

PART I - THE SCHEDULE

SECTION B - SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

This MEASURE Phase III Demographic and Health Surveys (DHS) contract, will support the Monitoring and Evaluation to Assess and Use Results (MEASURE) Program by serving as the Bureau for Global 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 for decision making.
- Result 2 Increased in-country individual and institutional technical/managerial 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.

B.2 CONTRACT TYPE AND CONTRACT SERVICES

This is a Cost Plus Award Fee (CPAF), completion type contract. For the consideration set forth below, the Contractor shall provide the deliverables or outputs described herein.

B.3 ESTIMATED COST

(a) Total Estimated Cost

(a)(1) The total estimated cost for the performance of work specified in Section C and Section F, Deliverables, of this contract is \$132,627,917.00.

(a)(2) The maximum award fee is \$7,408,933.00.

(a)(3) The base fee is \$2,425,934.00.

(a)(4) The estimated cost plus all possible fees, if any, is \$142,462,784.00.

The Total Estimated Cost of this contract will be based on the Statement of Work described herein and the negotiated price at the time of award. The Contractor shall not exceed the total amount awarded under this contract and may not bill for advance payment of fee.

(b) Obligated Amount

(e)(1) The amount currently obligated and available for reimbursement of allowed costs incurred by the Contractor for performance hereunder is \$18,460,884.00. The Contractor shall not exceed the aforesaid amount and may not bill for advance payment of fee.

B.4 PRICE SCHEDULE

Pricing schedule set forth in Attachment 1 should include salary, travel, equipment, overhead, etc. The price schedule will be used by USAID missions to reference when funding surveys. The Cognizant Contracting Officer or his/her designee will negotiate any new countries introduced that are not a part of this award and the contract will be modified accordingly. However, no modification is necessary if the costs of the surveys of a new country that are similar to a country listed per confirmation with the Contractor. Any significant changes in sample size from what is listed in attachment 1 will not be allowed unless approved in advance by the Contracting Officer.

B.5 INDIRECT COSTS (DEC 1997)

Pending establishment of revised provisional or final indirect cost rates, allowable indirect costs shall be reimbursed on the basis of the following negotiated provisional or predetermined rates and the appropriate bases:

Description	Rate	Base	Type	Period
Fringe Benefits				
(Full Time)	39%	a/	a/	a/
(Part Time)	11.5%	b/	b/	b/
Overhead				
On-Site (Macro)	62%	c/	c/	c/
Off-Site (Macro)	5%	d/	d/	d/
G&A	10.5%	e/	e/	e/

a/ Base of Application: Total full time salaries and wages excluding paid absences (vacation, holidays, sick and other leave).
 Type of Rate: Provisional
 Period: 01/01/2008-06/30/2009

b/ Base of Application: Total part time salaries and wages.
 Type of Rate: Provisional
 Period: 01/01/2008-06/30/2009

- c/ Base of Application: Total on-site (Macro) full time and part time direct salaries and wages plus fringe benefits.
 Type of Rate: Provisional
 Period: 01/01/2008-06/30/2009

- d/ Base of Application: Total off-site (Macro) full time and part time direct salaries and wages plus fringe benefits.
 Type of Rate: Provisional
 Period: 01/01/2008-06/30/2009

- e/ Base of Application: Total costs excluding G&A expenses, subcontract pass-through and transferred costs, but including subcontracts.
 Type of Rate: Provisional
 Period: 01/01/2008-06/30/2009

B.6 CEILING ON INDIRECT COST RATES

(1) Reimbursement for indirect costs shall be at the lower of the negotiated final rates and the proposed on the following condition:

The amount paid to the contractor over the full term of this project for the sum of all indirect charges as specified in section B.5, shall not exceed the ceiling specified below. Any excess of the amounts shown below shall be borne by the contractor and shall not be reimbursed by the Government.

Assuming maximum obligations, this maximum ceiling amount is as follows; the actual ceiling, however, will be based on those funds actually obligated:

Description	Ceiling
Fringe	43.5%
Overhead (On-site)	68.5 %
G&A	12.5%

(2) The Government will not be obligated to pay any additional amount should the final indirect costs exceed the negotiated ceiling amount. If the final indirect cost rates are less than the negotiated ceiling amount, the negotiated rates will be reduced to conform with the lower rates.

(3) This understanding shall not change any monetary ceiling, obligation, or cost limitation. Any changes in classifying or allocating indirect costs require the prior written approval of the Grant/Agreement/Contracting Officer.

B.7 COST REIMBURSABLE

The U.S. dollar costs allowable shall be limited to reasonable, allocable and necessary costs determined in accordance with FAR 52.216-7, Allowable Cost and Payment, FAR 52.216-8, Fixed Fee, if applicable, and AIDAR 752.7003, Documentation for Payment.

B.8 LABOR

Compensation of personnel under this contract or any resulting subcontract must be in accordance with AIDAR 752.7007 Personnel Compensation (JULY 2007).

SECTION C - STATEMENT OF WORK

MEASURE Phase III Demographic and Health Surveys Contract

Note: Part One below is relevant not only to the activity anticipated by this Contract, but also to all the MEASURE Phase III activities. This introduction section presents the experience leading up to MEASURE Phase III, the Guiding Principles and framework for MEASURE Phase III, the plans for activity implementation, and the component projects of MEASURE Phase III.

The Statement of Work for the MEASURE Phase III Demographic and Health Surveys Contract follows in Part Two.

Part One MEASURE PHASE III

I. Introduction

The U.S. Agency for International Development's (USAID) Bureau for Global Health (GH) has a longstanding record of support for the "Monitoring and Evaluation to Assess and Use Results" (MEASURE) Activity. The MEASURE Activity began in 1997 and will continue through September 2013. Originally, the MEASURE Activity was to be implemented in two five-year phases: Phase I (1997-2002), and Phase II (2002-2007). Ultimately, however, Phase I was extended through December 2003, and Phase II was then designed for 2003-2008. The MEASURE Activity, which will be entering its third phase, will herein be referred to as MEASURE Phase III.

Phase III of the MEASURE Activity will contribute to the Health Program Area of the Investing in People Objective under the U.S. Government's (USG's) Foreign Assistance Framework (FAF). As such, MEASURE Phase III will support eight Program Elements: HIV/AIDS, Tuberculosis (TB), Malaria, Avian Influenza (AI), Other Public Health Threats (OPHT), Maternal and Child Health (MCH), Family Planning and Reproductive Health (FP/RH), and Water Supply and Sanitation (WSS). In recognition of the essential role of strategic information in effective and sustainable health investments, the health program area of the FAF includes two related sub-elements: 1) Host Country Strategic Information Capacity and 2) Program Design and Learning. The work of MEASURE Phase III will fall predominantly within these two sub-elements.

MEASURE Phase II (2003 to 2008) was based on the underlying 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. Although that same premise will guide MEASURE Phase III and many of the same areas of emphasis from MEASURE Phase II will continue, special emphasis will be placed on capacity building and helping host countries to move toward sustainability in all aspects of data collection, monitoring and evaluation and in further analysis of data for optimal use in program planning and policy development. Areas that will be given particular attention in MEASURE Phase III include the following:

- Building the capacity not only of individuals but also of host-country organizations in all aspects of the data demand generation-collection-use continuum
- Increasing further analysis of data and building the capacity of host-country counterparts in further analysis skills

- Strengthening the ability of host-country institutions to provide training in monitoring and evaluation, and building Centers of Excellence in monitoring and evaluation
- Continuing capacity building in host-country organizations to use and promote the optimal use of data and evaluation findings to improve health programs and policies
- Strengthening the capacity of host-country institutions in the management of various aspects of data collection and monitoring and evaluation efforts
- Promoting the use of state-of-the-art technologies and methodologies in data collection and monitoring and evaluation

II. Overview of USAID Data Collection Efforts and MEASURE Phases I and II

USAID has long recognized that timely collection, analysis and use of reliable demographic and health data are crucial for planning, monitoring, and evaluating health programs. Over more than three decades, USAID has sponsored a range of data collection activities from large stand-alone national survey programs, such as the Demographic and Health Surveys (DHS) Program, to limited collection of data for impact studies within GH or mission bilateral projects. Data collected have included the following: 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 has also recognized that data collection alone was not sufficient, because data were not fully used and capacity was not sustainably developed. In the early 1990s, USAID developed the EVALUATION Project to improve methodologies for monitoring and evaluating its population programs. The EVALUATION Project disseminated the best practices in monitoring and evaluation and initiated activities to build capacity to monitor and evaluate programs. In addition, USAID developed several projects dedicated to data dissemination and to improving the use of data in policymaking and program planning. USAID also realized that there were many synergies among the activities of these separate projects and that combining them under a single results package could strengthen their impact.

A. MEASURE Phase I

In 1996, USAID's Center for Population Health and Nutrition (PHN Center) developed the MEASURE Program (known within USAID at that time as the MEASURE Results Package). In this discussion, the MEASURE Program, implemented from 1997 to 2003, is referred to as MEASURE Phase I. MEASURE Phase I was planned to create a partnership to bring together the efforts of five projects to improve data quality and data collection methodologies, the data collection process, data analysis, data dissemination and use activities, as well as efforts to build capacity in all of the areas across the entire PHN Center.

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

- 1) Improved coordination/partnerships at international, USAID, cooperating agency (CA), and country levels;
- 2) Increased host country institutionalization;

- 3) Improved tools and methodologies to achieve increased technical relevance and usefulness of data collection and analysis for specific customer and program needs;
- 4) Improved information through appropriate data collection, analysis and evaluation; and
- 5) Improved dissemination and utilization of data.

The component projects of MEASURE Phase I Activity included: 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, was 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.

B. MEASURE Phase II

The concept for MEASURE Phase II was developed through a participatory process that included representatives of each of the five Strategic Objective teams within the Global Health (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

The framework for Phase II focused on a continuum of activities, including the *generation of demand* among current and potential users for quality data, the *process* of data collection and analysis, and the *use* of data for monitoring and evaluating programs and influencing policies. As redesigned for MEASURE Phase II, the Activity Objective was “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 objective was to be met by achieving six intermediate results:

- 1) Increased user demand for quality information, methods, and tools;
- 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;
- 3) Increased collaboration and coordination in efforts to obtain and communicate health, population and nutrition data in areas of mutual interest;
- 4) Improved design and implementation of the information gathering process including tools, methodologies and technical guidance to meet users’ needs;
- 5) Increased availability of population, health and nutrition data, analyses, methods and tools; and
- 6) Increased facilitation of use of health, population and nutrition data.

Along with the change in framework, a change in the implementation arrangement was made for Phase II of MEASURE. The communication function was eliminated as a separate component and was, instead, incorporated into each of the other four components: MEASURE Phase II DHS, MEASURE Phase II Evaluation, MEASURE Phase II BUCEN, and MEASURE Phase II CDC. The intent of this integration was to make the data dissemination and use functions of MEASURE Phase II an integral component of the work of each of the implementers.

¹ Seltzer et al. MEASURE Results Package Evaluation and Pre-Design Study, May 2001. This document is available at www.poptechproject.com as publication number 2001-019-004.

Two areas of increased emphasis for MEASURE Phase II have been *generating demand* for data and *facilitating use* of data. MEASURE Phase II partners have worked with data users to help them develop an appreciation for evidence-based programming and policymaking. Data users have included 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 have encompassed a wide range of individuals with varied data needs and levels of technical proficiency. In the early part of a country activity, MEASURE Phase II partners have first helped identify the data users in a country and assisted them to define their specific data needs. In later stages of an activity, MEASURE Phase II partners have provided technical assistance to facilitate data use by translating it into useful information that is packaged in the appropriate formats, such as policy briefs and special statistical summaries, and a variety of electronic, web-based and hard copy media that can be used and applied to improve decision-making.

During the years of MEASURE Phase II, data needs for monitoring and evaluation and planning in health programs have grown rapidly, particularly as a result of large, newly-established programs such as the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). With these growing needs, the relevance of MEASURE has increased. Demand for assistance from MEASURE has far exceeded original expectations. Moreover, in light of the current anticipated levels of funding in the health sector, this demand is expected to continue and to grow.

III. Focus of MEASURE Phase III

During the fourth year of MEASURE Phase II, a design team in the GH Bureau collected information from Missions and stakeholders in USAID/W to assist in the decision about what direction to take for MEASURE Phase III. Based on this information and from internal discussions, the MEASURE Design Team reached the conclusion that the overarching framework for the MEASURE Activity as outlined in Phase II remains sound. Thus, both the Activity Objective and, in general, the Results from Phase II will be retained for Phase III. However, some areas of emphasis in the Results will shift for MEASURE Phase III; and thus, some Results have been reworded slightly to reflect the new emphases.

Based on stakeholders' input, particular emphasis will be placed in MEASURE Phase III on capacity building that will enable countries to move toward sustainability in all aspects of data collection, monitoring and evaluation, and on further analysis of data for optimal use in program planning and policy development. Although many countries have made good progress in both of these areas during MEASURE Phase II, even greater focus should be given to these functions to move toward sustainability. Sustainability of countries' data collection, monitoring, and evaluation activities has become a particularly important issue as USAID puts in place plans to graduate selected countries from family planning and other health assistance. Analysis and use of data have become increasingly important as stakeholders have begun to realize fully the contribution of good data to sound decision-making, fostering policy change, and strategically allocating resources in health programming.

Under MEASURE Phase III, the partnership among the implementation mechanisms will be similar to those of Phase II: a five-year contract for MEASURE Phase III DHS and a five-year cooperative agreement for MEASURE Phase III Evaluation, as well as a Participating Agency Project Agreement (PAPA) with the Centers for Disease Control and Prevention and an Inter-Agency Agreement with the Bureau of the Census. More details on these implementation mechanisms and their priorities for Phase III are provided in Section III.D.1 (Implementation Overview) below. As in MEASURE Phases I and II, the expectation is that the MEASURE Phase III implementing partners will collaborate whenever possible in order to optimize use of MEASURE expertise and resources for the achievement of MEASURE Phase III Results.

A. Support for Multi-Agency, Multi-Donor Programs

During the past five years, major new US-supported public health financing and implementation mechanisms have taken on increasing importance, to better respond to critical global health problems. The President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), and the Avian Influenza response have injected both substantial new financial resources and increased emphasis on measuring results into the US contribution to global health. These programs call on multiple US government agencies to share in program implementation. In addition, multi-donor global alliances have emerged, in particular the Global Fund for AIDS, Malaria and Tuberculosis (GFATM) and the Global Alliance for Vaccinations and Immunizations (GAVI), to which the USG is a major contributor. These programs are characterized by unprecedented collaboration among international agencies, governments and private sector donors, both internationally and at the country level; and as performance-based programs they rely heavily on strong monitoring and evaluation systems. Meeting the individual needs of participating agencies and donors, while supporting single, standardized data collection and analysis systems, is challenging.

MEASURE Phase II has contributed significantly to helping improve results measurement and data use for many of these programs' activities, and the demand for MEASURE technical support is expected to grow even more during Phase III. (For details of accomplishments, see the evaluation report footnoted above and the details given in Part Two, below.) In addition, it is likely that new global health initiatives will be developed to address other important health problems in the coming years.

For this reason, MEASURE Phase III will place increased emphasis on fostering collaboration and cooperation among USG agencies and among participating members of multi-donor efforts in the design and implementation of data collection, analysis, and use. These collaborations will address numerous issues, such as: joint implementation of surveys, standardizing of indicators, and expanding capacity of host country statistical agencies. The program will maintain flexibility to support innovative new, often complex multi-agency or multi-donor financing and implementation mechanisms as they arise. An example of such innovations from the current MEASURE DHS program is the collaborative co-financing of DHS surveys with other donors.

B. Gender Perspective in MEASURE Phase III

MEASURE Phase III will take gender into account during the design and implementation of data collection, analysis, monitoring and evaluation, and dissemination and use activities. For example, as MEASURE Phase III works with data users to generate demand for better quality data, it will increase the understanding of the use of data for illuminating gender norms and inequalities and their influence on health-seeking behavior.

MEASURE Phase III will also continue to collect sex-disaggregated data, conduct special analyses, and present information in ways that will increase understanding of gender norms and relationships between men and women in a specific country or regional context. In addition, MEASURE Phase III will support innovations in gender-related data collection and respond to data needs on a range of gender-related issues, such as gender-based violence (GBV), cross-generational/transactional sex, and child marriage, as part of core surveys or separate modules. Finally, MEASURE Phase III will work to ensure that data collection approaches are designed to collect reliable and representative data from both men and women. Careful attention will be given to building local capacity of both men and women to collect, analyze and interpret data generally, and gender-related data more specifically, as they relate to population and health.

Particular attention will be given to packaging information and data produced by MEASURE Phase III in ways that will 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 disseminated to a wide range of users, including: technical audiences of health program policymakers and managers to inform program design and

implementation, and 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.

C. Guiding Principles for MEASURE Phase III

At the time of the design of MEASURE Phase II, the Design Team articulated a set of Guiding Principles deemed critical for the success of the MEASURE Phase II efforts. Because these Guiding Principles have proved to be valuable in facilitating the successes in MEASURE Phase II and because they still continue to have relevance, they have been adapted and restated to guide the work of MEASURE Phase III. The Guiding Principles provide a general frame of reference that will be used as MEASURE Phase III moves through implementation in order to 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 III partners must recognize that there is a wide range of data users with whom they must work closely to ensure that 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 public- and private-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 overseas Missions, other USG partners such as the Centers for Disease Control and Prevention (CDC); the Office of the Global Aids Coordinator (O/GAC), other bilateral and multilateral donors; and USAID Global Health (GH) Cooperating Agencies (CAs). Each of these user groups may have different data priorities. Thus, MEASURE Phase III partners 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 III partners must also work closely with data users in tracking the use of data and determining if future changes in the data collection process are needed to maximize the utility of the data. MEASURE Phase III partners must coordinate with other appropriate GH CAs, missions, and host-country counterparts at all levels to ensure that the data collected can and will be used to improve health program implementation and policies that affect the delivery of health services, to influence other health-related policies and, ultimately, to improve health outcomes.

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

Experience has shown that ownership of data evolves from participating in decision-making concerning what data will be collected, and how they will be analyzed, packaged, presented and used. MEASURE Phase III must work with host-country partners (usually national health or demographic statistics units in governmental, non-governmental, or university agencies) 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 III partners must strive to develop the most cost-effective and sustainable approaches for collecting the data that meet users' needs. After the data have been collected, MEASURE Phase III must strengthen the capacity of data users to analyze the data. Finally, it must train host-country partners to develop strategies to package and present the results in the appropriate formats and media for use in policy formulation, program planning, management, monitoring and evaluation.

3. Partner strategically with key stakeholders.

Key stakeholders include groups as diverse as national statistical offices, host-country policymakers and program managers at national and sub-national levels and in various line ministries, public- and private-sector

providers of health care and health care products, media and advocacy groups, other USG partners such as CDC, O/GAC, multilateral and bilateral donor agencies, and other GH CAs. Frequently, these groups develop parallel or duplicative 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 III must strategically partner with these stakeholders to coordinate and harmonize efforts, approaches and resources; design and implement activities; and ensure that they have timely access to the data in appropriate formats. MEASURE Phase III must also strive to incorporate the collection of demographic and health data into ongoing country data collection efforts to the extent possible. Finally, MEASURE Phase III must build upon the efforts of MEASURE Phases I and II to share costs with and leverage additional funds from other donors whenever and wherever feasible.

4. Achieve best possible balance among the priorities of host-country counterparts, the in-country US Government Team, and AID/Washington.

MEASURE Phase III will assist in collecting data to meet the needs of a variety of stakeholders; and frequently, these stakeholders will have different objectives resulting in inherent tensions. For example, a Ministry of Health might want to collect data to monitor district-level work while the USAID mission might want to collect data only down to the regional level. Or USAID/W might encourage MEASURE Phase III 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. Competing demands are inherent in the development of data collection strategies. MEASURE Phase III 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 III must work with these stakeholders to negotiate a consensus on the priority purpose and objectives for data collection, develop a strategy that identifies the most appropriate data to collect, and decide on 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 of which are more costly than others. These approaches 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, timely and sustainable mix that provides the needed data.

MEASURE Phase III will continue the innovative work of MEASURE Phases I and II in developing a wider repertoire of data collection tools and approaches--such as the achievements in refinement and use of biomarkers and verbal autopsies--with a continued emphasis on cost-effectiveness. Thus, while emphasis will be placed on innovation, innovative approaches must continue to be balanced with cost. The 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 in-country data collection efforts to include the collection of demographic and health data, as appropriate. The challenge for MEASURE Phase III will be to educate stakeholders about the costs, applicability, benefits and utility of various 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*

An overarching principle for MEASURE Phase III is to build and optimize capacity of host-country partners to: identify data needs; collect and analyze data; translate and package data for policy making and program planning; and improve the use of data to make policies and plan, manage, monitor and evaluate programs. All MEASURE Phase III activities will be developed and implemented in ways that strengthen host-country ownership and build local capacity. MEASURE Phase III 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 III 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 within the countries where MEASURE Phase III works.

D. MEASURE Phase III Activity Objective and Results

The MEASURE Phase III Activity Objective, unchanged from Phase II, is: **Improved collection, analysis and presentation of data to promote better use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs.** This Activity Objective reflects the above Guiding Principles and the continued and new areas of emphasis of MEASURE Phase III. This Activity Objective will be accomplished through the achievement of the six Results listed below. While these Results are basically the same as those under Phase II, several have been reworded slightly to reflect new areas of emphasis within the Result that will be described in detail in the statement of work found in Part Two, below.

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

E. Implementation

1. Overview

MEASURE Phase III will operate as a Global Health “Bureau-wide activity,” providing assistance in the health elements encompassed by the Bureau’s three technical offices:

1. Office of Health, Infectious Diseases and Nutrition (HIDN) – Tuberculosis, Malaria, Avian Influenza, Other Public Health Threats, Maternal and Child Health, and Water Supply and Sanitation elements;
2. Office of HIV/AIDS (OHA) – HIV/AIDS element; and
3. Office of Population and Reproductive Health (PRH) – Family Planning and Reproductive Health element.

The MEASURE Phase III partners will work to improve collection, analysis, packaging, and presentation of data and to facilitate use of data in planning, policymaking, managing, monitoring and evaluating health programs. Building sustained capacity in the collection and analysis of data and in demand for and use of high quality data will serve as key tenets within this work. MEASURE Phase III will include two competitively-awarded procurements (i.e., MEASURE Phase III DHS and MEASURE Phase III Evaluation), a Participating Agency Project Agreement (PAPA) with CDC, and the Office of Population and Reproductive Health (PRH)-supported part of an Inter-Agency Agreement (IAA) with the U.S. Census Bureau (BUCEN). The four MEASURE Phase III partners will coordinate activities and collaborate in implementation in order to maximize the synergies of their work.

The MEASURE Phase III Demographic and Health Surveys (DHS) contract will build upon the work of the current, ongoing MEASURE Phase II DHS Project, which has a total estimated cost of \$107 million. One of the key objectives of this contract will be the collection of comparable, national-level survey data. However, USAID will expect an array of data collection approaches addressing the full range of health issues. Particular emphasis will be placed on building sustainable capacity in all aspects of the data demand generation/collection/use continuum. 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 activities related to global leadership, technical innovation, and knowledge generation. Mission funding will support most of the in-country data collection, data analysis, dissemination, packaging and facilitation of data use activities, as well as efforts to build the capacity of in-country data users and producers in these areas.

MEASURE Phase III Evaluation Leader with Associates Cooperative Agreement will build upon the efforts of the MEASURE Phase II Evaluation Project. The program will focus on developing new methodologies, dissemination, capacity building and implementing best practices in monitoring and evaluating health programs that address country-level and global monitoring and evaluation (M&E) needs. MEASURE Phase III Evaluation activities include providing global leadership and identifying priority areas for research and development of M&E tools. 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 funded. The capacity building agenda will be developed and implemented collaboratively with all MEASURE Phase III partners and, as appropriate, with other CAs.

The IAA with BUCEN will be a joint agreement between PRH and OHA; only the PRH-supported part of the IAA, MEASURE BUCEN, will be part of the MEASURE activity. MEASURE BUCEN will build upon the work of the long-term PASA between USAID and the U.S. Census Bureau. It will serve two main functions. One component, funded through field support, will focus on strengthening developing country institutional capacity to collect, analyze, disseminate, and use data to increase understanding of demographic trends and their implications in policy and program planning. The second component, funded mostly with core funds, will support development and maintenance of tools and methodologies, such as the Census and Survey Processing System (CSPro—additional information is available as of December 31, 2007, at: www.cspro.org), to improve the collection and dissemination of demographic data, with a focus on

capacity building and training of local government institutions to design and implement national censuses and surveys, long distance technical support in the use of new tools and methodologies, and development and dissemination of training materials. This component will also support regular updates and dissemination of global, regional, and country- specific population growth estimations and projections, and analysis of demographic trends.

MEASURE CDC/DRH will be implemented as a PAPA with the U.S. Centers for Disease Control and Prevention's Division of Reproductive Health. It will focus on implementation of population based Reproductive Health Surveys (RHS) and development of local, national, and regional institutional capacity of partner organizations. Field support will fund the implementation, analysis, dissemination, and translation of the national surveys. Core funds will focus on creating tools to help build the capacity of local partners in survey advocacy and implementation, and coordination of dissemination and use of survey data in the local context. Core funds will also provide technical assistance to collect key reproductive health data for refugee/displaced populations, and provide technical assistance to the World Health Organization to update reproductive health service delivery guidelines with the latest relevant research findings.

The MEASURE Phase III partners must also create linkages with other GH CAs, such as Health Policy Initiative (HPI); Health Systems 20/20; USAID | Deliver Project; BASICS III; C-Change; and Information and Knowledge for Optimal Health (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 need. For more information on collaboration and coordination, see Part Two, Section III.B, DHS Survey Process, Country Plans and Collaboration.

2. Links to Results

In order to implement successfully the data demand generation/collection/use continuum, USAID expects each MEASURE Phase III partner to contribute to each of the six Results. In doing so, it is expected that the MEASURE Phase III procurements will work collaboratively and synergistically with each other, as well as with host-country counterparts, missions, USAID/W, regional bureaus, other CAs, other bilateral and multilateral donors, and other USG partners including O/GAC, CDC, and others.

That said, some MEASURE Phase III partners will contribute more to certain Results than others, and each partner will have its distinct comparative advantage. The MEASURE Phase III DHS contract will take the lead in implementing national-level population- and facility-based surveys. MEASURE Phase III Evaluation will take the lead in developing and implementing new monitoring and evaluation methodologies as well as in improving routine health information systems. MEASURE BUCEN will continue to take the lead in providing technical assistance to developing countries to conduct censuses, as well as in developing innovative technologies, like CSPro, for the collection of demographic and health data. MEASURE CDC/DRH will provide technical assistance in the implementation of reproductive health surveys. All partners will join together to develop country-level data collection strategies to ensure that the most appropriate methodologies are 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 approach to capacity building.

As described above, the MEASURE Phase III Activity will contribute to the USG *Investing in People* health program area by strengthening two health sub-elements: 1) Host Country Strategic Information Capacity (SI) and 2) Program Design and Learning (PDL). The State Department Director of Foreign Assistance has compiled definitions for each Foreign Assistance Framework element and sub-element. For the current set of definitions, see the State Department website section on the Standardized Program Structure and Definitions; web link as of December 31, 2007, is: <http://www.state.gov/f/>. Note that the definitions

given for sub-elements SI and PDL vary slightly for each health element, such that SI and PDL for HIV/AIDS are slightly different from SI and PDL for tuberculosis, etc. USAID investments in these sub-elements for each MEASURE III activity will be linked to performance targets associated with the implementing mechanism. Therefore, it is expected that each MEASURE Phase III partner will participate (along with USAID/W and/or the Missions) in the process of establishing performance indicators and targets associated with the funding obligated to its respective project.

3. USAID Management of MEASURE

MEASURE Phase III will support all of the elements within the USAID Bureau for Global Health and will be considered a Global Health “Bureau-wide Activity.” As a result, the USAID MEASURE Management Team will be composed of staff from the three technical offices within the Bureau for Global Health that together include all of the health elements. This will ensure that the technical expertise of the USAID MEASURE Management Team covers all of the technical areas in which MEASURE Phase III will work, and will promote coordination among the health elements and greater impact within the broader health system. As in MEASURE Phase II, significant attention will be given to collaboration and coordination across Bureau for Global Health Offices as well as with missions, the regional bureaus, and other sectors of USAID.

The USAID MEASURE Management Team will provide technical direction to MEASURE Phase III. The Team will organize annual meetings with the leadership of the MEASURE Phase III implementing partners. Among the objectives for these meetings will be the joint review of work plans, 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 III 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 Management Team will also work closely with mission PHN officers and USAID/W country health team leaders to help them understand the services provided by each of the MEASURE Phase III partners and how to access the most appropriate MEASURE Phase III services.

4. MEASURE Phase III Beneficiaries

The MEASURE Phase III Activity will serve the data collection, monitoring, and evaluation needs of a number of primary beneficiaries, those who will benefit from MEASURE’s efforts but may not be involved in its implementation, and numerous other secondary beneficiaries. Primary beneficiaries include: host-country policymakers and program managers at national and sub-national levels and in various line ministries; public- and private-sector providers of health care and health care products; media and advocacy groups; USAID missions; the USAID Bureau for Global Health and other technical and regional bureaus; other USAID CAs; USG partners; and other bilateral and multilateral donors.

The MEASURE Phase III projects will coordinate their implementation efforts with some of these beneficiaries, for example, with other USG partners, NGOs, PVOs, etc., as well as with each other. 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 evaluation and planning and for policymaking. Thus, these partners will also be beneficiaries through the synergies gained by working with MEASURE.

Part Two
THE MEASURE PHASE III DEMOGRAPHIC AND HEALTH SURVEYS
STATEMENT OF WORK

I. Introduction

A. The Increasing Need for Data

Over the last decade, data needs for monitoring and evaluation and program planning in health have increased substantially. The number of donors and global stakeholders in health has expanded rapidly, as has the overall level of health aid. Increasing resources, coupled with greater recognition of the complexities of the health sector, have stimulated greater demand for quality data for evidence-based decision making and distribution of resources. The establishment of the Millennium Development Goals (MDGs), three of which directly relate to health, has also increased attention to the need for adequate systems to monitor progress in the reduction of mortality and the fight against HIV/AIDS, malaria, and other major diseases. Country level decentralization and health sector reform are placing further emphasis on data relating to program quality, cost-effectiveness, and impact.

USG policies and initiatives are contributing to the overall increase in demand for data, at both the country and headquarters levels. The USG Foreign Assistance Framework links indicators and targets to program elements to enable monitoring and evaluation of the effectiveness of U.S. foreign assistance. The President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI) are both five-year initiatives with specific goals that require data for monitoring and evaluating program interventions as well as progress towards overall targets. In addition to the USG initiatives, there are global initiatives that require data to monitor and evaluate the effectiveness of program activities. Two examples are the Global Fund and Roll Back Malaria.

Besides increased donor demand, several developments have affected data needs and, consequently, the type and scope of data collected in surveys over time. For instance, differences in health conditions between countries imply differences in data needs across countries and regions. While countries in Africa, Asia, and Latin America request information on HIV/AIDS, STI, maternal and child health, malaria, nutritional status, health knowledge and behavior, health service quality and utilization and poverty, countries with transitional economies in Eastern Europe focus on collecting information about risks to adult health such as smoking, environmental hazards, drug abuse, obesity, chronic diseases and tuberculosis. Moreover, based on increased demand for information about the characteristics of health services, the MEASURE DHS program broadened its repertoire to include the facility-based Service Provision Assessment (SPA). The ability to respond adequately to changing data needs has been a hallmark of the MEASURE DHS program. It is expected that the MEASURE Phase III DHS program will continue to respond to changing data needs as they occur.

B. The Evolution of the DHS Program

USAID has long recognized the value of timely and good quality nationally-representative health data in program planning, monitoring and evaluation and has supported the collection, analysis and dissemination of such data for 35 years, beginning with its collaboration with the United Nations Population Fund (UNFPA) to support the World Fertility Surveys (WFS) from 1972 to 1984. Based on the success of the WFS and growing value of timely data for program planning and policy decisions, USAID supported two survey data collection projects that were smaller in scope and content and with faster turn-around time: the Contraceptive Prevalence Survey (CPS) implemented by Westinghouse from 1977 to 1985, and the CPS project implemented by CDC from 1975 to the present. The survey project implemented through the CDC has changed its name and expanded its scope a few times since 1975: it was known as CPS up to about 1980, as

FP/MCH surveys from 1980 to around 1988, and as Reproductive Health Surveys (RHS) from around 1988 to date. At the conclusion of the WFS, USAID launched the comprehensive nationally representative and cross-nationally comparable Demographic and Health Surveys (DHS) program, which has been competitively awarded since 1984.

1. Survey Types and Content

The DHS Program has conducted over 220 surveys in about 80 countries since its inception in 1984. Of these surveys, nearly 50% have been conducted in 38 Sub-Saharan African countries and the rest have been conducted mainly in Asia and Latin America. Over the past five years, an increasing number of countries in Central Asia and Eastern Europe have also participated in the MEASURE DHS program. As is the practice in other regions, the project has had to adapt its survey instrument to respond to these countries' specific data needs.

At the beginning of the DHS program, the sample size of each survey was typically less than 6,000 respondents. Over the years, as a result of increasing demands for sub-national (regional and district) level estimates, the sample size of most DHS-implemented national surveys has increased. In addition, the range and depth of topics have expanded. Initially, respondents were only women of reproductive age and issues addressed consisted mainly of fertility, family planning and maternal and child health. Currently, most of the surveys include male respondents and data are collected on a wide variety of topics that include anemia, malaria, maternal and child nutritional status, geographic location, HIV, syphilis, and vitamin A deficiency. In responding to these changing data needs, the DHS Program has been flexible without losing focus or sacrificing data quality. The types of surveys conducted by the DHS program include the following:

- **Standard Demographic and Health Surveys (DHS)** – These are nationally representative household surveys with large sample sizes (usually between 5,000 and 30,000 households, depending on whether sub-national level estimates are required). Conducted every five years to allow comparisons over time, these surveys provide data for a wide range of monitoring and evaluation indicators in the areas of population, health and nutrition (PHN). In order to collect data that are comparable across countries, standard core questionnaires have been developed along with survey manuals that describe why certain questions or sections have been included. The development of the survey manuals has ensured that similar questionnaires and survey procedures are followed in each country. The survey manuals include topics such as sampling, field staff training, interview procedures and quality control.

The core questionnaires—household-, female individual-, and male individual-questionnaires—form the basis for the questionnaires that are applied in each country (see the description of the instruments in the section below - Survey Design). Questionnaires can be tailored to meet host-country and donor agency data needs by adding other relevant questions or deleting questions perceived to be irrelevant to a particular country situation.

To accommodate requests for information on special topics that are not contained in the core questionnaires and to achieve some level of comparability across countries that apply them, optional questionnaire modules have been developed on a series of topics. The topics include consanguinity, domestic violence, female genital cutting, malaria, maternal mortality, pill failure and behavior, sterilization experience, and women's status.

- **Interim Demographic Health Surveys (Interim DHS)**- These smaller surveys are conducted between rounds of the standard DHS to provide information on key performance monitoring indicators. Compared to the standard DHS, the questionnaires are shorter, the sample sizes are much smaller (about 2000-3000 households), and they 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 sub-national

estimates. The interim survey has been implemented in a few countries under MEASURE DHS Phases I and II.

- **AIDS Indicator Survey (AIS)** – The AIS was designed to provide countries with a standard survey protocol to obtain the information required for meeting HIV/AIDS program reporting requirements in a timely fashion and at a reasonable cost. The reporting requirements include the collection of indicators, including those of the President’s Emergency Plan for AIDS Relief (PEPFAR) and United Nations General Assembly Special Session on HIV/AIDS (UNGASS), and ensuring comparability of findings across countries and over time. The AIS consists of two survey instruments – the household questionnaire and the individual questionnaire. The household questionnaire is administered to identify eligible men and women for individual interviews and obtain information on basic characteristics of the household and its members. The individual questionnaire is administered to obtain information from both men and women on background characteristics, patterns of marital unions, sexual experience, sexual transmitted infections (STI) and knowledge and attitudes related to HIV/AIDS.
- **Malaria Indicator Survey (MIS)** – The MIS was developed by the Roll Back Malaria Monitoring and Evaluation Reference Group (RBM MERG) Survey and Indicator Task Force, with MEASURE Phase II DHS highly involved in its development. The MIS was designed as a nationally representative, household-level survey package for assessing coverage of insecticide-treated mosquito nets (ITN) based on a full net roster, anti-malarial treatment among children under five with fever, and intermittent preventive therapy (IPT) among pregnant women.

The MIS package includes a standard set of well-defined indicators; recommended questionnaires; data tabulation plans for calculation of indicators; and guidance for conducting surveys, designing sampling frames, and calculating sample sizes. There are two main survey instruments – the household questionnaire and the individual questionnaire. The household questionnaire is administered to identify women of reproductive age and children under 5 who are eligible for anemia and malaria testing. The household questionnaire also yields information on the dwelling unit (i.e., water source, materials used to construct the house etc.), indoor residual spraying of dwelling, and bednet ownership and use. The individual questionnaire is administered to eligible women 15-49 to obtain information on background characteristics, reproductive and birth history, IPT during the last pregnancy, incidence of fever in children under 5 and treatment patterns. Blood samples are collected for anemia testing and rapid diagnostic testing (RDT). Verbal autopsy components are sometimes added to the core questionnaires or undertaken as a separate exercise. Within the DHS program, the MIS is implemented to obtain, across countries and over time, the information required to meet the program reporting requirements of the President’s Malaria Initiative (PMI) in a timely manner and at a reasonable cost.

It should be noted that the AIS and MIS are sometimes integrated into the standard Demographic and Health Survey.

- **Service Provision Assessment (SPA)** – The SPA is conducted in health facilities and communities to obtain information about the characteristics of health services including their quality, infrastructure, utilization and accessibility. The SPA includes observations and provider interviews to assess the capacity of facilities to provide services that meet a given standard and maintain that standard over time. Client exit interviews and observations are also used to assess service providers’ adherence to standards in the provision of care. Thus, the SPA provides coherent cross-sectional overview of the service delivery environment, and 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 the integrated management of childhood illness (IMCI), safe motherhood, family planning and prevention of HIV and STI. In each country the core questionnaire and the standards on which it was based are adapted to the local situation and country-specific context. To date the majority of the service provision assessment surveys have been conducted in public facilities, but in

the future they may also include private facilities. Nearly a dozen countries have implemented the SPA under the first two phases of MEASURE DHS Project.

Collection of Biological Specimens (Biomarkers) and Measurements – Biomarkers are biologic measures of health conditions. Biomarker data provide information about the prevalence of the health conditions of interest and the prevalence data have helped policy policymakers and program managers develop appropriate responses to the health conditions. Following on several years of collecting data on height and weight to assess nutritional status of women and children, the MEASURE DHS Project introduced the collection of biological specimens such as blood, urine and saliva to test for presence of the biological marker of interest. Using field-friendly technologies, tests have been conducted in recent years for syphilis, the herpes simplex virus, serum retinol (vitamin A), malaria parasites, lead exposure, high blood pressure, and immunity from vaccine-preventable diseases like measles, and tetanus while conducting Demographic and Health Surveys. Most surveys now include testing for HIV infection in their design. Although some tests still require specimens to be transported to the laboratory for analysis, the development of portable analyzers has made it possible to provide within minutes the results of some tests (e.g., anemia) and referral for treatment if needed.

Geographic Information Systems (GIS) – In recent years, MEASURE DHS has routinely collected (or encouraged the routine collection of) geographic information in all surveyed countries. Using GIS, researchers can link DHS data with routine health data, health facility locations, local infrastructure and environmental conditions. Linked DHS and geographic data are now being used, for example, to improve planning for family planning interventions, to assess the correlation of malaria prevalence and anemia in children in West Africa, and to analyze the effects of environment on childhood mortality.

For both the household and facility-based surveys, MEASURE DHS has trained local interviewers to use hand-held Global Positioning System units to collect latitude and longitude coordinates that indicate the locations of surveyed communities and/or health facilities. In addition to training in geographic data collection, training in analysis and mapping has been provided in a few countries. The GPS data collection standards and manual prepared by MEASURE DHS are now being used by other international bodies for their surveys.

2. Survey Design

MEASURE DHS implements two broad types of surveys: the population-based or household surveys, and the facility-based assessment of health services or the service provision assessment (SPA). The designs for the two types are briefly described below:

Household surveys

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

(b) Questionnaire design: Currently, three types of core questionnaires - household, women, and men - are used to elicit responses needed for deriving core M&E indicators for health and population programs. The

household questionnaire is used to collect information on the characteristics of the household and its members, including anthropometric data, and to identify members who are eligible for the individual female and male questionnaires. Household members eligible for individual interviews include women of reproductive age (15-49) and men aged 15-59 (or in some cases 15-54). In some countries only women are interviewed. The individual questionnaires include information on marriage, fertility, family planning, reproductive health, child health and HIV/AIDS. A primary purpose of the core questionnaires is to provide data for use in cross-country and regional analyses as well as contribute to data aggregation at the global level. Each core questionnaire is supported by a series of modules, each addressing a key program area. Modules are selected for use depending upon country needs. Use of modules enables the data collection program to respond to specific needs at the country level without conducting multiple surveys. While this approach has enabled the DHS program 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 and interviewers alike. While there has been no solid evidence that respondent fatigue is an issue to date, this possibility has become an increasing concern.

Facility-based surveys

(a) Sample design: The SPA is designed to obtain information about the health and family planning services available in a country, including their quality, infrastructure, utilization, and availability. The sampling design varies from country to country and depends on four main factors: the level of disaggregation required; the type of health services to be assessed; inclusion of observation component; and the level of precision desired. The final sample size is often constrained by the level of resources (human and financial) available, as well as logistical and survey management issues. One of the main challenges that is faced in the field is the difficulty of getting reliable information needed to design the sample. For example, the sampling frame or the list of health facilities is often outdated or incomplete, and may need to be updated.

(b) Questionnaire design: The SPA uses four different types of questionnaires. The first is the inventory of resources and support services, and is used to collect information on the availability and functional status of resources required to provide services at an internationally accepted standard. The second is the service provider interview instrument used to collect information on provider characteristics, supervision received by service providers, and providers' perceptions of the service environment. The third is the observation protocol that assesses adherence to internationally accepted service delivery standards. The fourth is the exit interview questionnaire, usually used to assess the client's perceptions of the service environment as well as understanding and recall of instructions.

3. Qualitative Approaches

MEASURE DHS has supported qualitative research to produce informed answers to questions that lie outside the purview of a standard survey approach in the areas of health, population and nutrition. The qualitative studies were conducted to meet the needs of USAID Missions seeking answers to specific questions about their programs, and to respond to requests for studies from USAID/W. Studies have also been designed in relation to a Demographic and Health Survey to improve the way questions are asked and how answers are formulated, provide contextual information for implementing a survey, or further interpret DHS findings. By using a qualitative approach to examine the social and cultural contexts of daily life, MEASURE DHS has worked to increase the validity and reliability of its surveys, to expand the information available for monitoring and evaluation, and to contribute original qualitative research in the fields of public health and anthropology.

Under the previous two phases of the MEASURE DHS, core funds have supported qualitative studies in a few countries to shed more light on cultural and behavioral practices that affect demographic outcomes of interest and to gain insight into respondents' understanding of survey questions and issues being explored in the survey. While Missions' demand for these qualitative studies appears to be growing, much still needs to be

done to ensure that PHN field officers fully appreciate the usefulness of this assessment method as an important component of the MEASURE DHS Program.

USAID expects the MEASURE Phase III DHS Contractor to continue the commitment to the production of high-quality data and the tradition of innovation and flexibility that has characterized the DHS Program to date.

C. Contract Overview

The MEASURE Phase III DHS contract is USAID's primary implementation mechanism for demographic and health data collection. 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; and collect, translate, disseminate, analyze and use data. As is the case with all of the MEASURE Phase III Activity partners, the MEASURE Phase III DHS contract is expected to contribute to in-country sustainability of optimal PHN program planning, management, and policy development by building local capacity in all aspects of data collection, monitoring and evaluation, and further analysis of data. It is expected that efforts to optimize, increase, and sustain host country capacity and ownership will guide all technical assistance and implementation activities undertaken by the Contractor.

With this capacity building emphasis in mind, the MEASURE Phase III DHS Contractor shall develop appropriate methodologies and instruments for identifying needed PHN information and for collecting population- and facility-based data and, where appropriate, qualitative data. It will also provide technical assistance to help local organizations collect, analyze, translate, package, archive and disseminate data in forms that meet users' needs. Particular attention will be given by the Contractor to facilitating the use of data as well as to building the capacity of data users and collectors in all of aspects of the data demand, collection and use continuum.

The MEASURE Phase III DHS Contractor shall implement an array of data collection approaches. The Contractor shall continue to collect crossnationally comparable, national-level survey data by implementing core questionnaires to collect data on a core set of indicators. Special modules will be implemented to collect data on country-specific issues. In addition, the Contractor shall increase the use of qualitative methods to deepen understanding of health issues and to develop improved survey instruments.

The MEASURE Phase III DHS Contractor shall emphasize working with prospective data users prior to data collection to identify information needs and plan for data use in program planning and policymaking. It shall build the capacity of data users to better articulate their data needs and of data producers to better meet those needs. It shall 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, to prioritize data needs, and to select the most cost-effective data collection approach that meets those needs. Finally, the MEASURE Phase III DHS Contractor shall continue to archive its data and to employ methodologies to make DHS data widely available to the international community.

The MEASURE Phase III DHS Contractor is one of four partners in the MEASURE Phase III Activity as already described in Section C, (Part One), III.E.1 (Implementation, Overview). 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 III Activity Objective. Only with strong coordination can the synergies of the partners' efforts be realized and the data demand generation-collection-use continuum addressed fully. **The Contractor must work closely with the other MEASURE Phase III partners to collaborate in strategic planning, project development and implementation. Likewise, the partners must collaborate and coordinate on monitoring and**

evaluation 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 III partners, the Contractor shall collaborate with other GH projects as well as bilateral and regional projects supported by USAID missions and bureaus.

The MEASURE Phase III DHS Contract, as part of the MEASURE Phase III Activity, is GH Bureau-wide and supports all of the Health Program Elements of the GH Bureau. **The Contractor shall assist USAID and its partners in generating demand for data and in collecting, analyzing, packaging and presenting data for use in planning, managing, monitoring and evaluating programs and making policy across all of the Health Program Elements. These Elements are: HIV/AIDS, Tuberculosis (TB), Malaria, Avian Influenza (AI), Other Public Health Threats, Maternal and Child Health, Family Planning and Reproductive Health, and Water Supply and Sanitation. 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 poverty and complex emergencies, on health outcomes (e.g., maternal mortality, child nutritional status).**

The USAID MEASURE Phase III DHS Project Management Team will include the CTO and several Technical Advisors (TAs). These staff will represent the three technical offices within GH. The USAID Project Management Team will have regular meetings with the Contractor to provide technical input as well as to monitor the performance of the Contractor. In addition, this team is a subset of a larger USAID MEASURE Management Team, comprised of CTOs and TAs for all of the MEASURE Phase III partners. This larger group will focus on ensuring the coordination and collaboration among MEASURE Phase III implementers and strengthening the MEASURE Phase III Activity as a whole.

D. Contract Structure

USAID is awarding a five-year cost-plus-award fee contract. Details of the award fee structure and evaluation plan are shown in Section G.

E. Beneficiaries

The immediate beneficiaries of the MEASURE Phase III DHS Contract include host-country data users, USAID missions and USG country health teams, GH, regional bureaus and other pillar bureaus of USAID, USAID cooperating agencies, the Centers for Disease Control and Prevention and other USG agencies, 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, and private sector organizations. **The Contractor shall 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 shall 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 quality data.**

II. Statement of Work

A. Activity Objective

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 was 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 premise continues to apply in the development of MEASURE Phase III. This contract's activities will focus on data demand, collection, analysis, translation, packaging and dissemination, and facilitation of data use.

Health professionals, program managers and policymakers who understand the importance and value of high-quality data will use such data. 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 and health-related behaviors, health-seeking behavior, health service utilization and health care provision, as well as to evaluate program impact.

Collecting high-quality data on a range of indicators and translating the data needed to inform decision making by policymakers and program planners in developing countries is a highly complex undertaking, particularly when it includes the measurement of biomarkers. **The DHS Contractor, together with the other MEASURE partners, must use their technical expertise to build the capacity of policymakers, program planners, 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: identify necessary data; collect, analyze, translate, package and disseminate data; and facilitate use of data. **The MEASURE Phase III DHS Contractor must implement activities in a way that intentionally builds capacity of both men and women to contribute to these processes. The Contractor shall accomplish this by serving as a technical resource to host-country partners as they undertake these activities. In addition, the Contractor must implement activities in a manner that strengthens the understanding of gender and how it influences health status, health-seeking behavior, and health program effectiveness.**

The guiding principles and the six results of the MEASURE Phase III Activity described in Section C (Part One), III.C. and III.D., have been developed to guide achievement of the overall MEASURE Phase III Activity Objective. The following section describes the specific contribution of the MEASURE Phase III DHS Contract to the achievement of these results. It does not present the contributions of the other MEASURE Phase III partners. These are discussed in the MEASURE Phase III Cooperative Agreement RFA and will be incorporated in the new BUCEN IAA and the CDC/DRH PAPA.

B. Results

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

Evidence-based decision-making requires the availability of appropriate data and the ability and willingness of program planners and managers and policymakers to use the data to inform program planning and management and policymaking. Once program managers and policymakers see the utility of quality data in planning and managing programs, further demand for useful data is more likely to occur.

To increase user demand for quality data, the Contractor shall work closely with host-country individual and institutional clients, as well as USAID missions, donors, and other USG partners, to understand the constraints to data demand; define data needs; and increase understanding of the strengths, weaknesses, and appropriate uses of various data-collection approaches and analytical techniques. Because data users often have competing needs, the MEASURE Phase III DHS Contractor shall work with potential users to identify and prioritize their data needs and will provide technical guidance that helps both the data collectors and users to determine the most appropriate data to collect and the most cost-effective data collection tools and methodologies to use.

Mission funding will 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/managerial capacity and resources for the identification of data needs and the collection, analysis and communication of appropriate information to meet those needs.

In many developing countries, there is a chronic shortage of individual and institutional capacity to collect and use data. This lack of capacity can manifest at, and has several consequences for, multiple stages of the data demand generation-collection-use continuum. Inadequate financial and other resources, and poor management of existing resources, are also common obstacles to appropriate and effective data collection and use in-country.

During Phase II, MEASURE partners have collaborated on a wide range of capacity building activities. These have included an array of on-the-job and organized training activities to build the capacity of host-country counterparts, host-country implementing institutions, and regional training institutions.

MEASURE Phase II DHS capacity building activities, specifically, have included on-the-job training; fellowships for developing-country researchers; and mentoring to develop skills in field work, data entry, project management, data analysis, and report writing. MEASURE Phase II DHS also has implemented innovative activities to build capacity for data dissemination. To increase in-country resources and support for data collection and use activities, MEASURE Phase II DHS has assisted countries in leveraging a substantial amount of support from other donors.

During MEASURE Phase III, particular emphasis will be placed on increasing individual and institutional capacity and resources in data collection and use efforts. This is especially critical for countries that will be moving toward graduation from USAID-funded assistance. Partners from all components of MEASURE Phase III must work together to build this capacity strategically across every stage of the data demand generation-collection-use continuum.

The MEASURE Phase III DHS Contractor shall engage in targeted, sustainable capacity building, at both individual and institutional levels, related to managing and implementing population- and facility-based surveys; qualitative data collection; and packaging, dissemination and use of information. Particular emphasis must be given to building analytical skills that will enable host-country counterparts to make optimal use of data in planning and monitoring programs. In addition, focus will be given to enabling host-country institutions to manage the entire survey process independently. More specifically, the MEASURE Phase III DHS Contractor shall assist institutions in developing management skills to determine resource requirements and to formulate and implement a strategy for carrying out the survey and meet budgetary and other resource requirements for information gathering, dissemination, and use activities. In addition, the Contractor shall build upon efforts of MEASURE Phase II DHS to assist countries in leveraging additional donor support/resources.

The MEASURE Phase III DHS Contractor shall collaborate with the other MEASURE Phase III partners to develop and implement a comprehensive, strategic capacity building plan that targets specific points along the entire data demand generation–collection–use continuum. This plan should build upon existing capacity building activities and resources, such as regional training centers and local institutions, and identify opportunities for additional collaboration and linkages to foster sustainability. The MEASURE Phase III partners must review and refine this strategy periodically to ensure its appropriateness and effectiveness.

In-country capacity building activities will be primarily mission-funded. Core funding and funding from USAID 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.

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 are critical for increasing efficiency and sustainability of the data collection process, making the best use of data collection resources and efforts, maximizing the use of data, and building institutional capacity and resources. Collaboration in data collection, translation, dissemination, and use can strengthen program monitoring and evaluation, influence policymaking, and help define host country priorities. **The MEASURE Phase III DHS Contractor shall contribute to this result by coordinating activities with other partners, including other MEASURE Phase III partners. This contribution will include providing technical leadership for the development and implementation of standard data collection tools, increasing demand for and use of DHS data, leveraging support for activities from host countries and other donors, and focusing efforts on building institutional capacity and resources within the host country.**

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. While donor funding for data collection has increased over the years, donor demand for DHS data continues to outpace the overall level of funding for data collection. **The MEASURE Phase III DHS Contractor shall provide technical guidance to and coordinate with host countries, international organizations and donors, and other MEASURE Phase III 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 and sustainable data collection approaches, and developing data collection plans that avoid duplication of efforts.

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 III DHS Contractor shall pursue other opportunities to obtain additional donor support for activities whenever possible and appropriate.** Although obtaining multi-donor support can be very time consuming, donor coordination is critical for streamlining data collection efforts, producing more useful products, reducing the burden of redundant data collection activities on host country staff, improving standardization of data, maximizing the impact of M&E data collection resources and improving use of data.

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

The MEASURE Phase III DHS Contractor must continue to improve the versatility and usefulness of the DHS data collection program while maintaining the quality of the data it collects. This flexibility is of particular importance given the changing environment in which the project works, the increasing demands for data, and the need to maintain the confidence placed in the data by users. Maintaining a high level of data quality requires ongoing refinement of tools and approaches, including efforts to harness the benefits of new technology.

The Contractor is expected to review and refine, as appropriate, the DHS Core Questionnaires. In addition, the Contractor must establish internationally comparable standard indicators for the Service Provision Assessment (SPA). This effort should be in alignment with the development of a core set of indicators for cross-country comparison of health facility readiness to provide services as agreed upon by the International Health Facility Assessment Network (IHFAN), formerly called the Health Facility Assessment Technical Working Group (HFATWG). Also, the MEASURE Phase III DHS Contractor shall build on the work that has been done under MEASURE Phase II 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 needed to respond to emerging needs.

In addition to the survey approach, qualitative methods have been used in MEASURE Phase II DHS to address pertinent and program-relevant health questions. Qualitative research under MEASURE Phase III DHS will continue to serve similar purposes by employing, where appropriate, a variety of qualitative approaches. **The MEASURE Phase III DHS Contractor must continue to demonstrate to host countries and missions the relevance and benefits of conducting qualitative research and provide technical assistance in the design, implementation, quality control and analysis of such research.**

Technical assistance for survey data collection will be supported through missions' field support. Qualitative studies typically will be funded by the country initiating the study. Core funds, however, might be used for a qualitative study that is of interest to one or more of the technical offices in GH. Development of data collection-related tools typically would be supported through core funds.

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

For population, health and nutrition programs to be adequately implemented, a necessary, though not sufficient, condition is the availability of data in the formats that program designers and managers can use to identify critical program areas of need. Many developing countries currently lack such data for planning and in the countries where some data exist, information about their availability has not been widely disseminated to relevant stakeholders for their use. Although MEASURE Phase II DHS has made good progress in increasing the availability of data to the international audience, there is still room for improvement at the

country level. The need for increased effort to make data available in appropriate formats at the national and sub-national levels in developing countries cannot be over-emphasized.

Under MEASURE Phase II DHS, several efforts have been made to increase availability of PHN data, analyses, methods and tools. These efforts include the development of a website (www.measuredhs.com) to promote and disseminate the project's products. The website houses user friendly data tools (e.g., STATcompiler, STATmapper, HIV/AIDS Survey Indicators Database, HIVmapper) and an archive of survey datasets, survey reports, and further analysis documents all of which are available for download. The website also houses work with the media and a range of routine and special publications.

The MEASURE Phase III DHS Contractor shall be expected to build on the progress made under the MEASURE Phase II DHS project, developing and implementing a comprehensive plan to increase the availability of DHS data, methods and tools developed by the project. The plan should include identifying and mapping the target audiences and their data needs and making the data, tables, methods and tools available to them in a timely manner and in relevant and useful formats. The MEASURE Phase III DHS Contractor shall also develop and implement a plan to follow-up with users both at the country and global levels and seek their feedback on how well their needs have been met as well as areas for improvement.

The target audiences will include those external to the health system such as advocacy groups, donors, journalists, researchers, community leaders and NGOs, as well as those internal to the health system, such as public and private sector health care providers and managers. These groups differ not only in technical proficiency but also in data needs.

Core funds will support activities that address availability of population, health and nutrition data, analyses, methods and tools at the international and regional levels, while mission funds will support efforts to make data available at the country level.

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

The availability of good data (i.e., Result 5) is a necessary but not sufficient condition for ensuring that PHN programs are evidence-based. To promote data use, the constraints at different levels of program development and management must be identified and strategies developed to overcome them. The constraints might vary across countries and across geographic units within a country. In some places the data use constraints revolve around lack of skills to interpret data to guide program activities; in others the constraints may be the unwillingness to invest the time required to translate information; and yet for others, the constraints might relate to lack of appreciation of how data can be used to inform program development and management. Also, because individuals who analyze data on a regular basis are sometimes not the users of end results, there could be a disconnection between the needs of end-results users and the products of the analysts, who are often researchers. Efforts must be made to address the different constraints to facilitate increased use of data at the national and sub-national levels.

Under MEASURE Phase II DHS, significant progress has been made in the area of data use. For instance, in order to overcome data use constraints that result from lack of skills in translating data to guide programs, trainings have been organized in collaboration with in-country USG teams, on the analysis of DHS data to answer program-related questions. To demonstrate the important role of data in program development and management, workshops have been organized for policy makers and program managers. The non-traditional users of DHS (e.g., journalists, advocacy groups) have been involved in data dissemination efforts to increase their understanding of how they can use DHS data to influence policymakers and the health policy agenda. DHS data have also been disseminated at sub-national level data-users workshops to facilitate data use at these levels.

The MEASURE Phase III DHS Contractor must build on the past progress of the MEASURE Phase II DHS project. The MEASURE Phase III DHS Contractor shall develop and implement a plan to generate interest among program planners and managers in using data to inform their programs. Where lack of skills in translating data to guide the program is the major constraint to data use, the Contractor shall develop and implement a plan to strengthen the capacity of host-country nationals to translate data into information that can be used to guide program development and management. The Contractor shall also work with host-country partners to develop strategies to link data analysts and end-users with a view to ensuring that those who perform data analyses understand the needs of the end users. Activities to facilitate data use must reach different levels of program management and a broad array of potential data users in-country including donors, CAs, and host-country public- and private-sector counterparts, including the media.

Core funds will support facilitation of data use activities that reach multiple countries (international and regional). Mission funds will support in-country facilitation of data use efforts.

III. Implementation

A. Country Selection

Although most countries will conduct only one Demographic and Health Survey during the next phase of MEASURE DHS, some countries will implement more than one national survey because of specific initiatives (e.g., PEPFAR and PMI). Resources will be available for survey activities in all geographic regions. The actual selection of countries and type of data collection activity 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 III DHS Contractor.

B. DHS Survey Process, Country Plans, and Collaboration

DHS Survey Process

The following is a description of what is expected to be the typical process in conducting a survey under the DHS program:

The country process for DHS begins when the Contractor receives an invitation to conduct a survey in a country or when a Mission contacts the USAID/W Cognizant Technical Officer for the project to request the services of the Contractor. The initial step for the Contractor is to arrange for a “first country visit” to determine the data needs in the country and the in-country capacity and to consult with stakeholders about the best way to meet the data needs with available resources. As part of this process, the Contractor shall meet with various data users to assess their specific data needs. The Contractor shall identify recent similar data collection efforts and other planned data health collection activities to assess possibilities for coordination and to reduce redundancy. This process will lead to the development of a *Country Plan* that will serve as a roadmap for coordinating all components of the data collection effort at the country level. The *Country Plan* is described in the next section.

During the first country visit, the Contractor shall try to identify a local implementing agency with requisite experience and capacity to undertake the planned survey work. Once a local implementing agency is identified, either through a sole source or competitive subcontract, the process of negotiating a subcontract begins. After finalizing the subcontract, it is submitted to USAID/W to review for technical quality and compliance with US Government contracting laws. If the subcontract is approved by all parties, the Contractor shall proceed with the approved timetable.

The next major step is a design visit to finalize the content of the questionnaire and the logistics for the survey. Typically a range of stakeholders is involved in deciding on the questionnaire content, and the Contractor is encouraged to work with these stakeholders to build demand for data at the early stages of the questionnaire design.

Following the questionnaire design is a pretest of the questionnaires and training for the main survey. Once the training is completed and solid arrangements for supervision and quality controls are put in place, 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 preliminary report is followed by the preparation of the final report which is usually done by host-country nationals with guidance and assistance from the Contractor as needed. Once a draft report is completed, it is vetted with the host-country government representatives for final approval. A national dissemination seminar follows to present the key findings to a broad-spectrum of stakeholders; the final report of the survey typically is made available at this seminar.

Other activities that are often supported, as part of the survey process include: targeted dissemination, for example with the media, with policy makers or at the regional level; further analyses of the data on specific issues of interest that emerged through the survey findings; and qualitative studies to aid the interpretation of survey results. **Capacity building shall be integral to all aspects of the survey process and should be linked to the Contractor's overall capacity building strategy.** Missions are increasingly seeing the value of such activities as a means to make full use of the data that have been collected by the DHS Program.

For MEASURE Phase III, USAID expects that the Contractor will make special efforts to implement all of the activities outlined from the planning to the implementation and to the final dissemination of the survey results. Particular emphasis will be given to building demand for quality data and to increased data availability and use, including further analysis of the data collected. Moreover, strong emphasis will be given to capacity building in all phases of the survey process.

Country Plans

With the increase in the scope and number of donor-supported health initiatives that are being implemented in many developing countries, the need for data to evaluate these initiatives has quickly expanded. Consequently, countries often have parallel and sometimes redundant data collection efforts to gather data to evaluate programs. As one of the leaders in data collection assistance, it is to USAID's advantage to try to help ensure that country data collection done for monitoring purposes happens in a well-planned way. Thus the Contractor shall be expected to develop Country Plans for data collection and related supporting activities, including capacity building, in the countries where the Contractor shall be working.

Country-based activities implemented under this Contract will flow from missions' approved Operational Plans and Performance Management Plans but will often need to be examined in relation to other international and national health data collection needs that have emerged in the country. **After consulting with mission staff, local counterparts, other MEASURE Phase III partners, other donors and CAs working in country and GH staff, the Contractor shall prepare a written, country-specific data collection coordination plan. A data collection plan is required for all countries in which national data collection activities are undertaken by the Contractor. The country data collection coordination plan will be prepared by the Contractor during the planning stage in each country at the time work is being initiated and will be based on discussions with the USAID mission and other groups involved in major data collection efforts in the country. These country coordination plans will outline how data collection efforts will be coordinated in order to make the best use of resources and will serve as**

a roadmap in planning current and upcoming data collection efforts to be undertaken with USAID support.

Each planning document shall address common elements that include:

- A description of the Contractor's assignment in the country
- Major relevant health data collection activities in the country in the last 5-10 years
- Anticipated country-level data needs/planned data collection activities in the country over the next 5 years
- Anticipated data needs to be supported by the Mission over the next 5 years
- Data collection activities planned over the next 5 years to which the Contractor would contribute, including: expected outputs, sources of funding, local partners in the activity, other donor involvement, collaboration with other MEASURE partners and other CAs
- Plans for generating demand for data, for disseminating data, for analysis and use of data, and for building capacity in all planned data related activities
- An outline of coordination efforts in the country

The Country Plan will be a working document that will be modified and updated as necessary and will be maintained on the Contractor's internal website, which will be accessible to the USAID project management team.

Collaboration

The following GH projects are likely to be active in some, if not all, of the same countries as the MEASURE Phase III 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 of projects and their respective objectives is suggestive but not exhaustive of the projects with which the MEASURE Phase III DHS Project will collaborate.

MEASURE and its component partners – the MEASURE Phase III Cooperative Agreement, the Bureau of Census IAA and the CDC PAPA – improved collection, analysis and presentation of data to promote better planning, policymaking, managing, monitoring and evaluating of population, health and nutrition programs.

Health Policy Initiative (HPI) - 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.

Extending Service Delivery (ESD) – to identify data needs and help strengthen the utilization of quality FP/RH services at the community, sub-district and district levels by poor, at-risk, and other underserved groups such as youth, refugees and displaced persons.

Health Systems 20/20 – to promote the use of data in the improvement of health financing, governance and operations and to establish approaches that work in fragile, transformational and graduating states.

Leadership, Management and Sustainability (LMS) – to promote the use of data to improve leadership, management, and sustainability of accessible, quality services and programs in the areas of reproductive health, HIV/AIDS, infectious disease, and maternal and child health.

Project SEARCH (Supporting Evaluation and Research to Combat HIV/AIDS) – to ensure the use of data in HIV/AIDS research and evaluation to improve the coverage, quality and effectiveness of HIV/AIDS prevention, care and treatment programs worldwide.

Health Logistics Assistance Projects (USAID / DELIVER and SPS (Strengthening Pharmaceutical Systems)) – to ensure that necessary data are collected to ensure a reliable and sustainable commodity supply.

Environmental Health Project (EHP II) - to promote the use of data collected by the MEASURE Phase III DHS Project in the reduction of environmentally related mortality and morbidity.

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

C-CHANGE - to improve the use of data to develop effective, integrated BCC programs for strategic health and development communication interventions in health, environment, democracy and governance and other agency priority programs.

Follow-on to **Information and Knowledge for Optimal Health (INFO)** – to disseminate best practices for population- and facility-based data collection and other tools and methodologies developed under the MEASURE Phase III DHS Contract.

The A2Z Micronutrient Project – to improve the use of data in elevating micronutrients on the global health agenda, strengthening policies and programs, and sharing lessons learned about the most cost-effective technologies and delivery systems for alleviating micronutrient deficiencies.

Tuberculosis Control Assistance Program (TB CAP) – to ensure the use of data in preventing and controlling TB.

Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) – to ensure the use of data in the development, testing, and introduction of contraceptive methods and microbicides.

C. Use of Core Funds

Much of the work of the MEASURE Phase III DHS Contract will take place at the country level with most of the effort focused on country-specific data collection, analysis, dissemination and use and capacity building activities. However, there are a number of areas in which this project will contribute to the critical functions of the Bureau for Global Health: global leadership, technical innovation, and knowledge generation. Particular activities might include: improved and more cost-effective methodologies for the collection, analysis and dissemination of population- and facility-based data; technical leadership in data collection; improved collaboration and coordination with other MEASURE Phase III partners, other CAs, and other donors; data archiving; standardization of questionnaire content, as appropriate, with other survey programs; development and testing of survey questions to assess new priority areas; capacity building in further analysis of DHS data; and global publications. **The MEASURE Phase III DHS Contractor shall be expected to show the linkage between such activities and the GH Bureau's health elements.**

D. Monitoring and Evaluation of Performance

The Contractor should plan to commit core funds and staff to implementing a monitoring and evaluation system to track results and use this information to make management decisions. In addition, this system will greatly facilitate 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 Advisors will determine if a mid-course evaluation of the overall contract or some component of the Contractor's work 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 conformity with the *Guidelines for Management Reviews and project Evaluations* of the Evaluation Working Group in GH.

E. Key Personnel and Staffing Pattern

USAID suggests a staffing pattern under this contract to include five key personnel positions as outlined below. In order to maximize interaction among the prime and subcontractors, USAID suggests that all key personnel be co-located in the office of the prime contractor.

Project Director: The Project Director will be a senior manager with an advanced degree (PhD or DrPH, preferable; MA, MS, or MPH, minimal) and ten years experience in the social or health sciences, epidemiology or demography. The Project Director will have extensive experience in population- and facility-based data collection; in analysis, dissemination and use of data in developing countries; and in managing large international development projects. S/he will also have experience in interacting with 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 (PhD or DrPH, preferable; MA, MS, or MPH, minimal) and seven years of experience in the social or health sciences, epidemiology or demography. The Deputy Project Director will have experience in population- and facility-based data collection, analysis, dissemination and communication in developing countries and management experience in large international development projects. S/he will also have experience in interacting with U.S. Government agencies, host-country governments and international donor agencies. This is a full-time position requiring overseas travel 20-30 percent of the time. Fluency in Spanish, French or Arabic, in addition to English, is desirable.

Senior Advisor for Analysis: The Senior Advisor for Analysis shall have a PhD in Demography, Public Health or similar disciplines with 10 years of experience in social science research. Demonstrated skills in the analysis of international survey data, including the DHS, and in communicating research findings to non-technical audiences are required. This Senior Advisor must have an extensive publication record, preferably in peer-refereed journals. Demonstrated experience in policy and program-relevant research is a must. The Advisor must have demonstrated excellent communication and presentation skills and experience working in developing country settings with host-country counterparts. In addition, the Advisor will have experience in training and mentoring. Fluency in French, Spanish or Arabic, in addition to English, is desirable. This is a full-time position requiring overseas travel up to 20 percent of the time.

Senior Advisor for Data Demand, Translation and Use: The Senior Advisor for Data Demand, Translation and Use will have an advanced degree (PhD preferable; MA, MS, minimal) and five years of experience in communications with extensive experience in communication of data to policymakers, program planners and managers throughout the health sector. S/he will also have experience in 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 Medical Officer: The Senior Medical Officer will hold an MD and have expertise in a broad range of developing country health issues. Moreover, s/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. 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. Fluency in French, Spanish or Arabic in addition to English is desirable.

Additionally, USAID requires that the management staff include, at a minimum, a senior administrative officer with at least 5 years project experience working with large (greater than 10 million dollars/annum), complex, U.S. government 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 and long-term resident advisers, as needed. **Collectively**, the project staff (including key personnel, project staff 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, Arabic, and Portuguese.

Following are illustrative areas of expertise that the MEASURE Phase III DHS Contractor shall provide:

- Adolescent health
- Avian influenza
- Biomarkers
- Capacity building of institutions and individuals
- Data analysis
- Data archiving
- Data dissemination methods
- Data processing
- Data use for policy and advocacy
- Demography
- Epidemiology
- Family planning
- Gender
- Geographic Information Systems (GIS)
- Health economics
- Health examination surveys
- Health systems performance assessment
- HIV/AIDS
- Information technology
- Malaria
- Maternal health
- Monitoring and evaluation
- Neonatal and child health
- Nutrition
- Other infectious diseases
- Population and environment
- Population-based survey techniques
- Poverty/equity
- Qualitative research methods
- Reproductive health

Sampling, including difficult to reach populations
 Sexually transmitted diseases
 Surveillance systems
 Trafficking in persons
 Tuberculosis
 Water supply and sanitation
 Verbal Autopsy

F. Management Plan

The MEASURE Phase III DHS Contractor shall carry out a broad range of data collection activities across the health program area 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. Moreover, USAID expects the work of the Contractor to be of the highest quality. Given the Contract's complexity and the need to ensure that activities are well-coordinated with efforts of the other MEASURE Phase III partners, other CAs, and other international health data collection and evaluation efforts, 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 close contact.

The Contractor shall keep the USAID MEASURE Phase III DHS Project Management Team, composed of the MEASURE Phase III DHS Project CTO and Technical Advisors, apprised of the status of technical services provided by the contract. The Contractor should also anticipate meeting annually with the larger MEASURE Management Team and the other MEASURE Phase III 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 work plans, review planned core activities, and debrief the USAID Project Management Team on specific country activities. As a cost savings approach, however, video conferences can be used in lieu of face-to-face meetings. 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 III DHS CTO.

No more than one month after the award of this solicitation, all key personnel shall meet with the USAID MEASURE Phase III DHS Project Management Team in Washington to review and come to agreement on a 90-day work plan. By the end of the first 90 days of the project, the Contractor shall submit an amended work plan for the period from award through June 30, 2009. This work plan 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.

SECTION D - PACKAGING AND MARKING

D.1 BRANDING POLICY

Marking under this contract shall comply with the policies found at Automated Directives System (ADS) Chapter 320 (version from January 8, 2007), or any successor branding policy.

Per ADS 320.3.2.1:

The program will be known as MEASURE Phase III Demographic and Health Surveys.

The USAID Identity and the logo or symbol of implementing Contractor must be posted at every static support position. The USAID Identity must be used on all reports and printed materials.

Where required, the USAID Identity should be of equal or greater prominence than all other logos and symbols.

No other organizations are required to be acknowledged. The presence of any logo or symbol belonging to the Contractor must conform to the policy in ADS 320 and is subject to negotiation.

Contractor will submit Branding implementation plan with proposal. See Attachment 7 for sample.

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
52.246-3	INSPECTION OF SUPPLIES---COST REIMBURSEMENT	MAR 2001
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 at:

USAID
 Room 3.06-25
 1300 Pennsylvania Ave NW
 Washington, DC 20523

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

F.2 PERIOD OF PERFORMANCE

The period of performance for this contract is five years from the time of award.

F.3 PERFORMANCE STANDARDS

Evaluation of the Contractor's overall performance, based on the successful completion of the activities described in Section C and the deliverables described in 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 Section I 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.5 PROGRESS REPORTING REQUIREMENTS

(a) 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 minimum, obligations to date, the approved budget, expenditures to date, and the balance remaining. The report shall also be broken down by labor category, activity or country (as necessary) and account or directive of funding (as necessary).

(b) 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.

(1) Annual Work Plan (5 copies)

A first year work plan is due 30 days after award of this contract for CTO approval and thereafter for each subsequent year. The first work plan will be for the period beginning from the start date of the contract through June 30, 2009. Thereafter, 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 unless otherwise agreed upon by the Contractor and the CTO. 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 and country (as appropriate),

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;

(3) Final Report (5 copies)

Ninety 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 and conclusions about areas in need of future assistance; an overall description of the Contractor's activities, by country, as appropriate, during the life of the contract; and a fiscal report that describes how the Contractor's funds were used.

(c) 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 Analysis, Information Management, and Communication (AIM) database. Additionally, the Contractor may be asked to submit regular reports regarding the implementation of the project, including tasks that have been completed, tasks still underway and any problems in the given time-period.

F.6 KEY PERSONNEL

(a) The key personnel, which the Contractor shall furnish for the performance of this contract are as follows:

Name	Title
Ann A.Way, Ph.D.	Project Director
Fred Arnold, Ph.D.	Deputy Director – Technical
Anne Cross, M.A.	Deputy Director – Survey Operations
Vinod Mishra, Ph.D.	Senior Advisor for Analysis
Laurie Liskin, M.S., Sc.M.	Senior Advisor for Data Demand, Translation and Use (CCP)
Alfredo Fort, M.D., Ph.D.	Senior Medical Officer (PATH)
Sunita Kishor, Ph.D	Senior Gender Advisor

(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.7 SUBMISSION REQUIREMENTS FOR DEVELOPMENT EXPERIENCE DOCUMENTS (JAN 2004)(ACQUISITION AND ASSISTANCE POLICY DIRECTIVE 04-06, ISSUED FEB. 26, 2004)

(a) Contract Reports and information/Intellectual Products.

(1) The Contractor shall submit to USAID's Development Experience Clearinghouse (DEC) copies of reports and information products which describe, communicate or organize program/project development assistance activities, methods, technologies, management, research, results and experience as outlined in the Agency's ADS Chapter 540. Information may be obtained from the Cognizant Technical Officer (CTO). These reports include: assessments, evaluations, studies, development experience documents, technical reports and annual reports. The Contractor shall also submit two copies of information products including training materials, publications, databases, computer programs, videos and other intellectual deliverable materials required under the Contract Schedule. Time-sensitive materials such as newsletters, brochures, bulletins or periodic reports covering periods of less than a year are not to be submitted.

(2) Upon contract completion, the contractor shall submit to DEC an index of all reports and information/intellectual products referenced in paragraph (a)(1) of this clause.

(b) Submission requirements.

(1) Distribution. (i) At the same time submission is made to the CTO, the contractor shall submit, one copy each, of contract reports and information/intellectual products (referenced in paragraph (a)(1) of this clause) in either electronic (preferred) or paper form to one of the following: (A) Via E-mail: docssubmit@dec.cdie.org; (B) Via U.S. Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, MD 20910, USA; (C) Via Fax: (301) 588-7787; or (D) Online: <http://www.dec.org/index.cfm?fuseaction=docSubmit.home>.

(ii) The contractor shall submit the reports index referenced in paragraph (a)(2) of this clause and any reports referenced in paragraph (a)(1) of this clause that have not been previously submitted to DEC, within 30 days after completion of the contract to one of the address cited in paragraph (b)(1)(1) of this clause.

(2) Format. (i) Descriptive information is required for all Contractor products submitted. The title page of all reports and information products shall include the contract number(s), contractor name(s), name of the USAID cognizant technical office, the publication or issuance date of the document, document title, author name(s), and strategic objective or activity title and associated number. In addition, all materials submitted in accordance with this clause shall have attached on a separate cover sheet the name, organization, address, telephone number, fax number, and Internet address of the submitting party.

(ii) The report in paper form shall be prepared using non-glossy paper (preferably recycled and white or off-white) using black ink. Elaborate art work, multicolor printing and expensive bindings are not to be used. Whenever possible, pages shall be printed on both sides.

(iii) The electronic document submitted shall consist of only one electronic file which comprises the complete and final equivalent of the paper copy.

(iv) Acceptable software formats for electronic documents include WordPerfect, Microsoft Word, and Portable Document Format (PDF). Submission in PDF is encouraged.

(v) The electronic document submission shall include the following descriptive information:

(A) Name and version of the application software used to create the file, e.g., WordPerfect Version 9.0 or Acrobat Version 5.0.

(B) The format for any graphic and/or image file submitted, e.g., TIFF-compatible.

(C) Any other necessary information, e.g. Special backup *or* data compression routines, software used for storing/retrieving submitted data, or program installation instructions.

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 USAID 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)			
<i>Line Item</i>	<i>Description</i>	<i>Amt. Vouchered To Date</i>	<i>Amt. Vouchered this Period</i>
0001	Product/Service Desc. for Line Item 0001	\$XXXX.XX	\$XXXX.XX
0002	Product/Service Desc. for Line Item 0002	\$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, or to the extent allowed under the applicable payment clause, will be paid 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 USAID 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 CONTRACTING OFFICER

The Contracting Officer is:

Eduardo Elia
US Agency for International Development
M/OAA/GH/POP, RRB 7.09-076
Washington, D.C. 20523-7900

G.3 COGNIZANT TECHNICAL OFFICER (CTO)

The Cognizant Technical Officer is Jacob Adetunji – GH/PRH/PEC.

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 scope of the work as detailed in Section C.

(b) The Contracting Officer, by separate designation letter, authorizes the CTO 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, scope 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) In the separately-issued CTO designation letter, the CO designates an alternate CTO to act in the absence of the designated CTO, in accordance with the terms of the letter.

(d) 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 scope 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: scope 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.

(e) Failure by the Contractor to report to the Administrative Contracting Office any action by the Government considered to be 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.

(f) In case of a conflict between this contract and the CTO designation letter, the contract prevails.

(b) 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 at the end of Section G). The Contractor will not be entitled to an award fee for a rating less than “Good” (see Annex 1 at the end of Section G).

(c) Performance Evaluation Report – a matrix providing the performance evaluation areas, and their respective importance (see Annex 2);

(d) 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.

G.9 AWARD FEE EVALUATION PROCEDURES

(a) Performance Reports

Unless otherwise designated, the Contracting Officer 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 should 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 20 business 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 60-business-days 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.

The determination as to any amount of award fee to be granted the Contractor shall be made by the FDO within 60-business days of the end of each award fee period.

The award-fee determination is a unilateral decision made solely at the discretion of the Government. The decision of the FDO with respect to entitlement to award fee or the amount thereof, shall be final and shall not be subject to the "Disputes" (FAR 52.233-1) clause in this contract.

Nothing contained in this section shall be construed to alter, modify, revise, or waive any of the provisions the clause of this contract entitled, "Inspection of Supplies and Correction of Defects" or of any other clause.

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 III 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 efforts to pursue cost-sharing opportunities whenever feasible. (15%)
- (f) **COLLABORATION** – Collaboration and coordination with other MEASURE Phase III partners and other relevant Cooperating Agencies, USAID missions, and other bilateral donors 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
SUB-MARGINAL	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	_____
TOTAL WEIGHTED RATING: _____				
RATED BY: _____				
SIGNATURE: _____				

SECTION H - SPECIAL CONTRACT REQUIREMENTS

H.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) AIDAR 48 CFR Chapter 7	
752.7027	PERSONNEL	DEC 1990
752.225-70	SOURCE, ORIGIN AND NATIONALITY REQUIREMENTS	FEB 1997

H.2 AIDAR 752.7004 EMERGENCY 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.3 752.7007 PERSONNEL COMPENSATION (JULY 2007)

(a) Direct compensation of the Contractor's personnel will be in accordance with the Contractor's established policies, procedures, and practices, and the cost principles applicable to this contract.

(b) Reimbursement of the employee's base annual salary plus overseas recruitment incentive, if any, which exceed the USAID Contractor Salary Threshold (USAID CST) stated in USAID Automated Directives System (ADS) Chapter 302 USAID Direct Contracting, must be approved in writing by the Contracting Officer, as prescribed in 731.205-6(d) or 731.371(b), as applicable.

H.4 ADDITIONAL REQUIREMENTS FOR PERSONNEL COMPENSATION

(a) Salaries During Travel

Salaries and wages paid while in travel status will not be reimbursed for a travel period greater than the time required for travel by the most direct and expeditious air route.

(b) Return of Overseas Employees

Salaries and wages paid to an employee serving overseas who is discharged by the Contractor for misconduct, inexcusable nonperformance, or security reasons will in no event be reimbursed for a period which extends beyond the time required to return him promptly to his point of origin by the most direct and expeditious air route.

(c) Definitions

As used herein, the terms "Salaries," "Wages," and "Compensation" mean the periodic remuneration received for professional or technical services rendered, exclusive of any of the differentials or allowances defined in the clause of this contract entitled "Differentials and Allowances" (AIDAR 752.7028), unless otherwise stated. The term "compensation" includes payments for personal services (including fees and honoraria). It excludes earnings from sources other than the individual's professional or technical work, overhead, or other charges.

H.5 DEFENSE BASE ACT (DBA) INSURANCE

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 Proctor
(703) 354-1616

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

H.6 752.228-70 MEDICAL EVACUATION (MEDEVAC) Services (April 2006)

(a) Contractor must provide MEDEVAC service coverage to all U.S. citizen, U.S. resident alien, and Third Country National employees and their authorized dependents (hereinafter "individual") while overseas under a USAID-financed direct contract. USAID will reimburse reasonable, allowable, and allocable costs for MEDEVAC service coverage incurred under the contract. The Contracting Officer will determine the reasonableness, allowability, and allocability of the costs based on the applicable cost principles and in accordance with cost accounting standards.

(b) Exceptions.

(i) The Contractor is not required to provide MEDEVAC insurance to eligible employees and their dependents with a health program that includes sufficient MEDEVAC coverage as approved by the Contracting Officer.

(ii) The Mission Director may make a written determination to waive the requirement for such coverage. The determination must be based on findings that the quality of local medical services or other circumstances obviate the need for such coverage for eligible employees and their dependents located at post.

(c) Contractor must insert a clause similar to this clause in all subcontracts that require performance by contractor employees overseas.

NOTE: USAID does not have a Medevac service provider. Contractors must meet this requirement in the most efficient manner. The following link is provided as a courtesy:
http://travel.state.gov/travel/tips/health/health_1185.html.

H.7 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for all subcontracted services under this contract is 935. The authorized geographic code for all goods procured under this contract is 000.

H.8 LOGISTIC SUPPORT

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

H.9 SUBCONTRACTING PLAN AND THE SF 294 - SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS AND SF 295 - SUMMARY CONTRACTING REPORT

The Contractor's subcontracting plan dated September 16, 2008 is hereby incorporated as a material part of this contract.

The contractor must comply with the subcontract reporting requirements in FAR 52.219-9.

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 5.08 RRB
Washington, D.C. 20523

H.10 EXECUTIVE ORDER ON TERRORISM FINANCING (FEB 2002)

The Contractor 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 to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract.

H.11 INTERNATIONAL TRAVEL APPROVAL

In accordance with the clearance/approval requirements in paragraph (a) of AIDAR 752.7027 Personnel (DEC 1990) (incorporated by reference above) and AIDAR 752.7032 International Travel Approval and Notification Requirements (JAN 1990) (incorporated by reference in Section I), the Contracting Officer hereby provides prior written approval provided that the Contractor obtains the CTO's written concurrence with the assignment of individuals outside the United States before the assignment abroad, which must be within the terms of this contract/task order, is subject to availability of funds, and should not be construed as authorization either to increase the estimated cost or to exceed the obligated amount (see Section B). The Contractor shall retain for audit purposes a copy of each travel concurrence.

H.12 REPORTING OF FOREIGN TAXES

(a) Reports. The Contractor must annually submit an annual report by April 16 of the next year.

(b) Contents of Report. The reports must contain:

- (1) Contractor name.
- (2) Contact name with phone, fax and email.
- (3) Agreement number(s).
- (4) Amount of foreign taxes assessed by a foreign

Government [*list each foreign government separately*] on commodity purchase transactions valued at \$500 or more financed with U.S. foreign assistance funds under this agreement during the prior U.S. fiscal year.

(5) Only foreign taxes assessed by the foreign government in the country receiving U.S. assistance is to be reported. Foreign taxes by a third party foreign government are not to be reported. For example, if an assistance program for Lesotho involves the purchase of commodities in South Africa using foreign assistance funds, any taxes imposed by South Africa would not be reported in the report for Lesotho (or South Africa).

(6) Any reimbursements received by the Contractor during the period in (iv) regardless of when the foreign tax was assessed plus, for the interim report, any reimbursements on the taxes reported in (iv) received by the Contractor through October 31 and for the final report, any reimbursements on the taxes reported in (iv) received through March 31.

(7) The final report is an updated cumulative report of the interim report.

(8) Reports are required even if the contractor/recipient did not pay any taxes during the report period.

(9) Cumulative reports may be provided if the contractor/recipient is implementing more than one program in a foreign country.

(c) Definitions. For purposes of this clause:

(1) "Agreement" includes USAID direct and country contracts, grants, cooperative agreements and interagency agreements.

(2) "Commodity" means any material, article, supply, goods, or equipment.

(3) "Foreign government" includes any foreign governmental entity.

(4) "Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

(d) Where. Submit the reports to:
*US Agency for International Development
Office of Acquisition and Assistance
Ronald Reagan Building, Rm 7.09-76
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Attn: Eduardo Elia, Contracting Officer*

(e) Subagreements. The Contractor must include this reporting requirement in all applicable subcontracts, subgrants and other subagreements.

(f) For further information see <http://www.state.gov/m/rm/c10443.htm>.

H.13 USAID DISABILITY POLICY (DECEMBER 2004)

(a) The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:

<http://www.usaid.gov/about/disability/DISABPOL.FIN.html>.

(b) USAID therefore requires that the contractor not discriminate against people with disabilities in the implementation of USAID programs and that it make every effort to comply with the objectives the USAID Disability Policy in performing this contract. To that end and within the scope of the contract, the contractor's actions must demonstrate a comprehensive and consistent approach for including women and children with disabilities.

H.14 ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (ACQUISITION) (JUNE 2005)

An organization that is otherwise eligible to receive funds under this contract to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combatting HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

H.15 CONDOMS (ACQUISITION) (JUNE 2005)

Information provided about the use of condoms as part of projects or activities that are funded under this contract shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms.

This fact sheet may be accessed at:

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html

H.16 “PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ACQUISITION) (OCTOBER 2007)”

(a) This contract is authorized under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (P.L. 108-25). This Act enunciates that the U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. The contractor shall not use any of the funds made available under this contract to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b)(1) Except as provided in (b)(2) and (b)(3), as a condition of being awarded USAID funds for HIV/AIDS activities under this contract or subcontract, a non-governmental organization or public international organization contractor/subcontractor must have a policy explicitly opposing prostitution and sex trafficking.

(b)(2) The following organizations are exempt from (b)(1): the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(b)(3) Contractors and subcontractors are exempt from (b)(1) if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(b)(4) Notwithstanding section (b)(3), not exempt from (b)(1) are contractors and subcontractors that implement HIV/AIDS programs under this contract or subcontract by:

(i) providing supplies or services directly to the final populations receiving such supplies or services in host countries;

(ii) providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or

(iii) providing the types of services listed in FAR 37.203(b)(1)-(6) that involve giving advice about substantive policies of a recipient, giving advice regarding the activities referenced in (i) and (ii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

(c) The following definition applies for purposes of this provision: “Sex trafficking” means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

(d) The contractor shall insert this clause in all subcontracts.

(e) Any violation of this clause will result in the immediate termination of this contract by USAID.

(f) This clause does not affect the applicability of FAR 52.222-50 to this contract.

H.17 SUBCONTRACTING CONSENT

Approved Subcontractors: The following list constitutes the approved subcontractors under this contract:

Blue Raster, LLC

CAMRIS International
Futures Institute
Johns Hopkins Bloomberg School of Public Health/Center for Communication
Programs
Program for Appropriate Technology in Health (PATH)

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	JUL 2004
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	SEP 2006
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	SEP 2007
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	SEP 2006
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
52.215-15	PENSION ADJUSTMENTS AND ASSET REVERSIONS	OCT 2004
52.215-18	REVERSION OR ADJUSTMENT OF PLANS FOR POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (PRB)	JUL 2005
52.216-7	ALLOWABLE COST AND PAYMENT	DEC 2002
52.217-2	CANCELLATION UNDER MULTIYEAR CONTRACTS	OCT 1997
52.217-9	OPTION TO EXTEND THE TERM OF THE CONTRACT	MAR 2000
52.219-4	NOTICE OF PRICE EVALUATION PREFERENCE FOR HUBZONE SMALL BUSINESS CONCERNS	JUL 2005

52.219-8	UTILIZATION OF SMALL BUSINESS CONCERNS	MAY 2004
52.219-9	SMALL BUSINESS SUBCONTRACTING PLAN ALTERNATE II	NOV 2007
52.219-14	LIMITATIONS ON SUBCONTRACTING	DEC 1996
52.219-16	LIQUIDATED DAMAGES-SMALL BUSINESS SUBCONTRACTING PLAN	JAN 1999
52.219-25	SMALL DISADVANTAGED BUSINESS PARTICIPATION PROGRAM--DISADVANTAGED STATUS AND REPORTING	OCT 1999
52.222-3	CONVICT LABOR	JUN 2003
52.222-19	CHILD LABOR - COOPERATION WITH AUTHORITIES AND REMEDIES	AUG 2007
52.222-21	PROHIBITION OF SEGREGATED FACILITIES	FEB 1999
52.222-26	EQUAL OPPORTUNITY	MAR 2007
52.222-29	NOTIFICATION OF VISA DENIAL	JUN 2003
52.222-35	EQUAL OPPORTUNITY FOR SPECIAL DISABLED VETERANS, OF THE VIETNAM ERA, AND OTHER ELIGIBLE VETERANS	SEP 2006
52.222-36	AFFIRMATIVE ACTION FOR WORKERS WITH DISABILITIES	JUN 1998
52.222-37	EMPLOYMENT REPORTS ON SPECIAL DISABLED VETERANS, VETERANS OF THE VIETNAM ERA, AND OTHER ELIGIBLE VETERANS	SEP 2006
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	FEB 2006
52.227-2	NOTICE AND ASSISTANCE REGARDING PATENT AND COPYRIGHT INFRINGEMENT	AUG 1996
52.227-14	RIGHTS IN DATA--GENERAL	DEC 2007
52.227-16	ADDITIONAL DATA REQUIREMENTS	JUN 1987
52.228-3	WORKERS' COMPENSATION INSURANCE (DEFENSE BASE ACT)	APR 1984
52.228-7	INSURANCE--LIABILITY TO THIRD PERSONS	MAR 1996
52.229-8	TAXES-- FOREIGN COST-REIMBURSEMENT CONTRACTS	MAR 1990
52.230-2	COST ACCOUNTING STANDARDS	APR 1998
52.230-6	ADMINISTRATION OF COST ACCOUNTING STANDARDS	APR 2005
52.232-9	LIMITATION ON WITHHOLDING OF PAYMENTS	APR 1984
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
52.232-25	PROMPT PAYMENT ALTERNATE I (FEB 2002)	OCT 2003
52.232-33	PAYMENT BY ELECTRONIC FUNDS TRANSFER-- CENTRAL CONTRACTOR REGISTRATION	OCT 2003
52.232-37	MULTIPLE PAYMENT ARRANGEMENTS	MAY 1999
52.233-1	DISPUTES	JULY 2002
52.233-3	PROTEST AFTER AWARD	AUG 1996

	ALTERNATE I (JUN 1985)	
52.233-4	APPLICABLE LAW FOR BREACH OF CONTRACT CLAIM	OCT 2004
52.237-3	CONTINUITY OF SERVICES	JAN 1991
52.237-8	RESTRICTION ON SEVERANCE PAYMENTS TO FOREIGN NATIONALS	AUG 2003
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 I (JUN 2007)	JUN 2007
52.244-5	COMPETITION IN SUBCONTRACTING	DEC 1996
52.244-6	SUBCONTRACTS FOR COMMERCIAL ITEMS	MAR 2007
52.246-23	LIMITATION OF LIABILITY	FEB 1997
52.246-25	LIMITATION OF LIABILITY--SERVICES	FEB 1997
52.248-1	VALUE ENGINEERING	FEB 2000
52.249-4	TERMINATION FOR CONVENIENCE OF THE GOVERNMENT (SERVICES) (SHORT FORM)	APR 1984
52.249-6	TERMINATION (COST-REIMBURSEMENT)	MAY 2004
52.249-14	EXCUSABLE DELAYS	APR 1984
52.253-1	COMPUTER GENERATED FORMS	JAN 1991
752.202-1	DEFINITIONS ALTERNATE 70 – USAID DEFINITIONS CLAUSE – GENERAL SUPPLEMENT FOR USE IN ALL USAID CONTRACTS	JAN 1990
752.204-2	SECURITY REQUIREMENTS	
752.209-71	ORGANIZATIONAL CONFLICTS OF INTEREST DISCOVERED AFTER AWARD	JUN 1993
752.211-70	LANGUAGE AND MEASUREMENT	JUN 1992
752.219-8	UTILIZATION OF SMALL BUSINESS CONCERNS AND SMALL DISADVANTAGED BUSINESS CONCERNS	
752.225-71	LOCAL PROCUREMENT	FEB 1997
752.226-2	SUBCONTRACTING WITH DISADVANTAGED ENTERPRISE	JUL 1997
752.226-3	LIMITATIONS ON SUBCONTRACTING	JUN 1993
752.227-14	RIGHTS IN DATA – GENERAL	OCT 2007
752.228-3	WORKERS’ COMPENSATION INSURANCE (DEFENSE BASE ACT)	
752.228-7	INSURANCE-LIABILITY TO THIRD PERSONS	
752.228-70	MEDICAL EVACUATION (MEDVAC) SERVICES	JUL 2007
752.242-70	PERIODIC PROGRESS REPORTS	OCT 2007
752.245-70	GOVERNMENT PROPERTY-USAID REPORTING REQUIREMENTS	
752.245-71	TITLE TO AND CARE OF PROPERTY	APR 1984
752.7001	BIOGRAPHICAL DATA	JUL 1997
752.7002	TRAVEL AND TRANSPORTATION	JAN 1990
752.7003	DOCUMENTATION FOR PAYMENT	NOV 1998
752.7004	EMERGENCY LOCATOR INFORMATION	JULY 1997

752.7005	SUBMISSION REQUIREMENTS FOR DEVELOPMENT EXPERIENCE DOCUMENTS	OCT 1997
752.7006	NOTICES	APR 1984
752.7007	PERSONNEL COMPENSATION	JUL 2007
752.7008	USE OF GOVERNMENT FACILITIES OR PERSONNEL	APR 1984
752.7009	MARKING	
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
752.7018	HEALTH AND ACCIDENT COVERAGE FOR USAID PARTICIPANT TRAINEES	JAN 1999
752.7019	PARTICIPANT TRAINING	JAN 1999
752.7023	REQUIRED VISA FORM FOR USAID PARTICIPANTS	APR 1984
752.7025	APPROVALS	APR 1984
752.7027	PERSONNEL	DEC 1990
752.7028	DIFFERENTIALS AND ALLOWANCES	JUL 1996
752.7029	POST PRIVILEGES	JUL 1993
752.7031	LEAVE AND HOLIDAYS	OCT 1989
752.7032	INTERNATIONAL TRAVEL APPROVAL AND NOTIFICATION REQUIREMENTS	JAN 1990
752.7033	PHYSICAL FITNESS	JUL 1997
752.7034	ACKNOWLEDGEMENT AND DISCLAIMER	DEC 1991
752.7035	PUBLIC NOTICES	DEC 1991

I.2 52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This solicitation incorporates one or more solicitation provisions 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. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):

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

I.3 52.204-7 CENTRAL CONTRACTOR REGISTRATION (JUL 2006)

(a) Definitions. As used in this clause—

“Central Contractor Registration (CCR) database” means the primary Government repository for Contractor information required for the conduct of business with the Government.

“Data Universal Numbering System (DUNS) number” means the 9-digit number assigned by Dun and Bradstreet, Inc. (D&B) to identify unique business entities.

“Data Universal Numbering System +4 (DUNS+4) number” means the DUNS number assigned by D&B plus a 4-character suffix that may be assigned by a business concern. (D&B has no affiliation with this 4-character suffix.) This 4-character suffix may be assigned at the discretion of the business concern to establish additional CCR records for identifying alternative Electronic Funds Transfer (EFT) accounts (see the FAR at Subpart 32.11) for the same parent concern.

“Registered in the CCR database” means that—

(1) The Contractor has entered all mandatory information, including the DUNS number or the DUNS+4 number, into the CCR database; and

(2) The Government has validated all mandatory data fields, to include validation of the Taxpayer Identification Number (TIN) with the Internal Revenue Service (IRS), and has marked the record “Active”. The Contractor will be required to provide consent for TIN validation to the Government as a part of the CCR registration process.

(b) (1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the CCR database prior to award, during performance, and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation “DUNS” or “DUNS +4” followed by the DUNS or DUNS +4 number that identifies the offeror’s name and address exactly as stated in the offer. The DUNS number will be used by the Contracting Officer to verify that the offeror is registered in the CCR database.

(c) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one.

(1) An offeror may obtain a DUNS number—

(i) If located within the United States, by calling Dun and Bradstreet at 1-866-705-5711 or via the Internet at <http://www.dnb.com>; or

(ii) If located outside the United States, by contacting the local Dun and Bradstreet office.

(2) The offeror should be prepared to provide the following information:

(i) Company legal business.

(ii) Tradestyle, doing business, or other name by which your entity is commonly recognized.

(iii) Company Physical Street Address, City, State, and ZIP Code.

(iv) Company Mailing Address, City, State and ZIP Code (if separate from physical).

(v) Company Telephone Number.

(vi) Date the company was started.

(vii) Number of employees at your location.

(viii) Chief executive officer/key manager.

(ix) Line of business (industry).

(x) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the CCR database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) The Contractor is responsible for the accuracy and completeness of the data within the CCR database, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to review and update on an annual basis from the . of initial registration or subsequent updates its information in the CCR database to ensure it is current, accurate and complete. Updating information in the CCR does not alter the terms and conditions of this contract and is not a substitute for a properly executed contractual document.

(g) (1) (i) If a Contractor has legally changed its business name, "doing business as" name, or division name (whichever is shown on the contract), or has transferred the assets used in performing the contract, but has not completed the necessary requirements regarding novation and change-of-name agreements in Subpart 42.12, the Contractor shall provide the responsible Contracting Officer a minimum of one business day's written notification of its intention to (A) change the name in the CCR database; (B) comply with the requirements of Subpart 42.12 of the FAR; and (C) agree in writing to the timeline and procedures specified by the responsible Contracting Officer. The Contractor must provide with the notification sufficient documentation to support the legally changed name.

(ii) If the Contractor fails to comply with the requirements of paragraph (g)(1)(i) of this clause, or fails to perform the agreement at paragraph (g)(1)(i)(C) of this clause, and, in the absence of a properly executed novation or change-of-name agreement, the CCR information that shows the Contractor to be other than the Contractor indicated in the contract will be considered to be incorrect information within the meaning of the "Suspension of Payment" paragraph of the electronic funds transfer (EFT) clause of this contract.

(2) The Contractor shall not change the name or address for EFT payments or manual payments, as appropriate, in the CCR record to reflect an assignee for the purpose of assignment of claims (see FAR Subpart 32.8, Assignment of Claims). Assignees shall be separately registered in the CCR database. Information provided to the Contractor's CCR record that indicates payments, including those made by EFT, to an ultimate recipient other than that Contractor will be considered to be incorrect information within the meaning of the "Suspension of payment" paragraph of the EFT clause of this contract.

(h) Offerors and Contractors may obtain information on registration and annual confirmation requirements via the internet at <http://www.ccr.gov> or by calling 1-888-227-2423, or 269-961-5757.

I.4 52.215-19 NOTIFICATION OF OWNERSHIP CHANGES (OCT 1997)

(a) The Contractor shall make the following notifications in writing:

(1) When the Contractor becomes aware that a change in its ownership has occurred, or is certain to occur, that could result in changes in the valuation of its capitalized assets in the accounting records, the Contractor shall notify the Administrative Contracting Officer (ACO) within 30 days.

(2) The Contractor shall also notify the ACO within 30 days whenever changes to asset valuations or any other cost changes have occurred or are certain to occur as a result of a change in ownership.

(b) The Contractor shall—

(1) Maintain current, accurate, and complete inventory records of assets and their costs;

(2) Provide the ACO or designated representative ready access to the records upon request;

(3) Ensure that all individual and grouped assets, their capitalized values, accumulated depreciation or amortization, and remaining useful lives are identified accurately before and after each of the Contractor's ownership changes; and

(4) Retain and continue to maintain depreciation and amortization schedules based on the asset records maintained before each Contractor ownership change.

(c) The Contractor shall include the substance of this clause in all subcontracts under this contract that meet the applicability requirement of FAR [15.408\(k\)](#).

I.5 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.6 52.219-23 NOTICE OF PRICE EVALUATION ADJUSTMENT FOR SMALL DISADVANTAGED BUSINESS CONCERNS (SEPT 2005) ALTERNATE I (JUNE 2003) ALTERNATE II (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 Part 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 Part 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](#))).

(b) Evaluation adjustment.

(1) The Contracting Officer will evaluate offers by adding a factor of _____ [*Contracting Officer insert the percentage*] percent to the price of all offers, except—

- (i) Offers from small disadvantaged business concerns that have not waived the adjustment; and
- (ii) An otherwise successful offer from a historically black college or university or minority institution.

(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 shall furnish in performing this contract only end items manufactured or produced by small disadvantaged business concerns in the United States or its outlying areas. This paragraph does not apply to construction or service contracts.

I.7 52.222-39 NOTIFICATION OF EMPLOYEE RIGHTS CONCERNING PAYMENT OF UNION DUES OR FEES (DEC 2004)

(a) Definition. As used in this clause-- United States means the 50 States, the District of Columbia, Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, and Wake Island.

(b) Except as provided in paragraph (e) of this clause, during the term of this contract, the Contractor shall post a notice, in the form of a poster, informing employees of their rights concerning union membership and payment of union dues and fees, in conspicuous places in and about all its plants and offices, including all places where notices to employees are customarily posted. The notice shall include the following information (except that the information pertaining to National Labor Relations Board shall not be included in notices posted in the plants or offices of carriers subject to the Railway Labor Act, as amended (45 U.S.C. 151-188)).

Notice to Employees

Under Federal law, employees cannot be required to join a union or maintain membership in a union in order to retain their jobs. Under certain conditions, the law permits a union and an employer to enter into a union-security

agreement requiring employees to pay uniform periodic dues and initiation fees. However, employees who are not union members can object to the use of their payments for certain purposes and can only be required to pay their share of union costs relating to collective bargaining, contract administration, and grievance adjustment.

If you do not want to pay that portion of dues or fees used to support activities not related to collective bargaining, contract administration, or grievance adjustment, you are entitled to an appropriate reduction in your payment. If you believe that you have been required to pay dues or fees used in part to support activities not related to collective bargaining, contract administration, or grievance adjustment, you may be entitled to a refund and to an appropriate reduction in future payments.

For further information concerning your rights, you may wish to contact the National Labor Relations Board (NLRB) either at one of its Regional offices or at the following address or toll free number:

National Labor Relations Board Division of Information
1099 14th Street, N.W. Washington, DC 20570
1-866-667-6572 1-866-316-6572 (TTY)

To locate the nearest NLRB office, see NLRB's website at <http://www.nlr.gov>

(c) The Contractor shall comply with all provisions of Executive Order 13201 of February 17, 2001, and related implementing regulations at 29 CFR part 470, and orders of the Secretary of Labor.

(d) In the event that the Contractor does not comply with any of the requirements set forth in paragraphs (b), (c), or (9), the Secretary may direct that this contract be cancelled, terminated, or suspended in whole or in part, and declare the Contractor ineligible for further Government contracts in accordance with procedures at 29 CFR part 470, Subpart B--Compliance Evaluations, Complaint Investigations and Enforcement Procedures. Such other sanctions or remedies may be imposed as are provided by 29 CFR part 470, which implements Executive Order 13201, or as are otherwise provided by law.

(e) The requirement to post the employee notice in paragraph (b) does not apply to—

- (1) Contractors and subcontractors that employ fewer than 15 persons;
- (2) Contractor establishments or construction work Sites where no union has been formally recognized by the Contractor or certified as the exclusive bargaining representative of the Contractor's employees;
- (3) Contractor establishments or construction work sites located in a jurisdiction named in the definition of the United States in which the law of that jurisdiction forbids enforcement of union-security agreements;
- (4) Contractor facilities where upon the written request of the Contractor, the Department of Labor Deputy Assistant Secretary for Labor-Management Programs has waived the posting requirements with respect to any of the Contractor's facilities if the Deputy Assistant Secretary finds that the Contractor has demonstrated that—
 - (i) The facility is in all respects separate and distinct from activities of the Contractor related to the performance of a contract; and
 - (ii) Such a waiver will not interfere with or impede the effectuation of the Executive Order; or
- (5) Work outside the United States that does not involve the recruitment or employment of workers within the United States.

(f) The Department of Labor publishes the official employee notice in two variations; one for contractors covered by the Railway Labor Act and a second for all other contractors. The Contractor shall—

- (1) Obtain the required employee notice poster from

the Division of Interpretations and Standards, Office of Labor-Management Standards, U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-5605, Washington, DC 20210, or from any field office of the Department's Office of Labor-Management Standards or office of Federal Contract Compliance Programs;

(2) Download a copy of the poster from the office of Labor- Management Standards website at <http://www.olms.dol.gov>; or

(3) Reproduce and use exact duplicate copies of the Department of Labor's official poster.

(g) The Contractor shall include the substance of this clause in every subcontract or purchase order that exceeds the simplified acquisition threshold, entered into in connection with this contract, unless exempted by the Department of Labor Deputy Assistant Secretary for Labor-Management Programs on account of special circumstances in the national interest under authority of 29 CFR 470.3(c). For indefinite quantity subcontracts, the Contractor shall include the substance of this clause if the value of orders in any calendar year of the subcontract is expected to exceed the simplified acquisition threshold. Pursuant to 29 CFR part 470, Subpart B-- Compliance Evaluations, Complaint Investigations and Enforcement Procedures, the Secretary of Labor may direct the Contractor to take such action in the enforcement of these regulations, including the imposition of sanctions for noncompliance with respect to any such subcontract or purchase order. If the Contractor becomes involved in litigation, with a subcontractor or vendor, or is threatened with such involvement, as a result of such direction, the Contractor may request the United States, through the Secretary of Labor, to enter into such litigation to protect the interests of the United States.

I.8 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.

I.9 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.10 752.216-70 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.11 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.12 AIDAR 752.7101 VOLUNTARY POPULATION PLANNING ACTIVITIES (JUNE 2008)

(a) *Requirements for Voluntary Sterilization Program.* 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.

(b) *Prohibition on Abortion-Related Activities.*

(1) No funds made available under this contract will 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 any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons 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 or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(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 the 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 precluded.

(c) The contractor shall insert this provision in all subcontracts.

(d) *Voluntary Participation and Family Planning Methods.*

(1) The contractor agrees to take any steps necessary to ensure that funds made available under this contract 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 contract, 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.

(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 or public international organization provides family planning services to people and for which funds obligated under this contract, or goods or services financed with such funds, are provided under this contract, 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 sub-contract or grant under this contract, 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; and (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.

(f) *Additional Requirements for Voluntary Sterilization Programs.*

(1) 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.

(2) 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.

(3) 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.

(g) The contractor shall insert this Alternate I in all subcontracts involving family planning activities.

I.13 AIDAR 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.14 PERIODIC PROGRESS REPORTS (JUL 1998)

(a) The contractor shall prepare and submit progress reports as specified in the Schedule of this contract. These reports are separate from the interim and final performance evaluation reports prepared by USAID in accordance with (48 CFR) FAR 42.15 and internal Agency procedures, but they may be used by USAID personnel or their authorized representatives when evaluating the contractor's performance.

(b) During any delay in furnishing a progress report required under this contract, the contracting officer may withhold from payment an amount not to exceed US\$25,000 (or local currency equivalent) or 5 percent of the amount of this contract, whichever is less, until such time as the contracting officer determines that the delay no longer has a detrimental effect on the Government's ability to monitor the contractor's progress.

I.15 CONTRACTOR PERSONNEL IN A DESIGNATED OPERATIONAL AREA OR SUPPORTING A DIPLOMATIC OR CONSULAR MISSION OUTSIDE THE UNITED STATES (MAR 2008)

(a) *Definitions.* As used in this clause—

“Chief of mission” means the principal officer in charge of a diplomatic mission of the United States or of a United States office abroad which is designated by the Secretary of State as diplomatic in nature, including any individual assigned under section 502(c) of the Foreign Service Act of 1980 (Public Law 96-465) to be temporarily in charge of such a mission or office.

“Combatant commander” means the commander of a unified or specified combatant command established in accordance with [10 U.S.C. 161](#).

“Designated operational area” means a geographic area designated by the combatant commander or subordinate joint force commander for the conduct or support of specified military operations.

“Supporting a diplomatic or consular mission” means performing outside the United States under a contract administered by Federal agency personnel who are subject to the direction of a chief of mission.

(b) *General.*

(1) This clause applies when Contractor personnel are required to perform outside the United States—

(i) In a designated operational area during—

(A) Contingency operations;

(B) Humanitarian or peacekeeping operations; or

(C) Other military operations; or military exercises, when designated by the Combatant Commander;

or

(ii) When supporting a diplomatic or consular mission—

(A) That has been designated by the Department of State as a danger pay post (see http://aoprals.state.gov/Web920/danger_pay_all.asp); or

(B) That the Contracting Officer has indicated is subject to this clause.

(2) Contract performance may require work in dangerous or austere conditions. Except as otherwise provided in the contract, the Contractor accepts the risks associated with required contract performance in such operations.

(3) Contractor personnel are civilians.

(i) Except as provided in paragraph (b)(3)(ii) of this clause, and in accordance with paragraph (i)(3) of this clause, Contractor personnel are only authorized to use deadly force in self-defense.

(ii) Contractor personnel performing security functions are also authorized to use deadly force when use of such force reasonably appears necessary to execute their security mission to protect assets/persons, consistent with the terms and conditions contained in the contract or with their job description and terms of employment.

(4) Service performed by Contractor personnel subject to this clause is not active duty or service under [38 U.S.C. 106](#) note.

(c) *Support.* Unless specified elsewhere in the contract, the Contractor is responsible for all logistical and security support required for Contractor personnel engaged in this contract.

(d) *Compliance with laws and regulations.* The Contractor shall comply with, and shall ensure that its personnel in the designated operational area or supporting the diplomatic or consular mission are familiar with and comply with, all applicable—

(1) United States, host country, and third country national laws;

(2) Treaties and international agreements;

(3) United States regulations, directives, instructions, policies, and procedures; and

(4) Force protection, security, health, or safety orders, directives, and instructions issued by the Chief of Mission or the Combatant Commander; however, only the Contracting Officer is authorized to modify the terms and conditions of the contract.

(e) *Preliminary personnel requirements.*

(1) Specific requirements for paragraphs (e)(2)(i) through (e)(2)(vi) of this clause will be set forth in the statement of work, or elsewhere in the contract.

(2) Before Contractor personnel depart from the United States or a third country, and before Contractor personnel residing in the host country begin contract performance in the designated operational area or supporting the diplomatic or consular mission, the Contractor shall ensure the following:

(i) All required security and background checks are complete and acceptable.

(ii) All personnel are medically and physically fit and have received all required vaccinations.

(iii) All personnel have all necessary passports, visas, entry permits, and other documents required for Contractor personnel to enter and exit the foreign country, including those required for in-transit countries.

(iv) All personnel have received—

(A) A country clearance or special area clearance, if required by the chief of mission; and

(B) Theater clearance, if required by the Combatant Commander.

(v) All personnel have received personal security training. The training must at a minimum—

(A) Cover safety and security issues facing employees overseas;

(B) Identify safety and security contingency planning activities; and

(C) Identify ways to utilize safety and security personnel and other resources appropriately.

(vi) All personnel have received isolated personnel training, if specified in the contract. Isolated personnel are military or civilian personnel separated from their unit or organization in an environment requiring them to survive, evade, or escape while awaiting rescue or recovery.

(vii) All personnel who are U.S. citizens are registered with the U.S. Embassy or Consulate with jurisdiction over the area of operations on-line at <http://www.travel.state.gov>.

(3) The Contractor shall notify all personnel who are not a host country national or ordinarily resident in the host country that—

(i) If this contract is with the Department of Defense, or the contract relates to supporting the mission of the Department of Defense outside the United States, such employees, and dependents residing with such employees, who engage in conduct outside the United States that would constitute an offense punishable by imprisonment for more than one year if the conduct had been engaged in within the special maritime and territorial jurisdiction of the United States, may potentially be subject to the criminal jurisdiction of the United States (see the Military Extraterritorial Jurisdiction Act of 2000 (18 U.S.C. 3261 *et seq.*);

(ii) Pursuant to the War Crimes Act, 18 U.S.C. 2441, Federal criminal jurisdiction also extends to conduct that is determined to constitute a war crime when committed by a civilian national of the United States; and

(iii) Other laws may provide for prosecution of U.S. nationals who commit offenses on the premises of United States diplomatic, consular, military or other United States Government missions outside the United States ([18 U.S.C. 7\(9\)](#)).

(f) *Processing and departure points.* The Contractor shall require its personnel who are arriving from outside the area of performance to perform in the designated operational area or supporting the diplomatic or consular mission to—

(1) Process through the departure center designated in the contract or complete another process as directed by the Contracting Officer;

(2) Use a specific point of departure and transportation mode as directed by the Contracting Officer; and

(3) Process through a reception center as designated by the Contracting Officer upon arrival at the place of performance.

(g) *Personnel data.*

(1) Unless personnel data requirements are otherwise specified in the contract, the Contractor shall establish and maintain with the designated Government official a current list of all Contractor personnel in the areas of performance. The Contracting Officer will inform the Contractor of the Government official designated to receive this data and the appropriate system to use for this effort.

(2) The Contractor shall ensure that all employees on this list have a current record of emergency data, for notification of next of kin, on file with both the Contractor and the designated Government official.

(h) *Contractor personnel.* The Contracting Officer may direct the Contractor, at its own expense, to remove and replace any Contractor personnel who fail to comply with or violate applicable requirements of this contract. Such action may be taken at the Government's discretion without prejudice to its rights under any other provision of this contract, including termination for default or cause.

(i) *Weapons.*

(1) If the Contracting Officer, subject to the approval of the Combatant Commander or the Chief of Mission, authorizes the carrying of weapons—

(i) The Contracting Officer may authorize an approved Contractor to issue Contractor-owned weapons and ammunition to specified employees; or

(ii) The _____ [*Contracting Officer to specify individual, e.g., Contracting Officer Representative, Regional Security Officer, etc.*] may issue Government-furnished weapons and ammunition to the Contractor for issuance to specified Contractor employees.

(2) The Contractor shall provide to the Contracting Officer a specific list of personnel for whom authorization to carry a weapon is requested.

(3) The Contractor shall ensure that its personnel who are authorized to carry weapons—

(i) Are adequately trained to carry and use them—

(A) Safely;

(B) With full understanding of, and adherence to, the rules of the use of force issued by the Combatant Commander or the Chief of Mission; and

(C) In compliance with applicable agency policies, agreements, rules, regulations, and other applicable law;

(ii) Are not barred from possession of a firearm by [18 U.S.C. 922](#); and

(iii) Adhere to all guidance and orders issued by the Combatant Commander or the Chief of Mission regarding possession, use, safety, and accountability of weapons and ammunition.

(4) Upon revocation by the Contracting Officer of the Contractor's authorization to possess weapons, the Contractor shall ensure that all Government-furnished weapons and unexpended ammunition are returned as directed by the Contracting Officer.

(5) Whether or not weapons are Government-furnished, all liability for the use of any weapon by Contractor personnel rests solely with the Contractor and the Contractor employee using such weapon.

(j) *Vehicle or equipment licenses.* Contractor personnel shall possess the required licenses to operate all vehicles or equipment necessary to perform the contract in the area of performance.

(k) *Military clothing and protective equipment.*

(1) Contractor personnel are prohibited from wearing military clothing unless specifically authorized by the Combatant Commander. If authorized to wear military clothing, Contractor personnel must wear distinctive patches, armbands, nametags, or headgear, in order to be distinguishable from military personnel, consistent with force protection measures.

(2) Contractor personnel may wear specific items required for safety and security, such as ballistic, nuclear, biological, or chemical protective equipment.

(l) *Evacuation.*

(1) If the Chief of Mission or Combatant Commander orders a mandatory evacuation of some or all personnel, the Government will provide to United States and third country national Contractor personnel the level of assistance provided to private United States citizens.

(2) In the event of a non-mandatory evacuation order, the Contractor shall maintain personnel on location sufficient to meet contractual obligations unless instructed to evacuate by the Contracting Officer.

(m) *Personnel recovery.*

(1) In the case of isolated, missing, detained, captured or abducted Contractor personnel, the Government will assist in personnel recovery actions.

(2) Personnel recovery may occur through military action, action by non-governmental organizations, other Government-approved action, diplomatic initiatives, or through any combination of these options.

(3) The Department of Defense has primary responsibility for recovering DoD contract service employees and, when requested, will provide personnel recovery support to other agencies in accordance with DoD Directive 2310.2, Personnel Recovery.

(n) *Notification and return of personal effects.*

(1) The Contractor shall be responsible for notification of the employee-designated next of kin, and notification as soon as possible to the U.S. Consul responsible for the area in which the event occurred, if the employee—

- (i) Dies;
- (ii) Requires evacuation due to an injury; or
- (iii) Is isolated, missing, detained, captured, or abducted.

(2) The Contractor shall also be responsible for the return of all personal effects of deceased or missing Contractor personnel, if appropriate, to next of kin.

(o) *Mortuary affairs.* Mortuary affairs for Contractor personnel who die in the area of performance will be handled as follows:

(1) If this contract was awarded by DoD, the remains of Contractor personnel will be handled in accordance with DoD Directive 1300.22, Mortuary Affairs Policy.

(2)(i) If this contract was awarded by an agency other than DoD, the Contractor is responsible for the return of the remains of Contractor personnel from the point of identification of the remains to the location specified by the employee or next of kin, as applicable, except as provided in paragraph (o)(2)(ii) of this clause.

(ii) In accordance with [10 U.S.C. 1486](#), the Department of Defense may provide, on a reimbursable basis, mortuary support for the disposition of remains and personal effects of all U.S. citizens upon the request of the Department of State.

(p) *Changes.* In addition to the changes otherwise authorized by the Changes clause of this contract, the Contracting Officer may, at any time, by written order identified as a change order, make changes in place of performance or Government-furnished facilities, equipment, material, services, or site. Any change order issued in accordance with this paragraph shall be subject to the provisions of the Changes clause of this contract.

(q) *Subcontracts.* The Contractor shall incorporate the substance of this clause, including this paragraph (q), in all subcontracts that require subcontractor personnel to perform outside the United States—

- (1) In a designated operational area during—
 - (i) Contingency operations;
 - (ii) Humanitarian or peacekeeping operations; or
 - (iii) Other military operations; or military exercises, when designated by the Combatant Commander; or
- (2) When supporting a diplomatic or consular mission—
 - (i) That has been designated by the Department of State as a danger pay post (see http://aoprals.state.gov/Web920/danger_pay_all.asp); or
 - (ii) That the Contracting Officer has indicated is subject to this clause.

PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

ATTACHMENT 1- Price Schedule

ATTACHMENT 2 – Small Business Subcontracting Plan

ATTACHMENT 3 – Branding and Marking Plan

ATTACHMENT 4 – Detailed Cost Proposal dated September 16, 2008

Item/Service	OTHER	SB	SDB	WOSB	HUBZ	VO	SDVO
Airfare			X	X			
Subcontractors	X	X	X			X	X
Consultants/Advisors		X					
Office Expenses/Med Supplies	X	X					
Printing		X	X	X			
Telephone and Communications	X						

Macro plans to subcontract 18.8% of the total estimated cost of the contract to small businesses, at least half of which will be used to obtain technical services from those subcontractors. Macro's small business team consists of highly experienced organizations each contributing an added value to the project. Each organization has entered into agreements with Macro to collaborate on this project and are specifically identified in both the technical and the cost proposal.

CAMRIS International, a small disadvantaged/service disabled veteran-owned business, will provide substantial technical services under the contract. For over 50 years, CAMRIS has been providing technical assistance to clients in both the public and private sectors to advance individuals and institutional capacities in the areas of health, knowledge management, and international development. CAMRIS has delivered these services in more than 40 countries worldwide working with USAID, other donor agencies, and host country governments.

Futures Institute, a small business, will assist in both developing and implementing programs in HIV/AIDS, reproductive health, maternal health and other programming areas, working with government agencies, foundations, corporations, and nongovernmental organizations around the world. Futures provides expertise in assessing population and health issues in developing countries and in providing technical assistance in policy analysis and awareness-raising through applied analysis, presentations and computer modeling.

Blue Raster, LLC, a small business, offers highly experienced IT information technology consulting, custom software application development and innovative, web-based mapping and GIS services.

The printing and publication of extensive project reports and documents will also be subcontracted to a small woman-owned/disadvantaged business concern, which will also be responsible for the distribution of publications. All of the air-travel services and logistics under the contract shall also be subcontracted to a small woman-owned/disadvantaged business. Additionally medical testing supplies and weighing and measuring supplies will be procured through small business concerns, as will computer and other equipment procured for the project.

- K. A description of the method used to develop the subcontracting goals for small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns (i.e., explain the method and state the quantitative basis (in dollars) used to establish the percentage goals; in addition, how the areas to be subcontracted to small, disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns were determined, and how the capabilities of small and small disadvantaged businesses were determined -- include any

source lists used in the determination process).

To achieve the proposed goals set forth above with this subcontracting plan, the entire requirements list is reviewed by Macro's Acquisitions/Purchasing Staff to determine, from an historical viewpoint, the types of products/services that have been furnished by small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns. A second step requires review of the requirements list to identify materials and services which appear to be obtainable for this procurement from small, small disadvantaged, woman-owned, HUBZone, veteran-owned or service disabled veteran-owned small business concerns. In these determinations, our vendor lists and other sources are consulted.

Available Subcontract Dollar amounts were determined by totaling all Direct Costs other than labor, less services (such as photocopying) which would be done completely in-house. Small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business vendors were identified for those areas listed above and percentages applied.

- Vendor Lists
Vendor lists are established and maintained by the Acquisitions/Purchasing Staff per Macro policy. Our files identify and reflect the status of each supplier as large, small, or small disadvantaged, woman owned, HUBZone, veteran-owned or service disabled veteran-owned.
- Other SB/SDB Source Information
In addition to reliance on internal vendor lists for identification of potential disadvantaged suppliers, company procurement personnel use outside directories, the National Minority Purchasing Council Vendor Information Service, the local Regional Purchasing Council facilities, and the E-Gov Business Partner Network (BPN). Company procurement personnel also attend procurement conferences, trade fairs, etc., related to small and disadvantaged businesses.
- Source Identification
Purchasing Agents identify qualified small and disadvantaged business concerns in four ways: (1) by referring to the computerized vendor lists; (2) by written representations received from the subcontractor; (3) by self-initiated action to expand the supplier base; and (4) by enlisting the assistance of the firm's SB/SDB Administrator, who utilizes sources such as the Regional Office of the Small Business Administration and other organizations. As new or additional data on small and small disadvantaged businesses are accumulated, they are transmitted to update the vendor list. Prospective subcontractors make verbal representations regarding their status as small and small disadvantaged firms, but they must be evaluated through the competitive bidding or negotiation process the same as other suppliers. Purchase Agents are not required to verify representations made by these firms.

K. Indirect costs **have not** been included in the dollar and percentage subcontracting goals stated above.

1. If indirect costs have been included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, small

disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned business concerns. - NOT APPLICABLE

3. PROGRAM ADMINISTRATOR

Name, title, position within the corporate structure, and duties and responsibilities of the employee who will administer the contract's subcontracting program: Albert W. Irion, Vice President, Contract Management, Telephone - (301) 572-0200, E-mail – albert.w.irion@macrointernational.com, Address - 11785 Beltsville Drive, Suite 300, Calverton, Maryland, 20705.

The administrator will be responsible for maintaining bidders lists and subcontractor size data. The administrator will also be responsible for providing periodic, in-house instruction to company employees on the need and methods of fostering small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business opportunities.

Duties: The administrator has general overall responsibility for the contractor's subcontracting program, i.e., developing, preparing, and executing individual subcontracting plans and monitoring performance relative to the requirements of this particular plan. These duties include, but are not limited to, the following activities:

- A. Developing and promoting company-wide policy initiatives that demonstrate the company's support for awarding contracts and subcontracts to small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns; and assure that small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small businesses are included on the source lists for solicitations for products and service they are capable of providing;
- B. Developing and maintaining bidder's lists of small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns from all possible sources;
- C. Conducting outreach efforts to locate and qualify sources in advance of specific requirements;
- D. Ensuring that procurement "packages" are designed to permit the maximum possible participation of small business, HUBZone small business, small disadvantaged business, women-owned small business, veteran-owned and service disabled veteran-owned small business concerns (removing statement/provisions from procurement packages which might tend to restrict or prohibit small business, HUBZone small business, small disadvantaged business, women-owned small business, veteran-owned and service disabled veteran-owned small business participation);
- E. Ensuring periodic rotation of potential subcontractors on bidder's lists;
- F. Ensuring that procurement "packages" are designed to permit the maximum possible participation of small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small businesses;
- G. Making arrangements for the utilization of various sources for the identification of small, small disadvantage, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small businesses such as the E-Gov Business Partner Network (BPN), the National Minority Purchasing Council Vendor Information Service, The Office of Minority Business Data Center

in the Department of Commerce, the facilities of local small business and minority associations, and contact with Federal agency's Small and Disadvantaged Business Utilization Specialist (SADBUS).

- H. Overseeing the establishment and maintenance of contract and subcontract award records;
- I. Attending or arranging for the attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc;
- J. Ensuring that small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns are made aware of subcontracting opportunities and how to prepare responsive bids to the company;
- K. Conducting or arranging for the conduct of training for purchasing personnel regarding the intent and impact of Public Law 95-507 on purchasing procedures;
- L. Developing and maintaining an incentive program for managers/buyers/technical personnel who actively support the subcontracting program;
- M. Monitoring the company's performance and making any adjustments necessary to achieve the subcontract plan goals;
- N. Preparing, and submitting timely, required subcontract reports, and;
- O. Coordinating the company's activities during the conduct of compliance reviews by Federal agencies;
- P. Participating in the Make-or-Buy Committee.

4. EQUITABLE OPPORTUNITY

Describe efforts the offeror will make to ensure that small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

- A. Additional Outreach Efforts:
 - 1. Contacting minority and small business trade associations;
 - 2. Contacting business development organizations;
 - 3. Attending small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business procurement conferences and trade fairs;
 - 4. Requesting sources from the E-Gov Business Partner Network (BPN); and
 - 5. Researching newspaper and magazine ads for leads on new sources.
- B. Internal efforts to guide an encourage purchasing personnel:
 - 1. Presenting workshops, seminars, and training programs;

2. Establishing, maintaining, and using small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business source lists, guides, and other data for soliciting subcontracts; and
3. Monitoring activities to evaluate compliance with the subcontracting plan.

C. Additional efforts:

Macro International Inc., as a Government contractor, will help develop maximum practicable opportunities for SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns to participate in the performance of the subject contract. A special effort will be made to identify, create procurement opportunities, solicit, and fairly consider such businesses or subcontracting, consistent with efficient contract performance. To this end:

- Solicitations, time periods for bidding, and delivery schedules will be set, to enable known small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small businesses to compete.
- Procurements will be reviewed for possible breakout into economic quantities suitable for procurement from small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns.
- Make-or-buy deliberations will include adequate and timely consideration of known small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business capabilities.
- Specifications, drawings, and other relevant data will be made available so that qualified known small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns are not handicapped in preparing bids.

5. FLOW-DOWN CLAUSE

Macro agrees to include the provisions under FAR 52.219-8, "Utilization of Small , Small Disadvantaged, and Women-Owned Small Business Concerns", in all subcontracts that offer further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business, Small Disadvantaged, and Women-Owned Small Business Subcontracting Plan." (FAR 19.704 (a) (4)).

6. REPORTING & COOPERATION

The contractor gives assurance of (1) cooperation in any studies or surveys that may be required; (2) submission of periodic reports which show compliance with the subcontracting plan; (3) submission of Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and SF-295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensuring that subcontractors agree to submit Standard Forms 294 and 295.

<u>Reporting Period</u>	<u>Report Due</u>	<u>Due Date</u>
Oct 1 - Mar 31	SF-294	04/30
Apr 1 - Sep 30	SF-294	10/30
Oct 1 - Sep 30	SF-295	10/30

Special instructions for commercial products plan: SF295 Report is due on 10/30 each year for the previous fiscal year ending 9/30.

ADDRESSES

- (a) SF-294 and
- (b) SF-295 to be submitted to:

Director
Office of Small and Disadvantaged Business
Utilization/Minority Resource Center
U.S. Agency for International Development
Washington, DC 20523-1414
- (c) Submit "information" copy to SDB Commercial Market Representative (CMR); visit the SBA at <http://www.sba.gov/gc> and click on assistance directory to locate your nearest CMR.

7. RECORDKEEPING

The following is a recitation of the types of records the contractor will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records will include, but not be limited to, the following:

- A. Small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns source lists, guides, and other data identifying such vendors;
- B. Organizations contacted in an attempt to locate small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business sources;
- C. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000 which indicate for the solicitation (1) whether small business concerns were solicited, and if not, why not; (2) whether small disadvantaged business concerns were solicited, and if not, why not; (3) whether woman-owned small business concerns were solicited, and if not, why not; (4) whether HUBZone small business concerns were solicited, and if not, why not; (5) whether veteran-owned small business concerns were solicited, and if not, why not; (6) ; (5) whether service disabled veteran-owned small business concerns were solicited, and if not, why not; and (7) reason for the failure of solicited small, small disadvantaged, woman-owned, HUBZone, veteran-owned and service disabled veteran-owned small business concerns to receive the subcontract award;
- D. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conferences and trade fairs;

- E. Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentives awards; and (2) monitoring of activities to evaluate compliance; and
- E. On a contract-by-contract basis, records to support subcontract award data including the name, address and business size of each subcontractor. (This item is not required for company or division-wide commercial products plans.)

8. TIMELY PAYMENTS TO SUBCONTRACTORS

Macro's established procedures ensures the timely payment of amounts due pursuant to the terms of our subcontract with small business concerns, small disadvantaged small business concerns, women-owned small business concerns, HUBZone small business concerns, veteran-owned small business concerns, and service-disabled veteran-owned small business concerns.

9. DESCRIPTION OF GOOD FAITH EFFORTS

Macro is fully committed to promoting participation of small businesses, including small disadvantaged, women-owned, Historically Underutilized Business Zones (HUBZone), Veteran-owned, and Service Disabled Veteran-owned businesses, in our contracts and corporate purchasing and temporary staffing.

Macro has been and will continue to be dedicated to establishing and maintaining an effective small business utilization program. Through an active program of outreach assistance (go to www.macrointernational.com and click on "**Partner with Macro**"), Macro is working to increase the number and quality of small businesses subcontracting opportunities. In our ongoing efforts to enhance our small business partnerships and through a proactive business development process, we have undertaken a number of initiatives internally:

- Established a Small Business Development department to work with proposal and project managers in identifying strategic relationships with small businesses that can offer value-added services to the client. Staff from this unit also attend OSDBU federal agency outreach sessions, trade fairs, workshops, training sessions, conferences, etc., to identify and increase small businesses with whom to partner.
- Created a Business Profile Questionnaire on Macro homepage (www.macrointernational.com) to attract and retain the most qualified subcontractors and consultants in the business. This includes small disadvantaged, women-owned, Veteran-owned, Service Disabled Veteran-owned, and businesses located in HUBZones. On Macro's homepage there is a "**Partner with Macro**" link that invites businesses of all types to submit their capabilities and qualifications. Once the information is submitted, the company is then added to the Small Business Utilization System (SBUS) noted below.
- Created a Small Business Utilization System. This web based tool allows Macro staff to research businesses (small and large) for potential partnering opportunities on bids and projects, evaluate the overall performance of a vendor (subcontractor/consultant), and allows staff to track contract specific subcontracting performance vis a vie Federal government socio-economic initiatives, e.g., small, women-owned, disadvantaged, etc.

Macro's corporate commitment to small business participation includes:

- actively seeking and partnering with small businesses
- developing and promoting Macro initiatives that demonstrate our support for awarding subcontracts to small business concerns
- internal committee discussions to determine the potential of small, disadvantaged, women-owned, veteran owned, service disabled veteran owned, and HUBZone businesses to supply products and services for external and internal clients
- attending OSDBU outreach seminars, conferences, trade fairs, etc., to identify and increase small businesses with whom to partner

Macro's commitment to the small business participation plan goes well beyond this procurement. We signify our commitment to work in partnership with small businesses to promote and increase their participation in all of our Federal and commercial contracts.

SIGNATURE PAGE

This subcontracting plan was submitted by:

Macro International Inc.



Martin T. Vaessen, Senior Vice President
 (301) 572-0899
 June 5, 2008 Revised September 16, 2008

Type of Plan: Individual Plan

Plan Accepted By:

Agency: _____

Contracting Officer Signature: _____

Typed Name: _____

Date: _____

ATTACHMENT 3 – BRANDING AND MARKING PLAN

The Macro team has already put a branding strategy into place to conform to USAID branding regulations for contractors. Macro proposes to continue with this basic branding plan, with a few minor changes.

Most DHS products and activities fall in one of two categories: 1) those produced with country counterparts and associated with a specific country survey, and 2) those that are produced with core funds and not focused on one country survey. The branding plan differs for each category.

Category 1: In 2006, Macro reached an agreement with USAID/Washington that materials and activities associated with field supported surveys should not be fully marked. This agreement was reached to avoid undercutting host-country ownership of surveys (exception ADS 320.3.2.5 (c)) as well as to enhance achievement of program goals, such as cooperating with other donors (exception ADS 320.3.2.5(h)). According to this plan, the logos of all contributing partners are included within the document, usually on the title page of reports, or other locations depending on the size of the document (e.g. on the back panel of fact sheets or the bottom of a press release² or a poster). The USAID logo is always presented first, except when the USAID Mission specifically requests a different arrangement and issues a waiver. The PEPFAR logo is also included when the survey has received both USAID and PEPFAR funding. For materials with multiple funders, a more general disclaimer replaces the USAID disclaimer (except on items where space is prohibitive, such as fact sheets and CD-ROMs). The disclaimer for survey-specific and co-branded products reads: “The views expressed in this publication do not necessarily reflect the views of the donor organizations”.

DHS also provides technical assistance to dissemination of survey results, including press conferences, seminars, trainings, and workshops. These events will be marked in the same ways as the survey final report—with the USAID logo first followed by the logos of other funders¹. PowerPoint presentations on survey findings use the same motif and color scheme as the final report. The second slide of the presentations includes logos of all donors, with USAID first, as well as text acknowledging USAID funding for the survey.

Survey materials such as training manuals, questionnaires, forms, data entry guidelines, and lab supplies are not published or publicly distributed. Thus these items not marked in any way. Vouchers and other information sheets given to the survey respondents are also not marked, in order not to under-cut the host-country’s ownership of the survey.

Category 2: Core-funded products such as publications, presentations, DHS marketing materials, and basic DHS-program documentation will be fully marked according to USAID branding guidelines. Products that have received funding from both USAID/Washington and PEPFAR will be co-branded. Under the MEASURE Phase II program all comparative reports, analytical studies, methodological reports, working papers, and geographic studies are fully marked. For MEASURE Phase III, this practice will continue: all reports that are core-funded by USAID will be fully branded and marked. In addition, general dissemination products, such as the publications catalog, all brochures and flyers, the conference exhibit booth, compilation CD-ROMs, HIV Notes, the

1. The USAID mission sometimes wishes to issue their own press release. Macro is happy to produce a fully marked press release for use of the Mission. However, the primary press release is usually released by the implementing agency, in which case a fully-marked release would be inappropriate.

Journalists' Guide, and general or comparative PowerPoint presentations already conform to the USAID branding guidelines.

The MEASURE DHS website is a stand-alone project website. The USAID logo was added to the MEASURE DHS website in 2005. The website for the MEASURE-III DHS will conform fully to the branding requirements for stand-alone websites for acquisitions, including addition of required meta-tags, assurance of full accessibility and enhancements to the privacy policy. These enhancements are currently underway.

Category 3: Other items: Some products do not fit neatly into either of the two categories above. For example, Macro staff may co-author an article or report that is printed by another organization. While the publishing organization chooses which logos to display, Macro staff will request that that their organizational affiliation be described as "Macro International, MEASURE DHS Phase III project, funded by USAID".

Waivers: Exceptions to these guidelines can be made only by the Principal Officer (Mission Director in field or Policy Division in Washington) and must be made in writing to DHS staff.

MEASURE DHS Phase III Marking Plan

1. Mission-Funded, Country-Specific Materials	Type of USAID marking	Current Status of Marking	Marking Code	Locations affected/ Explanation for U
Dissemination and Further Analysis Products (PowerPoints, Final Country Reports, Preliminary reports, Atlas, Trend Report, Further Analysis, Qualitative Research, Key Findings, Fact Sheets, Booklets, Wall Charts, CD-Roms, Videos)	Co-branding with implementing agencies and other funders	M	M	All DTU materials will follow the strategy for the final report: No logos on cover; USAID logo listed first, followed by other donors; country to determine colors and design of materials
Press release (in-country); Issued by Implementing Agency with technical assistance from DHS	Co-branding	M	M	All logos represented at bottom of release, as in final report. (A separate USAID-specific press release may also be produced that will be fully branded for Mission distribution.)
In-Country Events (Press conference hosted by Implementing Agency, Dissemination Seminar, Trainings)	Co-branding	M	M	All logos included on any posted or distributed materials; design to match country report
Materials for Fieldwork (Not publicly available, distributed to DHS staff in-country)				
Survey-specific documents (questionnaires, manuals, forms, training materials, etc.); Equipment (computers, lab equipment, etc.)	No branding	U	U	Not published or publicly distributed materials; may undercut host-country ownership of the surveys (exception ADS 320.3.2.5 (c))

Reference materials for survey respondents (vouchers, information sheets, referrals)	No branding	U	U	May undercut host-country ownership of the surveys (exception ADS 320.3.2.5 (c))
2. Core-Funded Materials and Activities	Type of USAID marking	Current Status of Marking	Marking Code	Locations affected/ Explanation for U
Core-funded Publications (Comparative Reports, Analytical Studies, Methodological Series, Geographic Studies, Nutrition Reports (not country-specific), Qualitative Research Studies (not country-specific), Working Papers, Basic Documentation, any other core-funded publications that are not country-specific and have no funders other than USAID/PEPFAR)	Full branding, PEPFAR co-branding when relevant	M	M	
Core-funded Dissemination Materials (DHS marketing flyers/brochures, DHS exhibit booth, General PowerPoints, Contact cards, Journalists' Guide, HIV Notes, Surveys List, Publication Catalog, Press releases (released from Macro in U.S.), Email alerts from website, Published training materials or curricula (not country-specific), CD-Roms (compilations, not country-specific), Videos	Full branding, PEPFAR co-branding when relevant	M	M	
DHS website and STATcompiler	Full branding per stand-alone site for acquisitions requirements	M	M	Enhancements to be made on metatags, accessibility and privacy policy.
HIVmapper and STATmapper	PEPFAR co-branding (HIVmapper) Full-branding (STATmapper)	M	M	Enhancements to be made on metatags, accessibility and privacy policy; STATmapper currently undergoing revisions, will comply to full branding for website
HIV/AIDS Survey Indicators Database	Co-branded	M	M	
3. Other	Type of USAID marking	Current Status of Marking	Marking Code	Locations affected/ Explanation for U
Papers/presentations written by Macro authors but published by other funders (i.e. Macro researcher works with World Bank on a World Bank publication)	No branding	U	U	Macro will request publishing organization to include text about MEASURE DHS as a USAID-funded project as footnote to author's name

REQUEST FOR WAIVERS FOR CONTRACTS

ADS 320.3.2.6 Waivers are approved by the Principal Officer. Waivers are determined on the following criteria:

“The USAID Principal Officer has this authority to waive, in whole or in part, USAID marking requirements. The Principal Officer may only exercise this authority if he/she determines that USAID-required markings would pose compelling political, safety, or security concerns, or that marking has had or will have an adverse reaction in the cooperating country. In exception circumstances, the Principal Officer may approve a blanket waiver by region or country.” Please see ADS 320.3.2.6 for more information on waivers.

Contract Officers (CO) do not make waivers. However, only the CO has the authority to inform the contractor of a waiver decision and to direct the contractor to comply with it. A waiver decision may constitute a change to the contract terms and conditions, and only the CO has the authority to issue a change order to the contract. USAID contractors may request waivers of the Marking Plan, in whole or in part, through the CO, with the CTO then assisting in processing a waiver request to the Principal Officer.