

3910139 (6)

A/O 1350-1 (2-70)

DEPARTMENT OF STATE
AGENCY FOR
INTERNATIONAL DEVELOPMENT

1. Cooperating Country
Pakistan PD-442-167 pages

2. PIO/T No.
391-139-2-30121

3. Original or
Amendment No. _____

4. Project/Activity and Title
**Malaria Eradication
391-52-511-139**

PIO/T

FY 73

PROJECT IMPLEMENTATION
ORDER/TECHNICAL
SERVICES

DISTRIBUTION

5. Appropriation Symbol
72-1131004

6.A. Allotment Symbol and Charge
354-50-391-00-69-31

6.B. Funds Allotted for:
 A.I.D./y Mission

7. Obligation Status
 Administrative Reservation Subobligation

8. Funding Period (Mo., Day, Yr.)
From **1/1/73** to **6/30/73** 2p

9.A. Service to Start (Mo., Day, Yr.)
Between **January 1, 1973** and _____

9.B. Completion date of Services
(Mo., Day, Yr.) **June 30, 1973**

10.A. Type of Action
 A.I.D. Contract Cooperating Country Contract Participating Agency Service Agreement Other: _____

10.B. Authorized Agent: **AID/W through NCDC** PASA No. _____
Public Health Service - DHEW

Estimated Financing		(1)	(2)	(3)	(4)
		Previous Total	Increase	Decrease	Total to Date
11. Maximum A.I.D. Financing	A. Dollars		\$14,614		\$14,614
	B. U.S.-Owned Local Currency				
12. Cooperating Country Contributions	A. Counterpart				
	B. Other				

13. Mission References

**STATE 19586B
ISLAMABAD 8860
STATE 231544**

14. Instructions to Authorized Agent

AID/W will negotiate and execute an amendment to the PASA with DHEW for a six-month extension of the services on through June 30, 1973 of the Assistant Chief Malaria Advisor as requested by GOP.

Funds provided herein finance the cost of this extension (\$14,614). B. type 35

15. Clearances - Show Office Symbol, Signature and Date for all Necessary Clearances.

A. The specifications in the scope of work are technically adequate
Robert T. Grant - AD/FH

B. Funds for the services requested are available
T.B. Patterson - AD/C

C. The scope of work is within the purview of the initiating office and the Agency's program
James R. Roberts - PRO

D. **George E. Rusinek - AD/E**

E. _____

F. _____

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

A.N. Ansari
Signature and date: _____
Title: **Director-General Health, Min. of Hlt.**

17. For the Agency for International Development:

William A. Wolffer
Signature: _____
Title: **Deputy Director, USAID/Pakistan**

18. Date of Issuance
December 26, 1972

Funds available.
12/24

AID-2-3 (6-64)	PARTICIPATING AGENCY SERVICE AGREEMENT	Amount: \$35,247 a/	PASA Control No.	Page 1
PASA	with:	Appropriation		of 1 Page
BUDGET PLAN	Public Health Service - DHEW	72-1131004	PIO/T No.	
By		Allotment	Pakistan	
Object Class	Budget Plan for FY 1973	354-50-301-00-60-31	301-	

Position	Class Grade	FC Grade	Rate	Man Months	Salary	Differ- ential	Total	Personnel Benefits	Int'l. Travel	Transportation of Things	TOTAL
Asst. Ch. Mal. Adv. (Carter, Morland)		10/7	22487	12	21,914	3,287	25,201	1,360	600	300	31,853
			Lump Sum (Leave)				3,692				
Program Assessment (1 Traveller for 2 weeks)									200		200
Total:											32,053

Note: International travel, per diem in Pakistan shipment of HHE and auto to U.S. and other authorized logistic support costs will be paid in Rupees from the GCP Trust Fund.

a/ \$1,057 of the funds provided hereunder is to cover shortfall in FY-72 PASA funding (see PIO/T-10039-A3, PASA Am. #3)

23 Rent, Communications, Utilities	-
26 Supplies and Materials	-
31 Equipment	-
Storage of HHE	600
Overhead 5%	1,627
GRAND TOTAL:	34,180
Funded under PIO/T 20241	19,568

*Estimated Per Diem:

FY 73 Total: 14,614

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UNITED STATES GOVERNMENT

Memorandum

2073
3910139 - (7)
PD-AAD-167

TO : F C/DPRE/PR FILES

DATE: April 23, 1974

FROM : FPC/DPRE/PR, Norman Cohen

SUBJECT: IRR: Pakistan - Malaria Control and Integration Loan (\$25 Million)

11 p.

The Asia Advisory Committee approved this IRR on April 23, 1974 subject to a resolution of the following points:

1. GOP Contribution - The most important aspect to be discussed and studied during intensive review is the institutional and financial support which the GOP is prepared to put behind this project. The present Malaria Program has been stagnated by mismanagement and inertia. The Asia Bureau clearly stated that unless the GOP unconditionally agrees to both a foreign exchange and local currency contribution plus major administrative controls to assure a successful program, then AID would not consider financing the project. In connection with the management aspect, the Asia Project Committee will consider whether some portion of the loan funds should be used for technical assistance to work with the GOP implementing agency.

2. This project is directed primarily outside of the Karachi area, however, the intensive review must thoroughly study the Malaria Control Program underway for Karachi in order to assure a fully integrated attack program.

3. Commodity availability (malathion) and time for delivery from the supplier to Pakistan will have to be thoroughly studied in order to assure rapid response to this critical problem.

4. As this is an FY 1975 loan the CAP is not expected until early in the next fiscal year.



Fy 75 loan

INTENSIVE REVIEW REQUEST

(IRR)

for

MALARIA CONTROL AND INTEGRATION LOAN

USAID/ISLAMABAD

4/23/74 - IRR mtg.

- Mal. program for Karachi also to be studied - This project outside Karachi

- May send some TA into project Pakistan

- Program must be a critical issue

Date of Preparation: April 8, 1974

- Paks presently fumbling -

- Must be real commitment by Paks or no AID program.

- This loan for '75 - what is now going on?

- Prior AID assistance in Paks in that area.

- AID financed commodities to arrive Spring '75 -

- Many problems on PI - how to be addressed under this program -

Pakistan

INTENSIVE REVIEW REQUEST (IRR) FOR A MALARIA CONTROL
AND INTEGRATION LOAN

I. BACKGROUND

The Pakistan Malaria Eradication Program (MEP) was started in 1961 with the target date for eradication set as 1975. The program was devised on a sound technical base and made substantial progress towards eradication.

In 1961 it was estimated that as many as 20 million people suffered from malaria each year. By 1967 this figure was dramatically reduced to only 9,500 cases accompanied by a corresponding drop in the parasite rate from 15% to under 0.1%.

In 1969 the program areas began to experience widespread malaria resurgence particularly in the Punjab and Sind due to a complex series of technical and management problems involving inadequate financing, supply and maintenance problems, increased urban malaria, increased ~~vector resistance to DDT~~, unworkable administrative changes, lack of a health infrastructure to ensure maintenance of eradication, and personnel problems. problems

Malaria has again reached epidemic proportions, and its resurgence is as yet unchecked especially in the heavily populated areas of the country. The annual parasite incidence rate has climbed back enormously to 26.31%. Malariogenic conditions relating to the present incidence of malaria and the potential for a major epidemic in 1974 are equal to or worse than conditions which existed in 1961. The GOP recently became alarmed by the existing situation and directed the Malaria Eradication Board to prepare a revised plan of operations.

The plan was prepared by the Malaria Eradication Board and approved by WHO and reviewed by AID. This document is an extension and revision of the original plan and is entitled "Plan of Operations for an Extended Malaria Eradication Program covering the period from 1974/1975 - 1978/1979".

The impact of malaria resurgence has only just begun to be realized in terms of economic development, social changes, and political repercussions. The GOP has clearly placed the highest health priority in bringing malaria under control once again.

II. DESCRIPTION OF ACTIVITY TO BE FINANCED

U. S. assistance to this project has been informally requested by the Government of Pakistan in the form of a Project Loan to finance a portion of the foreign exchange required for the procurement of ~~essential commodities~~ required to bring about a rapid reduction in the incidence of malaria. The details of commodities and costs are given in Section V of this IRR.

P. 1 lists many problems

The following is a brief summary of the Revised Plan of Operations prepared by the GOP and W. H. O.

For the purpose of renewing the attack against malaria, the malarious areas in each Province have been divided into three categories depending on the malariogenic potential of the area and classified as high, medium, and low. This classification was based on such factors as malaria parasite load, mosquito vector density, population movement, waterlogging, temperature, and relative humidity.

The areas in the three categories are to be returned to house spraying operations because of the present high endemicity of malaria. Spraying of houses will commence in all areas using malathion 50%, BHC 12.5%, BHC 26%, or DDT 75%. The duration and extent of this total spray coverage will depend upon the degree of malariogenic potential described above. The timing of spraying will be selected according to local epidemiological considerations and the efficiency of the various insecticides.

Surveillance operations need to be strengthened and necessary reforms must be introduced. Plans are to continue active (malaria project staff) and intensify passive (other health facilities and staff) case detection on a year-round basis.

One of the important changes in the Revised Plan of Operations will be the immediate dialogue and coordination between the Malaria Service and the Public Health Service in each Province. This coordination will lead to integration of the two services. In the case of the Punjab Province, full integration is expected by the end of the 5 year plan. The other Provinces are expected to integrate in an orderly fashion, but not necessarily before the end of the plan in 1979. This integration will be time phased in that the Public Health Service will take over only in those areas where the malaria incidence has been reduced to a low level and the risk of the reintroduction of malaria is minimal, and where the Public Health Service has reached the degree of maturity required for integration. After full integration a nucleus of experienced malaria epidemiologists and entomologists will be retained in the Central Government Health Service to guide and evaluate Provincial operations during the maintenance phase.

Although insecticides will form the basis of the first phase, more attention will be given to the potential use of other measures such as larviciding, water management, and biological control. The introduction of *Gambusia affinis* (mosquito eating fish) in lakes, swamps and rice plantations will be attempted on a wide scale as a biological method of malaria control. These alternate and supportive measures are becoming increasingly important now that vector resistance to DDT and the potential resistance to organo-phosphorus insecticides exist.

Urban malaria, which has caused serious problems in the import of cases into consolidation zones, will be attacked immediately with close coordination between the MEP, the Provinces and Municipalities. The use of Ultra Low Volume (ULV) spraying techniques using a concentrate of malathion is being planned this year for the city of Karachi and later for other urban centers where malaria is a major public health problem. In addition the MEP will provide municipalities with technical assistance, evaluation and guidelines in order for them to carry out a comprehensive mosquito control program.

The MEP staff will itself provide a broadened evaluation mechanism which will in the future enlarge its scope of activities to examine continuously and closely the administration, logistics, communications, execution, supervision, training, staffing patterns and turnovers, procurement and supply of equipment, and equipment and transport maintenance through periodic, intensive in-depth program evaluations.

The data ensuing from this continuous evaluation technique will be fed back in directives for action to the appropriate departments in the Central and Provincial Governments. A major program review is planned annually to insure that the needs or deficiencies of the program are clearly identified and that recommendations for improvement are provided to concerned officials.

III. RELATION OF THE PROJECT TO THE OVERALL SECTOR PROBLEMS

Malaria control has been given a high priority by the Ministry of Health. It is carried as a line item in the Health Budget of the Annual Development Plan of the Planning Commission. The narrative in the 1973-74 Plan states that the incidence of malaria has shown an alarming increase and that remedial measures will be taken in the following manner: (1) the program will be implemented throughout the country on a uniform basis, covering both rural and urban areas using effective insecticides, and (2) steps will be taken to absorb the Malaria Eradication Program along with its staff into the general health services.

The general shift in emphasis within the GOP health services is from the curative to the preventive in the newly developing People's Health Scheme. Malaria is again the principal infectious disease in Pakistan and the need for malaria control is strongly recognized as a priority segment of the preventive medicine sector. While the Government recognizes the priority to attack malaria, it also recognizes the value of extending the basic health infrastructure -- hence the recommendation for the clear-cut phased integration of the project and staff.

IV. RELATION OF THE PROJECT TO AID PROGRAM AND COUNTRY PRIORITIES.

Malaria in rampant and epidemic proportions usurps the manpower availabilities of any society. In a developing country such as Pakistan this loss of available manpower affects all sectors of the economy. From agriculture production to urban services, malaria causes debilitating illness in thousands of people and produces much underachievement in what otherwise would be an increasingly productive economy. Since much of the malaria occurs at the critical period of planting and harvesting, the loss in manpower at this time of year many times means an actual drop in harvested food.

In crowded urban areas, malaria produces absenteeism among factory workers and government servants, sickness among school children and large expenditures from family incomes on curative measures for malaria. The re-focussing of public attention on malaria control is a must if Pakistan is to develop all its economic sectors as rapidly as it wishes.

In terms of Agency/Congressional priorities the project follows closely the guidelines of the Agency's new directions in that this program will provide direct benefits to the mass of rural people. The Government of Pakistan has recognized that a renewed full-scale attack on malaria is imperative in order to bring the present major epidemic under complete control. With this recognition has come a commitment to begin now strong malaria control coupled with a workable plan for the integration of the malaria workers into the rural health infrastructure.

In the long run a malaria control program is attractive for A. I. D. financing if it is phased into an integrated health service. The initial emphasis on malaria control is a high return response to an immediate problem; but the use of the program as a means of building the needed institutional and administrative infrastructure for the health services as well as developing a large pool of trained public health workers is an important longer-range objective. A permanent malaria control capacity must form part of the General Health Service.

V. ESTIMATED COST OF PROJECT

The GOP's estimated cost at current prices of this 5-year project is Rs. 725.63 million (U.S. \$73.29 million equivalent). Of this total Rs. 311.85 million is required to cover internal expenditures including the salaries of personnel, locally procured supplies (including 3,871 metric tons of DDT 75% water wetttable powder (wwp) and ~~3,617~~^{2,412} metric tons of B.H.C. 12.5% wwp), transport maintenance and POL, (and other miscellaneous expenses.

The remaining Rs. 413.78 million (\$41.80 million) is required in foreign exchange for necessary imports. These include 23,118 metric tons of malathion 50% wwp and 3,617 metric tons of BHC 26% wwp estimated to cost \$40.61 million; vehicular transportation, laboratory equipment, sprayers and spare parts will also be procured under this section at an estimated cost of \$1.19 million.

The following table provides a summary of costs for the five year life of the project:

<u>Year</u>	<u>Local Currency Costs</u>	<u>Foreign Exchange Costs</u>
74/74	86,951	112,355
75/76	78,088	156,192
76/77	67,820	117,530
77/78	39,917	15,240
78/79	39,079	12,445
Total:	311,853	413,782

GRAND TOTAL: Rs. 725.635

Foreign exchange costs for the first three years are high and it is this portion which the USAID is prepared to help finance through a loan. We will open a formal dialogue with the GOP after the IRR has been approved.

Foreign exchange costs for the first three years are \$39 million, as follows: 74/75 - \$11.35 million; 75/76 - \$15.77 million; and 76/77 - \$11.87 million. It is our intention to assume only a share of these costs. Specifically, we propose to finance 60 per cent of foreign exchange costs for the first three years, up to a maximum of \$25 million. We further propose to provide for disbursement of loan funds on a pari passu basis with the GOP foreign exchange commitment to this program.

By separate action, exclusive of the dollar loan, we will propose that approximately Rs.100 million be provided from a PL 480, Section 104 (f) Mondale allocation toward the local currency costs of the program. The GOP will provide from regular appropriations approximately Rs. 40 million per year, which represents the approximate continuing level of expenditures after the three year period of intensive operations.

Estimates for foreign exchange are based on current costs of imported commodities. During the Mission intensive review, we plan to include our best estimates of expected price changes in pesticides, other commodities, and local costs.

VI. ECONOMIC ANALYSIS

The economic (as distinguished from humanitarian) rationale for the malaria control program rests on an examination of measurable returns to the economy against a set of measurable costs.

On the basis of a preliminary examination of (a) the number of days or man-hours that would not be lost through malaria averted, (b) the reduction of losses in efficiency during a period of a worker's recovery, and (c) the cost of medicines saved when the incidence of disease is reduced, we have calculated an internal rate of return for this program of about 14 percent. We have also examined the distribution of these benefits across income and other groups in Pakistan's economy, and estimate that they will accrue largely to the lowest income groups.

During the period of intensive review we shall investigate alternative methods of implementing the malaria program, including different mixes of control techniques, alternative timings of certain operations, and wider or more limited geographic coverage to test the impact of such alternatives upon the benefit-cost ratios of the program.

VII. IMPLEMENTATION PLAN

For the purpose of time phasing, it is assumed that AID/W will authorize the loan very early in FY 75, and that the Loan Agreement can be executed shortly thereafter. This will barely provide the minimum time for procurement, shipping and delivery of the required commodities for the first round of spraying beginning in April 1975. *1 yr. from now -*

The commodities financed by this loan will be procured by the GOP primarily through commercial channels in accordance with AID regulations.

The malaria organization, including 6,400 malaria workers, is in place and implementation plans for the attack phase are in preparation. The beginning of the fall spraying season in 1974 will take place with

small existing or imported stocks of insecticides in the most highly malarious areas. Full renewed spraying is planned for Spring 1975 (assuming the loan commodities arrive in time as planned).

The Ministry of Health will seek repeal of the Malaria Eradication Board ordinance and substitute a GOP Executive Order reflecting the objectives set forth in this extended plan of operations. The MOH will establish the functions of the Central Malaria Control Establishment in relation to the establishment's role in technical auditing as well as coordination between Provinces, with neighboring countries, assistance agencies, overall evaluation, training and research activities.

The Central Malaria Control Establishment shall be vested with powers to ensure uniformity of operations in all Provinces. Technical decisions will be taken under the guidance of the Central Malaria Control Establishment.

The Provincial Health Departments will give priority to the malaria program in their health plans, and will execute the annual plan of action for malaria control which is prepared by each Provincial Health Department and submitted to the Central Ministry of Health for approval. The Central Health Ministry will have powers to amend or modify the annual plans of operations if so advised by the Central Malaria Control establishment.

During the Mission intensive review we plan to address and solve the problem of assuring adequate funding for municipal malaria control programs. In the revised plan of operations this vital requirement is not covered.

We plan also to address the important continuing evaluation aspects of the project operation. In addition to the planned annual external review of the project, we will look for more frequent internal meetings of Central, Provincial and Municipal administrators, probably on a monthly basis.

The World Health Organization will provide the external expertise to assist this effort and will provide a five man team including a Chief Malariologist, an epidemiologist, a training advisor, and two malaria sanitarians.

VIII. STATUS OF PROJECT DEVELOPMENT AND PREPARATION

The revised Plan of Operations for this project as previously stated has been drafted by the Malaria Eradication Board and approved by the W. H. O. It has been submitted to the Central Government after approval by the four Provinces.

A PC-I (project proposal) was submitted to the Government for action on March 18, 1974.

Unofficial request for a project loan has been received through a continuing dialogue between various elements of the Mission and all interested sectors of the GOP. An official request for loan assistance we expect will follow shortly after GOP review and clearances.

While the revised plan of operations was prepared in consultation with WHO and a malaria advisor from AID/W, it has not been subjected to the kind of careful review within USAID which we would expect to be a part of the intensive review process. This review will undertake to assess the feasibility of the plan as a whole and the effects of alternative courses of action. It will undertake to analyse a number of issues with regard to the plan from the stand point of accuracy, feasibility, economic effect and cost benefit ratios. They include:

- Quantities and costs of insecticide and equipment.
- The validity of basic insecticide resistance test data.
- An assessment of the technical design of the plan ops, including its feasibility and expected results.
- Possible alternative courses of action such as:
 - Revised definitions of the areas of concentration.
 - The expected effect of annual rather than semi-annual sprayings.
 - The expected effect of alternative insecticide choices.
 - Alternative mixes of control techniques.
- The administrative structure for administering the plan, including control over technical activities in the field.
- The necessary commitments of the various levels of government involved.
- The lack of a concrete program for the urban areas.
- The pace of integration of malaria workers proposed for the four provinces.
- Should the emphasis of this program be directed towards eradication or control as recently redefined by the World Health Organization?
- The assurances to USAID that a five member World Health Organization technical staff be recruited and maintained, i. e. by loan C.P. or covenant.

IX. ISSUES

Will it be possible for Pakistan to obtain the required tonnage of malathion for the project? The five year plan calls for the application of 23, 118 metric tons of malathion based on the following schedule:

<u>YEAR</u>	<u>74/75</u>	<u>75/76</u>	<u>76/77</u>	<u>77/78</u>	<u>78/79</u>	<u>Total</u>
m/t	4203	9454	7766	916	779	23118

If American Cyanamid is given a year's notice would it be possible for them to gear up production to meet Pakistan's requirement? Would it be possible or beneficial if Pakistan entered into a long term contract with American Cyanamid to supply the required tonnage; would American Cyanamid consider entering into a long term supply contract?

Mission cable correspondence with AID/W indicates that at present the only 941 source of malathion is India, which has an annual production capacity of 50 metric tons. Other known world-wide suppliers are non Code 941 countries and include the following: Great Britain 100 m/t, Denmark 2000 m/t, Italy 1000 m/t. In addition Japan may now be able to start up production once again (capacity unknown) since the POL shortage appears to be easing. Thus, Pakistan will be able to use its foreign exchange component to purchase malathion from Code 899 countries.

Can we put the 60 percent or \$25 million formula to the GOP as a negotiation position? We believe it important to get a firm understanding with the GOP on their own financial responsibilities during the intensive review process.

X. WORK PLAN LEADING TO LOAN PAPER COMPLETION

The attached flow diagram indicates the approximate time table for loan paper preparation and submission. The CAP will be drafted by the Mission with TDY assistance from AID/W.

The environmental impact will be addressed in the CAP.

The Malaria Loan Committee, Islamabad.

Mr. Francis J. Murphy, Chairman
Mr. Chester S. Bell, AD/CDE
Mr. Loring A. Waggoner, Asst. Program Officer
Mr. Edmund L. Auchter, Chief, DEA
Mr. L. Michael Hager, RLA
Mr. William A. Rice, AD/C

Encls: Flow Diagram

FJMurphy:h
4/8/74.

JUN 30 1 46 PM '75

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PD-AAD-167

JUN 30 1975

SECRETARY
ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: ES

FROM: AA/PPC, Philip Birnbaum

SUBJECT: Pakistan - Malaria Control Project - \$20.0 Million

Problem: Because this proposed loan amounts to \$20.0 million, your signature is required on the attached loan authorization.

Discussion: A program aimed at total eradication of malaria was begun in Pakistan in 1961. The target date for eradication was set for 1975. The program began with World Health Organization (WHO) and Government of Pakistan (GOP) agreement on a Plan of Operations for the fourteen-year period. For the first half of the period, 1961-1967, the program achieved major success in reducing malaria, and Pakistan's accomplishment in halting the transmission of malaria was widely hailed. A.I.D.'s assistance was instrumental in the initial success of this malaria program, providing badly needed commodities and services; in West Pakistan through grants and loans A.I.D. provided assistance amounting to over \$28 million in the period from 1963 to 1970. Subsequently, however, there was a resurgence of the disease, particularly in Punjab and Sind Provinces. The resurgence was due to a complex combination of technical and management problems, stemming from inadequate financing of the "maintenance" phase of the program, supply and equipment maintenance difficulties, an increase in urban malaria, an increase vector resistance to DDT, administrative arrangements that proved unworkable, the lack of a permanent health infrastructure to ensure continuation of eradication efforts, and personnel shortages.

At the present time, malaria has again reached epidemic proportions, especially in the heavily populated rural areas, and malariogenic conditions are regarded as worse than the conditions which existed in 1961. Although estimates of malaria cases vary, it is believed that Pakistan had as many as 10 million cases in 1974. If unchecked, and transmission patterns were to follow those of the past, the number of cases might rise to 23 million by 1979. The GOP rightly considers malaria to be a major health problem and a deterrent to development, and has taken or committed itself to take a number of steps designed to contribute to the success of the current control efforts and the long-term goal of maintaining the incidence of malaria at a manageably low level. These steps include the establishment of an administrative

and technical control entity within the central government (Directorate of Malaria), a GOP commitment to budget for and provide 40% of the foreign exchange costs (i.e. \$27.5 million) and 24% of the local currency costs (i.e. Rs. 81 million) of the project on a pari passu basis, provision of job security for malaria workers and commitment to a plan for integrating malaria workers into the overall health service, and the preparation of a Revised Plan of Operations for carrying out the project, which plan has been reviewed and approved by WHO and a team of experts assembled by A.I.D. Based on the GOP's recognition of the seriousness of the problem, and their firm commitment to its solution (evidenced in part by the measures cited above), we feel that every reasonable precaution has been/will be taken to prevent a recurrence of the mistakes of the past.

A.I.D.'s program in Pakistan is shifting its concentration to focus more directly on agriculture and rural development and population and health. Assistance to the Malaria Control Project will contribute to the improvement of basic health in the rural areas, and will directly or indirectly affect the lives of 80 million people.

The project is thus both consistent with the objectives of A.I.D.'s program in Pakistan, and meets the criteria of Section 104 of the Foreign Assistance Act, which provides development assistance "to prevent and combat disease in the developing countries for the great majority."

The proposed loan to the GOP will finance the foreign exchange ~~costs related to the importation of chemicals and equipment for~~ implementation of a five-year Malaria Control program which is designed to reduce the incidence of malaria to a sufficiently low level to be subject to continued control by the GOP.

The total five-year program is estimated to cost \$95.7 million - \$62.3 million in foreign exchange and \$33.4 million equivalent in local currency. The GOP requested A.I.D. financing in the amount of \$60 million - \$35 million in the form of a development loan, and \$25 million equivalent in the form of a "Mondale" rupee grant.

In accordance with established Agency procedures, approval of the rupee grant is being processed separately, and involves transfers over a five-year period. With respect to the proposed development loan, it was processed and has been approved by the Development Loan Committee in the full amount of \$35 million. However, overall funding limitations coupled with other

priority considerations in our FY 1975 loan program for Pakistan, resulted in our decision to recommend authorization of the loan at \$20 million now, to be increased to the full \$35 million by later amendments in FY 1976 and FY 1977, as funding permits. Assuming funding availability, operations of the malaria control effort will not be adversely affected by such a phased-financing approach. Should additional A.I.D. funding not become available, we feel that the GOP's commitment to the project is such that they will obtain financing from other donors or reallocate their own resources to carry out the project. However, in the unlikely event that the required additional financing is not available from A.I.D. or other donors, and that the GOP is unable to reallocate its own resources in the magnitude and time frame necessary to follow the Plan of Operations, we will take steps to insure that the Plan is revised to make the optimum use of the reduced resources, and the \$20 million A.I.D. loan and the Rs. 250 million grant will still make a significant contribution toward alleviating the number one health problem in Pakistan by reducing the number of deaths resulting from malaria and slowing its spread through the country.

Thus, A.I.D.'s cumulative contribution will equal 63 percent of the total project. The GOP will finance \$35.7 million or 37 percent of the project, their contribution thereby exceeding substantially the 25 percent required of the host government. Further, the GOP will provide assurance through a provision in the loan agreement that it will contribute at least 25 percent of the total cost of the entire project as required by the provisions of Section 110(a) of the FAA.

The following criteria were used in appraising the project:

(a) Technical Soundness. The five-year program is based on a plan developed jointly by the GOP and the World Health Organization. A comprehensive review of this plan and the Pakistan program by an A.I.D.-financed evaluation team found the plan to be technically sound. (See PP, pages 3-7.)

(b) Institutional Capability. The GOP is considered to have an adequate organizational structure in the Directorate of Malaria and sufficient trained personnel, with previous malaria experience, to implement the proposed project. Technical advisors from the WHO will be stationed in Pakistan to supplement the GOP staff capability where required. (See PP, pages 8-11.)

(c) Economic Feasibility. The economic soundness of the project was analyzed by the evaluation team and reviewed by A.I.D. The project is considered to meet acceptable economic standards for a project of this nature. (See PP, pages 18-21.)

(d) Financial Analysis. The financial viability of the loan was reviewed and concluded to be acceptable for the following reasons: (1) the GOP is the Borrower and prospects for repayment of the loan are good, and (2) the financial plan for the project is considered sound and adequate sources of financing for project costs have been identified.

(e) Environmental Impact. The net effect of the proposed project on human health and the environment in general is positive. Any possible risks are greatly outweighed by the benefits arising from properly controlled use of insecticides in the program. (See PP, Annex G.)

The loan and the grant have been reviewed and cleared by all A.I.D. offices concerned and the loan has the concurrence of the Interagency Development Loan Committee. The Congress was notified of this project in the FY 1975 Congressional Presentation in the amount of \$15,000,000. In compliance with Section 113 of the Foreign Assistance and Related Programs Appropriation Act 1975, Congress has also been notified of the additional \$5,000,000 being sought in this authorization resulting in a total of \$20,000,000. Increases to be sought in FY 1976 (Fifth Quarter) above the amount previously notified in the FY 1975 Congressional Presentation have been included in the FY 1976 Congressional Presentation.

Recommendation: Signature of the attached loan authorization.

Attachments: Loan Authorization
• Project Paper (PP)

Clearances: GC:CLGladson CLG
AA/NESA:RHNooter RHN

RBP
NESA/CD:RBPerry:jab:6/24/75

391 0139-①

PD- AAD- 167

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

MEMORANDUM

May 25, 1976

41

TO: ASIA/TR, T.C. Clark, Jr.

FROM: ASIA/TR/HN, Isaiah A. Jackson, Jr., M.D. ✓

SUBJECT: Comments on GAO Report #76-348 Malaria Eradication Program

This is a very detailed report which supplies a substantial overview of the entire malaria program. The findings, problems, conclusions, and recommendations substantiate the observations which have been made by this office and TA/H. It can be most appreciated by reviewing the entire report. However, some of the highlights are outlined as follows:

U.S. INVOLVEMENT

AID assistance to malaria programs began in the early 1950's with assistance to more than 90 countries at a cost of over \$1 billion. The disease was either controlled or virtually eradicated in most countries. In 1973, AID's policy was changed to provide selective assistance to country malaria programs where certain criteria were met. AID would provide commodity support in special cases where appropriate. WHO was to provide advisory services of the necessary specialists.

RESURGENCE OF MALARIA

Over a billion people now live in former malarious areas, but there are now nearly 500,000,000 people exposed to this disease. The population explosion causes a rapid increase in this number which will have an immense impact on the economic growth of affected areas over the next decade. There are a multiplicity of factors causing this increase as follows:

1. Overconfidence

For example, in 1963, Sri Lanka had 18 cases, hence there was a marked decrease to emphasis with a rapid phase down.

2. Redirection of Emphasis
The success in eradication lead to de-emphasis of the program as a high national program.
3. Resistance to Insecticides
The increased usage of DDT as an insecticide for agricultural purposes has caused a dimnish in the effect of spraying.
4. Inflation and Availability of Supplies
DDT is the least expensive of the insecticides and provides longer protection where effective. However, other insecticides have a shorter effect, shorter shelf life, and are more toxic. Most insecticides and other supplies are imported.
5. Development Projects
Extensive agricultural programs and construction of roads have created extensive movement between malaria and non-malaria areas. Construction of ditches, fish ponds, levees, dams, and drainage canals have brought breeding areas closer to communities.
6. Professional Staff and Field Personnel
There is a world-wide shortage of trained and experienced malaria personnel. Most of the trained personnel have now gone into other jobs and careers.
7. International Malaria Eradication Training Center
A malaria training center was established by AID in Jamaica and later moved to Manila. Over 1800 professional and technical personnel from 45 countries were trained. AID support phased out in mid-1971 with the understanding

that WHO would cooperate with the Philippine Government in maintaining the center. Without WHO support the center was closed in 1973.

8. Inadequate Case Detection
An adequate system of surveillance was not established.
9. Inadequate National Commitments
The national governments have been unwilling to commit their resources even when it cost no more than 5% of the health budget. This reflects the need for more adequate health planning which would identify malaria as a key national problem.

This report reviewed the effect of the antimalarial programs on the economic growth, population growth, mortality, morbidity, education, and tourism. It further pointed out the gradual withdrawal of support of various donor agencies. AID has agreed to continue to support research, commodities, local costs and evaluations and to work with other U.S. agencies toward strengthening WHO's capacity to provide advisory services and meet other responsibilities.

This audit made the following recommendations:

RECOMMENDATION NO. 1

The AA/TA should consider assembling a task force of malaria experts to: (a) review the scope and seriousness of the world-wide malaria problem; (b) determine the adequacy of planning by affected countries for a malaria program within the context of a national health plan; (c) determine the adequacy of affected countries to mount a national health planning process in order to fully consider malaria in the context of all national priorities; and (d) make recommendations to the United States and other involved governments, addressing the most feasible approach to combat malaria.

RECOMMENDATION NO. 2

The AA/TA, in coordination with the USPH, WHO, UNICEF, AND PAHO, should consider establishing and administering a revolving loan fund for antimalaria programs, and soliciting contributions from other involved nations and/or organizations (e.g., United Nations Development Program).

RECOMMENDATION NO. 3

The AA/TA, in coordination with other agencies as deemed appropriate, should consider the feasibility of establishing an international training center for the training of professionals to manage antimalaria programs.

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PD-440-167

file 139

MEMORANDUM TO THE FILES

DATE: August 30, 1976

~~3910139~~

FROM: COM/A, Robert W. Wiley

SUBJ: Malaria Control Project - Loan 391-U-163, TDY Visit to the Mission (Jenkins and Wiley)

3910139

3p

During our initial meetings with Messers. Cassanos and Irshad in Islamabad on the problems pertaining to the 1975 purchase of Malathion, we pointed out the various discrepancies in the documents which were submitted by the Government of Pakistan through the Mission for AID reimbursement under the loan. We stated that one major discrepancy was the nature of the "Inspection Reports" which were submitted. Those reports were, in fact, no more than certificates issued by the I P and S inspectors that the product shipped met specifications in the IFB. We suggested to Jim Cassanos that he prepare a letter to the Government of Pakistan asking for the laboratory test results which provided the I P and S inspectors with the bases for making their determinations that specifications were precisely met. I furnished Mr. Cassanos with the attached draft wording which I suggested be incorporated in his letter to the GOP.

Mr. Cassanos did incorporate the attached in such a letter (with modifications) however, when he requested the clearance of the Acting Regional Legal Officer, Donald L. Pressley, Mr. Pressley questioned whether AID had the legal right to request the GOP to provide more documents than those which were submitted.

As a result of the conversations which we subsequently had with the RLO and Cassanos, we agreed to discuss this matter with our General Counsel's office upon our return to Washington and to base our future actions on the reimbursement for this first purchase upon the GC's opinion, after consultation with the responsible Asia Bureau officers.

cc: COM/CPS/AT, Charles Jenkins
GC, Ken Fries
ASIA/PD, Tom Rishoi
ASIA/PN, David Levintow ✓

Clearance: COM/CPS/AT: CJenkins (draft)

COM/A:RWiley:ey:18/30/76

As discussed at some length in our meeting yesterday, our representatives from AID/Washington feel that AID requires ~~ex~~ certain additional documentation in connection with the reimbursement requested under the 1975 purchase of Malathion. As you know, the purchase contracts call for the Buyer to provide for inspections of the product purchased prior to shipment.

The Inspection Reports which have been furnished to AID ~~from~~ contain certification by the inspectors that the product met the specifications of the tender and the contracts, however, those reports do not include the supportive analyses which provided the basis for the inspectors to make their determinations.

As the quality of the product is of such *CRITICAL IMPORTANCE* the success of the Malaria Control program and to the resultant health and well-being of the Pakistan citizens, AID/Washington feels that it should have for its records the precise bases which lead to the Inspector's determination prior to authorizing the required reimbursement,

We would, therefore, appreciate if you would secure from the inspectors (a) advice as to the techniques and procedures followed in their inspections and (b) if independent laboratory tests were conducted in connection therewith, copies of those test results. If such independent laboratory tests were not conducted, please let us know what alternative method or methods were employed. In as much as the contracts require certificates from the suppliers that the product shipped met the specificatio

of the contracts, the suppliers' laboratory analyses conducted in accordance with the procedures prescribed in WHO/SIF/10R3, may, in this instance, subject to AID's review, be accepted as the supportive basis of the inspectors' determinations.

PAKISTAN - Malaria Eradication Program

3.9

3910139-11
PD-AAD-167

AID-DLC/P-90 8/27/62

M-19/62(2)

Dropped from (DLSC) 1/31 Agenda. USAID wants this financed from PAH. Gen. Commodities Loan.

Resubmitted to DCC - 1/13/62.

AID-DLC/P-90 Revised 3/4/63

*Pr. Aid 255 12/17/62
391-11
Agr. 2/28/63*

AID-DLC/P-90/A 12/3/62

1.	PAKISTAN	2. Loan #	AID-DLC/P-207B. \$ 35.0
	(Country)		
4.	Malaria Control	391-U-163	
	(Title)		
5.	DLC/P- 2073	Date	Mar 6, 75
6.	DLSC Meeting	Date	Mar 14, 75
7.	Loan Authorization		
8.	Press Release		
9.	Loan Agreement		

PAKISTAN - MALARIA ERADICATION PROGRAM (2nd)

AID-DLC/P-223 4/16/64

AID-DLC/P-223/1 4/17/64

221- A-64-64 5/11/64

AID-DLC/P-223/A

4/22/64 Loan No. 391-H-084

Agr. 2/25/65

1. PAKISTAN 2. Loan #391-H-128 3. \$4.0
(Country)
4. MALARIA ERADICATION PROGRAM III
(Title)

	Date
5. DLC/P-606 Revised 7/7/67	<u>6/16/67</u>
6. DLSC Meeting	<u>6/21/67</u>
7. Loan Authorization	<u>6/26/67</u>
8. Press Release	<u> </u>
9. Loan Agreement	<u>10/20/67</u>

\$30.0

PAKISTAN - General Commodities (Second)

P-115, 1/23/63
Revised 1/29/63
Revised 2/11/63

M-23/63 (4)

P-115/A, 2/11/63

(391-H-056)
copy 3/27/63

Revisions: 1/29/63
 Table of Contents p. 1
 Proj. Analysis pps 2,3,5 and 6
 Annex III
 Annex IV

Revisions: 2/11/63
 Annex II p. 1
 Annex III, p. 2

<u>Additions, Revisions & Amendments</u>				<u>Date</u>
5.	DLC/P/1 (Poll)			6/16/67
	DLC/P/2			_____
	DLC/P/3			_____
	DLC/P/4			_____
7.	Loan Authorization Amendment	#1		_____
	"	"	#2	_____
	"	"	#3	_____
9.	Loan Agreement Amendment	#1		_____
	"	"	#2	_____
	"	"	#3	_____

3910139-12
PD-AAD-167

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO PAKISTAN

Cable: AAD-167

HEADQUARTERS OFFICE
ISLAMABAD

November 6, 1978

5

Secretary to Government
Economic Affairs Division
Ministry of Finance and Coordination
Government of Pakistan
Islamabad

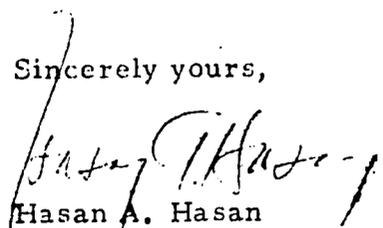
Dear Sir:

Subject: A. I. D. Loan 391-U-163
Malaria Control
Project Implementation Letter No. 16

The purpose of this Implementation Letter is to extend the last date for requesting disbursement under the Malaria Control Loan from October 31, 1978 to December 31, 1978.

As requested by the Directorate of Malaria Control in its letter of October 31, 1978, this extension is granted in order to allow the State Bank to complete the documentation needed for your request for reimbursement of foreign exchange costs for abate and Hudson sprayers and spare parts which have already been shipped to Pakistan by the U.S. supplier.

Sincerely yours,


Hasan A. Hasan
Chief, Project Development
and Monitoring Division



**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO PAKISTAN**

Cable: USAIDPAK

HEADQUARTERS OFFICE
ISLAMABAD

January 31, 1979

Secretary to Government
Economic Affairs Division
Ministry of Finance, and Coordination
Government of Pakistan
Islamabad.

4 p.

Dear Sir:

Subject: A. I. D. Loan No. 391-U-163
Malaria Control
Project Implementation Letter No. 17

Amendment No. 1 to the Loan Agreement which was executed on December 3, 1978, included additional conditions precedent to disbursement under the Loan. The purpose of this implementation letter is to explain the conditions precedent specified in Section 3.03A of the Loan Agreement as amended. AID will authorize disbursements to finance operations of the Malaria Control Program for calendar year 1979 when the conditions explained below have been met.

I. Conditions Precedent listed in Section 3.03A - 1979 Malaria Program

(a) Legal Opinion - Section 3.03A(a)

You have already furnished us a legal opinion under cover of your letter of December 19, 1978. This legal opinion is acceptable to AID, and this CP is considered met.

(b) Borrower's Authorized Representative - Section 3.03A(b)

Please furnish us with names and authorized signatures of the Government's authorized representatives. The specimen signatures should be attested by the person who signed Amendment No. 1 to the Loan Agreement on behalf of the Government.

(c) Budgetary Allocations for FY 1978-79 - Section 3.03A(c)

To meet the requirements of this CP, please submit
(1) extracts from attested copies of the Federal and each provincial budget with a breakdown of projected expenditures for the year;

and (2) a certification by the Federal and provincial Health Secretaries assuring that allocated budget funds will be released on a timely basis to the Directorate of Malaria Control and the Provincial Malaria Control Programs by the Federal and provincial governments prior to incurring expenditures under the Project.

(d) Procurement - Section 3.03A(d)

To meet the requirements of this Section, we would appreciate receiving a statement with supporting documents from Director Malaria Control program to the effect that (i) arrangements have been made for the procurement of necessary commodities for the project, including commodities to be purchased from other than loan funds; (ii) types and prices of commodities to be procured; (iii) a schedule for the procurement of these commodities; (iv) a schedule showing the planned dates and points of distribution of these commodities; and (v) planned dates of utilization of the commodities.

(e) Plans of Action Relating to Procurement and Spraying - Section 3.03A(e)

Please furnish a statement signed by Director, Malaria Control program, to the effect that FY 1978-79 Plans of Action which have been approved and accepted by W.H.O have been adopted and are being implemented by all the provinces. These Plans of Action relate to CY 78-79 Procurement and CY 79 Spraying. The above statement should be supported by (i) a copy of the Plan of Action; (ii) copies of correspondence showing that it has been accepted by W.H.O.; and (iii) certificates from the provincial Health Secretaries of the four provinces of Pakistan that the Plan is being implemented.

(f) Work Plan for Research and Research Protocols - Section 3.03A(f)

Please furnish us a statement signed by Director, Malaria Control program, to the effect that (i) Research priorities have been established; and (ii) a Work Plan for carrying out research activities has been established under Section 4.05 of the Agreement as amended relating to epidemiological knowledge on Malaria. Moreover, please furnish a statement that the Work Plan is being implemented. These statements should be supported with a listing of research studies and should include topics on insecticide susceptibility, vector investigation in problem areas

and role of secondary malaria vectors. Copies of any completed reports of all such research activities should also be submitted in support of the above statements.

(g) Work Plan for Health Education and Information - Section 3.03A(g)

In order to meet this CP, please furnish (i) a letter signed by Director Malaria Control program showing that the Borrower has developed and adopted a time-phased work plan for health education and information in urban and rural areas; and (ii) a statement outlining the stipulations in the work plan to involve the general public in the Malaria Control Program and its cooperation in carrying out the necessary spraying and surveillance activities, particularly the extent to which the work plan has been aimed at schools, village councils, social and community organizations, government departments, etc.

(h) Urban Malaria Control Work Plan - Section 3.03A(h)

Please provide a statement signed by Director, Malaria Control program, that a time-phased work plan has been developed and is being implemented for the control of malaria in the four provinces for the adoption of anti-malaria measures, arrangements for obtaining manpower, training of personnel, schedule of implementation of the work plan, and the contributions of the Federal and provincial governments towards such urban malaria control program.

(i) Utilization of Commodities - Section 3.03A(i)

AID would appreciate receiving information that the insecticides procured for the CY 1977-1978 spraying season have been safely and effectively used by all the provinces. As evidence, AID would like to receive copies of the instructions issued by the Directorate of Malaria Control for use of the insecticides, and certification by the Provincial Malaria Chiefs that the quantities allocated have been utilized during the spraying season. The certification from the Provincial Chiefs should include quantities of the insecticides used in individual zones along with the spraying schedule for each insecticide.

(j) Satisfactory Progress - Section 3.03A(j)

For meeting the requirement of this CP, AID would appreciate receiving a letter from the Director General Health, Government of Pakistan, to the effect that he is reasonably

convinced that, as determined by the semi annual meetings, satisfactory progress is being made with respect to (i) the Plans of Operations and FY 1978-79 Plans of Action; and (ii) achievement of goals and objectives set forth in Article IV of the Agreement. Please include a list of goals and objectives which have thus far been accomplished.

(k) Expatriate Technical Advisors - Section 3.03A(k)

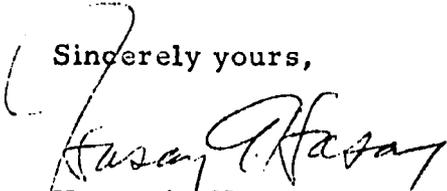
Please provide a listing by name, function, location (i. e. Province) and nationality of the advisors referred to under Section 4.11 of the Agreement for urban vector control, public health administration and malaria research. In addition, please provide a certificate by Director General of Health that this number of expatriate staff is sufficient to carry out the project.

II. Terminal Date for Meeting Conditions Precedent to Disbursement - Section 3.04 (as amended)

The conditions precedent specified in Section 3.03A must be met on or before May 10, 1979.

A. I. D. will issue another Project Implementation Letter in the near future to explain the Conditions Precedent required for the 1980 Malaria Program. In the meantime, we will be pleased to discuss with you the contents of this implementation letter or any other aspects of the project at your convenience.

Sincerely yours,


Hasan A. Hasan
Chief, Project Development
and Monitoring Division

JOINT PROJECT IMPLEMENTATION PLAN PART I - WORK SCHEDULE		1. COOPERATING COUNTRY PAKISTAN	2. PROJECT TITLE MALARIA ERADICATION	3. PROJECT 391-52
5. RESPONSIBLE PROJECT COORDINATOR Chief, Public Health Division, USAID		6. RESPONSIBLE COOPERATING COUNTRY AGENCY National Malaria Eradication Board		7. COOPERATING SPONSOR

8. NO.	9. DESCRIPTION OF MAJOR ACTIONS OR STEPS	10. PRIMARY ACTION AGENT	11. TARGET DATES		12. T. F.									
			PREPARATORY ACTION	PHYSICAL START	PHYSICAL COMPLETION	FY-70		FY-71		F				
1	Assessment of zones for phasing (5 teams)	P & OD		Jan.*	Feb.									
2	Prepare Annual Plan of Action	CC & OD		Mar.*										
3	Do base-line survey WP zone 34-35	CC		Apr. 69	June 70	x	x	x	x					
4	Do base-line survey EP zone 20-21-22	CC		Apr. 69	June 70	x	x	x	x					
5	First round spray operation WP	CC		Apr.*	June									
6	Second round spray operation WP	CC		July *	Oct.	x	x							
7	Assessment of First round spray operations	CC		July *		x								
8	Pre monsoon spraying E. Pakistan	P & OD												
		CC		Aug.*	Nov.	x	x							
9	Completion of CP's for loans for commodities	CC		Sept. 69	Sept. 69	x								
10	Prepare indents, PA/PR, etc. for Commodities	CC, PM		Sept. 69	Sept. 69	x								
11	Delivery and distribution of insecticides & other commodities	CC		Feb. 70	Feb. 70									
12	1st round spray East Pakistan	CC		Feb. 70	May 70									
13	Assessment of Emergency outbreak in West Pakistan	CC, M		Dec. 69	Jan. 70	x								
14	Negotiation 5th Malaria Loan	P, OD												
		CC, M		Jan. 70										

* Recurs annually

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 3910139-113

JOINT PROJECT IMPLEMENTATION PLAN PART II - SELECTED OUTPUT INDICATORS		1. COOPERATING COUNTRY	2. PROJECT TITLE			3. PROJECT NUMBER	4. DAY
		PAKISTAN	MALARIA ERADICATION			391-52-511-139	Octob
5. CODE (For AID/W use only)	6. IDENTIFICATION OF OUTPUT AND SPECIFIC TARGETS	7. TIME PHASED ACCOMPLISHMENT					
		TO DATE	FY- 70	FY- 71	FY- 72	FY- 73	
	1. Total number of MHP zones participating in Program						
	East Pakistan	28					
	West Pakistan	33					
	2. Total number of MEP zones that will have complete(d) the Preparatory phase						
	East Pakistan	28	31				
	West Pakistan	33	35				
	3. Total number of MEP zones that will have complete(d) the Attack phase						
	East Pakistan	26	28	31			
	West Pakistan	33	35	35			
	4. Total number of MEP zones that will have complete(d) the Consolidation phase						
	East Pakistan	9	11	14	20	28	
	West Pakistan	7	10	14	17	21	
	5. Total number of MEP zones that will have enter(ed) the Maintenance phase						
	East Pakistan	1	1	3	9	11	
	West Pakistan	0	0	0	0	0	

JOINT PROJECT IMPLEMENTATION PLAN PART III - PERSONNEL REQUIREMENTS		1. COOPERATING COUNTRY PAKISTAN		2. PROJECT TITLE MALARIA ERADICATION				3. PROJECT NO 391-52-511-139		4. DATE(S) October	
5. CATEGORY OF PERSONNEL		6. TIME PHASED REQUIREMENTS									
		FY- 70		FY- 71		FY- 72		FY- 73		FY-	
		MM	FUNDS	MM	FUNDS	MM	FUNDS	MM	FUNDS	MM	FUNDS
A. UNITED STATES CONTRIBUTION (Funds shown in U.S. \$ Thousands)											
1. AID DIRECT HIRE											
a. U.S.											
b. Local											
c. Third Country											
2. PASA											
a. Obligations		78	175		167						
b. Expenditures											
3. AID CONTRACTOR EMPLOYEES											
a. Obligations											
b. Expenditures											
4. AID INDIVIDUALLY CONTRACTED EMPLOYEES											
5. BORROWER/GRANTEE CONTRACT EMPLOYEES											
6.											
B. COOPERATING COUNTRY CONTRIBUTION (Funds shown in equivalent U.S. \$ Thousands)											
1. CENTRAL GOVERNMENT											
2. REGIONAL, STATE PROVINCIAL OR LOCAL GOVT		WP	2,983		2,538		1,860		1,104		
3.		EP	4,396		2,657		2,061		1,484		
4.											
C. OTHER DONORS OR COOPERATING SPONSORS CONTRIBUTION (Funds shown in equivalent U.S. \$ Thousands)											
1. World Health Organization		96	144	48	144	48	108	48	108	48	
2.											
3.											

Note: Planning beyond FY 1972 is a program evaluation to be in FY 1971.

JOINT PROJECT IMPLEMENTATION PLAN PART IV - PARTICIPANT REQUIREMENTS		1. COOPERATING COUNTRY	2. PROJECT TITLE			3. PROJECT NUMBER		4. DATE				
		PAKISTAN	MUNICIPAL ADMINISTRATION			391-52-511-139		Octo				
5. FIELD OF SPECIALIZATION	6. NO.	7. $\frac{1}{2}$ TYPE	8. PLANNED DEPARTURE DATE	9. DURATION OF TRAINING	10. FUND REQUIREMENTS (Shown in U.S. \$ Thousands)							
					U.S.					TOTAL	FY-70	FY-
					FY-70	FY-71	FY-72	FY-	FY-			
The participant training element of this project was cancelled by GCP decision beginning in FY 1970.												
$\frac{1}{2}$ Indicate by combination of letters if participants are: 1st - A - AID Directly Financed; B - Contract Financed; or C - Cooperating Country Financed. 2nd - U - U.S. Training; T - Third Country Training or X - Combined U.S./Third Country Training												

JOINT PROJECT IMPLEMENTATION PLAN
PART V. COMMODITY AND OTHER REQUIREMENTS
- TECHNICAL ASSISTANCE

1. COOPERATING COUNTRY
PAKISTAN

4. DATE (Month, Day, Year)
October 31, 1969

2. PROJECT TITLE
MALABA L. EDUCATION

3. PROJECT NUMBER
391-152-511-139

DRAFT
 ORIGINAL
 REVISION NO.

DESCRIPTION	L/ TYPE	DATE RE-QUIRED	B. FUND REQUIREMENTS					TOTAL
			FY-70	FY-71	FY-72	FY-73	FY-74	
A. U.S. INPUTS (U.S. \$ Thousands or equivalent)								
<u>West Pakistan commodity requirements - Dollars</u>								
DDT - 75% W.D.P.	L/A	Feb. 1st	1190.7	1683.0	824.6	80.3	40.0	3818.6
Sprayers & Parts	L/A	"	10.0	29.0	30.0	10.0	6.1	85.1
Vehicles & Parts	L/C	"	58.0	-	50.0	10.0	6.0	124.0
Lab. Equip. Chemicals & Glassware	L/C	"	8.0	-	5.0	5.0	-	18.0
Microscope Parts	L/C	"	7.0	-	5.0	5.0	-	17.0
Total			1273.7	1712.0	914.6	110.3	52.1	4062.7
<u>East Pakistan commodity requirements - Dollars</u>								
DDT - 75% W.D.P.	L/A	Jan 1	1344.0	641.8	-	-	-	1985.8
Sprayers & Parts	L/A	"	72.0	18.0	15.0	15.0	-	120.0
Vehicles & Parts	L/C	"	50.0	45.0	30.0	30.0	15.0	170.0
Lab. Equip. Chemicals & Glassware	L/C	"	62.0	38.0	30.0	30.0	20.0	180.0
Microscope & Parts	L/C	"	11.0	13.0	5.0	5.0	11.2	45.2
Total			1539.0	755.8	80.0	80.0	46.2	2501.0
All commodities listed above are provided to M.E.P. by A.I.D. development loans.								
N.B. Figures from M.E.P. Plan of Action and 4th Five-Year Plan.								

B. COOPERATING COUNTRY INPUTS (Funds in equivalent U.S. \$ Thousands)

WEST PAKISTAN							
Pay and Allowances Staff		3241.2	4888.2	3224.2	1788.0	893.5	14113.1
Pay Seasonal Staff		780.0	1141.0	756.0	419.3	233.0	3309.3
Travel Allowances		95.0	143.0	94.5	62.5	29.1	414.1
Local Purchase		894.0	1342.5	889.4	483.7	274.0	3693.6
Operating Expenses Establishment		430.3	646.1	428.0	237.0	132.0	1873.4
Sales Tax/Customs		167.8	251.2	166.8	92.5	51.4	729.7
Total		5568.3	8390.0	5568.9	3063.0	1713.0	24333.2
EAST PAKISTAN							
Pay and Allowances Staff		4380.3	8088.0	4511.0	2843.9	1480.5	19311.7
Pay Seasonal Staff		1027.0	1429.3	1057.7	687.0	347.1	4528.1
Travel Allowances		128.4	178.7	132.2	83.4	43.4	566.1
Local Purchases		1208.4	1681.6	1244.3	784.5	408.4	5327.2
Operating Expenses-Establishment		581.2	809.2	599.0	377.6	196.5	2863.5
Sales Tax/Customs		227.0	315.2	233.1	147.0	78.6	986.9
Total		7552.3	10511.8	7777.3	4846.4	2550.5	29614.5