

CONTRACT/AGREEMENT DATA SHEET

B 25197

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

2. Date PIO/T Received in M/SER/AAM/A/SUP 5 30 89

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

1. Contract/Agreement/Number DPZ-5982-2-00-9034-00

4. Contractor/Recipient Name John Snow, Inc.

5. Contractor Acronym

6. Project Title Technical Assistance for Child Health

7. Project Number 936-5982

8. Project Officer's Name R. Kim-Farley

9. Bureau or USAID Symbol S&I/H

10. PIO/T Number 936-5982-3-9361352

21. Budget Plan Code DDCA-89-13600-KG11

APP. 72-1191021.7 ALL. 947-36-099-00-20-91

11. TYPE OF ACTION

A. New Acquisition/Assistance

B. Amendment/Modification  A

1. New/Revised Scope

2. Funded Extension

3. No Cost Extension

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

5. Incremental Funding

6. Overhead Rate Adjustment

7. Contract Closeout

8. Other

C.FPR or FAR FAR

22. Country or Region of Performance WW

23. A. This Action Increases or Decreases TEC by \$12,480,720

B. Total Estimated Cost of Contractual Document \$12,480,720

24. Amount of Non-Federal Funds Pledged to the Project 0

12. Amount of this PIO/T Obl. U.S. \$ 435,000

25. Effective Date of this Action 9, 29, 89

13. Amount  Obligated  Subobligated  Deobligated 435,000 This T (814855) This Action

26. Estimated Completion/Expiration Date 9, 28, 93

14. Cumulative Obligation (Life of Contract) U.S. \$ 814855

27. Contractor DUNS Number 09-150-0090

15. This Action Funded Through 12, 31, 89

28. Consultant Type Award  YES  NO

16. Date Contractual Documents Signed by AID Official 9, 29, 89

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

30. Number of Persons (PASA/RSSA only)

17. Incrementally Funded Contracts  YES  NO

18. Host Country/Counterpart Institution (University Contracts) na

31. CONTRACT TYPE

A. Fixed Price (specify:  FPRD  F  FPI)

B. Cost Reimbursement (specify:  CR  CPFF  CS  CPAF  CPIF)

C. IQC and Requirements Contracts

D. Grant/CA/PASA/RSSA

E. Contracts with Individuals

19. Campus Coordinator (University Contracts) na

20. ADVANCE  A  B  C

32. Negotiator's Typed Name L. Doheny

33. Negotiator's Signature [Signature]

34. Date Signed 9, 29, 89

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

36. Contract/Grant Officer's Signature [Signature]

37. Date Signed 9, 29, 89

ENTERED OCT 9 1989 COORS SECTION

(2, 10, 15)

<b>CONTRACT/AGREEMENT DATA SHEET</b>	<b>B 26674</b>	1. M/SER/AAM/A/SUP Action Monitor D.F	2. Date PIOT Received in M/SER/AAM/A/SUP 9, 25, 89
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COMPLETE EACH BLOCK FOR BOTH NEW ASSISTANCE/ACQUISITION AND MODIFICATION ACTIONS

3. Contract/Agreement/Number  
**DP2-5982-2-00-9034-00**

4. Contractor/Recipient Name  
**John Snow Done**

5. Contractor Acronym

6. Project Title  
**Technical Assistance for Child Health**

7. Project Number  
**936-5982**

8. Project Officer's Name  
**H. Fluty**

9. Bureau or USAID Symbol  
**S&T/H**

10. PIOT Number  
**936-5982-3-9361594**

21. Budget Plan Code **DDHA-89-13600-RG11**  
**APP. 72-1191021.8 ALL. 948-36-099-00-20-91**

11. TYPE OF ACTION

A. New Acquisition/Assistance

B. Amendment/Modification

1. New/Revised Scope

2. Funded Extension

3. No Cost Extension

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

5. Incremental Funding

6. Overhead Rate Adjustment

7. Contract Closeout

8. Other

CFPR or FAR \_\_\_\_\_

22. Country or Region of Performance

23. A. This Action Increases or Decreases TEC by  
\$ \_\_\_\_\_

B. Total Estimated Cost of Contractual Document  
\$ \_\_\_\_\_

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

12. Amount of this PIOT  
**OBL** U.S. \$ **325,485**

25. Effective Date of this Action  
/ /

3. Amount  Obligated  Subobligated  Deobligated  
by this Contract or Amendment  
U.S. \$ **325,485 (814,855 total)**

26. Estimated Completion/Expiration Date  
/ /

14. Cumulative Obligation (Life of Contract)  
U.S. \$ \_\_\_\_\_

27. Contractor DUNS Number

28. Consultant Type Award  
 YES  NO

16. This Action Funded Through  
/ /

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

16. Date Contractual Documents Signed by AID Official  
/ /

30. Number of Persons (PASA/RSSA only)

17. Incrementally Funded Contracts  
 YES  NO

31. CONTRACT TYPE

A. Fixed Price (specify:  FFP  FPRD  FPEPA  FPI)

B. Cost Reimbursement (specify:  CR  CPFF  CS  CPAF  CPIF)

C. IQC and Requirements Contracts

D. Grant/CA/PASA/RSSA

E. Contracts with Individuals

18. Host Country/Counterpart Institution (University Contracts)

19. Campus Coordinator (University Contracts)

20. ADVANCE

A. No Advance

B. Advance Non-FRLC

C. Advance FRLC

32. Negotiator's Typed Name  
**L. Doheny**

33. Negotiator's Signature  
*L. Doheny*

34. Date Signed  
**9, 29, 89**

35. Contract/Grant Officer's Organization Symbol  
**W/PT**

36. Contract/Grant Officer's Signature  
*[Signature]*

37. Date Signed  
**9, 29, 89**

CONTRACT/AGREEMENT  
DATA SHEET

B 26673

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

2. Date PIO/T Received in  
M/SER/AAM/A/SUP  
9, 25, 89

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

1. Contract/Agreement/Number  
DI 2-5982-2-00-9034-00

4. Contractor/Recipient Name  
John Snow Inc

6. Project Title  
Technical Assistance for Child Health

8. Project Officer's Name  
H. Fluty

10. PIO/T Number  
936-5982-3-9361352 A1

21. Budget Plan Code  
DDCA-89-13600-RG11  
APP. 72-1191021.7 ALL. 947-36-099-00-20-91

11. TYPE OF ACTION  
 A. New Acquisition/Assistance  
 B. Amendment/Modification  
 1. New/Revised Scope  
 2. Funded Extension  
 3. No Cost Extension  
 4. Transfer of action from AID/W to Mission/Mission to AID/W  
 5. Incremental Funding  
 6. Overhead Rate Adjustment  
 7. Contract Closeout  
 8. Other

22. Country or Region of Performance

23. A. This Action Increases or Decreases TEC by  
\$ \_\_\_\_\_  
 B. Total Estimated Cost of Contractual Document  
\$ \_\_\_\_\_

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

12. Amount of this PIO/T  
OBL U.S. \$ 54,370

25. Effective Date of this Action

13. Amount  Obligated  Subobligated  Deobligated  
by this Contract or Amendment  
U.S. \$ 54,370 (814,855 total)

26. Estimated Completion/Expiration Date

14. Cumulative Obligation (Life of Contract)  
U.S. \$ \_\_\_\_\_

27. Contractor DUNS Number

15. This Action Funded Through  
1 / 1

28. Consultant Type Award  
 YES  NO

16. Date Contractual Documents Signed by AID Official  
1 / 1

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

17. Incrementally Funded Contracts  
 YES  NO

30. Number of Persons (PASA/RSSA only)

18. Host Country/Counterpart Institution (University Contracts)

31. CONTRACT TYPE  
 A. Fixed Price (specify:  FFP  FPRD  FPEPA  FPI)  
 B. Cost Reimbursement (specify:  CR  CPFF  CS  CPAF  CPIF)  
 C. IQC and Requirements Contracts  
 D. Grant/CA/PASA/RSSA  
 E. Contracts with Individuals

19. Campus Coordinator (University Contracts)

20. ADVANCE  
 A. No Advance  
 B. Advance Non-FRLC  
 C. Advance FRLC

32. Negotiator's Typed Name  
L. Doheny

33. Negotiator's Signature  
L. Doheny

34. Date Signed  
9, 29, 89

35. Contract/Grant Officer's Organization Symbol

36. Contract/Grant Officer's Signature  
[Signature]

37. Date Signed  
9, 29, 89

38. SUBJECT TO STATUTORY REQUIREMENT

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

E

\*Equipment, Supplies, Materials, and Commodities

39. Country of Manufacture

US

40. CURRENCY INDICATOR

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

A

41. SUBCONTRACTS

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

YES  NO

42. TYPE OF SERVICE

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

B

43. CONTRACT/AGREEMENT SOURCE

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

A

44. TYPE OF AMERICAN OWNERSHIP

(U.S. Persons or Firms Only)

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

G

45. METHOD OF SOLICITATION

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

B

46. LABOR SURPLUS AREA PREFERENCE

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

D

47. TYPE OF BUSINESS

- A. Source: Non-U.S. and Used Outside U.S. & Possessions
- B. Source: Non-U.S. and Possessions  
(Foreign Purchases Used Inside U.S.)  
(If U.S. Source, complete C through Q)
- C. Firm - Profit Making & PSC's
- Non-Profit Organizations
- D. Private Educational Organizations
- E. Hospitals
- F. Research Institutions, Foundations, and Laboratories
- G. Other

C

- Private Voluntary Organizations
- H. U.S. Registered
- I. U.S. Non-Registered
- J. Foreign

- State/Local Government
- K. Educational Institutions
- L. Hospitals
- M. Research Organizations
- N. Other

- O. International Agricultural Research Organizations
- P. Public International Organizations
- Q. U.S. Cooperatives

48. Women Owned Business?

YES  NO

49. TYPE OF AWARD

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

I

50. Paying Office:

Payment will be made by

AID/W

51. SYNOPSIS PRIOR TO AWARD

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

A

54. APPLICABILITY OF COMPETITION IN CONTRACT ACT (CICA)

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

2

52. COMPETITIVE SOLICITATION PROCEDURES

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

A

55. AUTHORITY FOR OTHER THAN FULL & OPEN COMPETITION

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

na

\*If 'M', block 56 must be completed

53. NUMBER OF OFFERORS

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

2

56. SPECIAL AUTHORITY FOR NON-COMPETITIVE ACTIONS

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

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

na

57. SPECIAL SELECTION PROCEDURES

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

3

<b>AWARD/CONTRACT</b>		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING	PAGE OF PAGES
2. CONTRACT (Proc. Inst. Ident.) NO. DPE-5982-Z-00-9034-00		3. EFFECTIVE DATE See Block 20C			1 50
5. ISSUED BY Agency for International Development Office of Procurement Health & Population Branch, Room 1579, SA-14 Washington, D.C. 20523-1430		6. ADMINISTERED BY (If other than Item 5)		Technical Office: S&T/H/HSD	

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code) John Snow, Inc. 210 Lincoln Street Boston, MA 02111 DUNS No.: 09-150-0090 TIN: 04-2578580		8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input type="checkbox"/> OTHER (See below)	
		9. DISCOUNT FOR PROMPT PAYMENT None	
		10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN: See Block 1	

11. SHIP TO/MARK FOR N/A		12. PAYMENT WILL BE MADE BY See Section G ✓	
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c)( ) <input type="checkbox"/> 41 U.S.C. 253(c)( )		14. ACCOUNTING AND APPROPRIATION DATA See Section G, Page 34	

15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
	The Contractor shall provide services as required in Section C, and perform in accordance with terms and conditions contained herein.				
Obligated:					\$814,855

15G. TOTAL AMOUNT OF CONTRACT ▶ \$ 12,480,72

(W)	SEC.	DESCRIPTION	PAGE(S)	(W)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1	X	I	CONTRACT CLAUSES	47-51
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2-13	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	14-25		J	LIST OF ATTACHMENTS	
X	D	PACKAGING AND MARKING	26	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	27-29		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	30-33		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	34-35		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	36-46				

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 8 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)	18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) You 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.
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19A. NAME AND TITLE OF SIGNER (Type or print) Diane Hedgecock, Program Officer	20A. NAME OF CONTRACTING OFFICER Stephen A. Dean
19B. NAME OF CONTRACTOR BY Diane Hedgecock (Signature of person authorized to sign)	20B. UNITED STATES OF AMERICA BY Stephen A. Dean (Signature of Contracting Officer)
19C. DATE SIGNED SEP 29 1989	20C. DATE SIGNED SEP 29 1989

SECTION B

SUPPLIES OR SERVICES AND PRICE/COSTS

B.1. PURPOSE

The purpose of this contract is to assist the Agency for International Development in strengthening selected host country capabilities to immunize children under five years of age and to provide technical assistance in primary health care technologies.

B.2. SUPPLIES AND SERVICES

The Contractor shall furnish all necessary facilities, materials, personnel (estimated at not to exceed 1,188 person months (p/m) for the life of this contract), and services to assist A.I.D. in the area of technical assistance for child health, as more fully described in Section C, Description/Specs./Work Statement.

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

a. The total estimated cost of this contract, exclusive of fixed fee, is \$11,682,720. The fixed fee is \$798,000. The total estimated cost plus fixed fee is \$12,480,720.

b. The funds presently available and obligated under this contract are limited to \$814,855, and the Contractor shall not exceed this amount unless approved in writing by the Contracting Officer as provided in the clause of this contract entitled "Limitation of Funds". It is estimated that the amount currently obligated will be sufficient to fund this contract through December 31, 1989.

c. Source of Funds

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

d. Types of Funds

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

1. Bilateral funds refer to funds which are obligated under a bilateral project loan or grant agreement

between the United States Government and the Government of a Cooperating Country. Typically, only USAID Missions will provide bilateral funds, although not all USAID Mission funds will be bilateral funds. Bilateral funds are obligated under a bilateral project loan or grant. Thus, Delivery Orders issued hereunder will serve as subobligating documents for all bilateral funds. The Contractor shall not undertake any action on a project which is to be financed with bilateral funds without the PRIOR CONSENT of the Contracting Officer.

2. Non-bilateral funds refer to funds which are not obligated under a bilateral project loan or grant agreement. Typically, all S&T/H funds and other A.I.D./W Bureau and Office funds will be non-bilateral funds. USAID Missions may also provide non-bilateral funds (e.g., Program Development and Support [PD&S] funds). This contract and modifications to it will serve as the obligating document for all non-bilateral funds. Activities financed with non-bilateral funds may begin upon receipt of technical directions from the S&T/H/HSD Technical Officer with the concurrence of the Contracting Officer.

3. Accounting for Costs

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

#### **B.4. BUDGET**

The following itemized budget sets forth the fixed fee and estimates for reimbursement of dollar costs for individual line items of cost. Without the prior written approval of the Contracting Officer, the Contractor may not exceed the total

<u>Category</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>TOTAL</u>
<b>I. <u>TECHNICAL ASSISTANCE TO S&amp;T/H/HSD</u></b>					
Salaries (estimated at 624 p/m)	\$ 530,303	\$ 559,486	\$ 588,248	\$ 619,023	\$ 2,297,060
Overhead	371,212	391,640	411,774	433,316	1,607,942
Consultants (estimated at 16 p/m)	17,600	18,304	19,036	19,797	74,737
Travel, Transportation, and Per Diem	131,528	134,911	138,428	142,086	546,953
Equipment	1,000	1,040	1,082	1,125	4,247
Subcontracts (estimated at 164 p/m)	247,016	261,613	276,872	293,013	1,078,514
Other Direct Costs	262,261	272,800	452,615	295,109	1,282,785
<b>SUBTOTAL EST. COST-I</b>	<b>\$1,560,920</b>	<b>\$1,639,794</b>	<b>\$1,888,055</b>	<b>\$1,803,469</b>	<b>\$ 6,892,238</b>
<b>FIXED FEE</b>	<b>\$ 106,000</b>	<b>\$ 112,000</b>	<b>\$ 129,000</b>	<b>\$ 123,000</b>	<b>\$ 470,000</b>
<b>SUBTOTAL EST. COST PLUS FIXED FEE ITEM I</b>	<b>\$1,666,920</b>	<b>\$1,751,794</b>	<b>\$2,017,055</b>	<b>\$1,926,469</b>	<b>\$ 7,362,238</b>
<b>II. <u>TECHNICAL ASSISTANCE TO OTHERS</u></b>					
Salaries (estimated at 288 p/m)	\$ 128,000	\$ 261,788	\$ 302,786	\$ 202,709	\$ 895,283
Overhead	73,850	145,032	166,523	112,368	497,773
Consultants (estimated at 18 p/m)	19,800	20,592	21,416	22,273	84,081
Travel, Transportation, and Per Diem	234,710	281,522	295,797	274,485	1,086,514
Allowances	27,650	77,353	64,279	34,800	204,082
Equipment	9,500	46,600	3,400	1,500	61,000
Subcontracts (estimated at 78 p/m)	210,207	365,793	377,362	390,938	1,344,350
Other Direct Costs	80,123	186,625	211,572	139,079	617,399
<b>SUBTOTAL EST. COST-II</b>	<b>\$ 783,840</b>	<b>\$1,385,305</b>	<b>\$1,443,135</b>	<b>\$1,178,202</b>	<b>\$ 4,790,482</b>
<b>FIXED FEE</b>	<b>\$ 54,000</b>	<b>\$ 95,000</b>	<b>\$ 99,000</b>	<b>\$ 80,000</b>	<b>\$ 328,000</b>
<b>SUBTOTAL EST. COST PLUS FIXED FEE ITEM II</b>	<b>\$ 837,840</b>	<b>\$1,480,305</b>	<b>\$1,542,135</b>	<b>\$1,258,202</b>	<b>\$ 5,118,482</b>
<b>TOTAL ESTIMATED COST PLUS FIXED FEE (ITEMS I &amp; II)</b>	<b>\$2,504,760</b>	<b>\$3,232,099</b>	<b>\$3,559,190</b>	<b>\$3,184,671</b>	<b>\$12,480,720</b>

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

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

estimated cost set forth in the budget hereunder, or the obligated amount, whichever is less (see Section B.3. of this section entitled "Total Estimated Cost, Fixed Fee, and Limitation of Funds"). Without the prior written approval of the Contracting Officer, the Contractor may not exceed the estimated dollar cost, or lesser proportionate amounts relative to available funding, for any individual line item of cost shown below by more than 15% of such line item, except for indirect costs, which are governed by Section B.6., below.

**B.5. ESTABLISHMENT OF INDIRECT COST RATES**

Pursuant to the clause of this contract entitled "Allowable Cost and Payment", a rate or rates shall be established for each of the Contractor's accounting periods which apply to this contract. In accordance with this clause, the Contractor shall, within 90 days after the expiration of each of its fiscal years, submit to the Contracting Officer proposed final indirect cost rates for that period and supporting cost data specifying the contract to which the rates apply. The Contractor's fiscal year ends on September 30.

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

<u>Description</u>	<u>Rate</u>	<u>Base</u>	<u>Type</u>	<u>Period</u>
Overhead	70%	1/	1/	1/

1/ Base of Application: Direct salaries and wages including vacation, holiday and sick pay but excluding other fringe benefits.

Type of Rate: Provisional  
Period: 9/29/89 - 9/28/93

**B.6. Advance Understanding on Ceiling Indirect Cost Rates and Final Reimbursement for Indirect Costs**

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

1. The distribution base for establishment of final overhead rates is direct salaries and wages including vacation, holiday and sick pay but excluding other fringe benefits.
2. Reimbursement for indirect costs shall be at final negotiated rates, but not in excess of the following ceiling rates:

<u>For Accounting Period Ending</u>	<u>Overhead</u>
9/30/89	75%
9/30/90	75%
9/30/91	75%
9/30/92	75%
9/30/93	75%

3. The Government shall not be obligated to pay any additional amount on account of indirect costs above ceiling rates established in this contract. Other U.S. Government Agreements shall not absorb these costs.

4. This advance understanding shall not change any monetary ceiling, cost limitation, or obligation established in this contract.
- b. A determination as to the adequacy and acceptability of the Contractor's accounting system has preceded the awarding of this contract. To the extent that the allocation and allowability of costs affects the agreement negotiated in this contract, it is understood and agreed that the Contractor shall make no change in this accounting system without the prior written approval of the Contracting Officer. Any agreement to modify or change, in any way, the Contractor's current method of allocating costs in the overhead, G&A, or other burden center accounts is subject to negotiation.

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

**a. Costs Reimbursable**

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

**b. Fixed Fee**

In addition to reimbursement of costs, the Contractor, shall be paid a fixed fee in accordance with said clause. Payment of fee will be made at the time of each payment to the Contractor for allowable dollar costs, such that the Contractor shall be paid a dollar amount which is in the same ratio to the total fixed fee as the related payment being made for allowable dollar costs is to the total estimated cost, as amended from time to time; provided however, that whenever in the opinion of the Contracting Officer such payment would result in a percentage of fee in excess of the percentage of work completion, further payment of fee may be suspended until the Contractor has made sufficient progress, in the opinion of the Contracting Officer, to justify further payment of fee up to the agreed ratio; provided further, that after payment of eighty-five percent (85%) of the total fixed fee, the provisions of the clause of this contract entitled "Fixed Fee" (FAR 52.216-08) shall be followed.

**c. Payment**

1. Payment shall be made in accordance with the clauses of this contract entitled "Allowable Cost and Payment", "Prompt Payment", "Electronic Funds Transfer", "Documentation for Payment", and "Fixed Fee".

2. Payment shall be made by the payment office designated in Section G.3. of this contract.

d. Logistic Support

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

B.8. PERSONNEL COMPENSATION

- a. Personnel compensation shall be in accordance with the AIDAR clause entitled "Personnel Compensation." Compensation of personnel which is charged as a direct cost under this contract, like other costs, will be reimbursable in accordance with Section B.7. of this contract, and the clause of this contract entitled, "Allowable Cost and Payment" and other applicable provisions of this contract, but subject to the following additional specified understandings which set limits on items which otherwise might be reasonable, allocable and allowable.

1. Salaries and wages may not exceed the Contractor's established policy and practice, including the Contractor's established pay scale for equivalent classifications of employees, which will be certified to by the Contractor, nor may any individual salary or wage, without approval of the Contracting Officer, exceed the employee's current salary or wage or the highest rate of annual salary or wage received during any full year of the immediately preceding three years. There is a ceiling on reimbursable salaries and wages paid to a person employed directly under the contract of the maximum salary rate of FS-1 (or the equivalent daily rate of the maximum FS-1 salary, if compensation is not on an annual basis), unless advance written approval is given by the Contracting Officer.
  2. Salaries and wages paid while in travel status will not be reimbursed for a travel period greater than the time required for travel by the most direct and expeditious air route.
  3. Salaries and wages paid to an employee serving overseas who is discharged by the Contractor for misconduct, inexcusable nonperformance, or security reasons will in no event be reimbursed for a period which extends beyond the time required to return him promptly to his point of origin by the most direct and expeditious air route.
  4. Annual salary increases may not exceed those provided by the Contractor's established policy and practice. With respect to employees performing work directly under this contract, ONE ANNUAL SALARY INCREASE (TO INCLUDE MERIT, PROMOTION, AND COST OF LIVING INCREASES) OF NOT MORE THAN SEVEN PERCENT (7%) OF THE EMPLOYEE'S BASE SALARY may, subject to the Contractor's established policy and practice, be granted either after the employee's completion of each twelve-month period of satisfactory services under this contract (if the individual was not a regular employee of the Contractor prior to award of this contract) or after the employee's completion of each twelve-month period of satisfactory job performance as a regular employee of the Contractor (if the individual was a regular employee of the Contractor prior to award of this contract). Annual salary increases of any kind exceeding these limitations or which cause the employee's salary to exceed the maximum salary of FS-1 may be granted only with the advance written approval of the Contracting Officer.
- b. In addition to the requirements set forth above, the following criteria shall be met:

1. Consultants

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

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

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

3. Work Week

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

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

c. Definitions

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

sources other than the individual's professional or technical work, overhead, or other charges.

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

- a. As part of this contract, other Central and Regional Bureaus and USAID field missions may provide funding for work under this contract. These funds will be treated as allocations for work anticipated and authorized by this contract, not as funding for additional effort not otherwise contemplated by this Contract's statement of work.
- b. To implement Mission, bilaterally funded activities, the following procedure will be utilized:
  1. Mission identifies project which is considered suitable for placement under this contract.
  2. Mission contacts S&T/H/HSD Technical Officer.
  3. S&T/H/HSD Technical Officer verifies suitability for placement under the contract, makes informal contact with the Contractor to discuss the feasibility of the project, as necessary, and obtains the names of possible candidates (also as necessary).
  4. S&T/H/HSD Technical Officer contacts Mission, relays information.
  5. Mission makes decision to proceed, drafts project requirements including, but not limited to, scope of work, level of effort, qualification requirements, deliverables, performance period, etc., and forwards to S&T/H/HSD Technical Officer.
  6. S&T/H/HSD Technical Officer reviews the Mission issued document for completeness and forwards same to the Contracting Officer.
  7. Following cursory review (which will include suitability, as discussed below), the Contracting Officer forwards the scope of work to the Contractor, requests proposal, and sets forth deadline for submission.
  8. Upon receipt of proposal, the Contracting Officer negotiates and awards an order which includes the terms required in the performance of the project, or advises S&T/H/HSD Technical Officer that no agreement can be reached, as appropriate.

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

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

deobligation of unused funds. Residual funds will be allocated toward home office support to clear the balances. For bilateral funds, unused balances will be deobligated and returned to the corresponding missions.

END SECTION B

## SECTION C

### STATEMENT OF WORK

#### C.1. BACKGROUND

##### a. The Problem

Immunization services were virtually nonexistent in developing countries in 1974. Impressive progress in the Expanded Program on Immunization (EPI) through complementary efforts of A.I.D., WHO, UNICEF, other donor agencies and national governments has resulted in coverage of half of the children of the world with a dose of measles vaccine (generally by early in their second year of life), 60% of children by their first birthday with a third dose of polio or DPT vaccines, and over 60% with BCG vaccine. As a consequence, the EPI now prevents over 1.9 million deaths from measles, pertussis and neonatal tetanus and some 240,000 cases of poliomyelitis in developing countries each year.

However, much remains to be done to reduce the continuing burden of vaccine-preventable death and disability. Each year, nearly three million children die and over 200,000 are paralyzed (and some 150,000 are blinded) from these diseases. In 1988 the WHO EPI Global Advisory Group recommended that immunization levels need to be raised further, aiming to reach levels of at least 80% for all children of the world by 1990 and at least 90%, in the context of comprehensive maternal and child health services, by the year 2000. It was noted that this will require continued effort, particularly in improving the management of immunization services.

Achieving and sustaining high levels of immunization coverage as well as shifting the focus of immunization programs from a concentration on immunization coverage to more emphasis on disease surveillance and control are major issues to be faced by immunization programs during the decade of the 1990's. Specific problems include: ensuring high quality of immunization services (from vaccine quality control through storage and handling to sterile and proper administration); developing efficient and effective health information systems (including target disease surveillance); institutionalizing the mechanisms for sustaining delivery of high levels of immunization coverage, especially to underserved populations in remote rural areas and urban and peri-urban slums; strengthening the understanding of the costs of immunization services and developing innovative approaches to cost recovery; advancing the goals of poliomyelitis eradication, neonatal tetanus elimination and the control of measles within the context of the EPI as a whole; and providing appropriate and timely technical assistance needed by governments and their partners in the international and national communities in immunization related areas.

Acute Respiratory Infections (ARI) are increasingly being recognized as an important cause of childhood mortality in developing countries. It has been estimated that 2 to 5 million childhood deaths occur annually due to ARI. Approximately 75% of these deaths are not preventable by routinely used EPI vaccines. An international effort for control of ARI is in the process of being strengthened. This is consistent with the A.I.D. Health Assistance Policy that diagnosis and treatment of ARI: "are essential to achieving child survival goals in many countries. In countries or regions where such interventions contribute significantly to reduction of infant and child mortality they may be supported."

b. A.I.D.'s Response to the Problem

The Agency's commitment to child survival, with increasing immunization coverage as one of the primary means to achieve the Agency's health sector objectives, is explicitly stated in the A.I.D. Policy Paper on Health Assistance. The Agency has further emphasized immunization as one of the key interventions of its Child Survival Strategy and has developed a clearly defined immunization strategy. It is recognized that in the decade of the 1990's disease surveillance and control will become an increasing focus for immunization programs.

c. Project Description

To date, project success is noted insofar as progress towards achieving Universal Child Immunization. The areas of comparative advantage for A.I.D. have been identified to include: emphasizing sustainability (increasing efficiency of delivery of immunization services, determining actual costs of immunization delivery under alternative strategies, stimulating demand for EPI, and exploring innovative approaches to cost recovery), promoting private sector involvement, developing management information systems, strengthening urban immunization strategies, promoting wider use of tetanus toxoid, developing new technologies, and providing technical assistance on a rapid basis.

- d. There has been significant progress in providing immunization services to children in developing countries over the last decade. The progress in the Expanded Program for Immunization (EPI) has been due to the success of the coordinated efforts of A.I.D., The World Health Organization (WHO), UNICEF, and other donor agencies. Immunization coverage for children prior to their first birthday is now more than 50% for each of the EPI vaccines and is estimated to avert more than 1.9 million deaths due to measles, pertussis, and neonatal tetanus. However much remains to be done to prevent the nearly three million childhood deaths that continue to occur each year due to these EPI target diseases and to achieve immunization coverage levels of 80% and at least 90% for all children of the world by the years 1990 and 2000, respectively.

Acute respiratory infections (ARI) are increasingly being recognized as a major cause of childhood mortality, however only 25% of these are preventable by routinely used EPI vaccines.

- e. Immunization and Oral Rehydration Therapy (ORT) are considered the "twin engines" of A.I.D.'s Child Survival Program. A.I.D. has supported assistance to developing country EPI programs since 1985, through the centrally funded Resources for Child Health (REACH) Project. REACH has provided technical assistance to over 30 countries in four years and has more requests pending than can be responded to under current conditions. The A.I.D. REACH Project has developed areas important to EPI activities for the next decade such as alternative strategies for EPI delivery, promotion of EPI, involvement of the private sector, financing and cost recovery, management information systems, and development of new technologies for EPI.

## C.2. STRATEGIES

The Contractor shall support the project purpose to strengthen selected host country capabilities to immunize children under five years of age and to provide technical assistance in primary health care technologies. It is recognized that immunization will play an ever widening role in the decade of the 1990's as new vaccines become available.

The Contractor shall emphasize those areas of the Agency's comparative advantage and where continued Agency inputs are desirable. These include:

### a. Sustainability

The success of the EPI must be sustained and used as the basis for additional achievements for the decade of the 1990's. The Agency, through its immunization strategy and activities, plays a leading role in helping to define and implement immunization and other disease control activities that contribute to the institutionalization of a sustained delivery capacity.

### b. Efficient and effective health information systems

Improving the efficiency and effectiveness of health information systems is vital to strengthen and sustain the implementation and monitoring of immunization and other PHC-related programs. Such systems are required to support immunization program sustainability, provide data for cost analyses and serve as the information basis for disease control and eradication activities. Computerized EPI information systems are now being developed at national levels and being appropriately adapted to the needs at state and district levels. The Agency has shown a lead in development

of such systems and should continue to be at the forefront of this effort in this project. Health information systems in the decade of the 1990's may be as important to immunization programs as is the development of cold chain systems in the 1980's.

c. Financing and cost analysis

The Contractor shall have the capacity in both the public and private sectors to:

1. improve methodologies for estimating recurrent costs,
2. introduce good accounting practices,
3. undertake cost/benefit analyses of immunization delivery under varied strategies (including the introduction of alternative approaches such as new injection technologies), and
4. explore innovative approaches to cost recovery through pilot projects.

d. Advancing the goal of poliomyelitis eradication within the context of the EPI as a whole

A strong comparative advantage exists in the United States due to a number of factors, including: the development of poliomyelitis vaccines in the United States, successful eradication of poliomyelitis from this country, and assisting in the impressive progress in eradication of poliomyelitis from all of the countries of the Latin American and Caribbean Region.

e. Provision of a resource for technical assistance

There is a continuing need for high quality technical assistance (TA) in immunization related activities on both a long and short-term basis in the decade of the 1990's. The Contractor shall continue the supply of high quality, quick response TA in immunization and other primary health care technologies.

C.3. SCOPE OF WORK

- a. The Contractor shall assist A.I.D. in strengthening selected host country capabilities to immunize children under five years of age and in providing technical assistance in primary health care technologies. The prime objective of this contract is to reduce infant and early childhood mortality and morbidity. Activities will emphasize:

1. sustainability--- strengthening public sector involvement, focussing on the quality of immunization

services, and creating demand through marketing and communications;

2. efficient and effective management information systems - supporting program sustainability, providing data for cost analysis, and serving as the information basis for disease control and eradication activities;
3. financing and cost analysis of immunization programs - improving methodologies for estimating recurrent costs, introducing good accounting practices, undertaking cost/benefit analyses of immunization delivery under varied strategies, and exploring innovative approaches to cost recovery through pilot projects;
4. advancing the goal of poliomyelitis eradication within the context of the immunization program as a whole;
5. provision of a resource for technical assistance - project design, evaluation, and implementation (including training, disseminating information, conducting operations research for program problem solving, and assisting in the introduction of new program elements - new vaccines, urban immunization strategies, new injection technologies, programs for neonatal tetanus, and intensified activities for control of measles; and
6. provision of limited technical assistance to support ongoing ARI related activities in A.I.D. assisted countries.

b. The Contractor shall provide the following types of services:

1. Short term technical assistance to USAIDs, MOHs, PVOs and others in immunization with emphasis in the following areas: immunization and child survival project design, evaluation of immunization programs, organization and conduct of training activities, information dissemination, analysis and assistance in the introduction of new program elements (new vaccines, new injection technologies, urban EPI strategies, elimination programs for neonatal tetanus, and intensified activities for control of measles), conduct of operations research for program problem solving, installation of computerized information systems, conduct of financial and cost analysis studies, conduct of activities to support program sustainability (public sector strengthening, private sector involvement, quality of services, demand creation), and development and implementation of strategies to achieve poliomyelitis eradication within the context of the EPI as a whole.
2. Intensive efforts in up to 10 selected countries (with priority given to child survival emphasis countries) to

assist in the strengthening of national or regional immunization and primary health care technology programs. These efforts could include a long-term resident advisor in country (in addition to regional resident advisors in Africa, Latin America and Asia). The areas of emphasis are the same areas of technical assistance as noted above.

3. Provision of selected commodities to support the short-term and intensified efforts. This includes computer hardware and software essential to developing computerized EPI information systems for use by Ministries of Health. Programs shall be developed by the Contractor, primarily through adaptation of existing modules. It shall also include new technology commodities (e.g. non-reusable disposable syringes) for purposes of introduction of these technologies into immunization programs on a demonstration basis. Educational materials may also be required.
4. Support to other activities of a worldwide nature that will further achieving and sustaining universal immunization and target disease control, elimination or eradication.
5. Collaboration to ensure that local governmental and non-governmental program resources (including WHO, UNICEF, and other external donor agencies) are made available for such items as: infrastructure, local staff salaries, vaccines, injection and sterilization equipment, cold chain, logistics and transport.

c. Technical Assistance

Both short-term and long-term technical assistance efforts shall be concentrated as indicated in C.2. Required services shall include:

1. Sustainability
  - i. Strengthening public sector EPI activities: The Contractor shall emphasize activities designed to strengthen the public sector capacity for planning, implementing and evaluating EPI programs on a sustained basis.
  - ii. Promoting private sector involvement in the EPI: The Contractor shall emphasize further exploration of innovative approaches to involve the private sector in immunization delivery and target disease surveillance. This will include strengthening HMOs, social security schemes and private sector corporation activities in providing immunization service delivery to employees, their families, and, where feasible, surrounding communities.

- iii. Focus on the quality of immunization services: The Contractor shall provide assistance in implementing and improving methods for evaluating appropriate cost-effective cold chain equipment, monitoring the cold chain, ensuring sterile techniques for injection, performing field evaluations of vaccine efficacy, supporting field level supervision, and conducting pre-service and in-service training.
- iv. Marketing and communications to create demand: The Contractor shall utilize the maturing discipline of social science research on knowledge, attitudes and practices towards immunization with emphasis on using such research to develop demonstration marketing strategies and comprehensive communication plans to create demand for immunization services. Effort shall be made to coordinate activities and share lessons learned with others, as designated by the S&T/H/HSD Technical Officer.

## 2. Health Information Systems

Development or adaptation of computerized EPI information systems (CEIS) or Management Information Systems (MIS) at national, provincial/state, and, where appropriate, at district and local levels; installation of this software and appropriate hardware; training of local staff in CEIS operation; and continued follow-up to ensure proper system operation and to allow for evolution of the system as program needs mature. Activities shall also include integration of the CEIS with other health information systems as well as serving other supportive functions for the immunization program such as providing data for cost analyses.

## 3. Financing and Cost Analysis

- i. improving methodologies for estimating recurrent costs;
- ii. introducing good accounting practices;
- iii. undertaking cost/benefit analyses of immunization delivery under varied strategies (including the introduction of alternative approaches such as new injection technologies); and
- iv. exploring innovative approaches to cost recovery through pilot projects.

The Contractor shall assist countries in making decisions as to when new vaccines are cost-effective to introduce.

## 4. Advancing Poliomyelitis Eradication Within EPI as a Whole.

- i. helping to ensure that all EPI antigens (especially those preventing neonatal tetanus and measles which are the major killers of children) are included in all poliomyelitis eradication efforts.
- ii. assisting in ensuring that other EPI target diseases (especially neonatal tetanus and measles) are included in poliomyelitis surveillance systems.
- iii. sponsoring or co-sponsoring international conferences and global forums on EPI to provide for an exchange of lessons learned and a balanced view of the poliomyelitis eradication effort, as well as neonatal tetanus elimination and measles control efforts, in the context of the EPI operating within primary health care.

5. Technical Assistance

- i. assisting in the design of projects with immunization and other child survival components.
- ii. participating in the evaluation of immunization programs, including the evaluation of missed opportunities for immunization.
- iii. analyzing and assisting in the introduction of new program elements, including: inclusion of new vaccines (such as Hepatitis B vaccine), new injection technologies (such as non-reusable plastic syringes), urban immunization strategies, elimination programs for neonatal tetanus, eradication programs for poliomyelitis, and intensified activities for control of measles.

d. Selected Commodities

Support for selected commodities will be a relatively minor function of the Contractor, and shall be provided in the context of the provision of TA. Examples include:

- 1. an initial supply of non-reusable disposable syringes to determine feasibility and cost-effectiveness of their introduction into a national program;
- 2. an initial supply of a new cold chain monitor to test its use in ensuring the safe transport and storage of potent vaccine;
- 3. an initial supply of a new vaccine to determine feasibility and cost-effectiveness of its introduction into a national program; and

4. provision of computer software and hardware to support a computerized EPI information system for use by Ministries of Health.

Technologies that are found to be cost effective for inclusion into routine programs would then be purchased through other mechanisms.

e. Operational Research for Program Problem Solving

The Contractor shall conduct operational research as part of the provision of TA. Such research will be directly related to solving specific problems that are hindering program operations or potential innovations that could improve program performance. It is expected that such operational research will be routinely conducted in most immunization and child survival programs, however, more intensified operational research will be conducted in approximately 10 countries. Appropriate examples of such operational research include:

1. studies of missed opportunities for immunization;
2. cold chain evaluation;
3. introduction of new technologies (new vaccines, new injection equipment, new sterilization equipment, etc.);
4. introduction of new strategies (urban EPI intensification, new vaccination schedules, etc.); and
5. development of improved survey tools for knowledge, attitude and practice assessments as a basis for designing and evaluation of communications and marketing activities.

f. Training and Information

The Contractor shall be responsible for organizing and conducting immunization program related training activities and dissemination of appropriate information. Training, especially in program management with emphasis on supervision, is critical to ensuring program sustainability. Training activities shall be directed towards strengthening of curriculum in pre-service teaching institutions (medical, nursing and paramedical schools) as well as providing continuing in-service training to reinforce knowledge and skills and to introduce new technologies. The actual training will primarily be for the training of trainers (TOT).

The Contractor shall disseminate information at all levels (international, national, provincial/state, district, and local) and in both the health as well as non-health sectors. Information to be disseminated includes lessons learned under the contract. The information shall further be put to use in designing, implementing and evaluating immunization and other child survival programs.

The vehicle for dissemination will vary according to the audience, but may include: articles in scientific journals, reports, booklets, presentations at scientific meetings, newsletters, film, videotapes, and mass media.

**g. Acute Respiratory Infections**

The Contractor shall provide limited technical assistance to support USAID Missions in their acute respiratory infections (ARI) related activities including, training, operational research and information dissemination.

**h. Support of other Activities**

The Contractor shall be responsible for performing activities of a worldwide nature that will further efforts in immunization and primary health care technologies. Activities include, but are not limited to:

1. Support for WHO EPI programs for operations research. Assess the introduction of new technologies and new strategies (including computerized information systems) into immunization and other child survival programs.
  2. Information dissemination. The Contractor shall be responsible for dissemination of information generated under this contract, as well as from other sources, that will be of use to planners, administrators and health workers. Publication and mailing as well as workshops/conferences that will bring together the organizations working on various aspects of child survival are likely vehicles for dissemination.
- i. The steps involved in developing, managing and implementing activities will be as follows: identifying the countries for project activities; identifying capable collaborators, institutions, and individuals in-country (when feasible); assessing the current situation and needs; obtaining necessary clearances and approvals; designing, monitoring and evaluating projects; and analyzing, writing up and disseminating results. This process includes the development of a brief country assessment document that would detail country-specific indicators for inputs and outputs, as well as impact, when possible. All activities shall take place, to the extent possible and appropriate, with the collaboration of local public and private health personnel. Particular emphasis will be placed on developing and using individuals from developing countries in country-level project planning and implementation.

**C.4. CONTRACTOR WORK FORCE AND KEY PERSONNEL**

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

Project Director  
Deputy Director

Technical Officers (4)  
Resident Advisors

- b. The personnel specified above are considered to be essential to the work being performed hereunder. Prior to diverting any of the specified individuals to other programs, the Contractor shall notify the Contracting Officer reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No diversion shall be made by the Contractor without written consent of the Contracting Officer. The Contracting Officer may ratify in writing such diversion not later than 30 days after the diversion of any of the specified individuals, and such ratification shall constitute the consent of the Contracting Officer and the S&T/H/HSD Technical Officer. Failure to comply with these terms may be considered nonperformance by the Contractor. The listing of key personnel may, with the consent of the contracting parties, be amended from time to time during the course of this contract to either add or delete personnel, as appropriate.

C.5. TECHNICAL DIRECTIONS

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

C.6. TECHNICAL SPECIALISTS

- a. The Contractor shall establish and maintain a roster of individuals to be utilized for the provision of technical assistance. The roster shall be maintained on a current basis and include names, addresses, telephone number, qualification, rates, experience, language capabilities, availabilities, restrictions or constraints on availability; etc. The information shall be in a form suitable for search and retrieval by automatic data processing equipment, shall be compatible with Form AID 1420-17, and shall be accessible to the S&T/H/HSD Technical Officer. Individuals identified shall require S&T/H/HSD Technical Officer approval.
- b. Quick Response Capability: The Contractor shall maintain a staff, subcontractor employee, and/or consultant roster of personnel adequate to insure quick response. The Contractor shall obtain prior written approval from the S&T/H Technical Officer for use of individuals under this roster.

- c. Consultant Identification, Recruitment and Posting of Consultants on Assignment: Requirements for technical assistance will be in the Annual Work Plan or may be communicated to the Contractor by the S&T/H/HSD Technical Officer. Specifics of work to be done should be negotiated by the Contractor with the consultant(s) and finalized with a written agreement.
- d. Editing, Publication and Distribution of Consultants Reports: Consultant agreements shall stipulate due dates, requirements for draft reviews, copies for USAID's translations (and by whom), and specific details for specific consultancies. Unless otherwise directed, publications shall be written in the English language.
- e. Evaluation: The Contractor shall be responsible for follow-up evaluations of each consultant task. Evaluations shall be available to the S&T/H/HSD Technical Officer upon request.

END SECTION C

SECTION D

PACKAGING AND MARKING

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

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

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

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

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

752.7009, Marking (APR 1984)

752.7026, Alternate 70, Reports (JUN 1987)

END SECTION D

## SECTION E

### INSPECTION AND ACCEPTANCE

#### E.1. RESPONSIBLE OFFICIAL

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

#### E.2. PLACE OF INSPECTION AND ACCEPTANCE

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

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

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

Federal Acquisition Regulation (48 CFR Chapter 1) Clauses

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

#### E.4. EVALUATION

##### a. Project Outputs

This contract is designed to assist host governments to improve the quality coverage and sustainability of national EPI programs for children under five and women of childbearing age.

Outputs will include the strengthening of up to 35 national EPI Programs in the areas of: immunization and child survival project design, evaluation of immunization programs, organization and conduct of training activities, information dissemination, analysis and assistance in the introduction of new program elements (new vaccines, new injection technologies, urban EPI strategies, programs for neonatal tetanus, and intensified activities for control of measles), conduct of operations research for program problem solving,

installation of computerized information systems, conduct of financial and cost analysis studies, conduct of activities to support program sustainability (public sector strengthening, private sector involvement, quality of services, demand creation), and development and implementation of strategies to achieve poliomyelitis eradication within the context of comprehensive EPI programs.

A major output will be the establishment of Management Information Systems (MIS) in up to 20 countries. The MIS will provide management information for EPI and other health programs and epidemiological data for surveillance and measurement of impact. The MIS will be developed on the World Health Organization model now in operation in some areas of Asia and Africa, and will assist in standardizing EPI and other health data reports for WHO. Long term regional advisors may be used to assist in the development of the MIS as deemed appropriate by the External Advisory Group (EAG).

Specific expected outputs include: strengthened public sector EPI activities, greater private sector involvement in immunization programs, improved quality of immunization services, greater community demand for immunization services, more efficient and effective health information systems, well understood cost analysis of immunization programs and mechanisms for financing programs, substantial progress in achieving the goal of poliomyelitis eradication within the context of the immunization program as a whole, well designed immunization projects, well trained host country staff, appropriate introduction of new immunization and other primary health care technologies, application of results of operations research to program implementation, and wide dissemination of lessons learned. The expected magnitude of these outputs and their means of verification will be determined on a country-by-country basis. When feasible, the Contractor shall identify and measure the impact of outputs on a consistent basis for comparison purposes. General indicators and means of verification are contained in the logframe.

- b. The contract shall be evaluated on a continuing basis. Evaluations will be of three types:
1. Ongoing Self-Evaluation will include an annual assessment of progress achieved against plans; lessons learned; issues raised; changes in assumptions and strategy suggested by project implementation; work plan and budget for the next year. The information for this review will be based on a variety of sources such as monitoring reports from implementing agencies, field observations by technical assistance contractors, and consultants.
  2. Annual Progress Reviews will be conducted by the Contractor for each component. They will assess the progress as compared to plans. Reviews will, in turn, serve as the basis for the development of the annual work plans and budgets.

3. Mid-term and Final Project Evaluations shall be conducted to: (1) verify that the self-evaluation process is functioning as intended, ensure that critical issues are being addressed, and that project objectives have a reasonable probability of attainment; and (2) provide an assessment of project activities to determine adequacy of design, likelihood of purpose attainment; Contractor, host country, and A.I.D. performance; adequacy of External Advisory Group (EAG); whether information is being disseminated; and overall functioning. The exact timings will be determined by A.I.D. The cost of these evaluations will not be charged to this contract.
- c. Evaluation results shall be consolidated into a report which shall be submitted to the S&T/H/HSD Technical Officer for review and acceptance, in accordance with Section E. of this contract.
- d. The evaluation of the project's impact will rest on the success with which the Agency effectively collaborates with international organizations, other donors and governments at international and country levels to create sustainable immunization programs appropriately institutionalized into primary health care delivery system infrastructures that will ensure continued universal child immunization beyond the decade of the 1990's. While the exact criteria against which the project activities will be evaluated will differ from site to site, a core set of indicators shall be developed for evaluation of activities. The criteria to be used will be proposed in the initial work plan. This proposal will be reviewed by the EAG and the S&T/H/HSD Technical Officer and, if necessary, modified based on comments. The second formal meeting of the EAG will have as one agenda item the review and finalization of the evaluation framework.

The most appropriate evaluation criteria will be the degree to which host governments, international organizations and other donor agencies consider A.I.D. to have been a helpful partner in raising and sustaining immunization coverage levels. The external evaluations will assess this perception of governments and organizations. In addition, the external evaluation will look at programmatic criteria, such as the strengthening of skills in planning, implementing and evaluating immunization services on the part of host country personnel; efforts to measure the relative cost-effectiveness of different immunization delivery strategies; and development of computerized EPI information systems.

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

END OF SECTION E

## SECTION F

### DELIVERIES OR PERFORMANCE

#### F.1. PERIOD OF PERFORMANCE

The effective date of this contract is September 29, 1989. The estimated completion date is September 28, 1993.

#### F.2. REPORTS/DELIVERABLES

In addition to reporting requirements as set forth in contract clauses contained in Section I, the Contractor shall submit the following reports. The precise format of these reports and the number to be submitted will be determined jointly by the S&T/H/HSD Technical Officer and the Contractor.

- a. Two copies of a monthly report within five (5) working days after the end of each month during the term of this contract. The report shall include the contract number, Delivery Order or central activity numbers, ceiling price, estimated level of effort, mission or other client office, status of activity, completion date of order/activity, and unexpended funds to date.
- b. Periodic, brief status reports (2 copies) covering a summary of activities conducted (including locations) and individuals involved (including the level of effort for each individual). The report shall cover core services as well as buy-in activities. These status reports shall correspond to the Contractor's billing period, and shall be submitted at the same time the Contractor submits each invoice for payment.
- c. Upon completion of each buy-in activity, a summary report which contains, but is not limited to, the following information: (1) type of activity, country of performance, dates of activity, and team composition; (2) objective of the activity, including scope of work, as appropriate; (3) services provided; (4) summary of any technical reports resulting from the activity; and (5) a brief summary of future potential needs of, or opportunities for, assistance.
- d. Semi-annual level of effort report, indicating the number of person-months of effort which was expended by the Contractor and any subcontractors and consultants during the reporting period. The reporting periods shall cover October 1 through March 31 and April 1 through September 30 of each year. Reports shall be submitted not later than 30 days following the end of the reporting period.
- e. Annual report, describing all activities that have been carried out over the previous year. The Contractor shall include a section on major issues and lessons learned during the reporting period.

- f. A final report, submitted one month prior to the completion of the contract, summarizing all contract activities and assessing the progress made towards the achievement of contract objectives. The precise format of this report shall be jointly determined by the S&T/H/HSD Technical Officer and the Contractor at the beginning of the fourth year of the contract.
- g. Specific work plans will be developed by the Contractor based on input from the S&T/H/HSD Technical Officer. The initial work plan will be ready for review by the EAG within three months of contract award. This work plan will cover start up activities, potential countries for long term interventions, and operational research questions in a way that relates these beginning activities to the full term of project activities and objectives. Subsequent work plans will be developed for approval by the S&T/H/HSD Technical Officer on a yearly basis.
- h. The Contractor shall provide the S&T/H Technical Officer, and as appropriate the USAID Mission, with copies of all correspondence pertaining to substantive project matters between the Contractor and local organizations.
- i. At the conclusion of each overseas assignment, the Contractor shall prepare a trip report describing the findings obtained by the specialists and the results and accomplishments of the assignment. The Contractor shall, within 45 days after completion of each trip, submit two copies to the S&T/H Technical Officer, and one copy each to appropriate USAID Mission(s) and principal relevant cooperating country institution(s). Prior to departure from the cooperating country at the end of each overseas assignment, the specialists shall brief the USAID Mission and cooperating country personnel on the principal activities, accomplishments, and findings during the assignment, unless the USAID Mission does not desire a briefing. All trip reports shall begin with a one- to two-page summary.
- j. Financial reports and vouchers. All financial reports and vouchers for payment and reporting of expenditures shall conform to standard A.I.D. regulations and procedures. Advance copies of vouchers shall be sent to the S&T/H/HSD Technical Officer. As required, the Contractor shall also provide other financial data and program reports.

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

F.3. LEVEL OF EFFORT

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

The total life-of-contract effort is estimated at 768 person-months for the Project Director, long-term professional staff and support staff, and 420 person months for long/short term technical specialists as outlined in the following illustrative table:

PERSON MONTHS LEVEL OF EFFORT BY TASK CATEGORY

Task Category	Total Person Months	Yr 1	Yr 2	Yr 3	Yr 4	Total S&T/H	Yr 1	Yr 2	Yr 3	Yr 4	Total Mission
Project Director	48	12	12	12	12	48	--	--	--	--	0
Deputy Director	48	12	12	12	12	48	--	--	--	--	0
Technical Officers (4)	192	48	48	48	48	192	--	--	--	--	0
Staff Associates (4)	192	48	48	48	48	192	--	--	--	--	0
Financial Officer	48	12	12	12	12	48	--	--	--	--	0
Secretary/Administrative Assistants (3)	144	36	36	36	36	144	--	--	--	--	0
Junior Associate	48	12	12	12	12	48	--	--	--	--	0
Intensive Site Resident Advisors (6)	216	--	--	--	--	--	--	72	72	72	216
Less-intensive Site Resident Advisors (2)	60	--	--	--	--	--	--	12	24	24	60
Short-Term Technical Asst.	192	21	21	21	21	84	27	27	27	27	108
<b>TOTAL</b>	<b>1,188</b>	<b>201</b>	<b>201</b>	<b>201</b>	<b>201</b>	<b>804</b>	<b>27</b>	<b>111</b>	<b>123</b>	<b>123</b>	<b>384</b>

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

It is understood and agreed that the rate of person-months per year may fluctuate in pursuit of the technical objectives, provided such fluctuation does not result in the utilization of the total

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person-months of services prior to the expiration of the term of this contract.

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

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

**F.4. PLACE OF DELIVERY.**

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

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

Three (3) copies of the Final Report and all other reports shall be delivered to the S&T/H/HSD Technical Officer at the following address:

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

**F.5. SCHEDULE OF WORK**

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

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

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

Federal Acquisition Regulation (48 CFR Chapter 1) Clauses  
52.212-13 Stop-Work Order (APR 1984)--Alternate I (APR 1984)  
52.247-35 F.o.b. Destination, Within Consignee's Premises (APR 1984)  
752.7026 Reports--Alternate 70

END OF SECTION F

SECTION G

CONTRACT ADMINISTRATION DATA

G.1. S&T/H TECHNICAL OFFICER

The Technical Officer is Holly Fluty, S&T/H/HSD, A.I.D., Washington, DC 20523, or her successor or designee.

G.2. PAYMENT OFFICE

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

G.3. POST-AWARD CONTRACT ADMINISTRATION OFFICE

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

G.4. SMALL BUSINESS AND SMALL DISADVANTAGED BUSINESS SUBCONTRACTING

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

G.5. ACCOUNTING AND APPROPRIATION DATA

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

PIO/T	:	936-5982-9361352
Appropriation	:	72-1191021.7
Allotment	:	947-36-099-00-20-91
Budget Plan Code	:	DDCA-89-13600-KG11
Amount	:	\$435,000

PIO/T	:	936-5982-9361352, A. 1
Appropriation	:	72-1191021.7
Allotment	:	947-36-099-00-20-91
Budget Plan Code	:	DDCA-89-13600-KG11
Amount	:	\$54,370

PIO/T	:	936-5982-9361594
Appropriation	:	72-1191021.8
Allotment	:	948-36-099-00-20-91
Budget Plan Code	:	DDHA-89-13600-KG11
Amount	:	\$325,485 <i>per</i>

FUNDS AVAILABLE

*JBN*  
SEP 30 1989

4190  
Program Acctg Fin Division  
Office of Financial Management

FUNDS AVAILABLE

*JBN*  
SEP 30 1989

4190

Program Acctg Fin Division  
Office of Financial Management

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

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

**G.6. CONTRACTOR'S PAYMENT ADDRESS**

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**END OF SECTION G**

## SECTION H

### SPECIAL CONTRACT REQUIREMENTS

#### H.1. GENERAL REQUIREMENTS

- a. The Contractor shall ensure that activities are complementary to other agency and donor activities to avoid duplication and to achieve a balanced program. This also includes the need to ensure that these activities support the Agency's other child survival projects such as PRITECH, PRICOR, the Maternal and Neonatal Health and Nutrition Project, HEALTHCOM, etc. Mechanisms for collaborative activities include: participation in the EPI Research and Development Groups; participation in the EPI Global Advisory Group; participation in the PAHO EPI Technical Advisory Group; participation in other A.I.D. regional project meetings (e.g. the Africa Bureau CCCD Project annual review meetings); and combined A.I.D. project review meetings. Even though the contract is designed for such collaboration with others, the Contractor shall meet its purpose through the provision of services as described in Section C.
- b. Activities shall be coordinated with international organizations, other donors and governments at international and country levels to create sustainable immunization programs appropriately institutionalized into primary health care delivery system infrastructures that will ensure continued universal child immunization beyond the decade of the 1990's.
- c. The S&T/H/HSD Technical Officer will exercise a variety of functions including, but not limited to:
  1. Providing direction in the selection of technical assistance and operational research sites and development of an annual workplan which describes the specific activities to be carried out.
  2. Approval of all activities carried out including strategies, operational research protocols, country technical assistance and study agreements, information dissemination, consultancies, and all travel.
  3. Involvement in design and implementation of operational research and, as required, involvement in analysis and publication of the findings.
  4. Review of draft reports and substantive correspondence, and participation in site visits, the External Advisory Group (EAG) and meetings to review program progress and future strategy.
- d. A.I.D. anticipates that from time to time, clerical/administrative employees and one or two mid-level specialists

will be required to provide services within S&T/H/HSD office space.

- e. Prior to the initiation of a long term intervention in any country there will be a written agreement between A.I.D. and the Ministry of Health that describes activities and responsibilities of both parties. It is expected that host country personnel (from the government, universities, or PVOs) will play a major role in the implementation of activities and that expatriate technical assistance will be used only as necessary. Thus the placement of a long term advisor in an intervention country will only be approved by A.I.D. after it is clear that host country personnel are not available and/or able to carry out the project activities.
- f. Operations research activities for the purpose of program problem solving will be handled in a similar way. There will be an agreement between a local implementing organization and A.I.D. (co-signed by government or other organizations as necessary) that describes the project and spells out individual and joint responsibilities.

#### H.2. SECURITY REQUIREMENTS

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

#### H.3. DEFENSE BASE ACT (DBA) INSURANCE

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

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

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

exceed the obligated amount, whichever is less. A copy of each concurrence issued pursuant to this paragraph shall be retained by the Contractor for audit purposes.

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

#### H.5. TRAVEL EXPENSES

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

#### H.6. PROCUREMENT AND SUBCONTRACTING

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

##### a. Authorized Geographic Code

Except as specified below, all goods/commodities shall have their source and origin in the United States (A.I.D. Geographic Code 000) or the Cooperating Country\*, and shall meet A.I.D.'s componentry requirements, except as the Contracting Officer may otherwise agree in writing. Because the Cooperating Country is authorized for source and origin purposes, the clause of this contract entitled "Local Cost Financing With U.S. Dollars" shall apply.

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

b. Government Owned Organizations

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

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

d. Automation Equipment

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

e. Anticipated Purchases

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

4 IBM PCs  
software, not to exceed \$2,400

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

f. Government Property

With respect to nonexpendable equipment purchased by the Contractor hereunder, the Contractor shall comply with all

requirements of the clauses of this contract entitled "Government Property (Cost Reimbursement, Time-and-Material, or Labor-Hour Contracts)" (FAR 52-245-05) and "Government Property -- AID Reporting Requirements" (AIDAR 752.245-70).

g. Small Business and Small Disadvantaged Business Subcontracting

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

H.7. External Advisory Group

An External Advisory Group (EAG) will assist in the monitoring of the contract as it evolves. The members of the EAG will be selected with the approval of the S&T/H/HSD Technical Officer.

Membership shall include representatives of: international organizations, the U.S. academic community, other donor organizations, PVOs, relevant A.I.D. projects and persons representing the views of developing country academic institutions and Ministries of Health.

The EAG will provide expert review of contract activities and make recommendations for improvements. EAG meetings are expected to be held eight times over the life of the contract. EAG members will meet to review initial work plans for project implementation approximately three months after contract award. The most important aspects of this review will be the selection of target countries for long term project involvement, definition of research topics, and the development of criteria against which project achievements will be measured.

Subsequent meetings of the EAG will be on a yearly basis. These meetings will serve in an advisory role in planning and implementing the Contractor's activities and in the quality and timeliness of the work. The EAG may also be useful in providing another mechanism for coordination with other A.I.D. projects, WHO, UNICEF and other donors; ensuring A.I.D. that peer review of the Contractor's activities is achieved; and shaping the direction of future activity. The EAG will specifically review the annual activity reports, the reports of lessons learned and issues, and the annual work plans.

The final EAG meeting will be held close to the end of the contract, and will focus on the review/evaluation of activities, the degree to which objectives have been met and recommendations on future activity in immunization.

EAG members may assist in developing operational research plans and in reviewing reports, and will provide general assistance to the Contractor and A.I.D. as requested.

## H.8. MEDEVAC INSURANCE

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

## H.9. STAFFING AND QUALIFICATION REQUIREMENTS

The Contractor shall establish a core group of individuals to be responsible for the planning and implementation of the contract. At least one member of the Contractor's professional staff must have French language capability at the S-3 and R-3 levels or above and one member must have Spanish language capability at the S-3 and R-3 levels or above, as defined by the Foreign Service Institute.

The core staff will manage operations of the contract, participate directly in the delivery of technical assistance, and evaluate and report on results. All the core staff must be available to travel in support of contract activities and possess adequate technical skills to enable them to provide direct technical assistance to health communication programs. In addition to full-time staff the Contractor shall also present additional personnel, as necessary, to be available for activities on a part-time basis or as short-term consultants.

### a. Qualifications for Key Personnel:

1. Project Director. The Project Director will be a highly experienced and qualified professional in the field of immunization programs with developing country experience in planning, implementing and evaluating Expanded Program on Immunization (EPI) programs. This individual will also possess leadership skills. Prior experience in the management of a large development project is very important, as well as experience working with U.S. government agencies, and coordinating with a variety of organizations such as universities, international organizations, other donor organizations, and developing country institutions. (S)he shall be the senior spokesperson under the contract, provide managerial and technical guidance, be responsible for achievement of goals and purposes, develop policies and procedures in consultation with A.I.D. personnel, and act as the principal liaison with the S&T/H/HSD Technical Officer. (S)he, along with the S&T/H/HSD Technical Officer, shall represent the contract in the U.S. and overseas. The Project Director should have an M.D. and a M.P.H. (or equivalent experience). Travel required 30% of the time.
2. Deputy Director. The Deputy Director shall be expected to undertake a large portion of the day-to-day management responsibility of the project. (S)he should have prior experience in managing or working in a large development project in a developing country and have extensive

experience working with a U.S. government agency. The individual's skills should be complementary to the Project Director, and in the latter's absence, will exercise management responsibility and authority as delegated by the Project Director. The Deputy Director shall be responsible for reporting on the project's financial status to A.I.D. He or she will be expected to represent the contract in the U.S. and overseas in the absence of the Project Director. The Deputy Director should have a MBA or Masters level degree in a management related field (or equivalent experience). Travel required 0-10% of the time.

3. Technical Officers. Four senior technical officers shall be responsible for technical backstopping of the long term interventions and for offering the technical expertise in such areas as: strengthening public sector EPI activities; promoting private sector involvement in the EPI; monitoring and evaluation of the cold chain; ensuring sterile techniques for injection; performing field evaluations of vaccine efficacy; conducting pre-service and in-service training of trainers; marketing and communications to create demand for immunization services; developing, installing and maintaining computerized EPI information systems; advancing the goal of poliomyelitis eradication within the context of the EPI as a whole; assisting in the design of projects with immunization and other child survival components; participating in the evaluation of immunization programs, including the evaluation of missed opportunities for immunization; and analyzing and assisting in the introduction of new immunization program elements. Three of these technical officers should have backgrounds that are sufficiently complementary to each other so that all of these areas of expertise are covered and they shall each have at least an M.P.H. degree or equivalent experience (it is preferable that at least one of these technical officers have an M.D. degree). One of these three should also have familiarity with acute respiratory infection control programs. The fourth technical officer shall be a trained economist (at least at the Masters degree level or equivalent experience) capable of organizing and conducting financing and cost analysis studies of immunization programs. All senior technical officers will have developing country experience and, when possible, foreign language capability, particularly in Spanish and French. Proven ability to manage a range of demanding programs, with good interpersonal skills, are essential for these positions. Travel required 30-40% of the time.
4. Resident Advisors. Resident Advisors will be hired in-country if this is at all possible. Resident Advisors shall direct project activities within the sites to which they are assigned. Up to three Resident Advisors may

have regional responsibilities as well. All Resident Advisors should have expertise in planning, implementing and evaluating developing country immunization programs. Resident Advisors should have at least an M.P.H. degree or equivalent experience. Travel required 30-40% of the time.

b. Qualifications for Non-Key Personnel:

1. Staff Associates. Responsible for administrative backstopping of long term interventions and for offering expertise in such areas as editorial services for information dissemination, organization of meetings and conferences (including arrangements for the External Advisory Group meetings), and organization of training programs (for trainers of trainers). Staff Associates may also be involved, to the extent feasible with their individual backgrounds, in the areas of activities of the Technical Officers. These Staff Associates should have backgrounds that are sufficiently complementary to each other so that all of these areas of expertise are covered and they should each have at least a bachelor's degree. Experience in working in immunization programs in developing countries is desirable. Travel required 10-25% of the time.
2. Financial Officer. The financial officer shall be responsible for financial management of activities, to maintain adequate financial accounting systems and procedure, serve as controller and internal auditor for fiscal operations and provide financial technical assistance as required for attributing expenditures to the appropriate A.I.D. Mission, regional or S&T funding source and projecting the financial status of the project. An important aspect of this project is the organizing and conducting of financing and cost analysis studies of immunization programs. The financial officer will also work closely with the technical officer economist in this aspect of the project. The financial officer should have at least a masters degree in business, finance, or related area (or equivalent experience) and at least four years experience in financial management. Travel required 0-10% of the time.
3. Secretarial Services/Administrative Assistants. Clerical skills, including experience with word processing and microcomputers. The number and deployment of these personnel shall be adjusted as the workload and level of effort for project staff changes. Travel required 0% of the time.
4. CHILDTECH Junior Associates. A variable number of individuals (approximately one or two at any given time) with limited or no developing country experience will assist developing, monitoring and evaluating immunization

programs in developing countries. This experience will help to develop a cadre of individuals for future service in development work. Travel required 30-40% of the time.

5. Technical Specialists. Experts of high professional stature in the fields of immunization, survey techniques, health communication, public health, economics, cold chain engineering, program implementation and management, acute respiratory infections, and other child survival related fields. Technical Specialists should have both technical skills and field experience in developing countries, a commitment to provide a reasonable amount of time to the project, flexibility to travel as needed, appropriate language capabilities, and a graduate degree in the field of expertise. Travel required 0-100% of the time.

#### H.10. ORDINARY COURSE OF BUSINESS

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

#### H.11. SUBMISSION OF COMPLETION VOUCHER

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

voucher for payment shall not begin until compliance by the Contractor with all terms and conditions of the contract.

#### H.12. CONTRACTOR LOCATION

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

#### H.13.

ST/H has initiated advisors through a number of their projects (e.g., PRITECH, REACH, HEALTHCOM) and through other mechanisms (e.g., Child Survival Fellows, PHS Details, etc.). Use of advisors will be coordinated with other ST/HEA advisors. It is anticipated that there will be occasions for collaboration between advisors.

#### H.14. CONFLICTS OF INTERESTS

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

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

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

END SECTION H

SECTION I

CONTRACT CLAUSES

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

**52.252.04 Alterations in Contract (APR 1984)**

Portions of this contract are altered as follows:

- (a) In the clause entitled "Payment for Overtime Premiums" (FAR 52.222-02), insert "zero" in the blank in paragraph (a).
- (b) In the clause entitled "Taxes - Foreign Cost Reimbursement Contracts (FAR 52.229-08), insert "the Cooperating Country" and "the Cooperating Country", respectively, in the blanks.
- (c) In the clause entitled "Notification of Changes" (FAR 52.243-07), insert "7 days" in the blank in paragraph (b).

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

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

- 52.202-01 Definitions (APR 1984)
- 52.203-01 Officials Not to Benefit (APR 1984)
- 52.203-03 Gratuities (APR 1984)
- 52.203-05 Covenant Against Contingent Fees (APR 1984)
- 52.203-06 Restrictions on Subcontractor Sales to the Government (JUL 1985)
- 52.203-07 Anti-Kickback Procedures (OCT 1988)
- 52.203-09 Requirement for Certificate of Procurement Integrity-Modification (MAY 1989)
- 52.203-10 Remedies for Illegal or Improper Activity (MAY 1989)
- 52.209-06 Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (May 1989)
- 52.212-13 Stop Work Order (APR 1984)
- & Alt. I
- 52.215-01 Examination of Records by Comptroller General (APR 1984)
- 52.215-02 Audit-Negotiation (APR 1988)
- 52.215-22 Price Reduction for Defective Cost or Pricing Data (APR 1988)
- 52.215-24 Subcontractor Cost or Pricing Data (APR 1985)
- 52.215-31 Waiver of Facilities Capital Cost of Money (SEP 1987)
- 52.215-33 Order of Precedence (JAN 1986)
- 52.216-07 Allowable Cost and Payment (APR 1984)
- 52.216-08 Fixed Fee (APR 1984)
- 52.219-08 Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (JUN 1985)

52.219-09 Small Business and Small Disadvantaged Business  
 Subcontracting Plan (APR 1984)  
 52.219-13 Utilization of Women-Owned Small Businesses (APR 1984)  
 52.220-01 Preference for Labor Surplus Area Concerns (APR 1984)  
 52.220-03 Utilization of Labor Surplus Area Concerns (APR 1984)  
 52.222-02 Payment for Overtime Premiums (APR 1984)  
 52.222-03 Convict Labor (APR 1984)  
 52.222-26 Equal Opportunity (APR 1984)  
 52.222-28 Equal Opportunity Preaward Clearance of Subcontracts (APR  
 1984)  
 52.222-29 Notification of Visa Denial (APR 1984)  
 52.222-35 Affirmative Action for Special Disabled and Vietnam Era  
 Veterans (APR 1984)  
 52.222-36 Affirmative Action for Handicapped Workers (APR 1984)  
 52.222-37 Employment Reports on Special Disabled Veterans and  
 Veterans of the Vietnam Era (JAN 1988)  
 52.223-02 Clean Air and Water (APR 1984)  
 52.223-06 Drug-Free Workplace (MAR 1989)  
 52.225-11 Certain Communist Areas (APR 1984)  
 52.225-13 Restrictions on Contracting with Sanctioned Persons (MAY  
 1989)  
 52.227-01 Authorization and Consent (APR 1984)  
 52.227-02 Notice and Assistance Regarding Patent and Copyright  
 Infringement (APR 1984)  
 52.227-03 Patent Indemnity (APR 1984)  
 52.227-08 Reporting of Royalties (Foreign) (APR 1984)  
 52.227-09 Refund of Royalties (APR 1984)  
 52.227-11 Patent Rights-Retention by the Contractor (Short Form)  
 (APR 1984)  
 52.227-14 Rights in Data - General (JUN 1987)  
 52.228-03 Workers' Compensation Insurance (Defense Base Act) (APR  
 1984)  
 52.228-04 Workers' Compensation and War-Hazard Insurance Overseas  
 (APR 1984)  
 52.228-07 Insurance-Liability to Third Persons (APR 1984)  
 52.229-08 Taxes-Foreign Cost-Reimbursement Contracts (APR 1984)  
 52.232-17 Interest (APR 1984)  
 52.232-23 Assignment of Claims (JAN 1986)  
 52.232-25 Prompt Payment (APR 1989)  
 52.232-28 Electronic Funds Transfer Payment Methods (APR 1989)  
 52.233-01  
 & Alt. I Disputes (APR 1984)  
 52.233-03 Protest After Award - Alternate I (JUN 1985)  
 52.237-03 Continuity of Services (APR 1984)  
 52.242-01 Notice of Intent to Disallow Costs (APR 1984)  
 52.243-02  
 Alt. II Changes-Cost Reimbursement Alternate II (AUG 1987)  
 52.243-07 Notification of Changes (APR 1984)  
 52.244-02 Subcontracts under Cost-Reimbursement and Letter  
 Contracts) (JUL 1985)  
 52.244-05 Competition in Subcontracting (APR 1984)  
 52.245-05 Government Property (Cost Reimbursement,  
 Time-and-Material, or Labor-Hour Contracts) (JAN 1986)  
 52.246-03 Inspection of Supplies-Cost Reimbursement (APR 1984)  
 52.246-05 Inspection of Services - Cost-Reimbursement (APR 1984)  
 52.246-23 Limitation of Liability (APR 1984)

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- 52.246-25 Limitation of Liability - Services (APR 1984)
- 52.247-01 Commercial Bill of Lading Notations (APR 1984)
- 52.247-63 Preference for U.S.-Flag Air Carriers (APR 1984)
- 52.247-64 Preference for Privately Owned U.S.-Flag Commercial Vessels (APR 1984)
- 52.249-06 Termination (Cost-Reimbursement) (MAY 1986)
- 52.249-14 Excusable Delays (APR 1984)
- 52.251-01 Government Supply Sources (APR 1984)
- 52.204-02 Security Requirements (APR 1984)
- 52.207-03 Right of First Refusal of Employment (APR 1984)
- 52.212-01 Time of Delivery (APR 1984)
- 52.215-26 Integrity of Unit Prices (APR 1987)
- 52.215-26 & Alt. 1 Integrity of Unit Prices (APR 1987)
- 52.219-14 Limitations on Subcontracting (OCT 1987)
- 52.219-10 Incentive Subcontracting Program for Small and Small Disadvantaged Business Concerns (APR 1984)
- 52.220-04 Labor Surplus Area Subcontracting Program (APR 1984)
- 52.222-01 Notice to the Government of Labor Disputes (APR 1984)
- 52.224-01 Privacy Act Notification (APR 1984)
- 52.224-02 Privacy Act (APR 1984)
- 52.227-10 Filing of Patent Applications-Classified Subject Matter (APR 1984)
- 52.232-09 Limitation on Withholding of Payments (APR 1984)
- 52.232-18 Availability of Funds (APR 1984)
- 52.232-20 Limitation of Cost (APR 1984)
- 52.232-22 Limitation of Funds (APR 1984)
- 52.242-10 F.o.b. Origin-Government Bills of Lading or Prepaid Postage (APR 1984)
- 52.242-11 F.o.b. Origin-Government Bills of Lading or Indicia Mail (APR 1984)
- 52.248-01 Value Engineering (MAR 1989)
- 52.252-06 Authorized Deviations in Clauses (APR 1984)

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

- 752.202  
Alt. 70 AID Definitions Clause -- General Supplement for Use in All AID Contracts (APR 1984)
- 752.202  
Alt. 72 AID Definitions Clause -- Supplement for AID Contracts Involving Performance Overseas (APR 1984)
- 752.219-8 Utilization of Small Business Concerns and Small Disadvantaged Business Concerns (APR 1984)
- 752.228-3 Worker's Compensation Insurance (Defense Base Act) (APR 1989)
- 752.228-7 Insurance - Liability to Third Persons (DEC 1988)
- 752.245-70 Government Property-AID Reporting Requirements (APR 1984)
- 752.245-71 Title to and Care of Property (APR 1984)
- 752.7001 Biographical Data (DEC 1988)
- 752.7002  
Alt. 70 Travel Expenses and Transportation and Storage Expenses (AUG 1986)
- 752.7003 Documentation for Payment (APR 1984)
- 752.7004 Source and Nationality Requirements for Procurement of Goods and Services (APR 1989)

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752.7005 Language, Weights, and Measures (APR 1984)  
 752.7006 Notices (APR 1984)  
 752.7007 Personnel Compensation (AUG 1984)  
 752.7008 Use of Government Facilities or Personnel (APR 1984)  
 752.7009 Marking (APR 1984)  
 752.7010 Conversion of U.S. Dollars to Local Currency (APR 1984)  
 752.7011 Orientation and Language Training (APR 1984)  
 752.7013  
   Alt. 70 Contractor-Mission Relationships (APR 1984)  
 752.7013  
   Alt. 71 Contractor-Mission Relationships (APR 1984)  
 752.7014 Notice of Changes in Travel Regulations (DEC 1988)  
 752.7015 Use of Pouch Facilities (APR 1984)  
 752.7020 Organizational Conflicts of Interest (MAR 1985)  
 752.7025 Approvals (APR 1984)  
 752.7026  
   Alt. 70 Reports (APR 1984)  
 752.7027  
   Alt. 71 Personnel (APR 1984)  
 752.7028 Differentials and Allowances (DEC 1988)  
 752.7029 Post Privileges (APR 1984)  
 752.7030 Inspection Trips by Contractor's Officers and Executives  
   (APR 1984)  
 752.7031  
   Alt. 70 Leave and Holidays (APR 1984)  
 752.7031  
   Alt. 71 Leave and Holidays (DEC 1988)  
 752.7031  
   Alt. 72 Leave and Holidays (DEC 1988)  
 752.7031  
   Alt. 73 Leave and Holidays (APR 1984)  
 752.7017 Local Cost Financing with U.S. Dollars (APR 1984)  
 752.7018 Health and Accident Coverage for AID Participant Trainees  
   (AUG 1984)  
 752.7019  
   Alt. 70 Participant Training (APR 1984)  
 752.7019  
   Alt. 71 Participant Training (APR 1984)  
 752.7021 Changes in Tuition and Fees (APR 1984)  
 752.7023 Required Visa Form for AID Participants (APR 1984)  
 752.7024 Withdrawal of Students (APR 1984)

END SECTION I

UN in process - funds may be obligated 5/27/89

10 1750 1 (187)

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country: **Worldwide**

2. PIOT No: **936/352**

3.  Original or Amendment No. \_\_\_\_\_

4. Project/Activity No. and Title: **936-5982**  
**Technical Assistance for Child Health (CHILDTech)**

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

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

7. Obligation Status:  Administrative Reservation  Implementing Document

8. Project Assistance Completion Date (Mo., Day, Yr.): **11-30-97**

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

10. This PIOT is in full conference with PRO/AG No. **PAF Approved** Date **5-9-89**

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

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

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

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

13. Mission References

14A. Instructions to Authorized Agent:  
Request that you issue a Request for Proposal (RFP) in order to negotiate a competitive contract for the services contained in the attached scope of work. Evaluation Criteria for Procurement are listed in an attachment.  
  
Logistic support by A.I.D. and contractor is requested as noted in Block 23, page 3.

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

FUNDS RESERVED BY  
 Helen Evans  
 POSTED 5/24/89  
 M/PAFD

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

A. The Project Office certifies that the specifications in the statement of work or program description are technically adequate. S&T/H/HSD, Robert Kim-Fa <i>RSK</i>	Phone No. <b>5-4468</b>	B. The statement of work or program description has been reviewed within the purview of the initiating office and approved agency programs. <i>SAUCY DUSEN</i> Kenneth J. Bart, M.D.	Date <b>5/11/89</b>
	Date <b>4-11-89</b>		Date <b>5/11/89</b>
C. S&T/H, Genease E. Pettigrew S&T/PO, Carolyn Coleman <i>CC</i>	Date <b>5/11/89</b>	D. Funds for the services requested are available. FM/PAFD, Gloria Craig <i>GC</i>	Date <b>5/22/89</b>
E. S&T/H/HSD, Anne Tinker <i>AT</i> S&T/H, Ann Van Dusen <i>AVD</i>	Date <b>5/11/89</b>		Date <b>5/24/89</b>

16. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to by S&T/MGT; K. Harley *KH* Date **5/11/89**  
SER/MO, D. McMakin *DM* Date **5/11/89**

17. For the Agency for International Development  
Signature *Elizabeth P. Roche* Date **5/24/89**  
Title **Elizabeth P. Roche, Chief, S&T/PO/PR**

\* See HB 1, Sup. A, App. C, Att. B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

PIO/T

4. Project/Activity No. and Title  
936-5982, Technical Assistance for Child Health (CHILDTech)

SCOPE OF WORK

18. THE SCOPE OF TECHNICAL SERVICES REQUIRED FOR THIS PROJECT ARE DESCRIBED IN ATTACHMENT NUMBER 1 HERETO ENTITLED "STATEMENT OF WORK".

19. SPECIAL PROVISIONS

- A.  LANGUAGE REQUIREMENTS (SPECIFY) N/A  
(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) N/A
- D.  DEPENDENTS  WILL  WILL NOT BE PERMITTED TO ACCOMPANY TECHNICIAN. N/A
- E.  WAIVER(S) HAVE BEEN APPROVED TO ALLOW THE PURCHASE OF THE FOLLOWING ITEM(S) (COPY OF APPROVED WAIVER IS ATTACHED) N/A
- 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
- G.  OTHER (SPECIFY)

20. BACKGROUND INFORMATION (ADDITIONAL INFORMATION USEFUL TO AUTHORIZED AGENT)

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

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

AID 1350-1 (10-79)	1. Cooperating Country WORLDWIDE	2. PIO/T No.	Page 3 of Pages
PIO/T	4. Project/Activity No. and Title 936-5982, Technical Assistance for Child Health (CHILDTECH)		

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

A. Relationships and Responsibilities N/A

B. Cooperating Country Liaison Official N/A

C. AID Liaison Officials S&T/H/HSD, Robert Kim-Farley  
Project Manager

LOGISTIC SUPPORT

23. Provisions for Logistic Support

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

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**STATEMENT OF WORK**

**Technical Assistance for Child Health (CHILDTech)**

**April 4, 1989**

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## Technical Assistance for Child Health (CHILDTECH)

### STATEMENT OF WORK

#### I. Introduction

There has been significant progress in providing immunization services to children in developing countries over the last decade. The progress in the Expanded Program for Immunization (EPI) has been due to the success of the coordinated efforts of A.I.D., The World Health Organization (WHO), UNICEF, and other donor agencies. Immunization coverage for children prior to their first birthday is now more than 50% for each of the EPI vaccines and is estimated to avert more than 1.9 million deaths due to measles, pertussis, and neonatal tetanus. However much remains to be done to prevent the nearly three million childhood deaths that continue to occur each year due to these EPI target diseases and to achieve immunization coverage levels of 80% and at least 90% for all children of the world by the years 1990 and 2000, respectively. Acute respiratory infections (ARI) are increasingly being recognized as a major cause of childhood mortality, however only 25% of these are preventable by routinely used EPI vaccines.

Immunization and Oral Rehydration Therapy (ORT) are considered the "twin engines" of A.I.D.'s Child Survival Program. A.I.D. has supported assistance to developing country EPI programs since 1985, through the centrally funded Resources for Child Health (REACH) Project. REACH has provided technical assistance to over 30 countries in four years and has more requests pending than can be responded to under the current contract. Based on this demand, the mid-term evaluation for REACH recommended a follow on immunization project to enable A.I.D. to continue to actively participate in the global EPI effort. The Evaluation noted that the A.I.D. REACH Project had developed areas important to EPI activities for the next decade such as alternative strategies for EPI delivery, promotion of EPI, involvement of the private sector, financing and cost recovery, management information systems, and development of new technologies for EPI.

The CHILDTECH Project will strengthen selected host country capabilities to immunize children under five years of age and to provide technical assistance in primary health care technologies. The activities of the Project will emphasize: (1) Sustainability--- strengthening public sector involvement, focussing on the quality of immunization services, and creating demand through marketing and communications; (2) Efficient and effective management information systems--- supporting program sustainability, providing data for cost analysis, and serving as the information basis for disease control and eradication activities; (3) Financing and cost analysis of immunization programs-- improving methodologies for estimating recurrent costs, introducing good accounting practices, undertaking cost/benefit analyses of immunization delivery under varied strategies, and exploring innovative approaches to cost recovery through pilot projects; (4) Advancing the goal of poliomyelitis eradication within the context of the immunization program as a whole; (5) Provision of a resource for technical assistance-- project design, evaluation, and implementation ( including training, disseminating information, conducting operations research for program problem solving, and assisting in the introduction of new program elements--new vaccines, urban immunization strategies, new injection technologies, programs for neonatal tetanus, and intensified activities for control of measles; and (6) Provision of limited technical assistance to support ongoing ARI related activities in A.I.D. assisted countries.

## 2. BACKGROUND

### a. The Problem

Immunization services were virtually nonexistent in developing countries in 1974. Impressive progress in the Expanded Program on Immunization (EPI) through complementary efforts of A.I.D., WHO, UNICEF, other donor agencies and national governments has resulted in coverage of half of the children of the world with a dose of measles vaccine (generally by early in their second year of life), 60% of children by their first birthday with a third dose of polio or DPT vaccines, and over 60% with BCG vaccine. As a consequence, the EPI now prevents over 1.9 million deaths from measles, pertussis and neonatal tetanus and some 240,000 cases of poliomyelitis in developing countries each year.

However, much remains to be done to reduce the continuing burden of vaccine-preventable death and disability. Each year,

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nearly three million children die and over 200,000 are paralyzed (and some 150,000 are blinded) from these diseases. In 1988 the WHO EPI Global Advisory Group recommended that immunization levels need to be raised further, aiming to reach levels of at least 80% for all children of the world by 1990 and of at least 90%, in the context of comprehensive maternal and child health services, by the year 2000. It was noted that this will require continued effort, particularly in improving the management of immunization services.

Achieving and sustaining high levels of immunization coverage as well as shifting the focus of immunization programs from a concentration on immunization coverage to more emphasis on disease surveillance and control are major issues to be faced by immunization programs during the decade of the 1990's. Specific problems include: ensuring high quality of immunization services (from vaccine quality control through storage and handling to sterile and proper administration); developing efficient and effective health information systems (including target disease surveillance); institutionalizing the mechanisms for sustaining delivery of high levels of immunization coverage, especially to underserved populations in remote rural areas and urban and peri-urban slums; strengthening the understanding of the costs of immunization services and developing innovative approaches to cost recovery; advancing the goals of poliomyelitis eradication, neonatal tetanus elimination and the control of measles within the context of the EPI as a whole; and providing appropriate and timely technical assistance needed by governments and their partners in the international and national communities in immunization related areas.

Acute Respiratory Infections (ARI) are increasingly being recognized as an important cause of childhood mortality in developing countries. It has been estimated that 2 to 5 million childhood deaths occur annually due to ARI. Approximately 75% of these deaths are not preventable by routinely used EPI vaccines. An international effort for control of ARI is in the process of being strengthened. This is consistent with the A.I.D. Health Assistance Policy that diagnosis and treatment of ARI: "are essential to achieving child survival goals in many countries. In countries or regions where such interventions contribute significantly to reduction of infant and child mortality they may be supported."

**b. A.I.D.'s Response to the Problem**

The Agency's commitment to child survival, with increasing immunization coverage as one of the primary means to achieve the Agency's health sector objectives, is explicitly stated in the A.I.D. Policy Paper on Health Assistance. The Agency has further emphasized immunization as one of the key interventions of its Child Survival Strategy (The A.I.D. Child Survival Strategy, April 1986) and has developed a clearly defined immunization strategy ( Immunization Strategy, January, 1986 ). It is recognized that in the decade of the 1990's disease surveillance and control will become an increasing focus for immunization programs.

**3. Project Description**

**a. Rationale for the Project**

The results of the mid-term evaluation of the current immunization project document the success of the project in establishing A.I.D. as a major contributor to progress towards achieving and sustaining Universal Child Immunization. The areas of comparative advantage for A.I.D. have been identified to include: emphasizing sustainability (increasing efficiency of delivery of immunization services, determining actual costs of immunization delivery under alternative strategies, stimulating demand for EPI, and exploring innovative approaches to cost recovery), promoting private sector involvement, developing management information systems, strengthening urban immunization strategies, promoting wider use of tetanus toxoid, developing new technologies, and providing technical assistance on a rapid basis.

The CHILDTECH Project will emphasize those areas of the Agency's comparative advantage and assist those countries where continued strengthening of the EPI is needed to reach higher coverage rates and to sustain EPI Programs.

**b. Project Goal**

The goal of this project is to reduce infant and early childhood mortality and morbidity.

**c. Project Purpose**

The purpose of the project is to strengthen selected host

by

country capabilities to immunize children under five years of age and to provide technical assistance in primary health care technologies.

d. Project Strategies

The CHILDTech Project strategies support the project purpose to strengthen selected host country capabilities to immunize children under five years of age and to provide technical assistance in primary health care technologies. It is recognized that immunization will play an ever widening role in the decade of the 1990's as new vaccines become available.

The CHILDTech Project strategies will emphasize those areas of the Agency's comparative advantage and where continued Agency inputs are desirable. These include:

(1) Sustainability: The success of the EPI must be sustained and used as the basis for additional achievements for the decade of the 1990's. The Agency, through its immunization strategy and activities, plays a leading role in helping to define and implement immunization and other disease control activities that contribute to the institutionalization of a sustained delivery capacity.

(2) Efficient and effective health information systems: Improving the efficiency and effectiveness of health information systems is vital to strengthen and sustain the implementation and monitoring of immunization and other PHC-related programs. Such systems are needed to support immunization program sustainability, provide data for cost analyses and serve as the information basis for disease control and eradication activities. Computerized EPI information systems are now being developed at national levels and being appropriately adapted to the needs at state and district levels. The Agency has shown a lead in development of such systems and should continue to be at the forefront of this effort in this project. Health information systems in the decade of the 1990's may be as important to immunization programs as is the development of cold chain systems in the 1980's.

(3) Financing and cost analysis: Although the mid-term evaluation recommended separate health care financing and immunization follow-on projects, it was emphasized that the follow-on immunization project should have the capacity in both the public and private sectors to: (1) improve methodologies for estimating recurrent costs, (2) introduce good accounting

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practices, (3) undertake cost/benefit analyses of immunization delivery under varied strategies (including the introduction of alternative approaches such as new injection technologies), and (4) explore innovative approaches to cost recovery through pilot projects. The Agency's comparative advantage in financial analysis of immunization programs would be maintained through a follow-on project that has in-house expertise in the form of a health economist as a core staff member. Activities in this area serve as an important foundation for achieving immunization program sustainability.

(4) Advancing the goal of poliomyelitis eradication within the context of the EPI as a whole: The United States, by co-sponsoring the World Health Assembly Resolution to eradicate poliomyelitis by the year 2000, has publicly committed itself to this goal. A strong comparative advantage exists in the United States due to a number of factors, including: the development of poliomyelitis vaccines in the United States, successful eradication of poliomyelitis from this country, and the assisting in the impressive progress in eradication of poliomyelitis from all of the countries of the Latin American and Caribbean Region. There is, however, a potential danger that poliomyelitis eradication could divert scarce resources away from a balanced EPI in which coverage levels with other EPI antigens (such as DPT) are comparable to poliomyelitis vaccine coverage levels. The Agency, through the follow-on project, will be able to play a leading role in ensuring the eradication effort remains balanced within the EPI as a whole.

(5) Provision of a resource for technical assistance: There will be a continuing need for high quality technical assistance (TA) in immunization related activities on both a long and short-term basis in the decade of the 1990's. The current project has demonstrated that host countries, the Agency's Central and Regional Bureaus, A.I.D. Missions, PVOs and international organizations look to the project for provision of TA on a timely basis. The CHILDTECH Project will be needed to continue this supply of high quality TA in immunization and other primary health care technologies.

#### 4 Statement of Work

##### Project Components

This project will address EPI problems in the following ways:

- Short term technical assistance to USAIDs, MOHs, PVOs and others in immunization with emphasis in the following areas: immunization and child survival project design, evaluation of immunization programs, organization and conduct of training activities, information dissemination, analysis and assistance in the introduction of new program elements (new vaccines, new injection technologies, urban EPI strategies, elimination programs for neonatal tetanus, and intensified activities for control of measles), conduct of operations research for program problem solving, installation of computerized information systems, conduct of financial and cost analysis studies, conduct of activities to support program sustainability (public sector strengthening, private sector involvement, quality of services, demand creation), and development and implementation of strategies to achieve poliomyelitis eradication within the context of the EPI as a whole.

- Intensive efforts in up to 10 selected countries (with priority given to child survival emphasis countries) to assist in the strengthening of national or regional immunization and primary health care technology programs. These efforts could include a long-term resident advisor in country (in addition to regional resident advisors in Africa, Latin America and Asia). The areas of emphasis would be in the same areas of technical assistance as noted above.

- Provision of selected commodities to support the short-term and intensified efforts. This would include computer hardware and software essential to developing computerized EPI information systems. It would also include new technology commodities (e.g. non-reusable disposable syringes) for purposes of introduction of these technologies into immunization programs on a demonstration basis. Educational materials would be covered under this commodities provision as well.

- Support to other activities of a worldwide nature that will further achieving and sustaining universal

immunization and target disease control, elimination or eradication.

- Collaboration to ensure that local governmental and non-governmental program resources (including WHO, UNICEF, and other external donor agencies) are made available for such items as: infrastructure, local staff salaries, vaccines, injection and sterilization equipment, cold chain, logistics and transport.

a. Technical Assistance

Technical Assistance (TA) efforts will concentrate in CHILDTech Project strategy emphasis areas. Short term technical assistance will be for periods of three months or less. Long Term or intensive assistance will be for periods of more than three months (and could include either a long-term resident advisor or a continued planned series of short term TA). Activities for either type of TA will include the following:

(1) Sustainability: Specific areas of intervention for the CHILDTech Project include:

- Strengthening public sector EPI activities: It is recognized that public sector programs will remain the major source of immunization services in most developing countries throughout the 1990's. The CHILDTech Project will continue to emphasize activities designed to strengthen the public sector capacity for planning, implementing and evaluating EPI programs on a sustained basis.

- Promoting private sector involvement in the EPI: The active involvement of the private sector, including private physicians and the private voluntary organization (PVO) community, is recognized as one of the most important elements in sustaining high immunization coverage, especially in areas where the population has no or limited access to the public health care delivery system infrastructure. The Agency has a comparative advantage and expertise in working with and mobilizing the private sector. The follow-on project will emphasize further exploration of innovative approaches to involve the private sector in immunization delivery and target disease surveillance. This will include strengthening HMOs, social security schemes and private sector corporation activities in providing immunization service delivery to employees, their families, and, where feasible, surrounding communities.

- Focus on the quality of immunization services: Developing methodologies to focus on the quality of immunization services as well as the quantity (coverage levels) is important for sustainability of immunization programs. Impotent vaccines or unsafe vaccination practices will erode public confidence in the immunization program and compromise sustainability. Activities for this project will include assistance in implementing and improving methods for: (1) evaluating appropriate cost-effective cold chain equipment, (2) monitoring the cold chain, (3) ensuring sterile techniques for injection, (4) performing field evaluations of vaccine efficacy, (5) supporting field level supervision, and (6) conducting pre-service and in-service training.

- Marketing and communications to create demand: Creating a community demand for immunization services is increasingly being recognized as an important part of a sustainable immunization program. The follow-on project will utilize the maturing discipline of social science research on knowledge, attitudes and practices towards immunization with emphasis on using such research to develop demonstration marketing strategies and comprehensive communication plans to create demand for immunization services. A special effort will be made to coordinate activities and share lessons learned with the Agency's HEALTHCOM Project.

(2) Efficient and effective health information systems: Specific areas of intervention include: development or adaptation of computerized EPI information systems (CEIS) or Management Information Systems (MIS) at national, provincial/state, and, where appropriate, at district and local levels; installation of this software and appropriate hardware; training of local staff in CEIS operation; and continued follow-up to ensure proper system operation and to allow for evolution of the system as program needs mature. Activities should also include integration of the CEIS with other health information systems as well as serving other supportive functions for the immunization program such as providing data for cost analyses.

(3) Financing and cost analysis: Specific areas on intervention, in both the public and private sectors, include: (1) improving methodologies for estimating recurrent costs, (2) introducing good accounting practices, (3) undertaking cost/benefit analyses of immunization delivery under varied strategies (including the introduction of alternative approaches

such as new injection technologies), and (4) exploring innovative approaches to cost recovery through pilot projects. The activities would also help to assist countries to make decisions as to when new vaccines are cost-effective to introduce.

(4) Advancing the goal of poliomyelitis eradication within the context of the EPI as a whole: Specific areas of intervention where the CHILDTECH Project will be able to play a leading role to ensure that the poliomyelitis eradication effort remains balanced within the EPI as a whole include:

- helping to ensure that all EPI antigens (especially those preventing neonatal tetanus and measles which are the major killers of children) are included in all poliomyelitis eradication efforts.

- assisting in ensuring that other EPI target diseases (especially neonatal tetanus and measles) are included in poliomyelitis surveillance systems.

- sponsoring or co-sponsoring international conferences on EPI (of a similar stature as the International Conferences on Oral Rehydration Therapy, ICORTs) to provide a global forum for exchange of lessons learned and a balanced view of the poliomyelitis eradication effort, as well as neonatal tetanus elimination and measles control efforts, in the context of the EPI operating within primary health care.

(5) Provision of a resource for technical assistance: Specific areas of intervention, in addition to those specifically mentioned above, include:

- assisting in the design of projects with immunization and other child survival components.

- participating in the evaluation of immunization programs, including the evaluation of missed opportunities for immunization.

- analyzing and assisting in the introduction of new program elements, including: inclusion of new vaccines (such as Hepatitis B vaccine), new injection technologies (such as non-reusable plastic syringes), urban immunization strategies, elimination programs for neonatal tetanus, eradication programs

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for poliomyelitis, and intensified activities for control of measles.

**b. Selected Commodities:**

Support for selected commodities will be a relatively minor part of the CHILDTech Project and would be provided in the context of the provision of TA. Examples include: (1) an initial supply of non-reusable disposable syringes to determine feasibility and cost-effectiveness of their introduction into a national program; (2) an initial supply of a new cold chain monitor to test its use in ensuring the safe transport and storage of potent vaccine; (3) an initial supply of a new vaccine to determine feasibility and cost-effectiveness of its introduction into a national program; and, (4) provision of computer software and hardware to support a computerized EPI information system. Technologies that are found to be cost effective for inclusion into routine programs would then be purchased through other mechanisms (including government budgets and other donor agencies).

**c. Operational Research for Program Problem Solving:**

Operational research will be conducted as a part of the provision of TA. Such research will be directly related to solving specific problems that are hindering program operations or potential innovations that could improve program performance. It is expected that such operational research will be routinely conducted in most immunization and child survival programs, however, more intensified operational research will be conducted in approximately 10 countries. Although the specific areas will be identified after the project EAG has met, appropriate examples of such operational research would include: (1) studies of missed opportunities for immunization; (2) cold chain evaluation; (3) introduction of new technologies (new vaccines, new injection equipment, new sterilization equipment, etc.); (4) introduction of new strategies (urban EPI intensification, new vaccination schedules, etc.); and (5) development of improved survey tools for knowledge, attitude and practice assessments as a basis for designing and evaluation of communications and marketing activities.

**d. Training and Information:**

Organizing and conducting immunization program related training activities and dissemination of appropriate information will be an important part of the CHILDTech Project. Training,

especially in program management with emphasis on supervision, is critical to ensuring program sustainability. Training activities should be directed towards strengthening of curriculum in pre-service teaching institutions (medical, nursing and paramedical schools) as well as providing continuing in-service training to reinforce knowledge and skills and to introduce new technologies. The actual training supported by this project will primarily be for the training of trainers (TOT).

Information needs to be disseminated at all levels (international, national, provincial/state, district, and local) and in both the health as well as non-health sectors. Lessons learned in the REACH Project and the CHILDTech Project should be widely disseminated and put to use in designing, implementing and evaluating immunization and other child survival programs.

The vehicle for dissemination will vary according to the audience, but may include: articles in scientific journals, reports, booklets, presentations at scientific meetings, newsletters, film, videotapes, and mass media.

e. Acute Respiratory Infections:

This project will provide limited technical assistance to support A.I.D. Missions in their acute respiratory infections (ARI) related activities using buy-in funds, including, training, operational research and information dissemination.

f. Support of other Activities:

Two million dollars of program resources will be reserved for activities of a worldwide nature that will further efforts in immunization and primary health care technologies. These resources will be administered by the Office of Health, Bureau for Science and Technology. Activities under this category could include, but are not limited to:

- Support for WHO EPI programs for operations research. This would include assessing the introduction of new technologies and new strategies (including computerized information systems) into immunization and other child survival programs.

- Information dissemination. The CHILDTech Project will be capable of dissemination of information generated under the project, as well as from other sources, that will be of

use to planners, administrators and health workers. Funds will be reserved for publication and mailing as well as for workshops/conferences that will bring together the organizations working on various aspects of child survival if this is decided to be appropriate and necessary by the CTO.

- It is anticipated that some technical services may be required that are most available through U.S. Government Agencies. Existing PASA/RSSA agreements will be used to access these services. If funding already available under these agreements is not sufficient to meet the needs of this project, limited project funds will be put into these agreements.

**g. Collaborative Activities:**

It is recognized that A.I.D. and the CHILDTech Project are one of many international donors and agencies involved, along with national governments, in the effort to achieve and sustain universal child immunization. There is a need to ensure that the CHILDTech Project's activities are complementary to other agency and donor activities to avoid duplication and to achieve a balanced program. This also includes the need to ensure that CHILDTech Project activities help support the Agency's other child survival projects such as PRITECH, the Maternal and Neonatal Health and Nutrition Project, HEALTHCOM, etc. Mechanisms for collaborative activities include: participation on the EPI Research and Development Groups; participation on the EPI Global Advisory Group; participation on the PAHO EPI Technical Advisory Group; participation in other A.I.D. regional project meetings (e.g. the Africa Bureau CCCD Project annual review meetings); and combined A.I.D. project review meetings. Even though the project is designed for such collaboration with others, it should be emphasized that it is capable of meeting its purpose through its own activities. (also see page 17)

The CTO is responsible for coordinating all collaborative activities. However, the CTO may delegate this responsibility to the USAID field staff or the contractor for selected activities, especially at operational levels in the field.

**Project Outputs**

The CHILDTech Project has been designed to assist host governments to improve the quality coverage and sustainability

of national EPI programs for children under five and women of childbearing age.

Outputs of the CHILDTech Project will include the strengthening of up to 35 national EPI Programs in the areas of: immunization and child survival project design, evaluation of immunization programs, organization and conduct of training activities, information dissemination, analysis and assistance in the introduction of new program elements (new vaccines, new injection technologies, urban EPI strategies, programs for neonatal tetanus, and intensified activities for control of measles), conduct of operations research for program problem solving, installation of computerized information systems, conduct of financial and cost analysis studies, conduct of activities to support program sustainability (public sector strengthening, private sector involvement, quality of services, demand creation), and development and implementation of strategies to achieve poliomyelitis eradication within the context of comprehensive EPI programs.

A major output will be the establishment of Management Information Systems (MIS) in up to 20 countries. The MIS will provide management information for EPI and other health programs and Epidemiological Data for surveillance and measurement of impact. The MIS will be developed on the World Health Organization model now in operation in some areas of Asia and will assist in standardizing EPI and other health data reports for WHO. Long term regional advisors may be used to assist in the development of the MIS as deemed appropriate by the CHILDTech External Advisory Group (EAG).

The project activities will be coordinated with international organizations, other donors and governments at international and country levels to create sustainable immunization programs appropriately institutionalized into a primary health care delivery system infrastructures that will ensure continued universal child immunization beyond the decade of the 1990's.

Specific expected outputs would include: strengthened public sector EPI activities, greater private sector involvement in immunization programs, improved quality of immunization services, greater community demand for immunization services, more efficient and effective health information systems, well understood cost analysis of immunization programs and mechanisms for financing programs, substantial progress in achieving the goal of poliomyelitis eradication within the context of the immunization program as a whole, well designed immunization

projects, well trained host country staff, appropriate introduction of new immunization and other primary health care technologies, application of results of operations research to program implementation, and wide dissemination of lessons learned. The expected magnitude of these outputs and their means of verification will need to be set on a country-by-country basis. General indicators and means of verification are contained in the logframe (Annex 1).

## 5. Monitoring and Administrative Arrangements

### a. A.I.D. Management

The project will be managed by S&T/H. An S&T/H staff member will serve as the CTO and the principal A.I.D. contact for the Contractor. The CTO will undertake appropriate coordination with other offices in the Agency such as PPC, the Regional Bureaus, FVA/PVC and USAID Missions. The CTO will arrange for appropriate missions clearances for proposed activities. The Regional Bureaus and USAID Missions will contribute to this project through appropriate reviews, submissions of requests and clearances, and cost sharing (or buy-ins) related to in-country operations and technical assistance.

The CTO will exercise a variety of functions including, but not limited to:

- Collaborative involvement in the selection of technical assistance and operational research sites and development of an annual workplan which describes the specific activities to be carried out under the agreement.
- Approval of all activities carried out under this agreement including strategies, sub-agreements, operational research protocols, country technical assistance and study agreements, information dissemination, consultancies, and international travel.
- Involvement in design and implementation of operational research and, as appropriate, involvement in analysis and publication of the findings.
- Review of draft reports and substantive correspondence, and participation in site visits, the External Advisory Group (EAG) and meetings to review program progress and future strategy.

- Responsibility for recommending, in coordination with other A.I.D. officials, the allocation of funds under this project for support of immunization activities under other grants and contracts to meet project objectives. Such allocations will be approved by the Agency Director for Health.

Coordination of project activities both within and outside of A.I.D. will be important. Immunization is a cornerstone of child survival activities and many international agencies (e.g., WHO, UNICEF) and other donors (e.g., CIDA, DANIDA, SIDA, the Italian government) are actively working towards the common goal of achieving and sustaining universal child immunization. The CTO will need to be involved in coordinating the resources of the Agency to complement the resources of these other agencies and donors as well as the resources of the host governments themselves.

Coordination within A.I.D. is also very important. Several S&T/H projects can contribute to this project's objectives: PRICOR can contribute to the development of operations research strategies; PRITECH and HEALTHCOM can assist with developing innovative ways to create demand for immunization services; DIATECH can assist by developing new and easier diagnostic tools to use in diagnosing target diseases and conducting serosurveys; the Maternal and Neonatal Health and Nutrition Project can assist in developing strategies and implementing programs for immunization of women in the childbearing age to control neonatal tetanus; the follow-on health care financing project can assist in design and implementation of immunization-related financing and costing studies; the Child Survival Information System can assist in development of computerized EPI information systems. Other Central Bureau projects (e.g. the PVC/FVA Bureau funding of the Rotary Foundation PolioPlus Project) and other Regional Bureau projects (e.g. the LAC Bureau Accelerated Immunization Project and the AFR Bureau CCD Project) can be complementary to the activities of the immunization project. This coordination will be a major responsibility of the CTO who may wish to make use of External Advisory Groups (EAGs) as well as joint and separate meetings with individual contractors to facilitate coordination.

S&T/H anticipates that management of this project will be a full time job for a CTO with a strong background in child survival programs for the first two years of the project while site selection, activity definition and research sites are being determined. For subsequent years of the project, it is

anticipated that 2/3 time of the CTO will be required.

**b. Advisory and Support Services of Contractor**

The contract through which most of the project activities will be implemented will be competitively bid. It is anticipated that S&T/H will be working with a prime and sub-contractors that will include a private consulting group or groups for the technical assistance activities. The contractor (including sub-contractors) will be selected based on the demonstration of administrative competence and technical expertise in immunization, skills in program management and operational research, and demonstrated competence in providing technical assistance to developing countries. The contractor must be able to present a staff and roster of consultants who possess technical expertise in the areas detailed for technical assistance in this Project Paper. The project will have a working relationship with other projects (e.g., PRITECH, the follow-on health care financing project, HEALTHCOM, the Maternal and Neonatal Health and Nutrition Project) and on a country-by-country basis with the programs of WHO, UNICEF and other donor agencies.

**c. Contractor activities**

The steps involved in developing, managing and implementing activities will be as follows: identifying the countries for project activities; identifying capable collaborators, institutions, and consultants in the country; assessing the current situation and needs; obtaining necessary clearances and approvals; designing, funding, monitoring and evaluating projects; and analyzing, writing up and disseminating results. This process would include the development of a brief country assessment document that would detail the country-specific indicators for inputs and outputs. All activities should take place, to the extent possible and appropriate, with the collaboration of local public and private health personnel. Particular emphasis will be placed on developing and using individuals from developing countries in country-level project planning and implementation.

These activities will all be conducted with the goal of improving immunization delivery and analyzing the effectiveness of interventions in raising immunization coverage levels and in controlling target diseases.

d. Gray Amendment Considerations

The project will be competitively bid, with all proposals to be considered on an equal basis. However, the request for technical proposals will encourage proposals from minority and women-owned enterprises, and will encourage all offerers to subcontract with qualified small businesses, small disadvantaged, and/or small women-owned concerns for services for which it might not have in-house capacity.

e. Relationships with host countries

A high level of cooperation and agreement on purposes between A.I.D., the contractors and Ministries of Health, LDC universities and PVOs is essential to this project. The contractors and A.I.D. will make the final determination on countries selected for activities, but they will be guided by the EAG.

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Prior to the initiation of a long term intervention in any country there will be a written agreement between A.I.D. and the Ministry of Health that describes project activities and the responsibilities of both parties. It is expected that host country personnel (from the government, universities, or PVOs) will play a major role in the implementation of project activities and that expatriate technical assistance will be used only as necessary. Thus the placement of a long term advisor in an intervention country will only be approved by A.I.D. after it is clear that host country personnel are not available and/or able to carry out the project activities.

Operations research activities for the purpose of program problem solving will be handled in a similar way. There will be an agreement between a local implementing organization and A.I.D. (co-signed by government or other organizations as necessary) that describes the project and spells out individual and joint responsibilities.

An important output of the project will be the strengthening of capabilities in cooperating countries to plan, implement, monitor and evaluate immunization programs.

#### f. Other Technical Assistance Arrangements

S&T/H, when appropriate, will supplement the use of university and private sector expertise identified by the prime contractor by securing U.S. Government experts to provide additional technical assistance. U.S. Government Agencies will be brought into the project under existing PASA/RSSA Agreements. Sources of expertise could include the Centers for Disease Control, the National Institutes of Health and the Food and Drug Administration.

#### g. External Advisory Group

An External Advisory Group (EAG) will assist in the monitoring of the project as it evolves. The members of the EAG will be selected with the approval of A.I.D.

The EAG's membership shall include representatives of: international organizations, the U.S. academic community, other donor organizations, PVOs, relevant A.I.D. projects and persons representing the views of developing country academic institutions and Ministries of Health. Members of the EAG will

be proposed by the Contractor and A.I.D. and will be selected by A.I.D.

The EAG will provide expert review of the project and make recommendations for improvements. EAG meetings are expected to be held eight times over the life of the project. EAG members will meet to review initial work plans for project implementation approximately three months after the project starts. The most important aspects of this review will be the selection of target countries for long term project involvement, the definition of the research topics that the project will address, and the development of the criteria against which project achievements will be measured.

Subsequent meetings of the EAG will be on a yearly basis. These meetings will serve in an advisory role in planning and implementing the contractor's activities and in the quality and timeliness of the work. The EAG can also be useful in providing another mechanism for coordination with other A.I.D. projects, WHO, UNICEF and other donors; ensuring A.I.D. that peer review of the contractor's activities is achieved; and shaping the direction of future activity. The EAG will specifically review the annual activity reports, the reports of lessons learned and issues, and the annual work plans.

The final EAG meeting will be held close to the end of the project. This meeting will focus on the review/evaluation of project activities, the degree to which project objectives have been met and recommendations to A.I.D. on future activity in immunization.

EAG members may assist the contractors in developing operational research plans and in reviewing proposals, and will provide general assistance to the contractor and A.I.D. as requested.

#### h. Implementation -- Work Plans

An implementation plan is included as Annex 2 to this project paper. More specific work plans will be developed by the contractor. The initial work plan will be ready for review by the EAG within three months after the signing of the technical assistance contract. This work plan will cover start up activities, potential countries for long term interventions, and operational research questions in a way that relates these beginning activities to the full term of project activities and objectives. Subsequent work plans will be developed for approval by A.I.D. on a yearly basis.

AD

i. Reporting Requirements

The prime contractor shall submit reports to A.I.D. as follows:

Brief monthly update reports will be submitted by the 7th of each month describing the activities of the previous month. Two reports shall be submitted annually consisting of: (1) annual activity reports (first submitted six months after the project starts and then at 12 month intervals), and (2) annual lessons learned and issues (problems in the areas of program development and execution) reports. These reports will be discussed in detail by the EAG and then are due one month prior to the scheduled EAG meeting so that they can be distributed in advance to the EAG members. All reports will go to the CTO and the annual activity report will include planned activities for the next 12 months.

All financial reports and vouchers for payment and reporting of expenditures will conform to standard A.I.D. regulations and procedures. Advance copies of vouchers shall be sent to the CTO.

j. Project review and evaluation

Due to the nature of this project and the interest in findings and lessons of the various activities, this project requires evaluation as a continuous process. Evaluations will be of three types:

- Ongoing Self-Evaluation will include an annual assessment of progress achieved against plans; lessons learned; issues raised; changes in assumptions and strategy suggested by project implementation; work plan and budget for the next year. The information for this review will be based on a variety of sources such as monitoring reports from implementing agencies, field observations by technical assistance contractors, and consultants.

- Annual Progress Reviews will be conducted by the contractor for each component. It will assess the progress as compared to plans. These reviews will, in turn, serve as the basis for the development of the annual work plans and budgets.

- Mid-term and Final Project Evaluations will be conducted to: (1) verify that the self-evaluation process is functioning as intended, that critical issues are being

addressed, and that project objectives have a reasonable probability of attainment; and (2) provide an assessment of project activities to determine adequacy of design, likelihood of purpose attainment; contractor, host country, and A.I.D. performance; adequacy of EAG; whether information is being disseminated; and overall functioning of the project. This information will be used to determine the need for implementation corrections to ensure that the project is the best it can be and to help design any follow-on projects, if indicated. The exact timings will be determined by A.I.D. based on the needs of S&T/H for project related information to be used in assessing the office's portfolio. Funds for these evaluations will come from the project budget and will be held by S&T/H separately from the implementation contract.

The project is intended to support the Agency's health sector objective of reducing infant and early child mortality and morbidity through increasing immunization coverage. It is recognized, however, that evaluating the direct effect of immunization on infant and childhood mortality and morbidity rates, in isolation from other child survival interventions, is difficult. In lieu of this, surveillance of increasing immunization coverage levels and declining disease incidence will be the best measures of evaluating impact, the latter measure becoming more important as high coverage levels are achieved in the decade of the 1990's. Even so, it should be recognized that the Agency will be one of many international organizations and donors that have joined partners with national governments to help achieve universal child immunization and so direct measurement of the project's impact on immunization coverage or disease trends may not be able to be isolated from the efforts of others. Ultimately, the evaluation of the project's impact will rest on the success with which the Agency effectively collaborates with international organizations, other donors and governments at international and country levels to create sustainable immunization programs appropriately institutionalized into a primary health care delivery system infrastructures that will ensure continued universal child immunization beyond the decade of the 1990's.

The exact criteria against which the project activities will be evaluated will differ from site to site. The criteria to be used will be proposed in the initial work plan under the project.

This proposal will be reviewed by the EAG and, if necessary, modified based on the EAG's comments. The second formal meeting of the EAG will have as one agenda item the review and finalization of the evaluation framework.

At this planning stage, the most appropriate evaluation criteria will be the degree to which host governments, international organizations and other donor agencies consider A.I.D. to have been a helpful partner in raising and sustaining immunization coverage levels. The external evaluations will assess this perception of governments and organizations. In addition, the external evaluation will look at programmatic criteria, such as the strengthening of skills in planning, implementing and evaluating immunization services on the part of host country personnel; efforts to measure the relative cost-effectiveness of different immunization delivery strategies; and development of computerized EPI information systems.

k. Conditions and Covenants

Agreements which may be negotiated under this project and executed by the officer(s) to whom such authority is delegated, in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to the terms and conditions together with such other terms and conditions that A.I.D. may deem appropriate.

l. Source and Origin of Goods and Services

Each country where research, training, technical or other assistance takes place under this project shall be deemed to be a cooperating country for the purpose of permitting local cost financing. The sum of all purchase orders, contracts and subagreements for goods and services under each subagreement in a cooperating country may be procured in the special free world category (code 935) up to \$750,000 for the purpose of permitting local cost financing.

6. Project Staffing and Qualifications:

The contractor will need to establish a core group of individuals that will be responsible for the planning and implementation of the project. There can be no substitution of these core staff without prior approval of the CTO. The members of the core staff should include representatives of the major contractors and sub-contractors that are involved. These individuals will be expected to, except in unusual

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circumstances, be available for work on this project on a full time basis. Language capabilities equivalent to a level R3/S3 on the FSI Scale in at least French and Spanish in at least one technical core staff member will be required. The tentative outline found below delineates between Key and Non-key personnel:

**Key Personnel:**

- Project Director
- Deputy Director
- Technical officers (four)
- Resident Advisors

**Non-Key Personnel:**

- Staff Associates (four)
- Financial Officer
- Secretary (three)

Within three months of the effective date of the contract, the contractor shall have in place a full time core staff of approximately six professionals with experience in immunization programs (one with experience in economics of immunization programs) and with developing country experience. The core staff will manage operations of the project, participate directly in the delivery of technical assistance, and evaluate and report on results. All the core staff must be available to travel in support of project activities and possess adequate technical skills to enable them to provide direct technical assistance to immunization programs. In addition to this full time staff the contractor will also present additional personnel who will be available to work on project activities on a part-time basis or as short term consultants.

Details of the skills, experience, and technical capabilities for key staff are described below:

(a) Project Director. The Project Director will be a highly experienced and qualified professional in the field of immunization programs with developing country experience in planning, implementing and evaluating Expanded Program on Immunization (EPI) programs. This individual will also need to possess leadership skills. Prior experience in the management of a large development project is very important, as well as experience working with U.S. government agencies, and coordinating with a variety of organizations such as universities, international organizations, other donor organizations, and developing country institutions. He or she shall be the senior spokesperson for the project, provide

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managerial and technical guidance, be responsible for achievement of project goals and purposes, develop policies and procedures in consultation with A.I.D. personnel, and act as the principal liaison with the A.I.D. CTO. He or she, along with the A.I.D. CTO, shall represent the project in the U.S. and overseas. The Project Director should have an M.D. and a M.P.H. (or equivalent experience). Travel required 30% of the time. Total effort: 48 P-M.

(b) Deputy Director. The Deputy Director shall be expected to undertake a large portion of the day-to-day management responsibility of the project. He or she should have prior experience in managing or working in a large development project in a developing country and have extensive experience working with a U.S. government agency. The individual's skills should be complementary to the Project Director, and in the latter's absence, will exercise management responsibility and authority as delegated by the Project Director. The Deputy Director shall be responsible for reporting on the project's financial status to A.I.D. He or she will be expected to represent the project in the U.S. and overseas in the absence of the Project Director. The Deputy Director should have a MBA or Masters level degree in a management related field (or equivalent experience). Travel required 5-10% of the time. Total effort: 48 P-M.

(c) Technical Officers. Four senior technical officers will be assigned to the Project and shall be responsible for technical backstopping of the long term interventions and for offering the Project technical expertise in such areas as: strengthening public sector EPI activities; promoting private sector involvement in the EPI; monitoring and evaluation of the cold chain; ensuring sterile techniques for injection; performing field evaluations of vaccine efficacy; conducting pre-service and in-service training of trainers; marketing and communications to create demand for immunization services; developing, installing and maintaining computerized EPI information systems; advancing the goal of poliomyelitis eradication within the context of the EPI as a whole; assisting in the design of projects with immunization and other child survival components; participating in the evaluation of immunization programs, including the evaluation of missed opportunities for immunization; and analyzing and assisting in the introduction of new immunization program elements.

Three of these technical officers should have backgrounds that are sufficiently complementary to each other so that all of

(4)

these areas of expertise are covered and they should each have at least an M.P.H. degree or equivalent experience (it is preferable that at least one of these technical officers have an M.D. degree). One of these three should also have familiarity with acute respiratory infection control programs. The fourth technical officer shall be a trained economist (at least at the Masters degree level or equivalent experience) capable of organizing and conducting financing and cost analysis studies of immunization programs. All four of these senior technical officers will have developing country experience and, when possible, foreign language capability, particularly in Spanish and French. Proven ability to manage a range of demanding programs, with good interpersonal skills, are essential for these positions. Travel required 30-40% of the time. Total effort: 192 P-M.

(d) Resident Advisors. It is anticipated that the contractor shall hire one to three Resident Advisors in each of the three intensive sites for long-term technical assistance and one per site in the two less-intensive long-term sites. The actual sites will be determined within the first 12 months of the contract and appropriate clearances obtained. These Resident Advisors will be hired in-country if this is at all possible. Resident Advisors shall direct project activities within the sites to which they are assigned. Up to three Resident Advisors may have Regional responsibilities as well. All Resident Advisors should have expertise in planning, implementing and evaluating developing country immunization programs. Resident Advisors should have at least an M.P.H. degree or equivalent experience. Travel required 30-40% of the time. Total effort estimated at 276 P-M.

Job descriptions and qualifications for non-key personnel are as follows:

(a) Staff Associates. Four Staff Associates will be assigned to the project and shall be responsible for administratively backstopping of the long term interventions and for offering the Project expertise in such areas as editorial services for information dissemination, organization of meetings and conferences (including arrangements for the External Advisory Group meetings), and organization of training programs (for trainers of trainers). The Staff Associates may also be involved, to the extent feasible with their individual backgrounds, in the areas of activities of the Technical Officers. These Staff Associates should have backgrounds that are sufficiently complementary to each other so that all of

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these areas of expertise are covered and they should each have at least a bachelor's degree. Experience in working in immunization programs in developing countries is desirable. Travel required 10-25% of the time. Total effort: 192 P-M.

(b) Financial Officer. The financial officer shall be responsible for financial management of project activities, to maintain adequate financial accounting systems and procedure, serve as controller and internal auditor for fiscal operations and provide financial technical assistance as required for attributing expenditures to the appropriate A.I.D. Mission, regional or S&T funding source and projecting the financial status of the project. An important aspect of this project is the organizing and conducting financing and cost analysis studies of immunization programs. The financial officer will also work closely with the technical officer economist in this aspect of the project. Travel required 0-10% of the time. Total effort 48 P-M.

(c) Secretary/Administrative Assistant -- 3 persons. The Project should include two to three administrative staff with clerical skills, including experience with word processing and microcomputers. The number and deployment of these personnel shall be adjusted as the workload and level of effort for project staff changes. Travel required 0% of the time. Total effort 144 P-M.

(d) CHILDTECH Junior Associates. A variable number of individuals (approximately one or two at any given time) with limited or no developing country experience will assist the Project in the capacity of CHILDTECH Junior Associates. These Junior Associates will be provided with a salary or stipend for one to two years. These persons will have opportunities to participate in activities of developing, monitoring and evaluating immunization programs in developing countries. This experience will help to develop a cadre of individuals for future service in development work. Travel required 30-40% of the time. Total effort 216 P-M.

(e) Consultants. Consultants will need to be recruited to work with the core staff in the United States and in developing countries. They should be experts of high professional stature in the fields of immunization, survey techniques, health communication, public health, economics, cold chain engineering, program implementation and management, acute respiratory infections, and other child survival related fields. Travel

required 0-100% of the time. Total effort 144 P-M.

The consultants should have both technical skills and field experience in developing countries, a commitment to provide a reasonable amount of time to the project, flexibility to travel as needed, and appropriate language capabilities. A consultant roster shall be maintained to facilitate assignments of work as well as to assist A.I.D. and other organizations to expand and improve immunization programs in developing countries.

Offerors are reminded that the above suggests a minimum level of effort. Proposals should reflect a completion mode of operation, rather than merely a level of effort arrangement. Bidders may propose other staffing configurations. If an alternative is proposed, it is expected that the specific responsibilities of each staff member will be described and the relationship of the staffing pattern to achievement of the project's objectives will be clear. Technical proposals will be evaluated on their approach to accomplishing goals of this project with available talented labor rather than just level of effort of available talent. Proposals should reflect the integration of technical approach and appropriate skills to accomplish the contract task objectives.

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Contractor Selection Criteria

Technical Assistance for Child Health (CHILDTECH)

The prospective contractor should be an organization with several years of demonstrated experience in planning, implementing and evaluation of child survival programs, especially immunization programs. They must be experienced in the activities of the Expanded Program on Immunization (EPI) at national and sub-national levels and be fully aware of the Global and Regional EPI goals, strategies and approaches. The contractor staff should include senior professionals in one or more of the relevant disciplines required by the Project. Affirmative action shall be in evidence in contractor staffing. The key administrative and operational personnel of such an organization should have professional reputation, recognized standing, and demonstrated experience in the fields of immunization and child survival programs, communications and social marketing, and economics.

**SELECTION CRITERIA:**

The relative weighting for technical criteria as compared to cost criteria will be 70% and 30%, respectively.

**Technical Selection Criteria:**

	<u>Points</u>
1. <u>Responsiveness and Quality of the Proposal</u>	(100)
a. Understanding of the objectives of the project.	20
b. Quality of design and approach (logic, clarity, soundness, adequacy of detail).	30
c. Understanding of the goals, strategies and approaches of the Expanded Program on Immunization and the A.I.D. immunization policy strategy.	20
d. Understanding of the broad range of issues relating to the long term sustainability of immunization and child survival programs.	30

2.	<u>Qualifications and experience of personnel</u>	(125)
a.	Professional qualifications in the fields of public health, child survival and immunization programs, communications and social marketing, economics of child survival programs, operations research, training and information dissemination.	30
b.	Demonstrated experience in the planning, implementing and evaluation of national and sub-national immunization programs.	40
c.	Experience of personnel in broad based child survival programs, including control of acute respiratory infections.	35
d.	Experience of personnel in communications and social marketing, operations research, training and information dissemination.	20
3.	<u>Institutional Characteristics and Capabilities</u>	(75)
a.	Institutional experience and capability in providing effective administrative support for large immunization projects in multiple developing countries; currently available staff to fill key project positions.	35
b.	Ability to establish resources demand and complete project in a timely fashion without cost overruns.	10
c.	Demonstrated ability to establish working relationships with groups (other A.I.D. projects -- central, regional and bilateral; WHO, UNICEF, PVOs and other major donors) and professionals in the U.S. and overseas in the substantive fields which bear on the child survival objectives of the project.	20
d.	The quality of affirmative action as indicated by present or proposed efforts to involve minorities and women either directly or through subcontracts.	10
	<b>GRAND TOTAL</b>	<b><u>300</u></b>

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L O G I C A L F R A M E W O R K

**NARRATIVE SUMMARY**

Long term goal:

To reduce infant and early childhood mortality and morbidity.

**VERIFIABLE INDICATORS**

Measures of Goal Achievement:

Reduced infant and under five childhood mortality and morbidity.

**VERIFICATION**

Means of verification:

National vital statistics reports.

Routine and sentinel disease surveillance systems.

**IMPORTANT ASSUMPTIONS**

Assumptions for achieving goal targets:

Immunization and other important child survival interventions can reduce mortality and morbidity in infants and children.

**PROJECT PURPOSE:**

To strengthen selected host country capabilities to immunize children under five years and to provide technical assistance in primary health care technologies.

**EOPS:**

National Immunization Programs effectively immunizing 80% of children under five through the public and private sectors and contributing to the control, elimination, or eradication of selected major childhood diseases (Diphtheria, Tuberculosis, Tetanus, Polio, Pertussis, & Measles) established in 20 countries assisted by CHILDTECH.

MOH Records/Budgets  
Private Sector Reports  
Clinic and Hospital Records  
Vital Statistics  
Immunization Cards  
Epidemiological Surveys  
KAP Studies  
Contractor reports  
Evaluations

Developing Country governments, A.I.D. and other international organizations and donor agencies will continue to place high priority on selective child survival interventions such as immunization.

Private Sector participation provides cost sharing opportunities for EPI and helps to sustain national immunization programs.

**QUIPUS**

**MAGNITUDE:**

National EPI Programs strengthened and expanded through training; management techniques; operational research, quality control of vaccines, social marketing, financing, and private sector participation.

25 Host Countries Assisted on short term basis in strengthening EPI programs.

10 countries assisted on long term basis in EPI delivery.

MOH Records/Budget  
National EPI Statistics  
Vaccine Control Records  
Epidemiological Studies  
Communicable Disease Reports  
Private Sector Reports  
Contractor reports  
Evaluations

Other Donor Agencies will continue to support National Programs with vaccines and supplies for EPI as needed.

Governments will support Private Sector participation.  
Cost-sharing for EPI Programs is a long term goal for Host governments.

Other A.I.D. projects will develop promotional support for EPI and other Child Survival Services in Host countries.

Management Information Systems (MIS) developed for collection of EPI and Health Services data.

MIS developed in 10 countries.

Computers in place and operational. Staff trained. MIS data on EPI and Health System.

Management information can improve quality of services and assist in financial anal for cost effectiveness.

Improved national reporting of health statistics to WHO will facilitate planning and delivery of essential health issues.

**INPUTS:**

**IMPLEMENTATION TARGETS:**

Technical Assistance:  
-Short-Term  
-Long-Term

32 person years  
22 person years

Operations Research  
Training and Information

10 countries  
10-20 countries

Commodities for EPI Pilot Studies, MIS Equipment, Supplies

20-25 countries

Other: Support Audit and Evaluations, Miscellaneous

Contractor accounting records  
Annual project review  
Midterm & final evaluation

A.I.D. child survival assistance will continue to be available in a timely, appropriate fashion.

Contractor implementation mechanism able to meet needs.

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**IMPLEMENTATION PLAN**  
**Technical Assistance for Child Health (CHILDECH) Project**

	1989	1990	1991	1992	1993	1994	1995	1996
<b>A.I.D. ACTIONS:</b>								
Project Paper Approval	##							
RFP Issued	##							
Contract Signed	##							
EAG Meetings		##	##	##	##	##	##	##
Evaluation				##				##
<b>CONTRACTOR ACTIONS:</b>								
Work Plans Approved		##	##	##	##	##	##	##
Country selection		#####						
<b>Long term interventions</b>								
Country 1 --Intensive		#####	#####	#####	#####	#####	#####	#####
Country 2 --Intensive		#####	#####	#####	#####	#####	#####	#####
Country 3 --Intensive		#####	#####	#####	#####	#####	#####	#####
Country 4 --Intensive					#####	#####	#####	#####
Country 5 --Intensive					#####	#####	#####	#####
Country 6 --Less Inten.			#####	#####	#####	#####	#####	#####
Country 7 --Less Inten.		#####	#####	#####	#####	#####	#####	#####
Country 8 --Less Inten.					#####	#####	#####	#####
Country 9 --Less Inten.					#####	#####	#####	#####
Country 10 --Less Inten.					#####	#####	#####	#####
<b>Short term technical assistance--25 countries:</b>		#####	#####	#####	#####	#####	#####	#####
<b>Reports</b>								
Monthly update		#####	#####	#####	#####	#####	#####	#####
Annual lessons learned and issues		*	*	*	*	*	*	*
Annual progress		*	*	*	*	*	*	*

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AID 1750-1  
(3 87)

\*PIO/T

AGENCY FOR  
INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION  
ORDER/TECHNICAL  
SERVICES

1. Cooperating Country  
**Worldwide**

Page 1 of Pages

2. PIO/T No. **9361594**

3.  Original or  
Amendment No. \_\_\_\_\_

4. Project/Activity No. and Title  
**936-5982**  
**Technical Assistance for Child Health**  
**(CHILDTECH)**

**T00H00**

DISTRIBUTION

5. Appropriation Symbol  
**72-1191021.8**

6. Budget Plan Code  
**DDHA-89-13600-KG11**  
**940-36-099-00-20-91**

7. Obligation Status  
 Administrative Reservation  Implementing Document

8. Project Assistance Completion Date  
(Mo., Oct. Yr.) **11-30-97**

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

10. This PIO/T is in full conformance with PRO/AG No.  
**PAF Approved** Date **5-9-89**

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

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

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

Maximum AID Financing Available	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
					325,485
	B. U.S.-Owned Local Currency				

13. Mission References

14a. Instructions to Authorized Agent

Request that you add the funds contained in this PIO/T.

14b. Address of Voucher Paying Office

Agency for International Development  
FM/PAFD, Room 700; SA-2  
Washington, D.C. 20523

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

A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate.

Phone No.  
**5-5508**

B. The statement of work or program description has with the review of the initiating office and approved for the program.

Date

S&T/H/HSD, Holly Fluty **HAF**

Date  
**9/19/89**

S&T/H, Kenneth J. Bart, M.D. **KJ Bart**

**9/19/89**

C. S&T/H, Genease Pettigrew **GP**  
S&T/PO, Craig Noron **CR**

Date  
**9/19/89**

D. Funds for the services requested are available

Date

S&T/H, Ann Van Dusen **AVD**

Date  
**9/19/89**

PFM/FM/AD, Gloria Craig **GC**

**9/21/89**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

17. For the Agency for International Development

Signature **Elizabeth P. Roche** Date **9/21/89**

Title **Elizabeth P. Roche, Chief, S&T/PO/PR**

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

M/PM/PAFD

POSTED

9/21/89

FUNDS RESERVED BY  
*Ann Van Dusen*

HE

9/14

AID 1250-1  
(3 87)

PIO/T

AGENCY FOR  
INTERNATIONAL DEVELOPMENT  
  
PROJECT IMPLEMENTATION  
ORDER/TECHNICAL  
SERVICES

1. Cooperating Country  
**Worldwide**

Page 1 of 1 Pages

2. PIO/T No.  
**9361352**

3.  Original or  
Amendment No. **1**

4. Project/Activity No. and Title  
**936-5982**

**Technical Assistance for Child Health  
(CHILDTECH)**

**Tooco1**

DISTRIBUTION

5. Appropriation Symbol  
**72-1191021.7**

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

7. Obligation Status  
 Administrative Reservation  Implementing Document

8. Project Assistance Completion Date  
(Mo., Day, Yr.) **11-30-97**

9. Authorize Agent  
**SER/JP/W/HP**

10. This PIO/T is in full conformance with PRO/AG No.  
**PAF Approved Date 5-9-89**

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

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

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

Maximum AID Financing Available	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
		435,000	54,370		489,370
	B. U.S.-Owned Local Currency				

13. Mission  
References

14A. Instructions to Authorized Agent

Request that you add the funds contained in this PIO/T.

14B. Address of Voucher Paying Office

**Agency for International Development  
FM/PAFD, Room 700; SA-2  
Washington, D.C. 20523**

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

A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate. <b>S&amp;T/H/HSD, Holly Fluty</b>	Phone No. <b>5-5508</b>	B. The statement of work or program description fits within the purview of the initiating office and approved agency programs. <b>S&amp;T/H, Kenneth J. Bant</b>	Date <b>9/19/89</b>	Date <b>9/19/89</b>
	Date <b>9/19/89</b>			
C. <b>S&amp;T/H, Genease Pettigrew</b> <b>S&amp;T/PO, Craig Noren</b>	Date <b>9/25/89</b>	D. Funds for the services requested are available <b>PFM/FM/AD, Gloria Craig Mc</b>	Date <b>9/21/89</b>	
E. <b>S&amp;T/H, Ann Van Dusen</b>	Date <b>9/19/89</b>			

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

17. For the Agency for International Development

Signature **Elizabeth P. Roche** **9/20/89**  
Title **Elizabeth P. Roche, Chief, S&T/PO/PR**

\*See HB 3, Sup. A, App. C, Att 8, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.

CS

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