

AWARD/CONTRACT	1. THIS CONTRACT IS RATED ORDER UNDER DPAS (15 CFR 350)	RATING N/A	PAGE OF PAGES 1 99
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2. CONTRACT NO. (Proc. Inst. Ident.) GPO-C-00-03-00002-00	3. EFFECTIVE DATE See block 20C	4. REQUISITION/PURCHASE REQUEST/PROJECT NO. 121602/259
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5. ISSUED BY USAID Office of Procurement, M/OP/GH/POP 1300 Pennsylvania Avenue., NW Washington, DC 20523-7900	6. ADMINISTERED BY (if other than Item 5) CODE
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7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code) MACRO INTERNATIONAL INC 11785 Beltsville Drive Calverton, MD 20705 TIN: 520955232 DUNS: 066783721	8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)
	9. DISCOUNT FOR PROMPT PAYMENT N/A
	10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN: ITEM

11. SHIP TO/MARK FOR USAID Office of Global Health Population, Health and Nutrition 3.06-045, RRB Washington, DC 20523	12. PAYMENT WILL BE MADE BY USAID Office of Financial Management M/FM/CMP Washington, DC 20523
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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 block G.6
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15A. ITEM NO	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
1	Technical Assistance-Measure Phase II Data Collection	1	EA	\$106,565,408	\$106,565,408
15G. TOTAL AMOUNT OF CONTRACT					\$106,565,408

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CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)	18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.
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19A. NAME AND TITLE OF SIGNER (Type or print) MARTIN VAESSEN, SR. V. P.	20A. NAME OF CONTRACTING OFFICER Sherrill M. Facht
19B. NAME OF CONTRACTOR BY <u>Waessen</u> (Signature of person authorized to sign)	20B. UNITED STATES OF AMERICA BY <u>Sherrill M. Facht</u> (Signature of Contracting Officer)
19C. DATE SIGNED 9/30/03	20C. DATE SIGNED 9-30-03

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B.1 PURPOSE

This contract, Demographic Health Survey (DHS+), will support the Monitoring and Evaluation to Assess and Use Results (MEASURE) Program by providing the Global Bureau of Health's primary demographic and health data collection effort. The contract will achieve the following results further described in Section C:

- Result 1 Increased user demand for quality information, methods, and tools.
- Result 2 Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.
- Result 3 Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest.
- Result 4 Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.
- Result 5 Increased availability of population, health and nutrition data, analyses, methods and tools.
- Result 6 Increased facilitation of use of health, population and nutrition data

SECTION C - STATEMENT OF WORK

MEASURE Phase II Demographic and Health Survey Contract

Note: The following background discussion is relevant not only to the activity anticipated by this RFP, but, to all the MEASURE Phase II activities. **The Statement of Work for the MEASURE Phase II Demographic and Health Survey Contract follows in Part II.** USAID will implement the contractor's proposal in the final statement of work where it is applicable (indicated in bold in the Offeror's instructions integrated herein and in Section L). Further, USAID has bolded the contractor's responsibility within the statement of work.

**PART I
BACKGROUND**

I. Introduction

The U.S. Agency for International Development's (USAID) Bureau for Global Health (GH) intends to continue supporting the 11-year activity entitled "Monitoring and Evaluation to Assess and Use Results" (MEASURE). The MEASURE Activity (previously known as the MEASURE Results Package) began in 1997 and will continue until 2008. Planned for implementation in two phases, the MEASURE Activity is at a key juncture – implementation of MEASURE Phase II. This background section describes the experience leading up to MEASURE Phase II, presents the Guiding Principles and MEASURE Phase II Results Framework, discusses activity implementation and describes the component projects of MEASURE Phase II. The award for the DHS Contract described in the Statement of Work following this background section is part of MEASURE Phase II.

Phase II of the MEASURE Activity is part of the GH strategic framework and is supportive of the strategic objectives of the Agency. MEASURE Phase II will continue to support all of the GH Strategic Objectives (SO): SO1--Increased use by women and men of voluntary practices that contribute to reduced fertility; SO2--Increased use of key maternal health and nutrition interventions; SO3--Increased use of key child health and nutrition interventions; SO4--Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic; and SO5--Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance. In doing so, MEASURE will address the following technical areas: family planning; reproductive health; maternal health; child survival; nutrition; infectious diseases, primarily tuberculosis and malaria; STD/HIV/AIDS; and health systems. Throughout this document the term "health" is used to encompass all of these technical areas unless otherwise specified.

MEASURE Phase II has been developed on the premise that *generating demand for and improving the use of* data in policy formulation, program planning, monitoring and evaluation improves health services and consequently, health outcomes. The focus will be on:

- identifying potential data users and increasing their demand for health data;
- working with data users to build a demand for information and to define the essential health data to collect;
- determining the most appropriate data collection approaches, routine and non-routine, to use;

developing innovative approaches for collecting better data including those using new technologies and lower-cost methodologies;
 translating data into information that informs program planning and policymaking;
 packaging data in forms that best meet users' needs;
 disseminating information and improving its use in influencing policy and improving program planning;
 facilitating use of data by ensuring that data users are included in the data collection, analysis and dissemination process; and
 building the capacity of data users and producers in all of these areas.

II. Overview

USAID has long recognized that the timely collection, analysis and use of reliable demographic and health data are crucial for planning, monitoring, and evaluating health programs. Over the past three decades, USAID has sponsored a range of data collection activities from large stand-alone national survey programs, such as the DHS Program, to limited collection of data for impact studies within GH or mission bilateral projects. Data collected have included population-based data gathered through censuses and demographic and health surveys; facility-based data; data to monitor program performance or test interventions through operations research and special studies; surveillance data to monitor disease prevalence; and routine health systems data to monitor and better understand health service utilization, provision, and cost.

USAID also recognized that data collection alone is not sufficient. In the early 1990s it developed the EVALUATION Project to improve methodologies for monitoring and evaluating its population programs. The EVALUATION Project disseminated the best monitoring and evaluation (M&E) practices and initiated activities to build capacity to monitor and evaluate programs. In addition, USAID developed several projects dedicated to data dissemination and improving the use of data in policy-making and program planning. USAID also realized that there were many synergies among the activities of these separate projects and that their impact could be strengthened by combining them under a single results package.

In 1996 USAID's Center for Population Health and Nutrition (PHN Center), developed the MEASURE Results Package. In this document, the MEASURE Results Package, implemented from 1997-2003, is referred to as MEASURE Phase I. MEASURE Phase I was designed to be a collaborative partnership that brought together efforts to improve data quality and data collection methodologies; data collection; data analysis; data dissemination and use activities; as well as efforts to build capacity in all of these areas. MEASURE Phase I was also designed to address all of the PHN Center SOs in order to better meet the needs of integrated health programs and be more responsive to data users.

The Strategic Objective of MEASURE Phase I is: to improve and institutionalize the collection and utilization of data for monitoring and evaluation of host-country programs and for policy decisions. This objective is to be accomplished by achieving five results:

- improved coordination/partnerships at international, USAID, cooperating agency (CA), and country levels;
- increased host country institutionalization;
- improved tools and methodologies to achieve increased technical relevance and usefulness of data collection and analysis for specific customer and program needs;
- improved information through appropriate data collection, analysis and evaluation; and
- improved dissemination and utilization of data.

The components of MEASURE Phase I include: MEASURE DHS+, MEASURE Evaluation, MEASURE Communication, and Participating Agency Service Agreements (PASAs) with the Bureau of Census (Survey and Census Information, Leadership, and Self-Sufficiency [BUCEN-SCILS]) and with the Division of

Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC/DHR). MEASURE Communication, with its focus on data dissemination and information communication, is the one component of the results package that was completely new at the time of the design. It was designed as a separate component to place greater emphasis on this function.

MEASURE Phase I has advanced the state of the art and provided technical leadership in data collection, monitoring, evaluation, dissemination, and capacity building in these areas. In addition to MEASURE Phase I, USAID supports data collection and evaluation activities within GH flagship projects and mission bilateral projects. When appropriate and feasible, MEASURE Phase I has collaborated and worked in partnership with these efforts. In addition, MEASURE Phase I partners have provided direct technical support and training to other GH CAs as well as to implementing partners within bilateral programs.

The original intent was to implement the MEASURE Activity in two five-year phases: Phase I from 1997-2002 and Phase II from 2002-2007. However, because of the reorganization of USAID during 2001-02, the newly-reorganized GH Bureau decided to invest more time in the design of MEASURE Phase II in an effort to ensure that it would best meet the needs of the field and the reorganized Bureau. Due to the lengthened design process, Phase I has been extended through December 2003, and Phase II is now planned for 2003-2008.

The concept for MEASURE Phase II was developed through a participatory design process that included representatives of each of the five SO teams within the GH Bureau, and input from USAID Missions and regional bureaus. The design process also benefited from the results of the "MEASURE Results Package Evaluation and Pre-design Study" conducted by the POPTECH Project in June 2001.¹

III. Focus of MEASURE Phase II

MEASURE Phase II will be focused on and framed around a continuum of data demand generation, collection and use activities including: the *generation of demand* for quality data; the *process* of data collection and analysis; and the *use* of data for monitoring and evaluating programs and influencing policies. This continuum is cyclical, reflecting an iterative process. It requires that data users demand quality data and ensures that data producers understand their priorities and information needs. It also requires data producers to work closely with data users throughout the data collection process to understand their data needs, to improve the quality of the data, to translate and package the data appropriately, and to facilitate data use.

MEASURE Phase II will play multiple roles in this data demand generation–collection–use continuum. Like MEASURE Phase I, MEASURE Phase II's activities will focus on the information collection, analysis and dissemination portion of the continuum. This involves: developing appropriate methodologies and instruments for collecting health and demographic data; collecting and analyzing data; translating data into information that informs decision-making; packaging and disseminating information in forms that meet users' needs; and building capacity of data users and producers in all of these areas. MEASURE Phase I has been recognized worldwide for the technical expertise of its staff and for its ability to produce reliable and credible standardized data that can be used for cross-country comparisons at the global level, for tracking trends at the national and sub-national levels and for monitoring and evaluating programs. MEASURE Phase II will also continue MEASURE Phase I's role of serving as a technical resource and providing guidance to USAID missions, host-country partners and CAs as they develop comprehensive, national data collection plans and collect sub-national or project-specific data, including routine data. Finally, MEASURE Phase II will continue MEASURE Phase I's key role in the collection of national-level household and facility-based data.

¹ This document is available in printed or online versions (POPTECH Publication Number 2001-019-44): online at www.poptechproject.com or for printed version call the POPTECH Project at 202-898-9040.

In this effort, data will be collected for a core set of variables and modules will be used to collect data on particular issues to meet country-specific data needs.

Two new areas of emphasis for MEASURE Phase II that go beyond the work of MEASURE Phase I will be *generating demand* for data and *facilitating use* of data. MEASURE Phase II will work with data users to help them develop an appreciation of the power of evidence-based management and policymaking. Data users include staff at the national and sub-national levels of ministries, advocacy groups, media organizations, NGOs, private sector organizations, USAID and other bilateral and multilateral donor agencies and CAs. These users encompass a wide range of individuals with varied data needs and levels of technical proficiency. MEASURE Phase II will first help identify the data users in a country and assist them to define their specific data needs. It will then provide technical assistance as needed in the collection of data and will facilitate data use by translating it into useful information that is packaged in the appropriate formats and media that can be used and applied to improve decision-making.

MEASURE Phase II's role in generating demand for data and facilitating its use will vary depending upon the country situation. In some countries it will play a lead role; in others it will develop close links with other CAs; and in others, host country agencies will take the lead to ensure that data are used to improve policies and programs. This will require MEASURE Phase II to work closely with a wide variety of host-country partners, GH CAs, missions, and SO teams to ensure that the data collected *are those needed* to improve programs and policies. MEASURE Phase II will also work with these partners to facilitate their *use* of the data to improve policies and programs. MEASURE Phase II will need to build strong links with other GH CAs, including POLICY II, PHR Plus, MNH, FRONTIERS, BASICS II, MLD, QAP, the Health Communications Partnership, EHP II, PHNI, INFO, CHANGE, SYNERGY, IMPACT and TEPHINET, to generate demand for data and facilitate its use.

Gender Perspective in Phase II

In order for MEASURE Phase II to collect data that effectively improves health programs, data collection efforts, analysis methodologies, and plans for data use must further our understanding of how culturally-defined norms and values associated with being male or female influence health decision-making, practices and healthcare-seeking behavior. MEASURE Phase II will take gender into account during the design and implementation of activities along the whole data demand generation-collection-use continuum. It will collect sex-disaggregated data, conduct special analyses, and present information that increases understanding of gender norms in a particular country or regional context. It will also ensure that data collection approaches are reliable and representative for men and women. In addition, it will develop methodologies and indicators that monitor progress in incorporating these findings into programs. Finally, MEASURE Phase II will take particular care to select trainees and staff for its activities with the goal of building local capacity of both men and women to articulate data needs and to demand and use data to better understand gender norms and their influence on health-seeking behavior. Specific efforts will be made to involve women in the decision-making process.

Particular effort will be made to package information and data in ways that maximize their use in discussions of inequities among women and men in terms of health status and use of healthcare services. Gender-relevant data will be translated and disseminated to a wide range of users including non-technical audiences such as women's advocacy groups, the media, and policymakers in order to raise public awareness of the links between gender and health and to influence the policy process.

Guiding and Design Principles for MEASURE Phase II

The following guiding principles for MEASURE Phase II articulate ways of conducting business that will be critical for MEASURE Phase II's success and against which success will be evaluated. They provide a frame of reference that will be used as MEASURE Phase II moves from design through implementation to determine if proposed activities will achieve intended results.

1. Respect that the ultimate purpose of collecting data is their use in policy formulation, program planning, monitoring and evaluation.

MEASURE Phase II partners must recognize that there is a wide variety of data users with whom they must work closely to ensure that the data collected and information generated will indeed be used to improve health services and influence policies. The process entails first working with data users to identify the essential health information they need. Data users include private- and public-sector providers of health care services and health care products; host country policymakers and program managers at the national, provincial and district levels; media and advocacy groups; USAID/W and USAID missions; other bilateral and multilateral donors; and CAs. Each of these user groups may have different data priorities. Thus MEASURE Phase II must work with all of them to develop a strategy that identifies the most appropriate data to collect and the most appropriate methodology for collecting them.

MEASURE Phase II partners must also work closely with data users in tracking the use of data and determining if future changes in the data collection process need to be made in order to maximize the utility of the data. MEASURE Phase II partners must coordinate with other appropriate GH CAs and missions to ensure that the data collected can and will be used to improve program implementation, policies affecting delivery of health services, and ultimately, health outcomes.

2. Foster and reinforce host-country ownership of collection, analysis, presentation and use of data.

Experience has shown that ownership evolves from participation in decision-making concerning how data will be collected, analyzed, packaged, presented and used. MEASURE Phase II must work with host-country partners at the initial planning stages to identify the information they want to collect. It must then involve data users in the data collection process to develop methodologies and instruments that are appropriate for the context and that collect reliable and valid data. MEASURE Phase II partners must strive to develop the most affordable and sustainable approaches for collecting the data that meet users' needs. After the data have been collected, MEASURE Phase II must work with data users to develop their capacity to analyze the data. Finally, it must train host-country partners to develop strategies to collect, analyze, disseminate, package and present the data in appropriate formats and media for use in policy formulation, program planning, management, monitoring and evaluation.

3. Partner strategically with key stakeholders

These include groups as diverse as national statistical offices, private- and public-sector providers of health care and health care products, host-country policymakers and program managers at national and sub-national levels and in various line ministries, multilateral and bilateral donor agencies, media and advocacy groups and other GH CAs. Frequently, these groups develop parallel data collection systems or fail to coordinate data collection efforts, thereby overwhelming the capacity of host-country data collection personnel and institutions and wasting scarce resources. To increase the effectiveness and efficiency of data collection efforts and to encourage data use, MEASURE Phase II must strategically partner with these stakeholders and work with them to coordinate efforts and resources, design and implement activities, and ensure that they have timely access to the data in appropriate formats. MEASURE Phase II must also strive to incorporate the collection of demographic and health data into ongoing country data collection efforts as much as possible. Finally, MEASURE Phase II must build upon the efforts of MEASURE Phase I to share costs with and leverage additional funds from other donors whenever feasible.

4. Achieve best balance among AID/Washington, Mission, and host-country priorities

MEASURE Phase II will assist in collecting data to meet the needs of a variety of stakeholders. Frequently, however, these stakeholders will have different objectives resulting in an inherent tension. For example, a Ministry of Health might want to collect data to monitor a sub-national program while USAID/W might want to collect national level data. Or USAID/W might encourage MEASURE Phase II to promote more affordable data collection approaches while a mission is requesting collection of district-level data requiring a costly survey with a large sample. These competing demands are inherent in the development of data collection strategies. MEASURE Phase II must work with the various stakeholders to ensure that they understand the tradeoffs among various data collection approaches in terms of cost, quality, timeliness, level of precision, etc. In addition, MEASURE Phase II must work with these stakeholders to develop a consensus on the priority objectives for data collection, and develop a strategy that identifies the most appropriate data to collect, as well the most appropriate data collection, analysis and dissemination approaches to use.

5. Select from a variety of methods to ensure high quality data at an affordable cost

A range of data is needed for use in policy formulation, program planning, management, monitoring and evaluation. This range includes health service statistics, administrative data such as expenditures and revenues, epidemiological and surveillance data, data from client follow-up studies, vital events data, and program-level baseline and impact data. Collecting this range of data requires the use of a variety of data collection approaches and methodologies, some more costly than others. These include routine health information systems, surveys, special purpose qualitative and quantitative studies, and rapid assessments. A mix of these approaches is required because no single approach can supply all the information necessary to improve program performance or affect policy change. When determining the appropriate mix, it is essential that every effort be made to determine the most affordable and sustainable mix that collects the needed data.

MEASURE Phase II will continue MEASURE Phase I's innovative work of developing a wider repertoire of data collection tools and approaches, with an emphasis on cost-effectiveness. This repertoire will include an array of data collection techniques ranging from low-cost and rapid data collection approaches to more costly approaches that provide a greater degree of precision. It will also include modification of existing data collection efforts to include the collection of demographic and health data, as appropriate. The challenge for MEASURE Phase II will be to educate stakeholders about the costs, benefits and utility of these tools and, consequently, help them determine which tools and approaches are the most appropriate and most cost-effective to meet their specific needs.

6. Build capacity

One of the overriding objectives for MEASURE Phase II is to build capacity of host country partners to identify data needs; collect and analyze data; translate and package data for policy making and program planning; improve the use of data to make policies and plan, manage, monitor and evaluate programs. All MEASURE Phase II activities will be developed and implemented in ways that strengthen host-country ownership and build local capacity. MEASURE Phase II must take a strategic approach to develop country-specific capacity building plans that foster host-country ownership of data collection efforts; ensure coordination of training efforts of all MEASURE Phase II partners; and build sustainable institutional capacity to collect, analyze, disseminate, package and use data. Although capacity building will be aimed at both individuals and institutions, particular emphasis will be placed on strengthening host-country partner institutions in an attempt to achieve maximum sustainability of data collection, monitoring and evaluation and data dissemination and use efforts.

MEASURE Phase II Activity Objective and Results

The MEASURE Phase II Activity Objective (known as Strategic Objective under MEASURE Phase I) is: **Improved collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs.** This Activity Objective reflects the above Guiding Principles and the new areas of emphasis of MEASURE Phase II. This Activity Objective, which replaces the MEASURE Phase I Strategic Objective, will be accomplished through the achievement of the six Results listed below (these Results replace the Intermediate Results under MEASURE Phase I). The Results as they relate to this award will be explained in detail in the statement of work found in Part II of this Statement of Work.

- Result 1** **Increased user demand for quality information, methods, and tools.**
- Result 2** **Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.**
- Result 3** **Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest.**
- Result 4** **Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs.**
- Result 5** **Increased availability of population, health and nutrition data, analyses, methods and tools.**
- Result 6** **Increased facilitation of use of health, population and nutrition data**

Implementation

Overview

MEASURE Phase II will operate as a GH Bureau-wide activity and will provide global assistance in the technical areas encompassed by the Bureau's three technical Offices: Health, Infectious Diseases and Nutrition (HIDN); HIV/AIDS (OHA); and Population and Reproductive Health (PRH). The MEASURE Phase II partners will work to generate demand for data, and build capacity to collect, analyze, package, present data and facilitate its use in planning, policymaking, managing, monitoring and evaluating health programs. MEASURE Phase II will consist of two competitively awarded procurements—one contract and one cooperative agreement—in addition to the PASAs with CDC and BUCEN. The four MEASURE Phase II partners will coordinate activities and collaborate in implementation in order to realize the synergies of the work they will be doing. *USAID will release an RFA (see www.fedgrants.gov) that will be part of the MEASURE Phase II Program.*

The MEASURE Phase II Demographic and Health Survey (DHS) Contract will build upon the work of the MEASURE Phase I DHS+ Project. One of the key objectives of this contract will be the collection of comparable, national-level survey data. However, GH expects an array of data collection approaches addressing the full range of health issues as part of the contractor's work. Additional key objectives include generation of demand for data; improved translation, packaging, and dissemination of data; and development and implementation of quantitative and qualitative research. Core funding will support technical leadership; improved methodologies for population- and facility-based data collection; data archiving; innovations in data translation and dissemination; improvements in and development of tools such as the Stat Compiler and CSPPro; and selected activities to generate demand for and facilitate use of data in policymaking and program planning. Mission funding will support the majority of in-country data collection, data analysis,

dissemination, packaging and facilitation of data use activities as well as efforts to build the capacity of data users and producers in these areas.

The MEASURE Phase II cooperative agreement will build upon the efforts of the MEASURE Phase I Evaluation Project. USAID will support the recipient's program that will focus on development of new methodologies, dissemination, capacity building and implementation of best practices in monitoring and evaluating health programs that address country-level and global M&E needs. The MEASURE Phase II cooperative agreement includes providing global leadership and identifies priority areas for research and development of M&E tools just as, for example, the MEASURE Phase I Evaluation Project provided leadership in the development of M&E guidelines for HIV/AIDS prevention activities. The global leadership in evaluation research, development of new methodologies and dissemination of best practices for monitoring and evaluating programs will be primarily core-funded. Mission funds will be used to provide technical assistance and training to host country counterparts as they implement the best M&E practices for monitoring and evaluating host-country and mission PHN programs. This includes technical assistance to missions developing Performance Monitoring Plans and to host-country partners developing strategic data collection plans. The capacity building component will be both core and field-support funded. The capacity building agenda will be developed and implemented collaboratively with all MEASURE Phase II partners and, as appropriate, with other CAs.

The BUCEN PASA will build the capacity of national statistical organizations to implement censuses and other surveys. It has two main components. The first component will be primarily mission-funded and will provide technical assistance and training to strengthen institutional capacity to design and manage census and survey implementation, to analyze demographic data, and to disseminate and use census and survey data. The second component will be core-funded and will support development and on-going technical support for tools and methodologies to improve the collection and dissemination of demographic data. This includes the refinement of existing and development of new tools and computer software, such as CSPro, for use in census and survey implementation. It also includes ongoing technical support for software products, development and dissemination of training materials, and improved dissemination of demographic data.

The PASA with the Division of Reproductive Health at CDC will consist of four components. Under MEASURE Phase II, the largest component of the CDC PASA will be the provision of technical assistance in reproductive health survey design and implementation. In addition, this component will emphasize the translation and dissemination of data for use in policymaking and program planning. This component will be primarily mission-funded. The remaining components are much smaller and will be mostly core-funded. They include reproductive health epidemiology and research; epidemiological and behavioral studies that will contribute to efforts to mitigate reproductive health related morbidity and mortality of refugees and internally displaced persons; and limited technical assistance for commodity logistics management.

MEASURE Phase II will not include a separate MEASURE Communication procurement. Under MEASURE Phase I, it became clear that the administrative burden of contracting with a separate project was an obstacle that discouraged many missions from using MEASURE Communication to disseminate and communicate results. Many of the dissemination activities previously implemented by MEASURE Communication will be incorporated into the two new competed procurements and the PASAs, thus providing support for data collection, translation and dissemination within the same contracting mechanism. The four MEASURE Phase II partners will be expected to increase the availability of and facilitate the use of data collected under MEASURE Phase II. The ultimate goal of these efforts is to translate the data into relevant information that informs decisions about health services and policies and to facilitate the use of this information to promote better policymaking and program planning. In a few, selected countries, core funding may be made available to complement mission-funded activities and encourage selected country programs to implement the full MEASURE Phase II data demand-generation-collection-use continuum.

The MEASURE Phase II partners must also create linkages with other GH CAs, such as POLICY II, PHR Plus, MNH, FRONTIERS, BASICS II, MLD, QAP, the Global Health Communications Partnership, EHPII, PHNI, CHANGE, TEPHINET, SYNERGY, IMPACT and INFO, to improve the dissemination and use of data at both the global and country levels. Audiences for these activities will be diverse, ranging from journalists to district-level program managers to national-level policy makers, and activities will vary from country to country depending upon the particular needs.

Links to Results

USAID believes that all of the MEASURE Phase II procurements can and should significantly contribute to each of the MEASURE Phase II Results and, that only with this focus, can the “continuum” framework be successfully implemented. Thus, USAID is not assigning primary responsibility for any particular MEASURE Phase II Result to any one of the four MEASURE Phase II partners. Rather, each MEASURE Phase II partner will maximize its contribution to each of the six Results, working collaboratively with each other as well as with host-country counterparts, missions, USAID/W, regional bureaus, other CAs, and other bilateral and multilateral donors.

That being said, some MEASURE Phase II partners will contribute more to certain Results than others and each partner will have its distinct comparative advantage. The MEASURE Phase II Demographic and Health Survey contract will take the lead in implementation of national-level population- and facility-based surveys. CDC will continue to implement its reproductive health surveys and to develop innovative survey approaches for collecting data on specific issues and from special populations. BUCEN will continue to take the lead in census implementation as well as in developing innovative approaches for modifying on-going data collection efforts, such as employment surveys, to collect demographic and health data. The MEASURE Phase II cooperative agreement will take the lead in developing and implementing new monitoring and evaluation methodologies as well as in improving routine health information systems. All partners will join together to develop country-level data collection strategies to ensure that the most cost-effective and most appropriate methodologies are being used to collect the data. While each partner will disseminate the products developed in its respective area of expertise, it will also collaborate with the other partners in the development and implementation of global and in-country plans to translate, disseminate, and facilitate use of data. Finally, all partners will collaborate in the design and implementation of a strategic capacity building plan.

Management of MEASURE

From the USAID side, MEASURE Phase II will be managed by the USAID MEASURE team comprised of staff from the three technical offices within the Bureau for Global Health: the Office of Population and Reproductive Health; the Office of Health, Infectious Disease and Nutrition; and the Office of HIV/AIDS. Administrative and technical responsibilities for MEASURE Phase II will span GH in order to make it a “Bureau-wide Activity”, promote participation from all Offices, and expand the technical expertise of the USAID MEASURE Team to be consistent with the technical areas covered by the MEASURE Phase II Activity. As in Phase I, significant attention will be given to collaboration and coordination across Offices as well as with missions, the regional bureaus, and other parts of USAID.

The USAID MEASURE Team will provide technical direction to MEASURE Phase II. The Team will organize regular meetings with the leadership of the MEASURE Phase II implementing partners. Among the objectives for these meetings will be the joint review of workplans, field programming, and cross-cutting efforts such as demand generation, capacity building, development of new methodologies and efforts to improve data quality, data translation, data dissemination and facilitation of data use. These meetings will focus on coordination and collaboration and strengthening the MEASURE Phase II Activity as a whole. Additional working groups of technical staff may be formed as necessary to facilitate collaboration of technical work as well as country activities. The USAID MEASURE Team will also work closely with PHN

mission officers and GH country coordinators to help them understand the services provided by each of the MEASURE Phase II partners and how to access the most appropriate MEASURE Phase II services.

MEASURE Phase II Customers and Partners

The MEASURE PHASE II Activity will serve the data collection, monitoring and evaluation needs of a number of customers. Primary customers include host-country counterparts in the public and private sectors, including media and advocacy groups; USAID missions, GH, and other technical and regional bureaus; and other bilateral and multilateral donors. MEASURE will build the capacity of these customers to demand quality data; define their data needs; determine the most appropriate and cost-effective method for collecting the data; analyze and understand the implications of the data; and most importantly, translate and use the data for program planning, policymaking, and management. The MEASURE Phase II partners will work with a variety of other partners including bilateral and multilateral donors, other CAs, PVOs, NGOs, etc. They will work with these partners to coordinate data collection activities, improve the efficiency of data collection and improve the use of data for program planning and policymaking.

PART II. THE MEASURE PHASE II DEMOGRAPHIC AND HEALTH SURVEY STATEMENT OF WORK

I. Introduction

A. The Environment for Data Collection

Data needs have increased as health and population programs in developing countries address new challenges, such as HIV/AIDS, the epidemiological transition and complex emergencies. Countries in Asia, Latin America and Africa are gathering information through surveys about HIV/AIDS, STDs, maternal and child health, malaria, nutritional status, health knowledge and behavior, health service quality and utilization, and poverty. Meanwhile, countries with transitional economies in Eastern Europe are collecting information about risks to adult health such as smoking, environmental hazards, drug abuse, obesity, chronic debilitating diseases, and tuberculosis. The collection of biomarkers is becoming a standard component of most Demographic and Health Surveys. Data on health care quality and costs that can improve understanding of the impact of programs and are particularly important as health systems decentralize are also being collected. Data pertaining to adult mortality and cause of death are also needed in most of these countries. These changing data needs have significant implications for the number and characteristics of people interviewed, as well as the types of information collected.

USAID has integrated its structure and expanded its data collection efforts to better meet these changing data needs. It created the MEASURE Phase I partnership that brought together the DHS+ Project, MEASURE Evaluation, MEASURE Communication, the Bureau of Census, and CDC to maximize the impact of data collection and dissemination resources. The DHS Program was initially designed to conduct household surveys, but has broadened to include the facility-based Service Provision Assessments and qualitative research techniques. It has received requests for a wide range of data. For example, more and more countries are requesting the collection and testing of biological samples and, in some cases, additional health data through conducting vision screening, lead screening, and dental exams. In settings with adequate resources, health examination and household surveys have been conducted separately. In less developed country settings, however, these data collection efforts have been combined to maximize their strengths while minimizing cost.

Data demand and use have also changed. It has become increasingly evident that both the quality of data as well as the likelihood that data will be used to improve health programs requires working with data users even before the data collection begins. The process requires *generating demand* for quality data; *assisting*

prospective users to make explicit their data needs; improving the process of data collection and analysis; translating the data into relevant information that informs decision-making; improving the packaging and presentation of information; and increasing the use of data to monitor and evaluate programs and improve policies.

Demand for DHS data has increased in the international donor community. The DHS Program collects data that are used to monitor programs ranging from the Roll Back Malaria program of the World Health Organization to the Millennium Development Goals of the United Nations. One hallmark of the DHS Program has been its ability to respond to the competing needs of its collaborators and constituents. However, over time, it has increasingly been approached to undertake activities for which it was not originally designed. These issues have had significant impact on the cost, time required and complexity of the data collection and dissemination process. As USAID increases its efforts to collaborate with other international donor agencies, maximize resources and advance the state of the art of using data to improve programs, it must also protect the integrity of the DHS Program and the quality of the data it collects.

Finally, efforts to disseminate and increase the use of DHS data in program planning and policymaking have not been adequately planned, developed and supported and have not achieved the desired impact. MEASURE Phase I was designed with a stand-alone communication component to emphasize data dissemination and use. However, because it was a separate component, it required additional administrative support from USAID missions. This proved to be an obstacle to using the data dissemination expertise MEASURE *Communication* provided. **USAID expects this MEASURE Phase II DHS Contractor to increase the availability of data through improved dissemination and improve the use of data in program planning by supporting activities to facilitate data use.** It emphasizes working with data users to generate demand for quality data; identify priority data needs and cost-effective methods for meeting them; translate, package and disseminate data in appropriate formats; and facilitate use of data for policymaking and program planning.

B. The Evolution of the DHS Program

USAID has supported population-based data collection since the mid-1970s, beginning with the World Fertility Survey (WFS), progressing to the Contraceptive Prevalence Survey (CPS), and continuing today with the Demographic and Health Survey. **[Offerors are encouraged to consult the DHS website (www.measuredhs.com) for details about the history, mandate, publications, and accomplishments of the survey program.]**

1. Survey Content and Types

The DHS Program has conducted over 135 surveys in 70 countries since its inception in 1984. The majority of the surveys have been conducted in Africa, Asia and Latin America and focus on family planning and maternal and child health. Originally, the sample size of each survey was not very large, typically less than 6,000 respondents. Over the years, however, the sample size of most national surveys has increased and the range and depth of topics have expanded. In the early days of the survey program, respondents were typically women of reproductive age and the topics were mainly fertility, family planning and maternal and child health. Now however, many surveys include male respondents and data are collected on topics such as anemia, malaria, maternal and child nutritional status, geographical location, HIV, syphilis, and vitamin A deficiency.

In recent years, USAID has expanded its programs to countries in Eastern Europe, Eurasia and Central Asia. These countries, laboring under the double burden of disease experienced in the epidemiological transition, have many complex health issues. Their data needs have led to an interest in health examination surveys that include a focus on adult health.

Responding to these changing data needs has required the DHS Program to be versatile without losing focus or sacrificing data quality. Requests for a wide range of household survey data will likely continue. Examples of the variety of survey types that have been implemented in the past, in addition to the complete Demographic and Health Survey, include:

- **Interim surveys** - These smaller surveys are conducted between full DHS rounds to provide information on key performance monitoring indicators. They have shorter questionnaires, smaller sample sizes (about 2000-3000 households) and cost less. While they are also nationally representative, they do not usually cover certain indicators such as infant and child mortality and do not provide subnational estimates.
- **Specialized surveys** - These surveys are designed to obtain specialized information from a population subgroup such as men, adolescents, or young adults. They can also be used for special topics such as health care expenditures, women's empowerment, malaria and education.
- **Facility-based Assessments** - Under the MEASURE Phase I DHS+ Project five countries have implemented facility-based assessments. The facility-based Service Provision Assessment (SPA) provides information about the characteristics of health services including their quality, infrastructure, utilization and accessibility. It uses observations and provider interviews to assess a facility's capacity to provide services that meet a given standard and maintain that standard over time. It also uses client exit interviews and observation to assess a service provider's adherence to standards in the provision of care. Thus, it provides a coherent cross-sectional overview of the service delivery environment, and an assessment of system strengths, constraints, and service quality. The service standards in the core modules are derived from universally-accepted guidelines disseminated by international agencies for areas such as IMCI, safe motherhood, family planning and prevention of HIV and STDs. In each country the model questionnaire and the standards on which it was based were adapted to the local situation and country-specific context. To date the majority of these assessments have been conducted in public facilities, but it is anticipated that they will also be conducted in private facilities.

In addition, as USAID and other donors develop new programs, the DHS Program will continue to receive requests to collect additional data. For example, the World Bank has collaborated with DHS to develop an asset index to examine the relationship between poverty and health. In the area of health screening, the MEASURE Phase I DHS+ Project has pioneered the collection of biomarkers (i.e., the collection of a biological samples such as blood, urine, and saliva, to test for presence of an entity of interest) as part of the national population-based household survey.

2. Survey Design

Sampling: The Demographic and Health Survey was initially designed to provide reliable estimates for population, health and nutrition indicators at both national and rural-urban levels as well as regional levels, when necessary. In recent years, because of increasing trends toward decentralization, pressure has mounted for the DHS to provide reliable indicators at sub-regional and district levels. This has required larger sample sizes. The DHS Program has also received requests for nested sampling designs that provide over-sampling for selected districts without biasing national or regional estimates. More recently, population groups of interest such as those living in poverty, or in crowded peri-urban and urban slums, and undergoing complex emergencies have presented sampling design challenges. As donor collaboration increases, requests requiring more sophisticated sampling designs will likely increase.

Questionnaire design: Currently, a core questionnaire is used to elicit responses needed for deriving core M&E indicators for health and population programs. A primary purpose of the core questionnaire is to provide data for use in cross-country and regional analyses as well as contribute to data aggregation at the

global level. The core questionnaire is supported by a series of modules, each addressing a key program area. Modules are selected for use depending upon country needs. This enables the data collection program to respond to specific needs at country levels without duplicating efforts. While this approach has enabled the DHS to meet core data needs and country specific needs simultaneously, it has the potential disadvantage of leading to a lengthy questionnaire that is daunting for respondents. While there has been no evidence that respondent fatigue has been an issue to date, this possibility remains a concern.

3. Qualitative Approaches

Until recently, the main focus of USAID's M&E data collection has been sample surveys – the quantitative approach. However, there are also qualitative data collection approaches that can be used to develop and improve survey instruments and improve our understanding of socio-cultural influences (e.g., gender norms) on health-seeking behavior and health status. Under MEASURE Phase I DHS+, core funds supported the development and implementation of qualitative approaches with the aim of broadening the range of data collection approaches available to missions.

Over the past five years, the DHS+ Project has conducted a number of qualitative studies. These were designed to supplement quantitative results, shed light on survey findings, and provide additional information on field procedures. For example, in the Philippines, qualitative research provided useful insight into the importance of women's experience of side effects to contraceptive switching and continuation. In Mali, qualitative data provided insight into respondents' understanding of the informed consent form used in HIV testing. However, Mission demand for these qualitative studies was limited. PHN field officers may not have fully appreciated the usefulness of this assessment method and many missions may simply have perceived the MEASURE Phase I DHS+ Project to be solely a population-based survey program.

USAID expects that the MEASURE Phase II DHS Contractor will continue the commitment to the production of high-quality data and the tradition of creativity, flexibility, and innovation that has characterized the survey program to date.

C. Contract Overview

The purpose of this contract is to provide a technical resource to host-country partners, USAID missions, and cooperating agencies as they develop and implement plans to increase demand for data, define information needs, collect, analyze, translate, disseminate and use data. The contractor will develop appropriate methodologies and instruments for identifying needed information and collecting population- and facility-based data. The contractor will also provide technical assistance to help data collectors collect, analyze, translate, package, archive and disseminate data in forms that meet users' needs. Finally, the contractor will help facilitate the use of data as well as build capacity of data users and collectors in all of these areas.

The MEASURE Phase II DHS Contract is USAID GH's primary demographic and health data collection effort. It will serve as a technical resource to host-country partners, USAID missions, and cooperating agencies as they develop and implement plans to increase demand for data; define information needs; and collect, analyze, translate, disseminate and use data. **The MEASURE Phase II DHS Contractor will develop appropriate methodologies and instruments for identifying needed information and for collecting population- and facility-based data. It will also provide technical assistance to help data collectors collect, analyze, translate, package, archive and disseminate data in forms that meet users' needs. Finally, it will facilitate the use of data as well as build capacity of data users and collectors in all of these areas.**

While much of the data collected will continue to be comparable, national-level survey data, the MEASURE Phase II DHS Contractor will also implement an array of data collection approaches. It will build upon the experience of MEASURE Phase I DHS+ in using core questionnaires to collect a core set of data and special modules to collect data on country-specific issues. It will increase the use of qualitative methods to deepen understanding of health issues and to develop improved survey instruments. It will build the capacity of data users to better articulate their data needs and data producers to better meet those needs. It will also develop and implement more cost-effective data collection approaches by providing technical guidance to data users to improve their understanding of the strengths and limitations of specific data for improving programs and policies, prioritize data needs and select the most cost-effective data collection approach that meets those needs.

The MEASURE Phase II DHS Contractor will emphasize working with prospective users prior to data collection to identify information needs and plan for data use in program planning and policymaking. Additionally it will incorporate elements of the MEASURE Phase I Communication component that focus on disseminating data to host country data users, translating data into information that is relevant to their decision-making and improving their use of data. Merging responsibility for improving data demand, dissemination and use with data collection is intended to ensure that country data collection strategies are designed with the ultimate goal of increasing the use of data. Finally, the MEASURE Phase II DHS Contractor will continue to archive its data and methodologies and make them available to the international community.

The MEASURE Phase II DHS Contractor is one of four partners in the MEASURE Phase II Activity described in the preceding Background Section. Each partner should seek to maximize its own contribution while collaborating with the other partners in developing a coordinated set of activities that contribute to the achievement of the six results and the MEASURE Phase II Activity Objective. Only with strong coordination can the synergies of the partners' efforts be realized and the data demand generation – collection – use continuum be addressed fully. **The contractor must work closely with the other MEASURE Phase II partners to collaborate in strategic planning, project development and implementation.** Equally, the partners must collaborate and coordinate on measurement capacity building and development of data demand, data dissemination and strategies for facilitation of data use. **In addition to collaborating with the other MEASURE Phase II partners, the Contractor will collaborate with other GH projects as well as bilateral and regional projects supported by USAID missions and bureaus.**

The MEASURE Phase II DHS Contract, as part of the MEASURE Phase II Activity, is Bureau-wide and supports all of the strategic objectives of the GH Bureau. **The Contractor will assist USAID and its partners to generate demand for, identify, collect, analyze, package and present data for use in planning, policymaking, managing, monitoring and evaluating programs across all of the SO areas. These areas include family planning, reproductive health, maternal health, child survival, nutrition, and infectious diseases, primarily tuberculosis, malaria, STDs and HIV/AIDS. In addition to collecting information to improve understanding of health status, health care services and use, behavior, and program effectiveness, it will also develop methodologies for increasing knowledge of the impact of various development issues, such as complex emergencies and poverty, on health.**

The USAID MEASURE Phase II DHS Project Management Team will include the CTO and Technical Advisors (TA). These staff will represent the three technical offices within GH. This team is a subset of larger USAID MEASURE Team, comprised of CTOs and TAs for all of the MEASURE Phase II partners, that will assume a leadership role and provide technical oversight for the work of all of the MEASURE Phase II partners across all of the SO areas. It will meet regularly with the leadership of the MEASURE Phase II implementers to jointly review workplans, field programming, and cross-cutting efforts aimed at capacity building, increasing data demand, identifying data needs, and improving data dissemination and use. These meetings will focus on coordination and collaboration among MEASURE Phase II implementers and

D. Contract Structure

USAID anticipates a five-year cost-plus-award fee contract with two options to increase the contract ceiling. The options do not lengthen the term of the contract. See further funding information in section L.8(3).

Details of the award fee structure and evaluation plan are shown in Section G.

The contract will accept both core and field support funding. Core funds will support technical leadership; improved methodologies for population-based, facility-based, and qualitative data collection and analysis; development of approaches to increase data demand, translation, dissemination and use; and cross-national research. Field-support funding will support in-country data collection, data analysis, translation, dissemination and facilitation of use activities, as well as efforts to build the capacity of host country counterparts in these areas.

E. Beneficiaries

The immediate beneficiaries of the MEASURE Phase II DHS Contract include host-country data users, USAID missions, GH, regional bureaus and other parts of USAID, and other bilateral and multilateral donor agencies. Host-country data users include staff at the national and sub-national levels of ministries, advocacy groups, media organizations, NGOs, private sector organizations, and CAs. The contractor will work with these beneficiaries to build their capacity to demand quality data; define and prioritize data needs; determine the most appropriate and cost-effective method for collecting data; and analyze, package and disseminate data. It will also work with these beneficiaries to help them understand implications of the data; and most importantly, facilitate their use of the data in program planning and policymaking in order to improve health programs. Secondary beneficiaries include clients of the improved health programs that result from increased use of decision-making informed by a high level of quality data.

II. Statement of Work

A. Activity Objective and Results

Activity Objective: Improved collection, analysis and presentation of data to promote better use of data in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs.

MEASURE Phase II has been developed on the premise that generating demand for appropriate data and improving the use of data in policy formulation, program planning, management, monitoring and evaluation improves health services and consequently, health outcomes. This contract's activities will focus on data demand, collection, analysis, translation, packaging and dissemination, and facilitation of data use.

strengthening the MEASURE Phase II Activity as a whole. In addition, the USAID MEASURE Team will review the balance of data collection methods, the flexibility of projects' responses to client requests and progress of work in newly emerging areas of interest to USAID.

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Health professionals, program managers and policymakers who understand the importance and value of high-quality data use it. Well-designed data collection systems, skilled data analysis and timely reporting are critical to providing the high-quality data that are needed by these decision-makers to improve understanding of health status, health-seeking behavior, health service utilization and health care provision, as well as to evaluate program impact.

Obtaining high-quality data and translating them into the form needed to inform decision making of policymakers and program planners in developing countries is a highly complex process. **The DHS Contractor, together with the other MEASURE partners, must use their technical expertise to build the capacity of these and other data users to identify priority data needs and select the most appropriate and cost-effective data collection approach that meets those needs.** This involves helping data users understand the strengths and limitations of various indicators, prioritize the most important data to collect, evaluate the tradeoffs in terms of cost, management burden, validity, reliability, and time, and select the most appropriate and cost-effective data collection approach to use. Once the data are collected, they must be analyzed, translated, packaged, disseminated and presented in the appropriate formats needed to reach and inform decision-making of planners, policymakers and program managers.

It is important to build sustainable in-country capacity to increase demand for data; collect, analyze, translate, package and disseminate data; and facilitate use of data. **The MEASURE Phase II DHS Contractor must implement activities in a way that intentionally builds capacity of both men and women to contribute to these processes. The contractor will accomplish this by serving as a technical advisor to host-country partners as they undertake these activities. In addition, the contractor must implement activities in a manner that strengthens our understanding of gender and how it influences health status, health-seeking behavior, and health program effectiveness.**

The guiding principles described in the Background Section and the six results of the MEASURE Phase II Activity described below have been developed to achieve the overall MEASURE Phase II Activity Objective. The following section describes the contribution of the MEASURE Phase II DHS Contract to the achievement of these results. It does not present the contributions of the other MEASURE Phase II partners. These are discussed in the MEASURE Phase II Cooperative Agreement RFA and BUCEN and CDC Participating Agency Services Agreements.

Result 1 Increased user demand for quality information, methods, and tools.

Evidence-based decision-making requires an appreciation of the power of data to improve programs, the availability of appropriate data, as well as the ability and practice of using data to inform program planning, policymaking, and management. Increasing and sustaining demand for data involves building the capacity of host-country partners, USAID missions, other bilateral and multilateral donors, and CAs to increase their evidence-based decision-making and to define, prioritize and communicate the data they need. During a successful data collection effort, data users and data collectors collaborate and work in partnership throughout the data demand generation–collection–use continuum. This partnership helps to build and sustain increased demand for quality information.

To achieve Result 1, the contractor must increase user demand for high-quality data and information as well as the methods and tools used to obtain them. To increase user demand for quality data, the contractor will assist clients, both individuals and institutions, in defining data needs and understanding the strengths, weaknesses, and appropriate uses of various data collection approaches and analytical techniques. Frequently prospective data users have competing data needs. MEASURE Phase II experts must provide technical guidance to data collectors and data users and assist them in identifying the most appropriate data to collect as well as the most cost-effective data collection tools and methodologies to use.

Both core and mission funding may be used to support activities to increase user demand for high-quality information and tools to collect, analyze and facilitate the use of data in program planning.

Result 2 Increased in-country individual and institutional technical capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.

Increasing the number of people and organizations with the skills to identify data needs; design effective strategies for collecting data; process, analyze and package data; and communicate results is essential to the achievement of the MEASURE Phase II Activity Objective. In developing countries there is a chronic shortage of skilled people and institutions and, most often, funding to sustain data collection and use efforts. MEASURE Phase II must work to build this capacity across every stage of the data demand generation–collection–use continuum. **The MEASURE Phase II DHS Contractor will engage in capacity building related to population- and facility-based surveys as well as translation, packaging, dissemination and use of information, at both individual and institutional levels. The Contractor will also assist institutions to determine resource requirements and develop and implement a strategy to meet budgetary and other resource requirements for information gathering activities. As a component of building local capacity, the Contractor should rely on locally-hired resident advisors to the extent possible.**

To date, MEASURE Phase I has implemented a wide range of capacity building activities. These have included pre-service and on-the-job training, workshops, research fellowships, resident advisors and mentoring to develop field work, data entry, project management, data analysis and report writing skills. MEASURE Phase I has strengthened the capacity of host-country institutions and CAs with which it has worked by providing training, equipment, and various forms of technical support and assistance. It has also implemented innovative activities to build capacity for data dissemination and use. These range from creating networks to strengthen the abilities of journalists to use data to support reporting on important health issues to training researchers, program managers and policy makers in using data effectively to inform their decision-making and advocacy efforts. MEASURE Phase I has also built the capacity of regional training institutions to train masters-level students in data use and presentation for policymaking and advocacy. **The MEASURE Phase II DHS Contractor, together with the other MEASURE Phase II partners, will refocus these efforts with the goal of building capacity across the data demand generation–collection–use continuum.**

The MEASURE II Phase II DHS Contractor will collaborate with the other MEASURE Phase II partners to develop and implement a comprehensive strategic capacity building plan. It should use new technologies for capacity building, as appropriate. Finally, the MEASURE Phase II partners should review and refine this strategy periodically to ensure that it is working with the most appropriate organizations, training the most appropriate people, selecting the best training approaches and technologies, and effectively and efficiently transferring competencies and building the desired capacity.

MEASURE Phase II must also foster opportunities for the use of these new skills in order to sustain capacity. At times trainees return to the workplace unable to use new skills because of obstacles that are fairly straightforward to resolve such as lack of access to a computer or some other resource. **The MEASURE Phase II DHS Contractor will work with the trainee and his or her institution to develop and implement solutions for overcoming any obstacles. Interventions in this area will be limited to very specific assistance such as procurement of hardware or some other resource. Where the obstacles are more systemic in nature, the Contractor will inform the institution of other sources of technical assistance.**

In-country capacity building activities will be primarily mission-funded. Core funding and funding from the regional bureaus will support activities that benefit multiple countries, such as development of training materials, partnerships with training institutions to facilitate fellowships and other kinds of training opportunities, trainee follow-up, and regional workshops. **In addition, the MEASURE Phase II DHS**

Contractor will build upon efforts of MEASURE Phase I DHS+ to obtain additional donor support for training and capacity building activities. Donor support for example, can be the contractor seeking other donors (foreign governments, multi-lateral donors such as the United Nations) to support a workshop participant's travel costs).

Result 3 Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest.

Increased collaboration and coordination in efforts to obtain and communicate health data in areas of mutual interest is critical for increasing efficiency of the data collection process, making the best use of data collection resources, and maximizing the use of data. Collaboration and coordination are also important for maximizing the impact of both technical work and resources. **The MEASURE Phase II DHS Contractor will contribute to this result by coordinating activities with other partners, including other MEASURE Phase II partners. This contribution includes providing technical leadership for the development and implementation of standard data collection tools, increasing demand for and use of DHS data and leveraging support for activities from host countries and other donors.**

The MEASURE Phase II DHS Contractor will collaborate and coordinate with host-country public and private sector organizations; MEASURE Phase II partners; other CAs; other parts of USAID, including regional bureaus and other technical bureaus such as EGAT; and other bilateral and multilateral donor agencies. Experience under MEASURE Phase I demonstrated that while collaboration requires additional time and effort, it produces more useful products and maximizes resources. For example, collaboration among the MEASURE Phase I partners led to the development of the versatile and user-friendly Census and Survey Processing (CSPRO) data processing software. Collaboration among MEASURE Phase I partners and other donor agencies resulted in the *UNAIDS NATIONAL AIDS PROGRAMMES, A Guide to Monitoring and Evaluation*.

Collaboration in data collection, translation, and dissemination can strengthen program monitoring and evaluation, the use of data to influence policy, and priority setting. The DHS Program has an established reputation for reliable, high-quality, and cross-nationally comparable data that has led to increased donor demand for DHS data. Yet, while the number of donors requesting DHS data has increased, the overall level of funding for data collection has not grown concomitantly, forcing donors to coordinate activities. **The MEASURE Phase II DHS Contractor must provide technical guidance to host countries, donors, and other MEASURE Phase II partners to harmonize data collection programs, eliminate duplication of efforts and improve efficiency of M&E resource use.** This can be done by prioritizing data needs, using standard indicators when feasible, selecting the most cost-effective data collection approaches, and developing data collection plans that avoid duplication of effort. **The Contractor must also work to increase collaboration and coordination of efforts to translate and disseminate information and improve data use.** Although many international NGOs, donors, and government institutions are familiar with DHS data, more could be done to share information with these groups.

Core funds will support coordination activities at the international level while mission funding will support in-country activities. **Because the resources needed for coordinated data collection, dissemination and use exceed what a single donor can provide, the MEASURE Phase II DHS Contractor should look for opportunities to obtain additional donor support for activities when possible and appropriate.** Efforts to date to leverage other donor funding have been worthwhile: the total non-USAID support for DHS-1 from 1984-1989 was \$131,217. As of June 2002, support from non-USAID sources for MEASURE Phase II DHS+ had grown to \$10.4 million. Obtaining multi-donor support can be very time consuming, creating more work for the contractor and frustration when donors fail to make funds available. However, sharing support is critical for streamlining data collection efforts, reducing the burden of data collection activities on host countries, improving standardization of data, maximizing the impact of M&E data

collection resources and improving use of data. At the international level, the USAID MEASURE Team, where necessary and/or appropriate, will facilitate discussions with key donor organizations about cost sharing or partnering.

Result 4 Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users' needs

High-quality data are crucial for monitoring and evaluating programs. Section I.B of Part II above discussed the history of the DHS Program and briefly described some of the innovations and accomplishments of MEASURE/DHS+. Additional information is available on the DHS+ website, www.measuredhs.com. **The MEASURE Phase II DHS Contractor must continue to improve the versatility and usefulness of the DHS data collection program without sacrificing the quality of the data it collects.** This is of particular importance given the changing environment in which MEASURE Phase II works, the increasing demands for data it receives, and the need to maintain the confidence placed in the data by users. Maintaining a high level of data quality data requires ongoing refinement of tools and approaches. **For example, the Contractor is expected to review and refine, as appropriate, the DHS+ Core Questionnaire. Similarly, the Contractor must finalize and standardize the procedures needed to make the Service Provision Assessment (SPA) data internationally comparable and explore the possibility of a scoring system that assigns aggregate scores for use in making comparisons.**

Qualitative research under the MEASURE Phase II DHS Contract will help answer pertinent and program-relevant health questions, such as the context and etiology of maternal or child deaths, or severe malnutrition. This research should use a wide variety of qualitative approaches and not just in-depth interviews. Core funds will be used to support such studies as well as qualitative research leading to improvements in the validity and development of questionnaire items. **The MEASURE Phase II DHS Contractor will also demonstrate to host countries and missions the benefits of conducting qualitative research and provide technical assistance in the design, implementation, analysis and quality control of such research.**

The MEASURE Phase II DHS Contractor will build on the work of DHS+ by maintaining approaches and procedures that are meeting data users' needs as well as designing, adopting, or adapting and then implementing new tools, approaches, and methodologies as may be called for to respond to emerging needs.

Result 5 Increased availability of population, health and nutrition data, analyses, methods and tools.

Result 6 Increased facilitation of use of health, population and nutrition data

Increasing the availability of data in appropriate formats (Result 5) is an important first step in facilitating the use of health data for program planning and policymaking (Result 6). Many host-country decision-makers and other donors are not aware of the wealth of data collected by the DHS Program. Familiarity with DHS data is often limited to a select few in relevant government organizations or research institutions. **Given that knowledge is power and that bringing research results closer to the data source can improve the use of data, the MEASURE Phase II DHS Contractor must do more to turn DHS data into useful information that is widely available within participating countries.**

The MEASURE Phase II DHS Contractor must increase the availability of DHS data, as well as analyses, methods and tools developed by the project, by identifying target audiences and making the data, analyses, methods and tools available to them in relevant and useful formats as quickly as possible. The audiences for this information include those external to the health system such as advocacy

groups, donors, journalists, researchers and NGOs, as well as those internal to the health system, such as public and private sector health care providers. These groups have very different levels of technical proficiency as well as very different data needs. To reach such a wide range of audiences, a variety of publications, media, and approaches must be employed, including, for example, briefs targeted to decision-makers that present policy implications and analysis results or other products targeted toward researchers and data users such as CD-ROMs with self-guided instructions enabling users to access and analyze the data themselves. In addition, a wide array of information distribution channels must be used to make the data, methods and tools available to the widest audience possible.

In addition to increased efforts at the country-level, there is a need for continued improvement of dissemination of information, tools and methods at the global level. Needs at the global level include development and publication of high-quality policy-relevant analyses of cross-national data, comparative studies, analytical reports and special reports; continued innovation and development of tools to improve data archiving; web-based distribution of data and reports such as those in the HIV/AIDS archive; and continued improvements to data dissemination tools such as the STAT compiler. **The MEASURE Phase II Contractor must seek feedback from data users to determine if publications, their format and distribution channel have met their data needs or if continued improvements in dissemination and communication efforts are needed.**

Translating data into information and presenting it in relevant forms to the intended target audience is the first phase to facilitating use of data for policymaking, program planning, and management. The next phase requires working with data users, both individuals and institutions, to help them actually use the data. Experience under MEASURE Phase I demonstrated that the data demand generation-collection-use continuum requires extensive interaction between data collectors and data users. It also demonstrated that supporting dissemination efforts through a separate, stand-alone procurement can lead to disconnects between data users and data collectors and discontinuities in project implementation. While each MEASURE Phase II partner is responsible for translation and dissemination of the data that it collects and analyzes as well as the tools and methodologies that it develops, the partners must also work together. In addition they must work with host country data collectors and users, including other appropriate CAs active in the policy and program implementation arena, to develop plans for data dissemination and facilitation of better use of data in program planning and policymaking.

The MEASURE Phase II DHS Contractor must also strengthen capacity for in-country data analysis, translation, presentation and dissemination to empower host-country nationals to access, analyze, translate, disseminate and use information in forms that meet their needs for communicating with decision-makers. The MEASURE Phase II Contractor will help data users develop skills to translate, package and present data to decision-makers by creating linkages with other GH CAs to strengthen data use and conducting multisectoral workshops in which data users learn the implications of the data. The Contractor will also train data users to conduct further analyses of the data and demonstrate ways that data can be translated and used to inform policymaking and program management. As funding permits, the Contractor will organize occasional international symposia, data users' workshops, and theme-focused conferences to disseminate data to the international community. These must reach a broad array of data users including donors, CAs, and host-country public- and private-sector counterparts, including the media.

Core funds will support international and regional activities that reach multiple countries as well as development of tools that present the data for use in improving policies and programs. Mission funds will support in-country data dissemination and facilitation of data use efforts.

III. Implementation

A. Country Selection

Contract resources will be available in all geographic regions. The actual selection of countries will depend in large part on mission demand and field support funding. Final selection will be made jointly by the CTO and the MEASURE Phase II DHS Contractor.

Table 1

Benin	Bangladesh*	Armenia	Bolivia*
Eritrea	Cambodia	Kazakhstan	Dominican Republic
Ethiopia	Egypt	Uzbekistan	Guatemala
Ghana*	India	Tajikistan	Haiti
Guinea	Indonesia	Turkmenistan	Nicaragua
Kenya**	Morocco*		Peru
Madagascar**	Nepal		
Malawi	Pakistan		
Mali	Philippines**		
Mozambique**	Jordan		
Nigeria**			
Rwanda			
Senegal*			
Tanzania			
Uganda			
Zambia			
Zimbabwe			

B. DHS Process and Country Strategies

DHS Process

The following is a description of what to date has been the typical process in conducting a DHS:

The DHS country process begins when the contractor receives an invitation to conduct a survey in a country. Usually, this request comes from the USAID Mission in that country. The first step is to arrange for a First Country Visit for the purposes of understanding the data needs in the country and advising stakeholders about the best way to meet those needs with available resources. During this visit, the contractor tries to identify a local implementing agency with requisite experience and staff to undertake a DHS. Once a local implementing agency is identified, a process of negotiating a subcontract begins. After finalizing the subcontract, it is submitted to USAID\W where it is reviewed for technical quality and compliance with US Government contracting laws. If the subcontract is approved by all parties, the contractor proceeds with the approved timetable.

The next major step is a design visit during which the details of questionnaire content and logistics are finalized. Then come a pretest for the questionnaires and training for the main survey. Once this step is completed and after having put in place solid arrangements for supervision and quality controls, the fieldwork begins. Data entry begins shortly after the fieldwork has started. Typically, data entry is done with 100% verification.

At the conclusion of data entry and data cleaning, a preliminary report is produced on key indicators. The final stages include the production of the final report, which could be written primarily by host-country nationals with guidance from the contractor. Otherwise, the final report is written primarily by the contractor and vetted with the host-country government representatives. Finally, a national dissemination seminar is held in which key findings are presented to a broad-spectrum of stakeholders. Further data analyses as well as qualitative studies of specific issues of interest that emerged through the findings, are undertaken if there is interest and funding for such activities.

While these steps reflect the current process in doing a DHS, USAID expects that in the future more effort will be put into both the beginning and ending phases of this process. This change will reflect the greater emphasis intended on building demand for quality data and increased data availability and use that are key to MEASURE Phase II.

Country Strategies

Country-based activities implemented under this Contract will flow from the mission-approved country strategy and performance monitoring plan. **After consulting with mission staff, local counterparts, other MEASURE Phase II partners, other donors and CAs working in country and GH staff, the Contractor will prepare a written comprehensive, country-specific data collection strategy that makes the best use of limited data collection resources. A country strategy is required for each country in which a substantial amount of work is to be undertaken (i.e., over \$100,000). The country strategy will be prepared by the Contractor during the planning stage in each country at the time work is being initiated and must be approved by the USAID mission and USAID/Washington.**

Each country strategy document will address certain common elements:

- a description of how the activities contribute to the achievement of the mission SO and IRs and the project's AO and Results;
- indicators and targets for monitoring project performance;

- expected outputs and results;
- a plan for working with the primary in-country client(s) (i.e., the MOH, the USAID mission, other donors, private sector providers etc.);
- a plan for working with the other MEASURE Phase II partners and other donors in country;
- a plan for working with other CAs in country to help ensure that the data collected will eventually be used to improve policymaking, program planning and management;
- a data dissemination and facilitation of use component;
- a capacity building component; and
- any subcontracts for field work or data collection.

In the context of the country strategy, the Contractor will draft annual workplans for each country in which a substantial amount of work is to be undertaken (i.e., over \$100,000/year). The workplan will specify the kinds of technical assistance that will be provided, the counterparts (public, private and NGO) that will be involved in the activities, any research and data analyses that will be conducted, the timeline, anticipated dissemination products and expected results. The workplan will describe how the Contractor plans to work with other donors and other USAID-funded projects that are active in the country. The country workplans will be compiled into the Project's annual workplan that will be shared with the other MEASURE Phase II partners, reviewed by the USAID MEASURE team, and approved by missions and the CTO.

The following GH projects are likely to be active in some, if not all, of the same countries as the MEASURE Phase II DHS Contract. **The Contractor is expected to identify ways to collaborate with these groups, as appropriate, to promote the use of data for program planning and policymaking.** The list is suggestive but not exhaustive of the projects with which the MEASURE Phase II DHS Project will collaborate.

MEASURE and its component partners – the MEASURE Phase II DHS Contract, the MEASURE Phase II Cooperative Agreement (RFA may be referenced at www.fedgrants.gov), the Bureau of Census PASA and the CDC PASA – improved collection, analysis and presentation of data to promote better planning, policymaking, managing, monitoring and evaluating of population, health and nutrition programs.

POLICY II - to promote the use of data in the development of improved policies that strengthen reproductive and maternal health services and promote prevention of HIV/AIDS.

PHR Plus – to promote the use of data in the development of health sector reform strategies that strengthen health services and promote prevention of HIV/AIDS.

YOUTHNET – to ensure that data are used to improve understanding of the needs of adolescents as well as to improve health services to better meet their special needs.

Management and Leadership – to strengthen the ability of NGOs, the public sector, and national programs, such as the National AIDS Councils in Tanzania and Kenya, to use data for planning, managing and monitoring and evaluating health programs.

FRONTIERS and HORIZONS – to identify data needs and ensure that population- and facility-based data that are collected by the MEASURE Phase II DHS Contract are used to inform the development of operations research studies.

SYNERGY – to share the HIV/AIDS prevention data collected by the MEASURE Phase II DHS Contract with other CAs.

Health Logistics Assistance Projects (DELIVER and RPM) – to ensure that necessary data are collected to ensure a reliable commodity supply.

Maternal and Neonatal Health Project – to ensure that appropriate data are collected for improving maternal survival interventions.

CHANGE – to promote the use of data collected by the MEASURE Phase II DHS Project in behavior change interventions.

TEPHINET – to promote the use of data collected by the MEASURE Phase II DHS Project in the monitoring of TB.

EHPII - to promote the use of data collected by the MEASURE Phase II DHS Project in the reduction of environmentally related mortality and morbidity.

IMPACT – to promote the use of data collected by the MEASURE Phase II DHS Project in the implementation of interventions to prevent transmission of HIV/AIDS.

BASICS II - to identify data needs and help ensure that population and facility-based data that are collected by the MEASURE Phase II DHS Contract are used to improve child health.

The Quality Assurance Project - to identify data needs and help ensure that population and facility-based data that are collected by the MEASURE Phase II DHS Contract are used to inform the development of quality assurance efforts.

The Health Communication Partnership - to improve the use of data to develop effective health communication efforts.

INFO – to disseminate best practices for population- and facility-based data collection and other tools and methodologies developed under the MEASURE Phase II DHS Contract.

EdData – to promote the use of data collected by the MEASURE Phase II DHS Project in the design of strategies to collect and analyze data pertaining to education.

C. Use of Core Funds

In general, this MEASURE Phase II DHS Contract will be country-oriented, with most of its effort geared to country-specific data collection, dissemination and use activities. However, there are a number of areas in which this project will contribute to the following critical functions of GH -- global leadership, research and evaluation, and technical support to the field. These include improved and more cost-effective methodologies for the collection and analysis of population- and facility-based data, technical leadership, improved collaboration and coordination with other MEASURE Phase II partners and other donors, data archiving, standardization of questionnaire content, as appropriate, with the CDC RHS program, and global publications. **The MEASURE Phase II DHS Contractor will be expected to show the linkage between such activities and the GH Bureau's strategic objectives.**

D. Management Plan

The MEASURE Phase II DHS Contractor will carry out a broad range of data collection activities across all SO areas in a large number of countries. It will also be responsible for a significant body of core-funded work, including the development of tools and techniques for improved methods of data collection and analysis. Given the Contract's complexity and the need to ensure that activities are well-coordinated with efforts of the other MEASURE Phase II partners and other CAs, it is imperative that the work be carried out in an integrated and cohesive manner. It is also imperative that the Contractor and USAID maintain frequent and intensive contact.

The Contractor shall keep the USAID MEASURE Phase II DHS Project Management Team, comprised of the MEASURE Phase II DHS Project CTO and Technical Advisors, apprised of the status of technical services provided by the contract. The Contractor should also anticipate meeting periodically with the larger MEASURE Management Team and the other MEASURE Phase II partners. The Contractor need not be located in the Washington, DC, area but must be prepared to travel at least twice a month to USAID Washington offices to review the annual work plan, work on country selection, review country strategies and workplans, review planned core activities, and debrief the USAID Project Management Team on specific country activities. The USAID Project Management team will work with the Contractor to identify countries for potential Contract assistance, balancing the requests of USAID missions and the needs and priorities of the GH Bureau. The USAID Project Management Team will also assist the Contractor by coordinating with regional bureaus, other technical bureaus, the other GH Offices, the USAID MEASURE Management Team, and USAID missions. All aspects of travel and contract implementation must be reviewed and approved in advance by the USAID MEASURE Phase II DHS CTO.

One month after the award of this solicitation, all key personnel shall meet with the USAID Project Management Team in Washington to review and come to agreement on the workplan for the period from award through June 30, 2004. This workplan shall be updated annually, with a plan for the July-June period submitted in draft in January and the final submitted in June of each year.

E. Monitoring and Evaluation of Performance

The Contractor should plan to commit core funds and staff to developing a monitoring and evaluation system to enable the Contractor to track results and use this information to make management decisions. In addition, this system will greatly facilitate coordination with the other MEASURE Phase II partners and annual reporting (including reporting on award fee benchmarks), and will serve as both the internal and the external monitoring system.

The Government anticipates that this contract will be a cost-plus-award-fee contract. As such, the overall performance of the Contract will be monitored annually over the life of the project using the process described in Section G of this RFP. In addition, the CTO and Technical Advisor(s) will determine if a mid-course evaluation would be useful to ensure that the Contractor is making adequate progress towards the results. If such an evaluation is determined to be useful, it will be conducted in conformance with the Evaluation and Management Review Guidelines issued by the EPIC Committee. USAID will conduct an annual management review of the Contract.

**Illustrative indicators are provided in Section L.8.1(2)*

F. Key Personnel and Staffing Pattern

USAID suggests a staffing pattern under this contract to include four key personnel positions, four of these being the Project Director, Deputy Director, Senior Advisor for Demand, Translation and Use, and Senior Advisor for Health. In order to maximize interaction among the prime and subcontractors, USAID suggests that all key personnel be co-located and that at least one key personnel position be filled by subcontractor staff.

Project Director: The Project Director will be a senior manager with an advanced degree (Ph.D. or Dr.P.H., preferable; M.A., M.S., or M.P.H., minimal; or equivalent) and five years experience in the social or health sciences, epidemiology or demography. (Ten years of experience can be substituted for the combined education and experience requirement). The Project Director will have extensive experience in population- and facility-based data collection, dissemination and use in developing countries and in managing large international development projects. S/he will also have experience in interacting with USAID or other U.S. Government agencies, host country governments and international donor agencies. This is a full-time position; in order to ensure adequate managerial oversight of the project, it will involve traveling overseas only 10-20 percent of the time. Fluency in Spanish, French or Arabic, in addition to English, is desirable.

Deputy Project Director: The Deputy Project Director will have an advanced degree (Ph.D or DrPH, preferable; M.A., M.S., or MPH, minimal; or equivalent.) and three years of experience in the social or health sciences, epidemiology or demography. (Five years of experience can be substituted for the combined education and experience requirement). The Deputy Project Director will have experience in population- and facility-based data analysis, dissemination and communication in developing countries and management experience in large international development projects. S/he will also have experience in interacting with USAID or other U.S. Government agencies, host country governments and international donor agencies. This is a full-time position; in order to ensure adequate managerial oversight of the project, it will involve traveling overseas only 10-20 percent of the time. Fluency in Spanish, French or Arabic, in addition to English, is desirable.

Senior Advisor for Demand, Translation and Use: The Senior Advisor for Demand, Translation and Use will have an advanced degree (Ph.D. preferable; M.A., M.S., minimal; or equivalent) and five years of experience in communications with extensive experience in communication of data to policymakers, program planners and managers throughout the health sector. (Ten years of experience can be substituted for the combined education and experience requirement). S/he will also have experience in creative use of methods for communicating scientific data to stakeholders and non-professional advocacy groups. Demonstrated knowledge and experience in the application of new technologies and approaches to increase the demand, dissemination and use of information and data, as well as working in developing country settings, is required. Fluency in French, Spanish or Arabic, in addition to English, is desirable. This is a full-time position requiring overseas travel 30 percent of the time.

Senior Advisor for Health: The Senior Advisor for Health will hold an M.D. or Nursing degree in addition to an advanced degree (Ph.D, DrPH preferable, M.A., M.S. or MPH acceptable) in epidemiology, the social sciences, health administration or health statistics. She/he will have at least five years experience identifying health data needs and selecting data collection approaches to provide information for use in program planning, management, monitoring, evaluation, and policy making. (Experience may not be substituted for the educational requirement). Field experience in implementing surveys in a variety of developing country settings is also required. This is a full-time position requiring overseas travel 30 percent of the time. French, Spanish or Arabic in addition to English is desirable.

Additionally, USAID suggests that the management staff include, at a minimum, a senior administrative officer with at least 5 years project experience working with large (>10 million dollars/annum), complex, USAID contracts. Knowledge and experience with sub-contracting agreements between the contractor and external organizations, particularly local parastatal organizations, is required.

The project is also expected to provide consultants, as needed, and long-term resident advisers. Collectively, the project staff (including key personnel and consultants) must have relevant work experience in Anglophone and Francophone Africa, Asia and the Near East, Latin America and the Caribbean, and Europe and Eurasia. In addition, they must collectively be proficient in a variety of languages, including at minimum French, Spanish, Russian, Portuguese, and Arabic.

USAID expects that the proposed technical team and management and support staff will be adequate in number and have the necessary skills and knowledge to fully achieve the contract results with a high level of quality within the contractual time requirements. In particular, the Contractor shall have adequate and appropriate staff to work with and support the Senior Advisor for Demand, Translation and Use or alternative personnel.

Following are illustrative areas of expertise that the MEASURE Phase II DHS Contractor will provide:

Population-based survey techniques

Data analysis

Data dissemination methods

Capacity building of institutions and individuals

Qualitative research methods

Health systems performance assessment

Surveillance systems

Health examination surveys (to include collection of biomarkers)

Family planning

Epidemiology

Reproductive health

Demography

Adolescent health

HIV/AIDS

Sexually transmitted diseases

Maternal health

Neonatal and child health

Health economics

Gender

Information technology

Complex emergencies

Infectious diseases (Malaria, Tuberculosis)

Anti-microbial resistance

Data Processing

Sampling

Annex A

Collaboration with DHS EdData II**Background**

USAID's Office of Education in the Bureau of Economic Growth, Agriculture, and Trade (USAID/EGAT/ED) is planning a contract award for DHS EdData II (postings may be referenced at www.fedbizops.gov). The main purpose of the current and future DHS EdData activity is to provide basic education data from nationally representative surveys and smaller scale assessments to guide national education policy and planning, and to calculate education indicators for USAID. A secondary purpose of Ed Data is to build in-country capacity for data collection, analysis, dissemination, and use. EdData surveys are designed as "follow on" surveys to DHS surveys, which permits linkage of the two data sets. Administering EdData as a "follow on" to DHS allows for expanded opportunities for cross-sectoral data analysis of education and health data. EdData I (www.dhseddta.com) has been extended until September 2004 but cannot begin new surveys after June 2003. The approximate dates of activity for EdData II will be June 2003-June 2008 and the estimated value of EdData II is \$9,000,000.

Under MEASURE DHS+, households to be surveyed are selected and a short survey (the Household Schedule) is conducted to collect general information about each member of selected households and to identify the women who are to be interviewed individually. When the EdData survey follows in the field, it uses a sub-sample of DHS+ respondents, and often employs the same interviewers and supervisors. The EdData surveys greatly expand the education data beyond what is collected in the DHS survey. Household, parent/guardian, child, and school-level education data are collected. EdData surveys also cover a greater range of education issues than does the DHS, including parent/guardian perceptions about education, household expenditures on education, and reasons for non-attendance and absenteeism. These education data then can be linked to DHS data enabling analyses between the education and health sectors on topics such as the impacts of HIV/AIDS on the education sector.

Under EdData I, surveys and assessments have been undertaken in countries in which USAID has, or is considering starting, a basic education program. EdData survey data are linked to the most recent DHS+ data collected in that country. Work done under EdData I to date has included three nationally-representative household education surveys in Uganda, Malawi, and Zambia. Two other countries, Nigeria and Ghana, have expressed interest in supporting nationally-representative EdData surveys. In addition, two smaller surveys are underway in Ghana on household demand for education and on the decentralization of education. An increase in the number of surveys implemented is expected under EdData II.

Currently, EdData I is implemented by the same organization that implements MEASURE DHS+. While this was intentionally done to establish EdData, it is not a requirement of EdData II. Close working relations between the firms managing both Measure DHS+ and EdData II, however, are important to achieve the synergistic benefits of the follow-on/linked survey format. For example, the EdData surveys critically depend upon the sampling frames of the DHS+ surveys for their sub-sample design.

Guiding Principles

Potential areas of collaboration between the MEASURE DHS and the EdData II activities include, but are not limited to, the following:

- Promoting EdData surveys within USAID Missions and/or the donor community;
- Liaising with in-country ministry officials and other education stakeholders regarding EdData;
- Working with the EdData implementing organization in negotiating survey timing to minimize lag between the surveys;

- Sharing crucial survey implementation knowledge, instruments and methodology such as:
 - Sampling frame and design,
 - Information about vehicle rentals and drivers in country;
 - Lists of DHS+ interviewers, supervisors, and data processors in-country to facilitate the hiring of already trained and experienced personnel;
 - Computer hardware and software previously purchased for DHS+ in country;
 - Data table templates, data, and text from DHS+ reports to ensure consistency in reporting format and content;
 - All data from DHS+ surveys including household and individual numbers for the purpose of survey linking;
 - Data analysis code and syntax to ensure consistency in data analysis efforts.

[END OF SECTION C]

[FOR THIS CONTRACT, THERE ARE NO CLAUSES IN THIS SECTION]

SECTION D - PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

(a) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem. Shipping containers are also to be marked with the last five digits of the USAID financing document number. As a general rule, marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged.

(b) Specific guidance on marking requirements should be obtained prior to procurement of commodities to be shipped, and as early as possible for project construction sites and other project locations. This guidance will be provided through the cognizant technical office indicated on the cover page of this contract, or by the Mission Director in the Cooperating Country to which commodities are being shipped, or in which the project site is located.

(c) Authority to waive marking requirements is vested with the Regional Assistant Administrators, and with Mission Directors.

(d) A copy of any specific marking instructions or waivers from marking requirements is to be sent to the Contracting Officer; the original should be retained by the Contractor.

SECTION E - INSPECTION AND ACCEPTANCE**E.1 NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE**

The following contract clauses pertinent to this section are hereby incorporated by reference (by Citation Number, Title, and Date) in accordance with the clause at FAR "52.252-2 CLAUSES INCORPORATED BY REFERENCE" in Section I of this contract. See FAR 52.252-2 for an internet address (if specified) for electronic access to the full text of a clause.

NUMBER	TITLE	DATE
52.246-5	INSPECTION OF SERVICES--COST REIMBURSEMENT	APR 1984

E.2 INSPECTION AND ACCEPTANCE

USAID inspection and acceptance of services, reports and other required deliverables or outputs shall take place in Iraq, at the Contractor's facilities or project sites or at any other location where the services are performed and reports and deliverables or outputs are produced or submitted. The CTO listed in Section G has been delegated authority to inspect and accept all services, reports and required deliverables or outputs.

SECTION F - DELIVERIES OR PERFORMANCE

F.1 NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE

The following contract clauses pertinent to this section are hereby incorporated by reference (by Citation Number, Title, and Date) in accordance with the clause at FAR "52.252-2 CLAUSES INCORPORATED BY REFERENCE" in Section I of this contract. See FAR 52.252-2 for an internet address (if specified) for electronic access to the full text of a clause.

NUMBER DATE	TITLE	
	FEDERAL ACQUISITION REGULATION (48 CFR Chapter 1)	
52.242-15	STOP-WORK ORDER ALTERNATE I (APR 1984)	AUG 1989
52.247-34	F.O.B. DESTINATION	NOV 1991

F.2 PERIOD OF PERFORMANCE

The period of performance for this contract is 30 September 2003 through 29 September 2008. Options may be exercised at anytime and may be exercised simultaneously within the five year base period, but will not extend the term of the contract.

F.3 PERFORMANCE STANDARDS

Evaluation of the Contractor's overall performance in accordance with the performance standards set forth in Section C, Results (page 20), and Deliverables (Section F), will be conducted jointly by the CTO and the Contracting Officer, and shall form the basis of the Contractor's permanent performance record with regard to this contract.

F.4 REPORTS AND DELIVERABLES OR OUTPUTS

The deliverables of this contract are considered to be the reports below, the surveys, the achievement of results as discussed in Section C., and overall performance in accordance with periodic performance plans, as discussed in section G.

In addition to the requirements set forth for submission of reports in Sections I and J and in the AIDAR clause 752.242-70, Periodic Progress Reports. The Contractor shall adhere to all reporting requirements listed below. All reports shall be submitted by the due date for approval by the USAID CTO (CTO name and address provided in Section G). Additional reports requiring review and clearances, when necessary, are listed under each requirement. The Contractor will consult the CTO on the format and expected content of reports prior to their preparation. The required reports are as follows:

F.4.A Reports

F.4.A.i Financial Reporting

The Contractor shall submit a quarterly expenditure report for approval by the CTO, not later than 45 calendar days after the end of each quarter. The quarterly expenditure report shall include, at a minimum, obligations to date, the approved budget, expenditures to date, and the balance remaining. The report shall also be broken down by country or activity. In addition, the budget, expenditures, and balances should be reported by source of funds (i.e., field support or specific GH/SO). In some cases, there will be multiple sources of funding for an activity, but the Contractor should be able to demonstrate in the budget, expenditures and balances the flow of the money from multiple sources.

F.4.A.ii Performance Monitoring and Reporting

The Contractor shall submit reports to the USAID CTO as described below. The exact format for preparation and timing of submission of all reports will be determined in collaboration with the CTO.

F.4.A.iii Start-Up Phase Work Plan (3 copies)

A start-up phase work plan is due 21 days after award of the contract and will cover activities for the first 90 day period. Included in this plan will be a description of the process through which the Contractor will develop the five year operational strategy for this contract.

F.4.A.iv Annual Work Plan (3 copies)

- a) A first year work plan is due 90 days after award of this contract for CTO approval and thereafter for each subsequent year. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending upon the start date of the contract. The exact length of the first work plan will be determined in consultation with the CTO. The Contractor will follow the work plan year of July 1st to June 30th, unless specifically changed by the CTO in writing. Each year, a draft of the work plan will be submitted to the CTO in January. The Contractor will incorporate revisions to the draft work plan based upon the recommendations generated during the review process and submit a final work plan to the CTO for approval by June 1st. Specifically, the work plan shall:

- Include a detailed description of planned activities with a breakdown of the budget, by activity, GH SO and source of funds;
- Describe the five year operational strategy for the contract that delineates the process, approaches, and performance monitoring plan to achieve the results as set forth in the statement of work;
- Identify the results to be achieved for the twelve month performance evaluation period, and for the longer time frame, if any, recognizing that future funding is contingent upon availability;
- Describe expected progress toward the achievement of the results as outlined in (c) above and the contribution to the Activity Objective and Results through benchmarks that permit independent assessment of the progress to date on at least an annual basis. These benchmarks will provide the basis for the Annual Performance Monitoring Report described below.

F.4.A.v Country Strategies (3 copies)

Country-based activities implemented under this Contract will flow from the mission-approved country strategy and performance monitoring plan. After consulting with mission staff, local counterparts, other MEASURE Phase II partners, other donors and CAs working in country and GH staff, the Contractor will prepare a written comprehensive, country-specific data collection strategy that makes the best use of limited data collection resources. A country strategy is required for each country in which a substantial amount of

work is to be undertaken (i.e., over \$100,000). The country strategy will be prepared by the Contractor during the planning stage in each country at the time work is being initiated and must be approved by the USAID mission and USAID/Washington.

Each country strategy document will address certain common elements:

- an assessment and analysis of the data needs in the country and the role the Contractor will play in meeting those needs;
- a description of how the activities contribute to the achievement of the mission SO and IRs and the project's AO and Results;
- indicators and targets for monitoring project performance;
- expected outputs and results;
- a plan for working with the primary in-country client(s) (i.e., the MOH, the USAID mission, other donors, private sector providers etc.);
- a plan for working with the other MEASURE Phase II partners and other donors in country;
- a plan for working with other CAs in country to help ensure that the data collected will eventually be used to improve policymaking, program planning and management;
- a data dissemination and facilitation of use component;
- a capacity building component; and
- any subcontracts for field work or data collection.

F.4.A.vi Country Work Plans (3 copies)

Based on the country strategy, the Contractor will draft annual work plans for each country in which a substantial amount of work is to be undertaken (i.e., over \$100,000). The work plan will discuss the specific kinds of technical assistance that will be provided, the counterparts (public, private and NGO) that will be involved in these activities, any research and data analyses that will be needed to support the proposed activities, the timeline for such activities, and the expected results. The work plan should describe how the Contractor plans to work with other donors and other USAID-funded projects that are active in the country. A budget for the work plan period should also be included, detailing the expected funding by field support or core. The country workplans will form much of the basis for the Project's annual workplan.

F.4.A.vii Trip Reports

The Contractor must provide a one-page summary of the results of international travel supported by the contract. The report should focus on major decisions during the trip, key issues and next steps. The report will be submitted electronically to the CTO, Technical Advisors and the Mission PHN officer within 30 days of the completion of the trip.

F.4.A.viii Annual Performance Monitoring Report (3 copies)

Based on the Performance Monitoring Plan to be developed by the Contractor in collaboration with USAID, the Contractor shall submit annually an updated report on progress towards agreed upon targets. This will include information on activities in all countries and regions as well as on Core-supported, non-country-specific activities. The report must also include: 1) a comparison of actual accomplishments with the benchmarks established for the period; 2) reasons why benchmarks were not met if they were not met; and 3) analysis and explanation of cost overruns or high unit costs, when appropriate (the Contractor must immediately notify USAID of developments that have a significant impact on award-supported activities). Further, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

F.4.A.ix Final Report (3 copies)

As USAID requires, 90 days after the completion date of this contract, the Contractor shall submit a final report that includes: an executive summary of the Contractor's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Contractor's activities and attainment of results by country or region, as appropriate, during the life of the contract; an assessment of progress made toward accomplishing the Activity Objective and Results; significance of these activities; important research findings; comments and recommendations; and a fiscal report that describes how the Contractor's funds were used. See 22 CFR 226.51.

F.4.A.x Other Reports

The contractor shall also submit other reports as required by the Technical Office, including but not limited to, the Annual Baseline Funding Report and information for the Population, Health, and Nutrition Information Project (PHNI) database.

F.4.B Deliverables/Outputs

The contractor will provide the following surveys in the Base and the Option Quantities:

	FULL DHS	SERVICE PROVISION ASSESSMENT	AIDS INDICATOR SURVEY	SPECIAL STUDIES	QUALITATIVE RESEARCH STUDIES	TOTAL
BASE	28	10	8	2	13	61
OPTION I— Quantities	5	4	1	1	3	14
OPTION II— Quantities	5	2	3	0	3	13
TOTAL	38	16	12	3	19	88

The above table will be completed upon contract award.

The above survey types may be interchanged within the Base and the Options with the approval of USAID. For example, USAID may elect to increase the number of "Special Studies" and in exchange decrease the number of Qualitative Research Studies within the Base.

Other services under this contract include the following:

- Archiving
- Special Analyses and Research
- Ad Hoc Requests/meetings (average once a week)
- Questionnaire Revision and Development of new modules (Full DHS Survey)
- Capacity Building (mainly part of the survey, special workshops, training etc.)
- Collaboration/Coordination with CAs/Donors and Global Leadership (small and large meetings, conferences to present papers, international and domestic, with attendance by senior staff)
- Tools Development (ex. Expanding StatCompiler and CSPro and development of new tools)
- Dissemination and Communication of Data (for example publications and other communication strategies)

- Data Use Activities (for example, training, data analysis workshops, part of a survey)
- Monitoring/Evaluation/Planning/Reporting (Reports under RFP F.4.A)

F.5 KEY PERSONNEL

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

Name	Title
Martin Vaessen	Project Director
Ann Way	Deputy Director for Survey Operations
Fred Arnold	Technical Deputy Director
Pierre Clauquin	Senior Advisor for Health
Laurie Liskin	Senior Advisor for Demand, Translation and Utilization

B. The personnel specified above are considered to be essential to the work being performed hereunder. Prior to replacing any of the specified individuals, the Contractor shall immediately notify both the Contracting Officer and USAID Cognizant Technical Officer reasonably in advance and shall submit written justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No replacement of personnel shall be made by the Contractor without the written consent of the Contracting Officer.

F.6 SUBMISSION OF DEVELOPMENT EXPERIENCE DOCUMENTATION TO PPC/CDIE/DI

USAID contractors must submit one electronic and/or one hard copy of development experience documentation (electronic copies are preferred) to the Development Experience Clearinghouse at the following address.

Development Experience Clearinghouse
1611 N. Kent Street, Suite 200
Arlington, VA 22209-2111

Telephone Number 703-351-4006, ext. 100
Fax Number 703-351-4039
E-mail: docsubmit@dec.cdie.org
<http://www.dec.org>

SECTION G - CONTRACT ADMINISTRATION DATA

G.1 AIDAR 752.7003 DOCUMENTATION FOR PAYMENT (NOV 1998)

(a) Claims for reimbursement or payment under this contract must be submitted to the Paying Office indicated in the schedule of this contract. The cognizant technical officer (CTO) is the authorized representative of the Government to approve vouchers under this contract. The Contractor must submit either paper or fax versions of the SF-1034--Public Voucher for Purchases and Services Other Than Personal. Each voucher shall be identified by the appropriate USUSAID contract number, in the amount of dollar expenditures made during the period covered.

(1) The SF 1034 provides space to report by line item for products or services provided. The form provides for the information to be reported with the following elements:

Total Expenditures
 [Document Number: XXX-X-XX-XXXX-XX]

Line Item No.	Description	Amt vouchered to date	Amt vouchered this period
001	Product/Service Desc. for Line Item 001	\$XXXX.XX	\$ XXXX.XX
002	Product/Service Desc. for Line Item 002	XXXX.XX	XXXX.XX
Total		XXXX.XX	XXXX.XX

(2) The fiscal report shall include the following certification signed by an authorized representative of the Contractor:

The undersigned hereby certifies to the best of my knowledge and belief that the fiscal report and any attachments have been prepared from the books and records of the Contractor in accordance with the terms of this contract and are correct: the sum claimed under this contract is proper and due, and all the costs of contract performance (except as herewith reported in writing) have been paid by USAID, or to the extent allowed under the applicable payment clause, will be paid by USAID currently by the Contractor when due in the ordinary course of business; the work reflected by these costs has been performed, and the quantities and amounts involved are consistent with the requirements of this Contract; all required Contracting Officer approvals have been obtained; and appropriate refund to USUSAID will be made promptly upon request in the event of disallowance of costs not reimbursable under the terms of this contract.

BY: _____

TITLE: _____

DATE: _____

(b) Local currency payment. The Contractor is fully responsible for the proper expenditure and control of local currency, if any, provided under this contract. Local currency will be provided to the Contractor in

accordance with written instructions provided by the Mission Director. The written instructions will also include accounting, vouchering, and reporting procedures. A copy of the instructions shall be provided to the Contractor's Chief of Party and to the Contracting Officer. The costs of bonding personnel responsible for local currency are reimbursable under this contract.

(c) Upon compliance by the Contractor with all the provisions of this contract, acceptance by the Government of the work and final report, and a satisfactory accounting by the Contractor of all Government-owned property for which the Contractor had custodial responsibility, the Government shall promptly pay to the Contractor any moneys (dollars or local currency) due under the completion voucher. The Government will make suitable reduction for any disallowance or indebtedness by the Contractor by applying the proceeds of the voucher first to such deductions and next to any unliquidated balance of advance remaining under this contract.

(d) The Contractor agrees that all approvals of the Mission Director and the Contracting Officer which are required by the provisions of this contract shall be preserved and made available as part of the Contractor's records which are required to be presented and made available by the clause of this contract entitled "Audit and Records--Negotiation".

G.2 ADMINISTRATIVE CONTRACTING OFFICE

The Administrative Contracting Office is:

US Agency for International Development
M/OP/GH/POP, RRB Rm. 7.09-072
Washington, D.C. 20523-7900

G.3 COGNIZANT TECHNICAL OFFICER (CTO)

The Cognizant Technical Officer is Krista Stewart GH/POP.

G.4 TECHNICAL DIRECTIONS/RELATIONSHIP WITH USAID

(a) Technical Directions is defined to include:

(1) Written directions to the Contractor which fill in details, suggest possible lines of inquiry, or otherwise facilitate completion of work;

(2) Provision of written information to the Contractor which assists in the interpretation of drawings, specifications, or technical portions of the work statement;

(3) Review and, where required, provide written approval of technical reports, drawings, specifications, or technical information to be delivered. Technical directions must be in writing, and must be within the statement of the work as detailed in Section C.

(b) The CTO is authorized by designation to take any or all action with respect to the following which could lawfully be taken by the Contracting Officer, except any action specifically prohibited by the terms of this Contract:

(1) Assure that the Contractor performs the technical requirements of the contract in accordance with the contract terms, conditions, and specifications.

(2) Perform or cause to be performed, inspections necessary in connection with a) above and require the Contractor to correct all deficiencies; perform acceptance for the Government.

(3) Maintain all liaison and direct communications with the Contractor. Written communications with the Contractor and documents shall be signed as "Cognizant Technical Officer" with a copy furnished to the Contracting Officer.

(4) Issue written interpretations of technical requirements of Government drawings, designs, and specifications.

(5) Monitor the Contractor's production or performance progress and notify the Contractor in writing of deficiencies observed during surveillance, and direct appropriate action to effect correction. Record and report to the Contracting Officer incidents of faulty or nonconforming work, delays or problems.

(6) Obtain necessary security clearance and appropriate identification if access to Government facilities is required. If to be provided, ensure that Government furnished property is available when required.

LIMITATIONS: The CTO is not empowered to award, agree to, or sign any contract (including delivery or purchase orders) or modifications thereto, or in any way to obligate the payment of money by the Government. The CTO may not take any action which may impact on the contract schedule, funds, statement or rate of utilization of LOE. All contractual agreements, commitments, or modifications, which involve prices, quantities, quality, schedules shall be made only by the Contracting Officer.

(c) The CTO is required to meet quarterly/semi-annually/annually with the Contractor and the Contracting Officer concerning performance of items delivered under this contract and any other administration or

technical issues. Telephonic reports may be made if no problems are being experienced. Problem areas should be brought to the immediate attention of the Contracting Officer.

(d) In the absence of the designated CTO, the CTO may designate someone to serve as CTO in their place. However, such action to direct an individual to act in the CTO's stead shall immediately be communicated to the Contractor and the Contracting Officer.

(e) Contractual Problems - Contractual problems, of any nature, that may arise during the life of the contract must be handled in conformance with specific public laws and regulations (i.e. Federal Acquisition Regulation and Agency for International Development Acquisition Regulation). The Contractor and the CTO shall bring all contracting problems to the immediate attention of the Contracting Officer. Only the Contracting Officer is authorized to formally resolve such problems. The Contracting Officer will be responsible for resolving legal issues, determining contract statement and interpreting contract terms and conditions. The Contracting Officer is the sole authority authorized to approve changes in any of the requirements under this contract. Notwithstanding any clause contained elsewhere in this contract, the said authority remains solely with the Contracting Officer. These changes include, but will not be limited to the following areas: statement of work, price, quantity, technical specifications, delivery schedules, and contract terms and conditions. In the event the Contractor effects any changes at the direction of any other person other than the Contracting Officer, the change will be considered to have been made without authority.

(f) Failure by the Contractor to report to the Administrative Contracting Office, any action by the Government considered to a change, within the specified number of days contained in FAR 52.243-7 (Notification of Changes), waives the Contractor's right to any claims for equitable adjustments.

G.5 PAYING OFFICE

The paying office for this contract is:

USAID
Office of Financial Management
Ronald Reagan Building
Washington, D.C. 20523

G.6 ACCOUNTING AND APPROPRIATION DATA – See Attachment 4

Budget Fiscal:

Operating Unit:

Strategic Objective:

Team/Division:

Benefiting Geo Area:

Object Class:

Amount Obligated:

G.7 Payment of Fee

(a) Payment of Base Fee

Subject to the withholding provision of the contract clause entitled "Fixed Fee" (FAR 52.216-8), the base fee specified in Section B shall be paid in installments at the time of each payment on account of allowable cost. The amount of each such installment will be determined by applying to the amount payable as allowable cost a percentage reflecting the ratio of total contract base fee to total contract estimated cost.

In the event of discontinuance of the work in accordance with the clause of the contract entitled "Termination" (FAR 52.249-6), the base fee shall be re-determined by mutual agreement equitably to reflect the reduction in the work actually performed. The amount by which such base fee is less than, or exceeds, payments previously made on account of the base fee shall be paid to, or repaid by the Contractor, as applicable.

(b) Payment of Award Fee

- (1) In addition to any base fee, the Contractor may earn and be paid all or a portion of an award fee. The maximum award fee shall be made available to the Contractor in 5 equal increments coinciding with the five evaluation periods expected under the contract as specified below:

Performance Period	Percentage of Award Available	*Period
1	20	9 /30 /03-9 /29 /04
2	20	9 /30 /04- 9/29 /05
3	20	9 /30 /05-9 /29 /06
4	20	9/30 /06- 9/29 /07
5	20	9/30 /07- 9/29 /08
Total Award Fee Available	100%	

** Period will be completed upon contract award.*

- (2) The determination of the award fee, if any, earned by the Contractor shall be in accordance with the Award Fee Evaluation Plan (see G.8 below). Payment of award fee shall be made every 12 months.
- (3) The contractor may bill for the award fee in advance (mid-cycle provisional payment) every six (6) months. The mid-cycle provisional payment may be up to 40% of the annual award fee available for the 12-month period. Once the annual award fee decision is made by the FDO, the contractor may bill for the balance of the award fee deducting the provisional amount paid at mid-cycle from the award fee determined by the FDO. In the event that the FDO determines the award fee earned

for the period to be less than the provisional payment at mid-cycle, the overpayment must be deducted on any subsequent invoice(s) or be repaid back to USAID.

G.8 AWARD FEE EVALUATION PLAN

The Award Fee Evaluation Plan consists of the following elements to be communicated, prior to the start of each period, to the Contractor by the CTO or the Fee Determining Official:

- Award Fee Earnings - The award fee percentage earned by the contractor will be the same value as the Total Weighted Rating assigned by the PEB (see Annex 2). The contractor will not be entitled to an award fee for a rating less than "Good" (See Annex 1).
- A Grading Table – In determining points, the PEB will use the point assignment guide provided in Annex 1;
- Performance Evaluation Report – a matrix providing the performance evaluation areas, their respective importance, the rating given by the PEB for each area as well as the total weighted rating (see Annex 2 of RFP);
- Specific Performance Criteria – the specific performance benchmarks within each performance evaluation area (Section G.10) that are to be achieved during the evaluation period will be proposed to USAID by the Contractor for revision and/or approval by USAID at the beginning of each evaluation period. These benchmarks should be able to be evaluated through the Contractor's ongoing monitoring and evaluation system and should reflect accomplishments in the overall work of the project as opposed to accomplishments in a limited number of specific tasks. USAID will also consider as part of management in the annual award fee evaluation if the contractor exceeded their SDB participation goals set forth in the subcontracting plan that will be incorporated as part of the contract award. (in lieu of clause 52.219-26, SDB Participation Program—Incentive Subcontracting (Oct 2000))

G.9 AWARD FEE EVALUATION PROCEDURES

(a) Performance Reports – The Chief of the Policy, Evaluation, Communication Division of the Office of Population and Reproductive Health, shall act as the Fee Determining Official (FDO) and shall designate technical and administrative personnel to observe, examine, review, and report on the performance of the Contractor under the contract. Reports covering said performance shall be prepared by said personnel in form and manner prescribed by the FDO.

(b) Performance Evaluation Board – At the beginning of the project, the FDO shall appoint a Performance Evaluation Board (PEB). The Contracting Officer and the CTO shall be members of the PEB. The CO may elect to be a voting member or non-voting member. The PEB shall review Contractor performance with respect to achievement of benchmarks in the performance evaluation areas according to the grading table (see Annex 1). The PEB will then recommend to the FDO the evaluation grades and the amount of award fee to be paid for the period.

At the end of each performance evaluation period, the Contractor shall provide the PEB with a written self-evaluation clearly documenting achievements made for that evaluation period toward the specific performance benchmarks for each performance evaluation area. The PEB shall consider the Contractor's self-evaluation for that period provided that it is received within 15 working days of the end of the evaluation period. At the end of each performance period, the PEB shall meet, review and grade performance of work performed during the period. The PEB shall prepare a preliminary report of grades assigned and award fee earned.

Before sending the PEB report to the FDO, the PEB shall provide the Contractor with their preliminary report for comment. The Contractor may rebut the PEB findings and correct any inconsistencies or errors that the Contractor perceives the PEB to have made. The Contractor shall provide a written "rebuttal" within five working days. The PEB shall reconvene upon receipt of the Contractor's rebuttal, and after discussion, may revise the PEB report, if necessary. The final PEB report shall be sent to the FDO for approval. This process shall take place during the 45-business-day award-fee determining period.

Since this process is time sensitive, the PEB preliminary report may be sent to the Contractor by e-mail. If the Contractor fails to respond within the five working days, the PEB may proceed without the Contractor's rebuttal.

(c) Establishment of Award Fee. Upon approval of the PEB report by the FDO, the amount of award fee will be submitted to the Contracting Officer to be incorporated into the contract by modification. Any award fee not earned during the award fee period is not "rolled-over" to the next award fee period.

(d) The determination as to any amount of award fee to be granted the Contractor shall be made by the FDO within 45-business days of the end of each award fee period.

(e) The award-fee determination is a unilateral decision made solely at the discretion of the Government.

G.10 PERFORMANCE EVALUATION AREAS

The following areas of performance will be used as the basis for the determination of award fee. Specific performance benchmarks will be provided in these areas with the Award Fee Evaluation Plan. The weights for each area, totaling 100%, are given in percentages. The Government reserves the right to unilaterally change the area of performance as well as the benchmarks and weightings prior to the start of any evaluation period to address any changing priorities of the Government's program.

(a) **RESULTS** - Progress made toward achieving results specified in Section C., Statement of Work and specific indicators agreed to in the Annual Work Plan as well as any additional results, agreed to at the beginning of the evaluation period. (20%)

(b) **QUALITY** - Contract services and products are of desired quality and are responsive to Bureau for Global Health, mission and other stakeholder needs. Quality assurance and process management mechanisms are applied and maintained as defined in the Annual Work Plan. (20%)

(c) **TIMELINESS** - Schedules are adhered to; field and core-supported activities, as well as oral and written reports, are completed and delivered on time; and administrative actions are completed within time frames agreed to in the Annual Work Plan. (15%)

(d) **MANAGEMENT** - Activities of prime and subcontractors are closely integrated and SDB goals are exceeded; implementation and management practices promote a team approach within the project as well as with other MEASURE Phase II partners. (15%)

(e) **COST CONTROL** - Management of resources is effective and efficient; Contractor's cost estimates are reasonable and on target; Contractor controls all costs throughout the contract including labor, labor-associated expenses, consultants, materials and subcontracts; and Contractor demonstrates effort to pursue cost-sharing opportunities whenever feasible. (15%)

(f) **COLLABORATION** - Collaboration and coordination with other MEASURE Phase II partners and other relevant Cooperating Agencies, USAID missions, other bilateral and multilateral donors, and USAID's EdData Project is demonstrated to be a priority. (15%)

G.11 AWARD FEE DETERMINATION

As of the date signified below, the corresponding dollar amount of award fee is authorized to be paid to the Contractor:

PERIOD	FROM	TO	SCORE	%EARNED	MAX	FEE EARNED

Annex 1- Section G

Award Fee Point Assignment Guide

MODEL GRADING TABLE		
ADJECTIVAL GRADE	DESCRIPTION	PERFORMANCE POINT RANGE
EXCELLENT	Superlative level of performance; achievement of distinguished results; work performed in a highly efficient and cost-effective manner. No deficiencies.	91-100
VERY GOOD	Of exceptional merit; exemplary performance in a timely, efficient and economical manner; very minor deficiencies with little identifiable adverse effect on overall performance.	81-90
GOOD	Very effective performance; fully responsive to contract requirements; more than adequate results; reportable deficiencies, but with little identifiable adverse effect on overall performance.	71-80
FAIR	Fairly effective performance; fairly responsive to contract requirements; fairly adequate results but with reportable deficiencies that could have minimal effects on overall performance.	61-70
MARGINAL	Meets or slightly exceeds minimum acceptable standards; useful levels of performance, but suggest remedial action. Reportable deficiencies which adversely affect overall performance.	51-60
SUBMARGINAL	Below minimum acceptable standards; poor performance; inadequate results; requires prompt remedial action. Significant deficiencies that adversely affect overall performance.	50 or Below

Annex 2- Section G

CONTRACTOR PERFORMANCE EVALUATION REPORT				
CATEGORY	PERFORMANCE EVALUATION AREAS	AVERAGE RATING (%)	AREA WEIGHTING	EVALUATION RATING
1	Results	_____	X .20	_____
2	Quality	_____	X .20	_____
3	Timeliness	_____	X .15	_____
4	Management	_____	X .15	_____
5	Cost Control	_____	X .15	_____
6	Collaboration	_____	X .15	_____
<p style="text-align: right; margin-right: 20px;">TOTAL WEIGHTED RATING: _____</p> <p style="text-align: right; margin-right: 20px;">RATED BY: _____</p> <p style="text-align: right; margin-right: 20px;">SIGNATURE: _____</p>				

SECTION H - SPECIAL CONTRACT REQUIREMENTS

752.7027

PERSONNEL

DEC 1990

H.1 AIDAR 752.7004 EMRGENCY LOCATOR INFORMATION (JUL 1997)

The Contractor agrees to provide the following information to the Mission Administrative Officer on or before the arrival in the host country of every contract employee or dependent:

- (1) The individual's full name, home address, and telephone number.
- (2) The name and number of the contract, and whether the individual is an employee or dependent.
- (3) The contractor's name, home office address, and telephone number, including any after-hours emergency number(s), and the name of the contractor's home office staff member having administrative responsibility for the contract.
- (4) The name, address, and telephone number(s) of each individual's next of kin.
- (5) Any special instructions pertaining to emergency situations such as power of attorney designees or alternate contact persons.

H.2 AIDAR 752.7005 Submission Requirements for Development Experience Documents (Oct 1997)

H.3 INSURANCE AND SERVICES

(a) Pursuant to AIDAR 752.228-3 Worker's Compensation Insurance (Defense Base Act); USAID's DBA insurance carrier is:

Rutherford International, Inc.
5500 Cherokee Avenue, Suite 300
Alexandria, VA 22312

Points of Contact:
Sara Payne or Diane Ford
(703) 354-1616

Hours of Operation are: 8 a.m. to 5 p.m. (EST)
Telefax: 703) 354-0370
E-Mail: www.rutherford.com

(b) Pursuant to AIDAR 752.228-70 Medical Evacuation (MEDEVAC) Services, USAID's Medevac service provider is:

Medex Assistance Corporation
P.O. Box 5375
Timonium, MD 21094-5375
Telephone: (410) 453-6300 in Maryland;
or (800) 537-2029 (toll-free)

Telefax: (410) 453-6301

Applicants should request coverage in accordance with USAID Contract No. HNE-Q-00-98-00106-00.

Medevac services costs are allowable as a direct cost.

H.4 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this contract is 941 .

H.5 NONEXPENDABLE PROPERTY PURCHASES AND INFORMATION TECHNOLOGY RESOURCES

The Contractor is hereby authorized to purchase the following equipment and/or resources:
See Attachment 5.

H.6 LOGISTIC SUPPORT

The Contractor shall be responsible for furnishing all logistic support in the United States and overseas.

H.7 LANGUAGE REQUIREMENTS

Contractor personnel and/or consultants working in the field must have Level 3 Speaking/Level 3 Reading skills (based upon the Foreign Service Institute Standards) in the appropriate country language.

H.8 SUBCONTRACTING PLAN AND THE SF 294 - SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS AND SF 295 - SUMMARY CONTRACTING REPORT

The Contractor's subcontracting plan dated is hereby incorporated as a material part of this contract.

In accordance with FAR 52.219-9, SF 294 and SF 295 should be forwarded to the following address:

U.S. Agency for International Development
Office of Small and Disadvantaged Business Utilization
Room 7.08 RRB
Washington, D.C. 20523

H.9 EXECUTIVE ORDER ON TERRORISM FINANCING

The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

PART II - CONTRACT CLAUSES

SECTION I - CONTRACT CLAUSES

I.1 NOTICE LISTING CONTRACT CLAUSES INCORPORATED BY REFERENCE

The following contract clauses pertinent to this section are hereby incorporated by reference (by Citation Number, Title, and Date) in accordance with the clause at FAR "52.252-2 CLAUSES INCORPORATED BY REFERENCE" in Section I of this contract. See FAR 52.252-2 for an internet address (if specified) for electronic access to the full text of a clause.

NUMBER	TITLE	DATE
	FEDERAL ACQUISITION REGULATION (48 CFR Chapter 1)	
52.202-1	DEFINITIONS	DEC 2001
52.203-3	GRATUITIES	APR 1984
52.203-5	COVENANT AGAINST CONTINGENT FEES	APR 1984
52.203-6	RESTRICTIONS ON SUBCONTRACTOR SALES TO THE GOVERNMENT	JUL 1995
52.203-7	ANTI-KICKBACK PROCEDURES	JUL 1995
52.203-8	CANCELLATION, RESCISSION, AND RECOVERY OF FUNDS FOR ILLEGAL OR IMPROPER ACTIVITY	JAN 1997
52.203-10	PRICE OR FEE ADJUSTMENT FOR ILLEGAL OR IMPROPER ACTIVITY	JAN 1997
52.203-12	LIMITATION ON PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS	JUN 1997
52.204-2	SECURITY REQUIREMENTS	AUG 1996
52.204-4	PRINTED OR COPIED DOUBLE-SIDED ON RECYCLED PAPER	AUG 2000
52.209-6	PROTECTING THE GOVERNMENT'S INTEREST WHEN SUBCONTRACTING WITH CONTRACTORS DEBARRED, SUSPENDED, OR PROPOSED FOR DEBARMENT	JUL 1995
52.215-2	AUDIT AND RECORDS--NEGOTIATION	JUN 1999
52.215-8	ORDER OF PRECEDENCE--UNIFORM CONTRACT FORMAT	OCT 1997
52.215-14	INTEGRITY OF UNIT PRICES	OCT 1997
52.216-7	ALLOWABLE COST AND PAYMENT	FEB 2002
52.217-7	OPTION FOR INCREASED QUANTITY--SEPARATELY PRICED LINE ITEM (Insert 30 days)	MAR 1989
52.219-4	NOTICE OF PRICE EVALUATION PREFERENCE FOR HUBZONE SMALL BUSINESS CONCERNS (JAN 1999)	JAN 1999
52.219-8	UTILIZATION OF SMALL BUSINESS CONCERNS	OCT 2000
52.219-9	SMALL BUSINESS SUBCONTRACTING PLAN ALTERNATE II (OCT 2001)	JAN 2002
52.219-16	LIQUIDATED DAMAGES--SMALL BUSINESS SUBCONTRACTING PLAN	JAN 1999
52.219-25	SMALL DISADVANTAGED BUSINESS	OCT 1999

	PARTICIPATION PROGRAM--DISADVANTAGED STATUS AND REPORTING	
52.222-3	CONVICT LABOR	AUG 1996
52.222-19	CHILD LABOR - COOPERATION WITH AUTHORITIES AND REMEDIES	SEP 2002
52.222-21	PROHIBITION OF SEGREGATED FACILITIES	FEB 1999
52.222-38	COMPLIANCE WITH VETERANS' EMPLOYMENT REPORTING REQUIREMENTS	DEC 2001
52.223-6	DRUG-FREE WORKPLACE	MAY 2001
52.225-13	RESTRICTIONS ON CERTAIN FOREIGN PURCHASES	JUL 2000
52.227-2	NOTICE AND ASSISTANCE REGARDING PATENT AND COPYRIGHT INFRINGEMENT	AUG 1996
52.227-14	RIGHTS IN DATA--GENERAL	JUN 1987
52.227-16	ADDITIONAL DATA REQUIREMENTS	JUN 1987
52.228-7	INSURANCE--LIABILITY TO THIRD PERSONS	MAR 1996
52.230-2	COST ACCOUNTING STANDARDS	APR 1998
52.230-6	ADMINISTRATION OF COST ACCOUNTING STANDARDS	NOV 1999
52.232-17	INTEREST	JUN 1996
52.232-18	AVAILABILITY OF FUNDS	APR 1984
52.232-22	LIMITATION OF FUNDS	APR 1984
52.232-23	ASSIGNMENT OF CLAIMS	JAN 1986
52.233-1	DISPUTES	7/02
52.233-3	PROTEST AFTER AWARD ALTERNATE I (JUN 1985)	AUG 1996
52.237-3	CONTINUITY OF SERVICES	JAN 1991
52.242-1	NOTICE OF INTENT TO DISALLOW COSTS	APR 1984
52.242-3	PENALTIES FOR UNALLOWABLE COSTS	MAY 2001
52.242-4	CERTIFICATION OF FINAL INDIRECT COSTS	JAN 1997
52.242-13	BANKRUPTCY	JUL 1995
52.243-2	CHANGES--COST REIMBURSEMENT ALTERNATE II (APR 1984)	AUG 1987
52.244-2	SUBCONTRACTS ALTERNATE II (AUG 1998)	AUG 1998
52.244-5	COMPETITION IN SUBCONTRACTING	DEC 1996
52.244-6	SUBCONTRACTS FOR COMMERCIAL ITEMS	MAY 2002
52.245-5	GOVERNMENT PROPERTY (COST-REIMBURSEMENT, TIME AND MATERIALS, OR LABOR HOUR CONTRACTS)	JAN 1986
52.245-19	GOVERNMENT PROPERTY FURNISHED "AS IS"	APR 1984
52.246-24	LIMITATION OF LIABILITY--HIGH-VALUE ITEMS	FEB 1997
52.248-1	VALUE ENGINEERING	FEB 2000
52.249-6	TERMINATION (COST-REIMBURSEMENT)	SEP 1996
52.249-14	EXCUSABLE DELAYS	APR 1984
52.253-1	COMPUTER GENERATED FORMS	JAN 1991
752.202-1	DEFINITIONS	
752.204-2	SECURITY REQUIREMENTS	
752.211-70	LANGUAGE AND MEASUREMENT	JUN 1992
752.226-2	SUBCONTRACTING WITH DISADVANTAGED ENTERPRISE	APR 1997

752.226-3	LIMITATIONS ON SUBCONTRACTING	JUN 1993
752.228-7	INSURANCE-LIABILITY TO THIRD PERSONS	
752.228-70	MEDICAL EVACUATION (MEDVAC) SERVICES	MAR 1993
752.242-70	PERIODIC PROGRESS REPORTS	JUL 1998
752.245-70	GOVERNMENT PROPERTY-USAID REPORTING REQUIREMENTS	
752.7001	BIOGRAPHICAL DATA	JUL 1997
752.7002	TRAVEL AND TRANSPORTATION	JAN 1990
752.7006	NOTICES	APR 1984
752.7007	PERSONNEL COMPENSATION	JUL 1996
752.7008	USE OF GOVERNMENT FACILITIES OR PERSONNEL	APR 1984
752.7010	CONVERSION OF U.S. DOLLARS TO LOCAL CURRENCY	APR 1984
752.7011	ORIENTATION AND LANGUAGE TRAINING	APR 1984
752.7013	CONTRACTOR-MISSION RELATIONSHIPS	OCT 1989
752.7014	NOTICE OF CHANGES IN TRAVEL REGULATIONS	JAN 1990
752.7015	USE OF POUCH FACILITIES	JUL 1997
752.7025	APPROVALS	APR 1984
752.7028	DIFFERENTIALS AND ALLOWANCES	JUL 1996
752.7029	POST PRIVILEGES	JUL 1993
752.7033	PHYSICAL FITNESS	JUL 1997
752.7034	ACKNOWLEDGEMENT AND DISCLAIMER	DEC 1991
752.7035	PUBLIC NOTICES	DEC 1991

I.2 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 60 days.

I.3 52.219-23 NOTICE OF PRICE EVALUATION ADJUSTMENT FOR SMALL DISADVANTAGED BUSINESS CONCERNS (MAY 2001) ALTERNATE I (OCT 1998)

(a) Definitions. As used in this clause--

Small disadvantaged business concern means an offeror that represents, as part of its offer, that it is a small business under the size standard applicable to this acquisition; and either--

(1) It has received certification by the Small Business Administration as a small disadvantaged business concern consistent with 13 CFR 124, Subpart B; and

(i) No material change in disadvantaged ownership and control has occurred since its certification;

(ii) Where the concern is owned by one or more disadvantaged individuals, the net worth of each individual upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and

(iii) It is identified, on the date of its representation, as a certified small disadvantaged business concern in the database maintained by the Small Business Administration (PRO-Net).

(2) It has submitted a completed application to the Small Business Administration or a Private Certifier to be certified as a small disadvantaged business concern in accordance with 13 CFR 124, Subpart B, and a decision on that application is pending, and that no material change in disadvantaged ownership and control has occurred since its application was submitted. In this case, in order to receive the benefit of a price evaluation adjustment, an offeror must receive certification as a small disadvantaged business concern by the Small Business Administration prior to contract award; or

(3) Is a joint venture as defined in 13 CFR 124.1002(f).

Historically black college or university means an institution determined by the Secretary of Education to meet the requirements of 34 CFR 608.2. For the Department of Defense (DoD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, the term also includes any nonprofit research institution that was an integral part of such a college or university before November 14, 1986.

Minority institution means an institution of higher education meeting the requirements of Section 1046(3) of the Higher Education Act of 1965 (20 U.S.C. 1067k, including a Hispanic-serving institution of higher education, as defined in Section 316(b)(1) of the Act (20 U.S.C. 1101a)).

United States means the United States, its territories and possessions, the Commonwealth of Puerto Rico, the U.S. Trust Territory of the Pacific Islands, and the District of Columbia.

(b) Evaluation adjustment. (1) The Contracting Officer will evaluate offers by adding a factor of 10 percent to the price of all offers, except--

(i) Offers from small disadvantaged business concerns that have not waived the adjustment;

(ii) An otherwise successful offer of eligible products under the Trade Agreements Act when the dollar threshold for application of the Act is equaled or exceeded (see section 25.402 of the Federal Acquisition Regulation (FAR));

(iii) An otherwise successful offer where application of the factor would be inconsistent with a Memorandum of Understanding or other international agreement with a foreign government;

(iv) For DoD, NASA, and Coast Guard acquisitions, an otherwise successful offer from a historically black college or university or minority institution; and

(v) For DoD acquisitions, an otherwise successful offer of qualifying country end products (see sections 225.000-70 and 252.225-7001 of the Defense FAR Supplement).

(2) The Contracting Officer will apply the factor to a line item or a group of line items on which award may be made. The Contracting Officer will apply other evaluation factors described in the solicitation before application of the factor. The factor may not be applied if using the adjustment would cause the contract award to be made at a price that exceeds the fair market price by more than the factor in paragraph (b)(1) of this clause.

(c) Waiver of evaluation adjustment. A small disadvantaged business concern may elect to waive the adjustment, in which case the factor will be added to its offer for evaluation purposes. The agreements in paragraph (d) of this clause do not apply to offers that waive the adjustment.

[] Offeror elects to waive the adjustment.

(d) Agreements. (1) A small disadvantaged business concern, that did not waive the adjustment, agrees that in performance of the contract, in the case of a contract for --

(i) Services, except construction, at least 50 percent of the cost of personnel for contract performance will be spent for employees of the concern;

(ii) Supplies (other than procurement from a nonmanufacturer of such supplies), at least 50 percent of the cost of manufacturing, excluding the cost of materials, will be performed by the concern;

(iii) General construction, at least 15 percent of the cost of the contract, excluding the cost of materials, will be performed by employees of the concern; or

(iv) Construction by special trade contractors, at least 25 percent of the cost of the contract, excluding the cost of materials, will be performed by employees of the concern.

(2) A small disadvantaged business concern submitting an offer in its own name agrees to furnish in performing this contract only end items manufactured or produced by small business concerns in the United States. This paragraph does not apply in connection with construction or service contracts.

1.4 52.227-23 RIGHTS TO PROPOSAL DATA (TECHNICAL) (JUN 1987)

Except for data contained on pages , it is agreed that as a condition of award of this contract, and notwithstanding the conditions of any notice appearing thereon, the Government shall have unlimited rights (as defined in the "Rights in Data--General" clause contained in this contract) in and to the technical data contained in the proposal dated upon which this contract is based.

1.5 52.232-25 PROMPT PAYMENT (FEB 2002) ALTERNATE I (FEB 2002)

Notwithstanding any other payment clause in this contract, the Government will make invoice payments under the terms and conditions specified in this clause. The Government considers payment as being made on the day a check is dated or the date of an electronic funds transfer (EFT). Definitions of pertinent terms are set forth in sections 2.101, 32.001, and 32.902 of the Federal Acquisition Regulation. All days referred to in this clause are calendar days, unless otherwise specified. (However, see paragraph (a)(4) of this clause concerning payments due on Saturdays, Sundays, and legal holidays.)

(a) Invoice payments--

(1) Due date.

(i) Except as indicated in paragraphs (a)(2) and (c) of this clause, the due date for making invoice payments by the designated payment office is the later of the following two events:

(A) The 30th day after the designated billing office receives a proper invoice from the Contractor (except as provided in paragraph (a)(1)(ii) of this clause).

(B) The 30th day after Government acceptance of supplies delivered or services performed. For a final invoice, when the payment amount is subject to contract settlement actions, acceptance is deemed to occur on the effective date of the contract settlement.

(ii) If the designated billing office fails to annotate the invoice with the actual date of receipt at the time of receipt, the invoice payment due date is the 30th day after the date of the Contractor's invoice, provided the designated billing office receives a proper invoice and there is no disagreement over quantity, quality, or Contractor compliance with contract requirements.

(2) Certain food products and other payments.

(i) Due dates on Contractor invoices for meat, meat food products, or fish; perishable agricultural commodities; and dairy products, edible fats or oils, and food products prepared from edible fats or oils are--

(A) For meat or meat food products, as defined in section 2(a)(3) of the Packers and Stockyard Act of 1921 (7 U.S.C. 182(3)), and as further defined in Pub. L. 98-181, including any edible fresh or frozen poultry meat, any perishable poultry meat food product, fresh eggs, and any perishable egg product, as close as possible to, but not later than, the 7th day after product delivery.

(B) For fresh or frozen fish, as defined in section 204(3) of the Fish and Seafood Promotion Act of 1986 (16 U.S.C. 4003(3)), as close as possible to, but not later than, the 7th day after product delivery.

(C) For perishable agricultural commodities, as defined in section 1(4) of the Perishable Agricultural Commodities Act of 1930 (7 U.S.C. 499a(4)), as close as possible to, but not later than, the 10th day after product delivery, unless another date is specified in the contract.

(D) For dairy products, as defined in section 111(e) of the Dairy Production Stabilization Act of 1983 (7 U.S.C. 4502(e)), edible fats or oils, and food products prepared from edible fats or oils, as close as possible to, but not later than, the 10th day after the date on which a proper invoice has been received. Liquid milk, cheese, certain processed cheese products, butter, yogurt, ice cream, mayonnaise, salad dressings, and other similar products, fall within this classification. Nothing in the Act limits this classification to refrigerated products. When questions arise regarding the proper classification of a specific product, prevailing industry practices will be followed in specifying a contract payment due date. The burden of proof that a classification of a specific product is, in fact, prevailing industry practice is upon the Contractor making the representation.

(ii) If the contract does not require submission of an invoice for payment (e.g., periodic lease payments), the due date will be as specified in the contract.

(3) Contractor's invoice. The Contractor shall prepare and submit invoices to the designated billing office specified in the contract. A proper invoice must include the items listed in paragraphs (a)(3)(i) through (a)(3)(x) of this clause. If the invoice does not comply with these requirements, the designated billing office will return it within 7 days after receipt (3 days for meat, meat food products, or fish; 5 days for perishable agricultural commodities, dairy products, edible fats or oils, and food products prepared from edible fats or oils), with the reasons why it is not a proper invoice. The Government will take into account untimely notification when computing any interest penalty owed the Contractor.

(i) Name and address of the Contractor.

(ii) Invoice date and invoice number. (The Contractor should date invoices as close as possible to the date of the mailing or transmission.)

(iii) Contract number or other authorization for supplies delivered or services performed (including order number and contract line item number).

(iv) Description, quantity, unit of measure, unit price, and extended price of supplies delivered or services performed.

(v) Shipping and payment terms (e.g., shipment number and date of shipment, discount for prompt payment terms). Bill of lading number and weight of shipment will be shown for shipments on Government bills of lading.

(vi) Name and address of Contractor official to whom payment is to be sent (must be the same as that in the contract or in a proper notice of assignment).

(vii) Name (where practicable), title, phone number, and mailing address of person to notify in the event of a defective invoice.

(viii) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract.

(ix) Electronic funds transfer (EFT) banking information.

(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.

(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision (e.g., 52.232-38, Submission of Electronic Funds Transfer Information with Offer), contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer--Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer--Other Than Central Contractor Registration), or applicable agency procedures.

(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.

(x) Any other information or documentation required by the contract (e.g., evidence of shipment).

(4) Interest penalty. The designated payment office will pay an interest penalty automatically, without request from the Contractor, if payment is not made by the due date and the conditions listed in paragraphs (a)(4)(i) through (a)(4)(iii) of this clause are met, if applicable. However, when the due date falls on a Saturday, Sunday, or legal holiday, the designated payment office may make payment on the following working day without incurring a late payment interest penalty.

(i) The designated billing office received a proper invoice.

(ii) The Government processed a receiving report or other Government documentation authorizing payment, and there was no disagreement over quantity, quality, or Contractor compliance with any contract term or condition.

(iii) In the case of a final invoice for any balance of funds due the Contractor for supplies delivered or services performed, the amount was not subject to further contract settlement actions between the Government and the Contractor.

(5) Computing penalty amount. The Government will compute the interest penalty in accordance with the Office of Management and Budget prompt payment regulations at 5 CFR part 1315.

(i) For the sole purpose of computing an interest penalty that might be due the Contractor, Government acceptance is deemed to occur constructively on the 7th day (unless otherwise specified in this contract) after the Contractor delivers the supplies or performs the services in accordance with the terms and conditions of the contract, unless there is a disagreement over quantity, quality, or Contractor compliance with a contract provision. If actual acceptance occurs within the constructive acceptance period, the Government will base the determination of an interest penalty on the actual date of acceptance. The constructive acceptance requirement does not, however, compel Government officials to accept supplies or services, perform contract administration functions, or make payment prior to fulfilling their responsibilities.

(ii) The prompt payment regulations at 5 CFR 1315.10(c) do not require the Government to pay interest penalties if payment delays are due to disagreement between the Government and the Contractor over the payment amount or other issues involving contract compliance, or on amounts temporarily withheld or retained in accordance with the terms of the contract. The Government and the Contractor shall resolve claims involving disputes and any interest that may be payable in accordance with the clause at FAR 52.233-1, Disputes.

(6) Discounts for prompt payment. The designated payment office will pay an interest penalty automatically, without request from the Contractor, if the Government takes a discount for prompt payment improperly. The Government will calculate the interest penalty in accordance with the prompt payment regulations at 5 CFR part 1315.

(7) Additional interest penalty.

(i) The designated payment office will pay a penalty amount, calculated in accordance with the prompt payment regulations at 5 CFR part 1315 in addition to the interest penalty amount only if--

(A) The Government owes an interest penalty of \$1 or more;

(B) The designated payment office does not pay the interest penalty within 10 days after the date the invoice amount is paid; and

(C) The Contractor makes a written demand to the designated payment office for additional penalty payment, in accordance with paragraph (a)(7)(ii) of this clause, postmarked not later than 40 days after the invoice amount is paid.

(ii)(A) The Contractor shall support written demands for additional penalty payments with the following data. The Government will not request any additional data. The Contractor shall--

(1) Specifically assert that late payment interest is due under a specific invoice, and request payment of all overdue late payment interest penalty and such additional penalty as may be required;

(2) Attach a copy of the invoice on which the unpaid late payment interest is due; and

(3) State that payment of the principal has been received, including the date of receipt.

(B) If there is no postmark or the postmark is illegible--

(1) The designated payment office that receives the demand will annotate it with the date of receipt, provided the demand is received on or before the 40th day after payment was made; or

(2) If the designated payment office fails to make the required annotation, the Government will determine the demand's validity based on the date the Contractor has placed on the demand, provided such date is no later than the 40th day after payment was made.

(iii) The additional penalty does not apply to payments regulated by other Government regulations (e.g., payments under utility contracts subject to tariffs and regulation).

(b) Contract financing payment. If this contract provides for contract financing, the Government will make contract financing payments in accordance with the applicable contract financing clause.

(c) Fast payment procedure due dates. If this contract contains the clause at 52.213-1, Fast Payment Procedure, payments will be made within 15 days after the date of receipt of the invoice.

(d) Overpayments. If the Contractor becomes aware of a duplicate payment or that the Government has otherwise overpaid on an invoice payment, the Contractor shall immediately notify the Contracting Officer and request instructions for disposition of the overpayment.

(e) Invoices for interim payments. For interim payments under this cost-reimbursement contract for services--

(1) Paragraphs (a)(2), (a)(3), (a)(4)(ii), (a)(4)(iii), and (a)(5)(i) do not apply;

(2) For purposes of computing late payment interest penalties that may apply, the due date for payment is the 30th day after the designated billing office receives a proper invoice; and

(3) The contractor shall submit invoices for interim payments in accordance with paragraph (a) of FAR 52.216-7, Allowable Cost and Payment. If the invoice does not comply with contract requirements, it will be returned within 7 days after the date the designated billing office received the invoice.

I.6 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

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. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://arnet.gov/far/>

<http://www.usaid.gov>

I.7 752.216-70 Award Fee (May 1997)

(a) The Government shall pay the Contractor for performing this contract such base fee and such additional fee as may be awarded, as provided in the Schedule.

(b) Payment of the base fee and award fee shall be made as specified in the Schedule; provided, that after payment of 85 percent of the base fee and potential award fee, the Contracting Officer may withhold further payment of the base fee and award fee until a reserve is set aside in an amount that the Contracting Officer considers necessary to protect the Government's interest. This reserve shall not exceed 15 percent of the total base fee and potential award fee or \$100,000, whichever is less. The Contracting Officer shall release 75 percent of all fee withholds under this contract after receipt of the certified final indirect cost rate proposal covering the year of physical completion of this contract, provided the Contractor has satisfied all other contract terms and conditions, including the submission of the final patent and royalty reports, and is not

delinquent in submitting final vouchers on prior years' settlements. The Contracting Officer may release up to 90 percent of the fee withholds under this contract based on the Contractor's past performance related to the submission and settlement of final indirect cost rate proposals.

(c) Award fee determinations made by the Government under this contract are not subject to the Disputes clause.

I.8 AIDAR 752.219-8 UTILIZATION OF SMALL BUSINESS CONCERNS AND SMALL DISADVANTAGED BUSINESS CONCERNS

(a) It is the policy of the United States that small business concerns, HUBZone small business concerns, small business concerns owned and controlled by socially and economically disadvantaged individuals, and small business concerns owned and controlled by women shall have the maximum practicable opportunity to participate in performing contracts let by any Federal agency, including contracts and subcontracts for subsystems, assemblies, components, and related services for major systems. It is further the policy of the United States that its prime contractors establish procedures to ensure the timely payment of amounts due pursuant to the terms of their subcontracts with small business concerns, HUBZone small business concerns, small business concerns owned and controlled by socially and economically disadvantaged individuals, and small business concerns owned and controlled by women.

(b) The Contractor hereby agrees to carry out this policy in the awarding of subcontracts to the fullest extent consistent with efficient contract performance. The Contractor further agrees to cooperate in any studies or surveys as may be conducted by the United States Small Business Administration or the awarding agency of the United States as may be necessary to determine the extent of the Contractor's compliance with this clause.

(c) Definitions. As used in this contract

(1) Small business concern means a small business as defined pursuant to section 3 of the Small Business Act and relevant regulations promulgated pursuant thereto.

(2) HUBZone small business concern means a small business concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.

(3) Small business concern owned and controlled by socially and economically disadvantaged individuals and small disadvantaged business concern mean a small business concern that represents, as part of its offer that--

(i) It has received certification as a small disadvantaged business concern consistent with 13 CFR 124, Subpart B;

(ii) No material change in disadvantaged ownership and control has occurred since its certification;

(iii) Where the concern is owned by one or more individuals, the net worth of each individual upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104 (c)(2); and

(iv) It is identified, on the date of its representation, as a certified small disadvantaged business in the database maintained by the Small Business Administration (PRO-Net).

(4) Small business concern owned and controlled by women means a small business concern--

(i) Which is at least 51 percent owned by one or more women, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and

(ii) Whose management and daily business operations are controlled by one or more women.

(d) Contractors acting in good faith may rely on written representations by their subcontractors regarding their status as a small business concern, a HUBZone small business concern, a small business concern owned and controlled by socially and economically disadvantaged individuals, or a small business concern owned and controlled by women.

USAID small business provision. To permit USAID, in accordance with the small business provisions of the Foreign Assistance Act, to give small business firms an opportunity to participate in supplying equipment supplies and services financed under this contract, the Contractor shall, to the maximum extent possible, provide the following information to the Office of Small and Disadvantaged Business Utilization (OSDBU), USAID, Washington, DC 20523-1414, at least 45 days prior to placing any order in excess of the simplified acquisition threshold except where a shorter time is requested of, and granted by OSDBU:

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

I.9 752.7016 VOLUNTARY POPULATION ACTIVITIES (March 1999)

(a) Voluntary Participation and Family Planning Methods

(1) The contractor agrees to take any steps necessary to ensure that funds made available under this agreement will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the contractor agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this agreement, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

(b) Requirements for Voluntary Family Planning Projects

(1) A family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization provides family planning services to people and for which "Development Assistance" funds, or goods or services financed with such funds, are provided under this agreement, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with

respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or Achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no subagreement or contract under paragraph (e) of this clause, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such Services.

(9) (i) The contractor shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph; (ii) the contractor shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project. (iii) The contractor shall provide USAID such additional information about violations as USAID may request.

Additional Requirements For Voluntary Sterilization Programs

(1) None of the funds made available under this contract shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The contractor shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this contract are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of

alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation.

An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the contractor shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately, a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient. (4) The contractor must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

Abortion restrictions

(1) No funds made available under this contract shall be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate women to have abortions; (iii) payments to persons to perform abortions or to solicit women to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for abortion.

(2) No funds made available under this contract will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or in performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not Requirement for Subagreements.

The contractor shall insert this provision in all subsequent subcontracts or subagreements involving family planning or population activities which will be supported in whole or in part with funds under this contract.

(END OF CLAUSE)

I. Amendment for FY 1999 Funding

When FY 1999 funds for voluntary population activities are added to an existing award, clause 752.7016 entitled "Family Planning and Population Assistance Activities" (AUG 1986) must be amended to incorporate the requirements of the Tiahrt amendment to be applicable to activities undertaken using FY 1999 funds. Therefore, when FY 1999 funds are added to an existing award that includes the clause at 752.7016, include the following language to amend the terms and conditions of award:

"Funds made available under this amendment are subject to the following paragraph which is hereby included as the final paragraph of the clause entitled "Family Planning and Population Assistance Activities (AUG 1986)":

(e) Requirements for Voluntary Family Planning Projects

(1) A family planning project must comply with the requirements of this paragraph.

- (2) A project is a discrete activity through which a governmental or Nongovernmental organization provides family planning services to people and for which Development Assistance funds, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
- (3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
- (5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- (6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method.

This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
- (7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.
- (8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no subaward or contract under paragraph (d) of this provision, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.
- (9) (i) The contractor shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph. (ii) The contractor shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project. (iii) The contractor shall provide USAID such additional information about violations as USAID may request.

(END OF CLAUSE)

I.10 USAIDAR 752.7032 INTERNATIONAL TRAVEL APPROVAL AND NOTIFICATION REQUIREMENTS (JAN 1990)

Prior written approval by the Contracting Officer is required for all international travel directly and identifiably funded by USAID under this contract. The Contractor shall therefore present to the Contracting Officer an itinerary for each planned international trip, showing the name of the traveler, purpose of the trip, origin/destination (and intervening stops), and dates of travel, as far in advanced of the proposed travel as possible, but in no event less than three weeks before travel is planned to commence. The Contracting Officer's prior written approval may be in the form of a letter or telegram or similar device or may be specifically incorporated into the schedule of the contract. At least one week prior to commencement of approved international travel, the Contractor shall notify the cognizant Mission, with a copy to the Contracting Officer, of planned travel, identifying the travelers and the dates and times of arrival.

I.11 COMMUNICATIONS PRODUCTS (OCT 1994)

(a) Definition - Communications products are any printed materials (other than non-color photocopy material), photographic services or video production services.

(b) Standards - USAID has established standards for communications products. These standards must be followed unless otherwise specifically provided in the contract or approved in writing by the contracting officer. A copy of the standards for USAID financed publications and video productions is attached.

(c) Communications products which meet any of the following criteria are not eligible for USAID financing under this agreement unless specifically authorized in the contract or in writing by the contracting officer:

- (1) All communications materials funded by operating expense account funds;
- (2) Any communication products costing over \$25,000, including the costs of both preparation and execution. For example, in the case of a publication, the costs will include research, writing and other editorial services (including any associated overhead), design, layout and production costs.
- (3) Any communication products that will be sent directly to, or likely to be seen by, a Member of Congress or Congressional staffer; and
- (4) Any publication that will have more than 50 percent of its copies distributed in the United States (excluding copies provided to CDIE and other USAID/W offices for internal use.

(d) The initial proposal must provide a separate estimate of the cost of every communications product as defined in paragraph (a) above [not just those which meet the criteria in paragraph (c)] which is anticipated under the contract. Each estimate must include all of the costs associated with preparation and execution of the product. Any subsequent request for approval of a covered communication product must provide the same type of cost information.

PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

ATTACHMENT 1 - IDENTIFICATION OF PRINCIPAL GEOGRAPHIC CODE NUMBERS

ATTACHMENT 2 - PRICE SCHEDULE

ATTACHMENT 3 - SMALL BUSINESS SUBCONTRACTING PLAN

ATTACHMENT 4 - ACCOUNTING AND APPROPRIATION DATA FOR BASIC CONTRACT

ATTACHMENT 5 - EQUIPMENT, SUPPLIES AND MATERIALS LIST

ATTACHMENT 1

IDENTIFICATION OF PRINCIPAL GEOGRAPHIC CODE NUMBERS

The USAID Geographic Code Book sets forth the official description of all geographic codes used by USAID in authorizing or implementing documents, to designate authorized source countries or areas. The following are summaries of the principal codes:

- (a) Code 000--The United States: The United States of America, any State(s) of the United States, the District of Columbia, and areas of U.S.-associated sovereignty, including commonwealths, territories and possessions.
- (b) Code 899--Any area or country, except the cooperating country itself and the following foreign policy restricted countries: Afghanistan, Libya, Vietnam, Cuba, Cambodia, Laos, Iraq, Iran, North Korea, Syria and People's Republic of China.
- (c) Code 935--Any area or country including the cooperating country, but excluding the foreign policy restricted countries.
- (d) Code 941--The United States and any independent country (excluding foreign policy restricted countries), except the cooperating country itself and the following: Albania, Andorra, Angola, Armenia, Austria, Australia, Azerbaijan, Bahamas, Bahrain, Belgium, Bosnia and Herzegovina, Bulgaria, Belarus, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Gabon, Georgia, Germany, Greece, Hong Kong, Hungary, Iceland, Ireland, Italy, Japan, Kazakhstan, Kuwait, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia*, Malta, Moldova, Monaco, Mongolia, Montenegro*, Netherlands, New Zealand, Norway, Poland, Portugal, Qatar, Romania, Russia, San Marino, Saudi Arabia, Serbia*, Singapore, Slovak Republic, Slovenia, South Africa, Spain, Sweden, Switzerland, Taiwan*, Tajikistan, Turkmenistan, Ukraine, United Arab Emirates, United Kingdom, Uzbekistan, and Vatican City.

* Has the status of a "Geopolitical Entity", rather than an independent country.