
 - the best approach to generating increased condom sales;
 - the best approach to promoting sustained and correct condom use;
 - demand creation among potential parents for testing for HIV infection so that perinatal transmission can be avoided;
 - demand creation among health professionals for sterile needles in immunization programs and for training related to AIDS control and prevention;
 - the best approach to IV drug users where this is a problem;
 - the promotion of AIDS prevention practices among traditional practitioners; and
 - acceptable approaches to monitoring change in sexual practices.

The studies conducted at any site should be planned so that they are of immediate benefit to local programs in addition to contributing to worldwide knowledge. Thus they should be integrated with continued assistance to the implementation of the local AIDS control and prevention program through the services of the technical advisors provided under the Contract.

The Contractor will coordinate researchers, health system providers and inputs from a variety of public and private sector institutions and private voluntary organizations in order to carry out the required implementation plan and operations research activities at each site.

A.2.2.2 Responses to short term technical assistance requests for other countries should be guided by the broad public health communication process and by the overall operations research agenda of the contract. As directly as possible, the short term technical assistance activities in other countries should contribute to the development and demonstration of public health communication strategies and methods required by the contract.

A.2.3 Evaluation Studies.

A.2.3.1 Evaluation Studies at Emphasis Sites.

The Contractor shall prepare an evaluation plan for each country as part of the Implementation Plan. This plan is to collaborate with on-going national AIDS Committee evaluation plans, as feasible, and to provide evidence of impact on target audience knowledge, attitudes, practices and, if feasible, health status pertaining to AIDS through the public health communication interventions assisted under the contract. Whenever possible, the evaluation should include the collection of data from the target audience or institutions working directly with the target audience pertinent to the assessment of impact.

A.2.3.2 Technical Advisory Group (TAG).

The Contractor in consultation with the S&T CTO (S&T/ED) and S&T/H and S&T/POP project managers is to convene an annual TAG meeting. The TAG will include key Contractor personnel, key A.I.D. personnel and additional advisors to be approved by the CTO. The additional advisors will be recognized experts in AIDS control and prevention and include representation from WHO and from the National Academy of Sciences. The TAG will advise A.I.D. and the Contractor regarding (1) programs under the project; (2) problems that need to be resolved; and (3) opportunities for greater project impact.

A.2.4 Dissemination Activities.

The Contractor shall complete the following dissemination activities:

- a. Methodology Handbook. A practical guide for public health communication professionals and associated decision makers which states the strategic and methodological approaches adapted and developed under the contract.

The manual is to represent a compendium of lessons learned across project sites and across operations research activities. An initial draft based on the description of the public health communication process in A.1 and on early life of project planning activities is to be completed during the second year of the contract. Two revisions will be submitted subsequently at a time determined by the CTO. (For planning, estimate a 75-page document; with the final version produced in four languages.)

- b. Professional workshops. A series of workshops (six for planning purposes) for LDC professionals and decision makers to provide instruction in applying public health communication strategies and methods in their countries (core Contractor staff with experience at project sites are to be used primarily) (It is estimated that these workshops will be an average of two-weeks' duration in LDCs working with the project. An average of six scholarships per workshop are to be allocated from country "operational funds" under the contract. The remaining participants will be funded from other sources outside the contract, unless by exception as approved in writing by the CTO.)
- c. Professional seminars. A series of U.S.-based professional seminars (two for planning purposes) of two to five days' duration for U.S. professionals working with PVOs and/or universities, to exchange experience in the application of public health communication strategies and methods to AIDS control and prevention (core Contractor staff with experience at project sites are to be used primarily) (Funding for travel and per diem is to be provided from sources outside the contract, unless by exception as approved in writing by the CTO.)
- d. Instructional videotape series. A series of instructional videotapes in three languages about public health communication strategies and methods based on project experience (three twenty-minute tapes for planning purposes).
- e. Field Notes. The publication of a series of highly specific reports or "Field Notes" about major practical lessons learned from field experience in the application of public health communication strategies and methods. The number and length of Field Notes will be determined by the Contractor in consultation with the CTO. (For planning, estimate completion of 25 ten-page Field Notes; 15 in English only and 10 in four languages.)
- f. Publications, papers and professional communication. The project will attempt to achieve broad dissemination of results through the international public health community working on AIDS prevention and control. Special attention will be given to collaboration with WHO in this effort. A stream (a minimum of four each fiscal year) of publications, papers and presentations about public health communication strategies and methods based on project experience and data will be produced by the Contractor, written by key Contractor personnel and others, as appropriate, for the major journals, magazines and professional fora pertaining to the field.)

- g. Briefings. In addition to participating in the annual advisory meeting, key U.S.-based Contractor personnel are to be available to prepare and present up to two major briefings a year to AID/W and WHO staff. (For planning, estimate that all of these will take place in Washington, D.C. except three which will take place in Geneva, Switzerland.)

The Contractor shall prepare an overall Dissemination Activities Plan for the life of contract, which shall be revised annually and will require CTO approval for each submission.

A.2.5 Two year optional contract extension.

During the third year of contract operations, A.I.D. may determine that it wishes to extend the life of contract for an additional two years. This two year extension should be budgeted separately and include estimates for the following activities:

1. Continuation of key Contractor staff and home office support;
2. Ten person years equivalent of technical assistance;
3. Continued participation in national evaluations;
4. Four additional seminars for LDC professionals;
5. Travel to support continued operations;
6. Preparation of additional required documents as described in Section A.3.

A.2.5. Source origin waivers.

If required by local circumstances and requested by the Contractor in writing to the CTO, a source origin waiver will be requested for vehicles and communication equipment as is customary according to the collaborating country Mission. Because of cultural sensitivities surrounding technical assistance to AIDS public health communication programs, a source origin waiver will be in effect for the procurement of subcontracted technical services from all national sources, rather than from the U.S. and cooperating country only. This will permit the Contractor maximum flexibility in adjusting technical services to national needs and socio-cultural sensitivities. The Contractor will be required to submit a written justification to the CTO for each subcontract under this waiver and receive an approval in writing from the CTO.

A.3 DOCUMENTATION REQUIREMENTS

A.3.1 Semi-annual Report.

The Contractor shall provide semi-annual progress reports describing major activities undertaken during the previous six months, summarizing project activities and experience to date, and summarizing major upcoming activities. Each report is to contain a self-contained Executive Summary suitable for distribution among key A.I.D. personnel, Project advisors and otherwies interested parties. The first report is due on April 30, 1988 covering the period up to March 31, 1988.

Reports are due covering subsequent six-month intervals, within thirty days of the completion of the six-month period. The CTO will be given one calendar week to review draft text of the Executive Summary before final printing. The full semi-annual report shall be submitted in 3 copies to the CTO, with one copy to the Contracting Officer. Up to fifty additional copies will be distributed directly by the Contractor to specific officers in A.I.D., WHO and to other collaborating professionals directly involved with project activities as determined by the CTO.

A.3.2 Dissemination Activities Materials.

The Contractor shall submit instructional and professional material developed as part of its dissemination activities for each site. These materials will be provided to the CTO for review and approval before distribution. See paragraph A.2.4.a and A.2.4.d,e,f above for further discussion of these materials.

A.3.3 Site Plans.

The Contractor shall submit a Letter of Agreement and Implementation Plan (A.2.1.3) and, within this, an Evaluation Plan (A.2.3.4) for each site. Each document shall be submitted to the CTO for review by the S&T project managers. CTO approval must be provided in writing for each document. If work is extended beyond the initial period described in the plan, the Contractor shall develop an amended plan covering the new period, and re-submit the plan for CTO review and approval. Distribution of the approved plan will be made to the A.I.D. Project Managers and other relevant A.I.D., WHO, LDC Officers and the Contracting Officer.

A.3.4 Other Reports.

In addition to these major reports, the Contractor shall submit ten copies to the CTO of each of the following kinds of on-going management reports:

- o A trip report for all international travel.
- o A proceedings for every workshop seminar and TAG meeting and a report for every technical assistance Mission.
- o A brief semi-annual management report describing progress, problems, and up-coming decision and actions to be taken. This report will contain comparative analysis of targeted and actual resource allocation, cost and schedule, with projections and suggestions for corrective action should actual experience detrimentally exceed targets.

A.3.5 Final Report.

The Contractor will provide a final project report outlining all major activities undertaken during the life of the project, level of effort, and costs associated. Five copies of this final report shall be submitted to the CTO, with one additional copy to the Contracting Officer.

A.4 CONTRACTOR WORKFORCE

The caliber of personnel proposed by the Contractor, assuming such personnel meet or exceed the personnel requirements set forth in Section A.5, will become the base level for measurement of skills requisite to perform under the resulting contract. The Contractor will retain responsibility for insuring maintenance of this skill base through the life of the contract. Any proposed changes to the key personnel skill base will require the written consent of the Contracting Officer with concurrence of the CTO.

A.5 PERSONNEL QUALIFICATIONS, LEVEL OF EFFORT AND ESTIMATED EXPENDITURES

A.5.1 Offerors should include in their proposals key personnel as follows. Be on notice that Letters of Commitment for key personnel may be required before reaching contract award. Assuming a competitive atmosphere, letters of commitment will be required as part of the best and final proposal.

Project Director, Senior Technical Staff, Field Advisors and Technical Advisors as described below:

These key personnel can be generally described as having a Ph.D. or equivalent plus field experience (home office) or an M.A. or equivalent plus field experience (field offices) in the areas of communication, social marketing, public health and epidemiology, behavioral analysis or related social science or evaluation. At least one of the top three positions should be filled with an individual with significant experience with projects seeking to achieve widespread change in health related practices. The Contractor should show evidence of commitment from all key personnel required for work under the contract in FY 1988.

- o The Contractor shall appoint a competent, qualified Project Director to manage the project and be the senior spokesperson and advisor for the project, particularly in matters relating to public health communication. The Director will closely oversee the progress of all technical assistance and operations research interventions, evaluations, reports and major dissemination activities.
- o The Contractor shall appoint a Senior Technical Staff member to assist in managing the project with principal responsibility for overseas technical assistance operations of the project.
- o The Contractor shall appoint a Senior Technical Staff member to assist in managing the project with principal responsibility for all dissemination activities.
- o The Contractor shall hire Field Advisors as necessary to respond to the need for resident overseas advisors under the project. These Field Advisors may be located in a single country or have regional responsibility; they may be hired in-country, or from any third country source if this is appropriate. Field Advisors shall direct project activities within the site(s) to which they are assigned.

Field Advisors' expertise should include the ability to design and manage interventions using various communication channels including mass media, health service personnel and traditional communication systems;

to plan and implement formative evaluation activities; to implement and manage operations research activities; to hire media production skills; to manage face-to-face training activities; and to monitor all outreach and operations research systems of the project.

- o The Contractor shall hire Technical Advisors for Epidemiology/Medicine, Behavioral Science and Evaluation to advise the project in a significant on-going relationship concerning major project activities. Such Technical Advisors, in addition to this specific advisory role, should be available to be active as short term advisors at pilot sites, as seminar/workshop staff and as participants in dissemination activities.

Each key staff position noted above, plus any other member the offeror may elect to include for accomplishing the work under the anticipated contract, should also be represented in your proposal by a biographical data sheet.

A.5.2. Your proposal should also indicate all other categories of labor, and levels of effort for each, necessary for performance under this contract. Such core staff personnel would include the following:

- o Central Office Assistant to assist in the development and backstop the execution of country Implementation Plans (MA or equivalent level of expertise);
- o Central Office Assistant to assist in the development and deployment of short term technical assistance teams and in the development and implementation of workshops, seminars and other dissemination activities (MA or equivalent level of expertise);
- o Writer-Editor (half-time) to assist in the preparation of reports and publications under the contract (five years minimum related experience);
- o Financial Manager (half-time) to assist in budgeting project activities, attributing expenditures to appropriate A.I.D. Mission, Regional or S&T funding sources and projecting the financial status of the project (three years minimum related experience).

A.5.3 The Government estimates for certain key personnel that a minimum period of time is mandatory for adequate performance of this contract. Such periods of time are as follows:

- o Long term advisors resident in emphasis countries or at regional sites with responsibility for operations in emphasis countries: an average of 1.5 person year per emphasis country.
- o Short term advisors for use in emphasis countries as part of operations research activities and for providing responses to other countries requesting short term technical assistance: a total of 25 person years across all sites.

Offerors are reminded that though the above suggests a minimum level of effort, proposals should reflect a completion mode of operation rather than merely a level of effort arrangement. Technical proposals will be evaluated on approach to accomplishing goals of this project with available talented labor rather than just available talent. Your proposal should reflect the integration of technical approach and appropriate skills to accomplish the contract task objectives. Offerors parroting the above levels of effort without further discussion on use of those resources relative to the Statement of Work risk receiving lower technical scores.

A.5.4 Operational Expenses. The Contractor should anticipate funding for an average of \$150,000 per site for local in-country expenditures in each emphasis country for such items as equipment, local hire staff, production services, media products and evaluation-related services. A vehicle is to be budgeted for each emphasis country site within this figure.

An additional \$50,000 per emphasis country site is to be budgeted for participation in national AIDS control and prevention surveillance and impact evaluation activities in collaboration with WHO and host country plans.

The budget for local expenditures will be approved by A.I.D. as part of the implementation plan for each site.

The above estimate for expenditures is not intended to preclude offerors from proposing alternatives based on your experience and corporate expertise. Offerors retain responsibility for providing proposals which best represent your understanding of the work involved and the resources necessary to complete the work.

A.5.5 Contracting with small business concerns, small disadvantaged business concerns and women-owned small business concerns.

A.I.D. encourages the participation to the maximum extent possible of small business concerns, small disadvantaged business concerns and women-owned small business concerns in this activity as contractors or sub-contractors in accordance with PART 19 of the Federal Acquisition Regulation. In this respect, it is anticipated that the prime contractor will make every reasonable effort to identify and make maximum practicable use of such concerns. All other selection evaluation criteria being found equal, the participation of such concerns may become a determining factor for selection.

ILLUSTRATIVE BUDGET
(1 = \$1000)

The technical services required by this PIO/T are expected to begin 10-01-87 and end on 09-30-94, including the two-year optional extension. The budget for the two-year extension is attached to this five-year budget.

Salaries

Project Director (60 pm)	252,000
Senior Technical Staff (90 pm)	300,000
Administrative Assistant (120 pm)	180,000
Writer/Editor (30 pm)	36,000
Financial Manager (30 pm)	36,000
Secretary (150 pm)	195,000
Long term Advisors (270 pm)	<u>810,000</u>

Subtotal: 1,809,000

Benefits (26%)

Subtotal: 470,340

Consultants

Project Technical Advisors (3 for 45 pm total)	225,000
TAG Consultants (6 pm)	30,000
Short-term TA for all activities (312 pm)	<u>1,404,000</u>

Subtotal: 1,659,000

Travel

Home Office:	
40 x 21 days overseas	128,000
20 x 7 days domestic	20,000
Field Offices:	
18 x 15 days to U.S.	54,000
RT Post (9)	90,000
Consultants	<u>1,404,000</u>

Subtotal: 1,696,000

<u>Allowances</u>	
Post Differential (10%)	81,000
Housing Allowance	350,000
Shipment/Storage	<u>200,000</u>
Subtotal:	631,000
<u>Equipment, Materials & Supplies</u>	
Home Office, general	250,000
Manual, reports, Field Notes	410,000
3 instructional videotapes	150,000
Miscellaneous field equipment	<u>75,000</u>
Subtotal:	785,000
<u>Other Direct</u>	
In-country operations, as specified in Implementation Plan for each of 15 emphasis countries averaged at \$150,000/ site	2,250,000
Participation in national evaluations	750,000
8 workshops/ seminars @ 35	280,000
Computer processing: time and services	<u>300,000</u>
Subtotal:	2,830,750
TOTAL of Subtotals:	9,881,090
<u>Overhead (30%)</u>	2,964,327
TOTAL:	12,845,417
<u>Contingency and Inflation (12%)</u>	1,541,450
GRAND TOTAL:	14,386,867

A total of 1,113 person months are required.

ILLUSTRATIVE BUDGET FOR TWO-YEAR EXTENSION
(1 = \$1000)

Salaries

Project Director (24 pm)	100,800
Senior Technical Staff (36 pm)	120,000
Administrative Assistant (48 pm)	72,000
Writer/Editor (12 pm)	14,400
Financial Manager (12 pm)	14,400
Secretary (30 pm)	<u>39,000</u>

Subtotal: 360,600

Benefits (26%)

Subtotal: 93,756

Consultants

Project Technical Advisors (3 for 18 pm total)	90,000
TAG Consultants (2 pm)	10,000
TA for all activities (120 pm)	<u>540,000</u>

Subtotal: 640,000

Travel

Home Office:	
18 x 21 days overseas	51,200
8 x 7 days domestic	8,000
Consultants	<u>540,000</u>

Subtotal: 599,200

Equipment, Materials & Supplies

Home Office, general	150,000
Manual, reports, Field Notes	<u>150,000</u>

Subtotal:	300,000
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Other Direct

Participation in national evaluations	300,000
4 workshops/ seminars @ 35	140,000
Computer processing: time and services	<u>150,000</u>

Subtotal:	590,750
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TOTAL of Subtotals:	2,584,306
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<u>Overhead (30%)</u>	775,292
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TOTAL:	3,359,598
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Five Year Total:	14,386,367
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Two Year Total:	<u>3,359,598</u>
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GRAND TOTAL:	17,746,465
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A total of 302 additional person months are required by the two year optional extension.

CONTRACTOR SELECTION CRITERIA

The prospective Contractor should be an organization with demonstrated experience in the application of relevant public health communication disciplines, including social marketing, communication research, behavioral analysis and related social sciences, instructional design, public health, communication planning and health promotion, to public health communication objectives. They must be experienced in standard and innovative evaluation techniques in the field of communication research and related social sciences. Contractor staff should include senior professionals in one or more of the relevant social and public health sciences required by this project. The key administrative and operational personnel of such an organization should have professional reputation, recognized standing, and demonstrated experience in areas of expertise directly required by this project. The Contractor should show evidence that key personnel required during FY 1988 are committed to working under this proposed contract, pending A.I.D. approvals that would be required by a contract provision.

<u>SELECTION CRITERIA</u>	<u>POINTS</u>
A. <u>Responsiveness and Quality of the Proposal</u>	(Total: <u>140</u>)
a. Understanding of the objectives of this project:	20
b. Understanding of current communication, social science and public health concepts and research relating to the use of communication and social marketing approaches for public health communication for the control and prevention of AIDS:	30
c. understanding the requirement of public health communication programs in developing countries:	30
d. Quality of design and approach (logic, clarity, soundness, adequacy of detail) to developing an implementation plan and methodology:	40
e. Creative and innovative concepts and plans described which would enhance this project's outreach, credibility, and impact:	20
B. <u>Institutional Characteristic and Capabilities</u>	(Total: <u>90</u>)
a. Institutional experience and capability in providing effective administrative support for large projects in developing countries' environments at multiple country sites:	20

- b. Institutional experience and capability in undertaking projects requiring the application of communication, social marketing, and related disciplines required by this project to support public health objectives: 20
 - c. Institutional experience and capability in undertaking projects which support the process of achieving widespread change in health practices. 20
 - d. Current availability of staff with demonstrated ability to manage personnel in complex, personnel-intensive development projects and to fill key project positions: 20
 - e. Established working relationships with groups and professionals in the U.S. in the substantive fields which bear on the R&D objectives of the projects: 10
- C. Qualifications and Experience of Personnel (Total: 120)
- a. Professional competence in the fields of communication, social marketing, public health, evaluation, behavioral psychology and/or related social sciences: 25
 - b. Demonstrated experience in the conduct of public health communication/social marketing projects involving the analysis of health-related practices and the management of mass media and interpersonal systems: 40
 - c. Relevant experience in working with developing countries' programs and personnel: 15
 - d. Expertise and experience in evaluative techniques relevant to the behavioral and social marketing objectives of this project and the integration of formative evaluation methods in complex multi-media educational interventions: 40

- (NOTES: 1. Price has not been assigned numerical weight. Although selection will be based primarily on technical criteria, the proposed contract award will be made to the offeror whose overall proposal promises the greatest value to the Government, technical, price and other factors considered.
2. Experience requirements may be met with subcontractor's qualifications.) A.3.5
Dissemination Activities Materials

PROJECT DATA SHEET

TRANSACTION CODE

A = Add
C = Change
D = Delete

Amendment Number

DOCUMENT

CODE

3

2. COUNTRY/ENTITY Worldwide

3. PROJECT NUMBER

936-5972

Communication

4. BUREAU/OFFICE

S&T/ED, S&T/H, S&T/POP

5. PROJECT TITLE (maximum 40 characters)

AIDS Technical Support

10

6. PROJECT ASSISTANCE COMPLETION DATE (FACD)

MM DD YY
09 30 95

7. ESTIMATED DATE OF OBLIGATION
(Under "B" below, enter 1, 2, 3, or 4)

A. Initial FY 87

B. Quarter 4

C. Final FY 94

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FY	C. L/C	D. Total	E. FY	F. L/C	G. Total
AID Appropriated Total	1,000			10,000		10,000
(Grant)	(1,000)	()	()	(13,000)	()	(13,000)
(Loan)	()	()	()	()	()	()
Other U.S.						
1. Missions/Regional Bu.	500			6,000		6,000
2.						
Host Country						
Other Donor(s)						
TOTALS	1,500			19,000		19,000

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) H	530			0		1,000		12,500	
(2)									
(3) EH	600			0		0		500	
(4)									
TOTALS				0		1,000		13,000	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)

640

11. SECONDARY PURPOSE CODES

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 400 characters)

To support developing country programs in preventing and controlling HIV infection.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
0 8 8 9 0 8 9 1 0 8 9 3

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 942 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

Signature: Kenneth Burt
Signature: David Simpson

- c. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.
- d. Based on the justification set forth on page 15 of the project paper, I hereby approve a nationality waiver from A.I.D. geographic code 000 (U.S. only) and the cooperating country to code 935 (Free World Countries) for the procurement of subcontract technical services required for this project and find that the interests of the United States are best served by permitting procurement of subcontract services from free world countries.

Signature  Date: 5/5/87
N. C. Brady, SAA/S&T

Clearances: S&T/H:GPettigrew (draft) Date 4/23/87
S&T/H:AVanDusen (draft) Date 4/23/87
S&T/PO:GGower th Date 5 May 87
GC/CP:STisa (draft) Date 4/28/87
S&T/POP:JShelton (draft) Date 4/21/87
DAA/S&T:BLangmaid _____ Date _____

Drafted by:S&T/ED, A.Meyer:4/21/87:W#0908R

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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D. C. 20523

APR 30 1987

ACTION MEMORANDUM FOR THE SENIOR ASSISTANT ADMINISTRATOR
BUREAU FOR SCIENCE AND TECHNOLOGY

FROM: S&T/H, Kenneth Bart, Director, *Kenneth Bart*
S&T/HR, Christopher Russell, Director, *Chris Russell*

SUBJECT: Authorization of the AIDS Technical Support Project
(936-5972): Public Health Communication Component

Problem: Your approval is required to authorize the Public Health Communication Component of the AIDS Technical Support Project (936-5972) for a period of eight years from the date of the signing of this authorization. The estimated cost for this component is \$19,000,000: \$13,000,000 Centrally funded; \$6,000,000 Regional and Mission funded. Obligations totalling approximately \$1,500,000 are planned for FY 1987. Final obligations are scheduled to occur in FY 1994. You are also requested to authorize a source origin waiver for the procurement of subcontracted technical services from all Free World countries (Code 935).

Discussion: The AIDS Technical Support Project will complement the World Health Organization's (WHO) global program by providing additional technical and commodity resources to those LDCs which request assistance. The Project, overall, is aimed at strengthening the capacity of developing countries, and their health delivery systems in particular, in AIDS prevention and control through technical assistance, applied research and procurement. A Project Paper for all components in addition to the public health communication component is in preparation and will be submitted for your approval with a Project Authorization Amendment in May, 1987.

The Public Health Communication component of the AIDS Technical Support Project will provide assistance through the development and demonstration of effective public health communication strategies and methods for the control and prevention of AIDS. The communication component of the Project will work in 15 emphasis countries and at least 10 additional countries through a program of sustained technical assistance and operations research activities as described in the attached Project Authorization and Project Paper.

The attached Project Paper was approved by the Health Sector Council on April 3, 1987. Page 15 of the Project Paper includes a justification for the procurement of subcontracted technical services from all Free World countries (Code 935) rather than from U.S. or cooperating country sources only, on

the basis of the special socio-cultural sensitivities pertaining to work in the AIDS prevention area. A Congressional Notification for the AIDS Technical Support Project is being prepared and will be submitted to Congress in May, 1987.

Recommendation: That you approve this Project and the procurement source waiver by signing the attached Project Authorization.

Attachments: (1) Project Authorization; (2) Project Paper

Clearance:

S&T/H:GPettigrew (draft)	Date	4/23/87
S&T/H:AVanDusen (draft)	Date	4/23/87
S&T/PO:GGower	Date	4/23/87
GC/CP:STisa (draft)	Date	4/28/87
DAA/S&T:BLangmaid	Date	
S&T/POP:JShelton (draft)	Date	4/21/87

Drafted by:S&T/ED:A.Meyer:4/22/87:235-8850:1830R

APR 21 1987

**ACTION MEMORANDUM FOR THE SENIOR ASSISTANT ADMINISTRATOR,
BUREAU FOR SCIENCE & TECHNOLOGY**

FROM: S&T/H, Kenneth J. Bart, M.D. *Ann Vandersee for*
S&T/POP, Duff Gillespie
S&T/ED, David M. Sprague *Sprague*

SUBJECT: Concept Paper, AIDS Technical Support Project

I. Problem:

The need for an international effort to control the spread of Acquired Immunodeficiency Syndrome (AIDS) is now apparent and widely supported. Requests from USAID missions for program technical and commodity support are mounting rapidly as more host countries openly begin to address this epidemic and seek outside assistance. At the same time, the scientific understanding of AIDS and its future spread is characterized by uncertainty and rapidly increasing knowledge. What will happen in the future depends on knowledge we do not necessarily have now. Accordingly, there is a strong rationale for a new support project that is flexible, able to respond quickly, and which is built around a carefully selected "critical mass" of technical talent to support AIDS control efforts.

Your authorization is requested to design a five-year, \$50 million Technical Support Project aimed at preventing and controlling AIDS.

II. Background:

Acquired Immunodeficiency Syndrome (AIDS) is now found on all continents with cases reported from 85 countries. Caused by the human immunodeficiency virus (HIV), AIDS has become a worldwide epidemic (pandemic) and an international health problem of extraordinary scope and unprecedented urgency. Although the number of officially reported cases as of March 1987 was only 43,000, WHO estimates the actual number to be in excess of 100,000. Because of the long incubation period (up to seven years or longer) from HIV infection to the development of clinical disease, the number of actual AIDS cases provides, at best, an inaccurate and, at worst, a misleadingly optimistic view of the real extent of HIV infection. Worldwide, WHO estimates that between five and 10 million persons or more currently are infected with HIV. By 1991, WHO estimates that 50 to 100 million persons may be infected worldwide.

HIV is transmitted by exposure to the body fluids of an infected person. The routes of transmission are:

- o sexual contact;
- o bloodborne--via contaminated blood and blood products, through injections with infected needles, and by use of improperly sterilized skin-piercing equipment; and
- o mother-to-newborn - during pregnancy, at birth, or shortly after birth.

This combination of modes of transmission indicates that virtually all segments of the world's population have some degree of risk of acquiring HIV infection.

The human, economic and political costs of the HIV epidemic are likely to be enormous for individuals, families and countries because:

- o economic output will be affected as increasing numbers of productive young adults in the high-risk 20 to 40-year age group succumb to the infection and die;
- o child survival will be adversely affected as infants are infected with HIV at birth, through transfusions of contaminated blood and by unsterile needles; and
- o health care resources needed for priority programs in health, family planning, education and other sectors will be further stretched by the cost of treating an increasing number of AIDS patients.

III. Discussion:

WHO has assumed worldwide leadership in coordinating AIDS research and in promoting interventions for the prevention and control of AIDS. WHO seeks \$37 million in CY 1987 for its Global AIDS program. The Agency has already contributed \$2 million in grant funds to WHO in FY 1986 and along with other donors intends to increase its grant support in FY 1987. In addition, A.I.D. technical staff are working closely with WHO, and this collaborative relationship is well established. The proposed project will complement WHO's global program and A.I.D.'s direct contributions to it by providing additional technical and commodity resources to developing country programs.

With A.I.D. programs in most developing countries (including most of those most severely affected by HIV infection), the Agency is in a unique position to contribute to WHO and developing country efforts to prevent and control AIDS. Where health, family planning and education programs are in place, additional measures directed at HIV control are possible without great extra effort or prolonged delay.

The AIDS Technical Support Project will be designed to provide the Agency with a flexible and rapid response capacity to meet anticipated needs and requests for assistance from missions and host countries. It will complement the Public Health Communications Project which will develop and test information and education strategies and approaches to preventing AIDS.

Key elements of the Project would be:

A. PROGRAM TECHNICAL SUPPORT

Program technical support will fill specific host country needs in the area of AIDS prevention and control. Short-term consultants and long-term resident advisors will be provided in fields such as epidemiology, training, evaluation, laboratory (blood supply) systems, health care financing, and program design and administration.

B. TRAINING

Training requirements in AIDS prevention and control will be varied and continuing. In both existing A.I.D.-funded health and family planning programs and new AIDS prevention activities, laboratory workers, hospital staff, rural clinic personnel, commodity supply staff as well as researchers, policy makers and planners, and program managers will need new and specific training to cope with and address this disease. Most training will be local but a share of technical training will occur on a regional and international basis.

C. COMMODITIES

Commodities are essential for prevention of bloodborne transmission of HIV. The need to make the blood supply safe is urgent, but this can be achieved only if adequate supplies of diagnostic equipment are available for screening blood donors and blood products. In order to prevent HIV transmission through immunization and other injections, procurement of needles and syringes plus sterilizing equipment also will be considered.

Ultimately, a vaccine for prevention may become available. This project provides a mechanism for procurement and distribution of this and other commodities as they become available and needed.

D. APPLIED RESEARCH

The field of AIDS prevention and control is characterized by uncertainty and lack of knowledge. In order to overcome these

impediments to effective planning and intervention, applied research will be required. Applied research as defined here includes surveys and surveillance, more careful delineation of the modes of transmission in children, operations research, and field testing of intervention technologies.

E. INFORMATION DISSEMINATION

Field personnel will have a continuing need to remain abreast of new scientific, epidemiological and program developments in AIDS prevention and control. This project will provide a modest information dissemination service for these audiences. (Note: it is assumed that WHO will be responsible for the collection and dissemination of technical information to the scientific community dealing with AIDS.)

F. SUPPORT TO COOPERATING AGENCIES AND PVOs

A major resource unique to A.I.D. is the substantial number of centrally and bilaterally-funded PVOs and cooperating agencies in health and family planning already working collaboratively with health ministries and urban and rural health networks. Their activities cover the range of primary health care, health planning, training, epidemiology, operations research, social marketing, survey research, and commodity supply and distribution. Supplemental funding and technical support as needed will be made available to these cooperating agencies so that their expertise can be harnessed for the prevention and control of AIDS.

G. OTHER SUPPORT OF REGIONAL OR USAID MISSION ACTIVITIES

This project will also provide pass-through support for other regional or USAID mission bilateral AIDS prevention and control activities which supplement existing health projects, support efforts under the WHO country plans, or support other worthy AIDS prevention efforts. This support will be funded largely by buy-ins and will be accomplished through cable authorizations and PIO/T facesheets.

H. OTHER ACTIVITIES

A series of other activities related to the application of AIDS prevention and control in developing countries will be considered during the life of project. These will be assessed on a case by case basis and implemented if funds are available. These activities may include:

- o collaboration in sponsoring international and regional conferences on AIDS;
- o occasional state-of-the-art papers, monographs, reviews, guidelines and other program support activities.

- o design and demonstration of the epidemiological forecasting and modelling of the spread and impact of AIDS.

PROJECT SCOPE AND PRIORITIES

This project will be the Agency's primary vehicle for responding to host country needs in developing and expanding AIDS control programs. In concert with ongoing USAID mission programs, it will have the capability to support a variety of AIDS prevention and control activities. It will be guided by A.I.D. policy and will complement and collaborate with WHO as the lead agency worldwide. The project will be global in scope with the possibility of becoming focussed in priority countries as more is known about prevalence and the need for intensive A.I.D. involvement in certain countries.

FUNDING AND MANAGEMENT

The total life of project funding will be \$50.0 million over five years. The project will enable missions and Regional Bureaus to buy into the services of this project. Of the \$50.0 million, \$15.0 million have been allocated for pass-through funding of AIDS prevention and control efforts through regional and bilateral USAID Mission activities. Another \$7 million have been estimated to be required for activities funded outside the agreement with the prime contractor, i.e. for supplemental funding of other cooperating agencies and PVOs.

Funding sources and levels within S&T for the AIDS Technical Resources Project are under discussion and will be presented fully in the Project Paper. It is anticipated that some Missions may want to jointly fund activities in their respective countries, but exact levels of central and Mission/Regional fundings are difficult to predict because of the rapidly evolving nature of the AIDS prevention problem and recognition of it.

S&T/H will develop and manage the Project with the assistance of S&T/POP and S&T/ED and the collaboration of the Regional Bureaus. S&T/PO, SER/OP and PPC/PDPR will participate in project development.

A primary agreement for implementation of the proposed project will be competitively awarded in FY 87 with an initial obligation of at least \$2 million.

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Recommendation: That you authorize design of the AIDS Technical Support Project.

Approved: [Signature]

Disapproved: _____

Date: 4/29/87

Clearance:	S&T/H, Bender	<u>RB</u>	date	<u>4/15/87</u>
	S&T/H, AVandusen	<u>AVD</u>	date	<u>4/17/87</u>
	S&T, BLangmaid	<u>[Signature]</u>	date	<u>4/27/87</u>
	S&T, DBrennan	<u>[Signature]</u>	date	<u>4/29/87</u>

Drafted by: ^{1R26} JHarris/LKengas; clb:4/14/87:Wang No. 2665j