

U N C L A S S I F I E D

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Agency for International Development

Washington, D. C. 20523

PROJECT PAPER

Amendment No. 2

JORDAN: Health Management and
Services Development
Project #278-0208

February 28, 1963

U N C L A S S I F I E D

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET		1. TRANSACTION CODE <input checked="" type="checkbox"/> C A = Add C = Change D = Delete	Amendment Number <u>2</u>	DOCUMENT CODE <u>3</u>
2. COUNTRY/ENTITY Jordan		3. PROJECT NUMBER <u>278-0208</u>		
4. BUREAU/OFFICE Near East		5. PROJECT TITLE (maximum 40 characters) Health Management and Services Development		

6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY <u>1</u> <u>0</u> <u>3</u> <u>1</u> <u>8</u> <u>5</u>	7. ESTIMATED DATE OF OBLIGATION (Under 'B' below, enter 1, 2, 3, or 4) A. Initial FY <u>77</u> B. Quarter <u>2</u> C. Final FY <u>83</u>
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8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY <u>77</u>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	750		750	2,875		2,875
(Grant)	(750)	()	(750)	(2,875)	()	(2,875)
(Loan)	()	()	()	()	()	()
U.S.						
1.						
2.						
Host Country		385	385		1,827	1,827
Other Donor(s)						
TOTALS	750	385	1,135	2,875	1,827	4,702

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) ESF	534	510		1,875		1,000		2,875	
(2)									
(3)									
(4)									
TOTALS				1,875		1,000		2,875	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each) 530 520	11. SECONDARY PURPOSE CODE 589
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12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)							
A. Code	ER	BWW					
B. Amount							

13. PROJECT PURPOSE (maximum 480 characters)

To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.

To develop and operationalize planning, policy analysis, evaluation, and programming for national health service delivery in the MDH.

14. SCHEDULED EVALUATIONS	15. SOURCE/ORIGIN OF GOODS AND SERVICES
Interim MM YY MM YY Final MM YY <u>0</u> <u>4</u> <u>8</u> <u>4</u> <u>0</u> <u>8</u> <u>8</u> <u>6</u>	<input checked="" type="checkbox"/> 000 <input type="checkbox"/> 94) <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 25 page PP Amendment.)

A Project Review (PES 82.2) resulted in agreement between the GOJ and USAID/J that, if the project was to achieve a lasting impact on health status in Jordan it would be necessary to institutionalize the planning and service development requiring a two year extension and additional inputs from the GOJ and AID.

17. APPROVED BY	Signature <i>Walter G. Bollinger</i> Walter G. Bollinger	Date Signed MM DD YY <u>1</u> <u>0</u> <u>2</u> <u>0</u> <u>8</u> <u>2</u>	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY <u>1</u> <u>1</u> <u>2</u> <u>4</u> <u>8</u> <u>2</u>
	Title Director USAID/Jordan		

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ASSISTANT
ADMINISTRATOR

SECOND AMENDMENT

TO

PROJECT AUTHORIZATION

Name of Country: Hashemite
Kingdom of
Jordan

Name of Project: Health Management
and Services
Development

Number of Project: 278-0208

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, the Health Planning and Services Development Project for Jordan was authorized on August 26, 1977 and that authorization was amended on August 22, 1980. That authorization, as amended, is hereby further amended as follows:

a. The amount of funds authorized for the Project is increased by a further One Million United States Dollars (\$1,000,000) for a new total life-of-project amount of Two Million Eight Hundred Seventy Five Thousand United States Dollars (\$2,875,000). The planned life of the project is extended with a Project Assistance completion date of October 31, 1985.

2. The amendment to the project agreement which may be negotiated and executed by the Officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and delegation of authorities shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

3. The Grantee shall covenant that a comprehensive organizational plan in form and substance satisfactory to A.I.D., including but not limited to the internal relationship of the Planning Unit to the Ministry of Health and a statement of the Planning Unit's role and responsibilities to A.I.D., shall be furnished to A.I.D. within 120 days of execution of the Grant amendment or such later date as the parties may agree to in writing.

3. The authorization cited above, as previously amended, shall remain in force except as hereby amended.


Antoinette Ford
Assistant Administrator
Bureau of Near East

26 FEB 1983

Date

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SUMMARY AND RECOMMENDATIONS

1. Background

In September 1977 a Project Grant Agreement was signed with the GOJ to provide assistance in Health Planning and Services Development. Subsequent Amendments to the original Grant Agreement and project paper extended the PACD from July 31, 1981 to October 31, 1983, and increased AID funding from \$1,375,000 to \$ 1,875,000. A project review (PES 82-2) held in April 1982 resulted in agreement between the GOJ and USAID/J that, if the project was to achieve a lasting impact on health status in Jordan, it would be necessary to institutionalize the planning and service development (primarily training of basic health care workers), building on project outputs to date and moving towards actual health delivery aspects. Such institutionalization requires a two year extension of the project and additional inputs from the GOJ and AID. This amendment to the project paper details the proposed changes in the project and provides an updated analysis of the project in terms of the changes.

2. Grantee

The Grantee is the Government of the Hashemite Kingdom of Jordan, (GOJ), and the implementing agency is the Ministry of Health (MCH).

3. The Grant amount will be increased from \$1,875,000 to \$2,875,000 to fund those additional costs associated with the changes in the project. Total estimated project cost is now \$4,910,000 of which the GOJ will be funding \$1,827,000 or 37 percent. In addition, \$208,000 will be made available from the Technical Services/Feasibility Studies III Grant (discussed in Section III.D below).

4. Revised Project Purpose

As stated in the original project paper the purpose of this project was:

- 1) To rationalize the training, assignment, and functions of health manpower.
- 2) To establish an operational unit capable of planning for health on a national basis.

Under this revision, the purpose is modified to allow for additional activities to be carried out which will have the effect of institutionalizing previous project outputs to produce a lasting impact on health status in Jordan. Therefore, the purpose of this project has been revised and is now the following:

- 1) To strengthen and expand the institutional capacity of the MCH to provide effective primary health care.

2) To develop and operationalize planning, policy analysis, evaluation, and programming for national health services delivery in the MOH.

5. Specific Objectives (Present to End of Project)

1) To design an operational plan for organizing and managing primary health care services.

2) To design an institution building plan for transferring the innovations developed by the project into the organizational structure and philosophy of the MOH, and implementing that plan.

3) To assist the MOH in developing its Five Year Health Plan, placing special emphasis on resource allocations.

4) To provide direct planning assistance to the Minister's office on an "As Needed" basis, placing special emphasis on integrating planning management and budgeting functions.

5) To conduct special studies in data analysis, program planning and evaluation and operational management.

6. Summary Findings

a) Technical: The MOH has reiterated its commitment to improved health status through the provision of basic health care. Senior level MOH officials believe that improved planning capability is the key element necessary to both upgrading and expanding basic health care services as well as improving resource allocations and staff utilization within the Ministry.

Under this project, the Directorate of Basic Health Care (BHC) and the Planning Unit have been established. Retraining of 850 BHC workers, 50 supervisors, and 40 trainers has proved to be low in cost. An impact study of the services development component recently completed has indicated considerable achievements under the project and has pointed out areas where additional effort is necessary to fully operationalize the BHC system. The priority need is for the development and implementation of an operational plan for BHC. The Planning Unit in collaboration with the Directorate of BHC will undertake to develop this plan. The Directorate will then implement this plan which will result in improvements in supervision, management, and logistics supply systems and well as expanded outreach and education services.

The Planning Unit will undertake evaluation of certain MOH on-going programs and special studies in infant mortality. The results of these studies, the impact studies, and project evaluations will be utilized by the Planning Unit in providing assistance in the development of the next five year plan of the MOH.

In the development of this revised project, advantage was taken of the review of achievements and experience of the last two years of project implementation. Based on this experience, this revised project is a logical, appropriate, and cost effective method to meet the health needs of the population. The activities contemplated under this revision are deemed necessary and feasible based upon prior project experience. Therefore, in the Mission's opinion, the revised project is technically sound.

b) **Financial:** In order to move the project through the next steps, meet some needs not contemplated under the original project, and fully institutionalize and operationalize on-going activities, additional resources will be needed. These additional activities have been designed to ensure that at the conclusion of the project sector planning and primary health care services will be developed to a level necessary to be continued without outside technical or financing assistance.

The major additional cost to the project will be for technical services with complementary costs for participant training and commodities. Normal operational costs will continue to be borne by the MOH. Improved management of resource utilization will significantly compensate for increased recurrent costs anticipated from the increase in the population served by the BHC system.

6. Statutory Checklist

The original checklist (see Annex C of original Project Paper) has been revised in accordance with FY 82-83 requirements; see Annex B to this Amendment.

7. AID Funding Source

Economic Support Fund FY 1983 for the additional \$1,000,000 recommended by this Project Paper amendment. Previous funding sources remain unchanged.

8. Mission Views

The USAID Mission supports the proposed project changes fully, because they will lead to the institutionalization of the former planning and training components into the MOH operations along with enhancement of management skills. These should result in a cost effective primary health care system which will be fully operational by the end of the project.

9. Issues

a) The role and functions of the planning unit need clarification. The MOH should clearly delineate the lines of authority, responsibilities and specific duties of its planning unit as regards the operational programs of the Ministry at Central and Regional levels.

This issue is being addressed by a special covenant (See Section IV.D) requiring a statement from the MOH indicating lines of authority and an action relationship between the Planning unit and other organizational units within the MOH. Annex 1, to the Project Agreement Amendment will indicate that this covenant is to be fulfilled 120 days after the Amendment is signed.

b) Support systems for the expansion of primary health care needs improvement. This includes better utilization of staff resources, allocation of resources on a rational basis, inclusion of management techniques such as supervision, accounting and on going definition of health needs and problems utilizing a community by community approach

This issue, identified during project review, is being addressed by the development of an operational plan for the BHC system.

c) Host country contracting has not worked well to date under this contract and, in fact, has impeded progress.

The project as amended envisions an orderly transition to a direct AID contract; see Section IV.

10. Recommendations

a) That life of project funding be increased to \$2,875,000 by providing an additional \$1,000,000 under an amendment to the Grant Agreement;

b) That the Project Description be revised as described in this amendment to the original Project Paper;

c) That the Project Assistance Completion Date (PACD) be extended to October 31, 1985 with the understanding that, if necessary, this could be extended by the Mission Director, USAID/Jordan, for an additional period not to exceed one year pursuant to Redelegation of Authority No. 117.3A.

d) That the technical services contract be changed to direct AID procurement, as soon as practical.

e) That, competitive selection procedure be waived in order to allow selection on a non-competitive basis, of the continued services of the current contractor (Westinghouse Health System, Inc.) and that, pursuant to A.I.D. regulations, the Non-Competitive Procurement Review Board's approval be sought in this regard (for the A.I.D. direct contract) and that the Mission Director approve a waiver up to \$100,000 (with respect to a transitional extension to the host country contract).

I. BACKGROUND OF REVISED PROJECT

A. Introduction

In the period leading up to the April 1982 Project Review (including intensive mission and MOH review of Project progress as part of Preparation of the PES) considerable time was spent identifying strengths and weaknesses of project implementation. Appropriate actions were developed as a result of the cooperation of the three parties involved: the Ministry of Health, Westinghouse Health Systems, Inc. (the contractor providing technical assistance), and USAID/J. The dialogue among these parties was undertaken in an environment responsive to suggestions to modify the project in order to build upon current achievements and to insure the lasting positive impact of the project on the health status of the Jordanian population. There was general agreement by all parties that although most of the original expectations of the project could be realized during the current Life of Project, the results would not suffice to institutionalize the important element of the project into the Ministry of Health's operations.

B. Current Project Status

As originally designed, the project was to concentrate in two major areas: 1) the training of basic health care workers, in providing health service and 2) the establishment of a health planning unit.

In the training area the following accomplishments have been completed.

a. The retraining of existing Basic Health Care Workers has been successfully completed by the contractor including the most important task of establishing job descriptions for BFW's, the establishment of a group of physician trainers, and providing them with subject material and experience in training at the national and local levels. These trainers, according to the contractor, are now equipped to carry on training activities on their own with only indirect supervision from the contractor.

b. Curricula revisions in existing facilities which are training various cadres of basic health workers. This is now in the implementation phase through the forming of a committee in the Ministry of Health to review existing curricula and to make plans to standardize the training of basic health care workers in all institutions in the Kingdom. In August of 1982, teaching staff from these institutions participated with outside consultants in a workshop in which basic health care subject matter and techniques were discussed and perfected so that next year's trainees will be exposed to the new techniques.

c. Proposals for follow-on training/services activities which have been presented to the Minister of Health for his review.

In the planning area the health planning objectives were much less specific regarding measureable outputs which could be evaluated. Thus, while not demonstrating the magnitude of visible accomplishments as those associated with services development, the health planning component has made considerable progress in accomplishing its objectives. Several of its major outputs and accomplishments include:

a. A Health Planning unit has been established and is located in the Directorate of Planning and staffed by five Jordanian counterparts. Staff development is currently underway and is following a MOH approved staff development plan. The training includes the presentation of a series of workshops for developing technical skills in health planning for the MOH and available to other MOH officials interested in the theory and practice of health planning. The presentation of these workshops coincides with the preparation of a Health Planning Manual which is well underway and will include a series of chapters on technical health planning skills.

b. To date a health information system has been established, appropriate forms have been developed and are being tested. Plans are to continue this activity, first on a trial basis in a test area after which the system will be refined and implemented on a national basis.

These above described accomplishments, while considerable, can only act as front-runners to the expansion of a cost effective primary health care delivery system.

C. Rationale For Proposed Changes

As originally planned, there was little or no integration of the two components of this project. The service delivery component was designed to provide training to BHC personnel; the planning component was to have developed planning capability within the MOH. During implementation, however, it was recognized that considerable advantage could be gained from closer coordination between the two components. The principal result of this line of thinking was to have the Planning Unit develop an operational plan for the BHC System. The BHC Directorate would collaborate in the development of this plan and later be responsible for its implementation.

The implementation of this plan and other similar activities would have the effect of improving staff utilization and resource allocation in order to reduce the increased recurrent costs that will result from the seventy-five percent increase in the population served by the BHC System.

These are examples of the types of activities envisioned under this extension. The rationale for these additional activities is principally to take full advantage of the achievements to date and of AID experience with the Jordanian public health system. The benefits to the MOH should be considerable in terms of containment of recurring costs.

D. Current Status of Proposed Extension

Agreement has been reached between USAID/J and the MOH on the changes required to bring the project to a successful completion. Tasks to be accomplished have been identified and an estimated time frame for completion developed. The composition of the field staff and the types of technical assistance required for the project have been discussed informally with the contractor (without prejudice to the need, under AID regulations, for a waiver to permit staying with this contractor under the extension). Discussions with both the MOH and the GOJ's National Planning Council have resulted in full support for this amendment.

II. REVISED PROJECT DESCRIPTION

A. Introduction

Careful examination of the proposed revision of the project indicates that the objectives, and the tasks to be undertaken to accomplish them, are well assigned and within the capability of the implementing agency (MOH). The major consideration in design was the necessity to focus the inputs on the operational needs of the health delivery system. The previous dichotomy of effort between planning and service delivery elements mentioned in the PES will no longer exist under the revised project. The management constraints will be addressed by increasing technical assistance to address this critical factor of project implementation with a resulting improvement of resource allocation.

B. Proposed Project

The revised project has as one of its major objectives an institution building effort to establish the resources, management and planning capability, leadership, technical skills and organizational arrangements necessary to ensure utilization of the Health Planning and Services Development outputs. The ultimate objectives will be to improve the Ministry of Health's capability in planning, research, data management, implementation practices and evaluation as well as its operational capability in primary health care. Specifically they are:

- 1) To develop and operationalize planning policy analysis, evaluation, and programming for health services delivery within the MOH.
- 2) To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.

The principal mechanisms for the achievement of these purposes are:

a. Establishing an Enhanced Health Planning Unit: This Unit, located in the MOH, will be the key element in charting the future course of the MOH actions in Jordan, and in the evaluation of selected existing and projected programs. It will serve in two different capacities: as a component of the MOH, it will function as a back up, monitor and guide to other directorates of the Ministry; and as a staff unit responsible to the Ministry, it will respond to requests for planning assistance. Its first planning duty will be directed at gaps identified in the Westinghouse Report and detailed in pages IX - XII of that report. In the conduct of its activities, particular attention will be paid to, (and Unit staff training will have to stress), cost effectiveness considerations as well as primary health care needs and plans to meet those needs.

b. Upgrading of Basic Health Services: The second purpose of this project is to provide the population of Jordan now nominally or inefficiently being provided basic health services, especially underserved groups and areas, with an integrated, efficient and effective network of basic health services. These services, which include preventive, nutritional, curative, promotional and environmental services, and recording of vital events (birth, death, etc.), should be provided at the first level of contact with the clients. This network of consumers and providers will be involved in determination and reallocation of tasks to make the new system acceptable in the Jordanian context. It is believed that this approach is the most sensible, fastest and most cost-effective way of redressing existing inequities in the distribution of services.

c. Integrating the Health Planning efforts with those of Services Development: The Primary objective of integration is to upgrade the capability of the Ministry of Health to plan and deliver primary health care services. During this phase of the project, health planning as well as manpower development projects for expanding MOH capabilities will continue to be undertaken. Plans will also be developed and implementation activities undertaken to establish an institutional base which will ensure the survival of the planning as well as the services development programs. Such activities will include the development of physical, financial and manpower resources, the determination of the appropriate organizational placement for planning and services development functions within the Ministry, and the development of requirements for, and benefits of, a primary health care awareness and philosophy within the Ministry of Health.

C. Planned Outputs

1. Health Planning Unit fully staffed with well trained personnel.
2. Health Information System for Primary Health Care established and functioning within the MCH.
3. Special studies carried out.
4. Analyses of basic health care delivery and development of an operational primary health care delivery system.
5. Evaluation of other MCH on-going programs.
6. Planning manual developed and MCH personnel trained in its usage.
7. Assist in development of Five Year Plan to be proposed by the MCH.
8. Basic Health Care Physicians Manual developed.

9. Basic Health Care personnel trained, in place, and providing services.
10. Basic Health Care training occurring on a continuous basis.
11. Population served by Basic Health Care System increased.
12. Basic Health Care System functioning more efficiently.
13. Supervisory system of all clinic personnel functioning.
14. Improved medical equipment availability and supply systems for basic health care.
15. Expanded outreach of basic health care capabilities developed to educate both the public and MOH staff in health care.

D. Relationships and Responsibilities

USAID's Health Officer will have primary monitoring responsibility for AID in the implementation of this project. The contractor, working with GOJ counterpart staff, will bear primary responsibility for assisting implementation. The MOH is expected to provide: counterpart staff, trainees, office space, supportive administrative staff, classrooms, equipment and supplies, in-country transportation and partial per diem for Jordanians on travel status. The MOH will also provide policy direction.

The successful accomplishment of project purposes is expected to be achieved as follows:

a. The Health Planning Unit will be advised by a qualified public health expert. Staff members will be trained in regional institutions and by expatriate experts on the job. These experts will establish sound working procedures which are expected to be followed by the Unit in years to come.

b. The major step in upgrading basic health services will be achieved first by, development of appropriate training plans and curricula, and then, training of Jordanian trainers who will, under expert supervision, train existing, basic health workers. Trained personnel will then be supervised and evaluated in their actual field execution of new tasks. Counterparts, once the system is in place, are expected to be able to maintain the momentum of the newly established approach.

c. The integration of health planning efforts with those of services development will be achieved with the assistance of one of the two long-term technical advisors provided by the contractor. These

advisors will continue to train project counterparts in planning and management technology as well as supervise the counterparts as they undertake special projects such as plan development and implementation, and special studies which emphasize improved planning, training and management in primary health care.

E. Planned Inputs

In addition to the inputs outlined on page 15 of the original Project Paper the following inputs will be provided.

AID will provide one long term health planning expert and one long term primary health care management and services development expert for a total of Fifty Two /man months, and approximately 12 man/months of short term consultant services. These experts will: (1) assist the MOH in integrating planning and budgeting functions through special projects with the Minister's office, (2) facilitate the implementation of an operational plan for primary health care, (3) provide continued guidance for the implementation of the plan for institutionalizing the Health Planning Unit, (4) assist the Ministry of Health in developing and implementing policy on Primary Health Care using data from special studies in areas such as primary health care management and contributing factors to infant mortality, (5) assisting the MOH in developing its Five Year Plan.

AID will also finance training and provide basic health care related commodities, limited vehicle support, short term and long term participant training programs for Jordanian staff and limited support to in-country training.

The MOH will provide (1) counterparts as needed as well as a program coordinator. The counterparts will be trained in technologies of health planning, manpower development, plan development and implementation and primary health care organization and development. (2) Support services including classrooms, office space, secretarial clerical and translation staff, equipment and supplies; (3) qualified trainees to become trainers; (4) staff to be trained; (5) in-country transportation, (6) per diem for Jordanians on travel status; and (7) per diem/housing, if necessary, for trainees.

It should be noted that there are no capital costs involved in this project.

III. REVISED PROJECT ANALYSIS

A. Technical Feasibility

The revised project is technically feasible and the revisions have provided a better technical foundation than the original project. The problem of moving a physician based and curative oriented health system to one that is auxiliary operated and physician supervised has been partially met by the acceptance by the policy makers in the Ministry of Health of such an approach. The previous mind-set that health care is a prerogative of the physician has changed to an awareness on the part of the Regional Directors' and central level staff that if properly trained, supplied and supervised, auxiliary personnel can "take the load off" the physicians limited time and permit him to devote his efforts to treating those ailments requiring a physicians attention. It is believed that by integrating provider and consumer perceptions into the operation of the overall health system, paying close attention to a health information system keyed to local needs and heeding motivational concerns of up-graded workers, a full functioning and cost effective delivery system will result.

Attention will be paid to increasing female participation, both numerically and by task in the health system, particularly at the village level. Currently male nurses predominate at this level. Some attention will be given to the development of a cadre of auxiliary midwives either as an adjunct to the village clinic staff or as an outreach element of the MCH centers. It is expected that this will be met with consumer enthusiasm which will be reflected in increased use of the health facilities by women and children.

B. Administrative Analysis

The revised project design calls for emphasis on the management and operational aspects of an expanded health care system at the primary and secondary levels of the health care network (MCH Centers, village clinics and Class B and Class A Health Centers).

The administrative burden to the MCH will be increased by the revised project. However the Ministry has already started to respond. A physician in the Basic Health Care Directorate has been assigned as coordinator to the Project. The four training specialists previously trained under the project have been directed to coordinate their continuing training efforts with the Basic Health Care Directorate and with Regional Health Directors in the five health regions. The Minister of Health and the Undersecretary are keenly aware of the implications of health planning and program management for successful operation of health programs and recently the Minister has requested that a member of the Health Planning Unit be assigned to his office to ensure that he may have ready access to data necessary for policy decisions. The Ministry has had experience in operating complex health activities such as vector control and environmental sanitation.

The time required to meet project objectives is believed adequate and project inputs are sufficient to institutionalize the major elements and make fully operational the improvements to the health care system.

C. Economic Analysis

The revised project enhances the economic benefits as discussed in the original Project Paper.

D. Financial Analysis

The original PP estimate of budgetary requirements was done in 1977. Actual GOJ expenditures for the LOP exceeded the original estimate by 60%. However, the GOJ has met its financial commitments in order to keep the project operating and there is no reason to believe they will not continue this support under the revised project.

The operating budget for the Directorate of Basic Health Care for CY 82 and CY 83 is set at total of \$16,000,000. Of this amount salaries account for 80 per cent of the total costs and other expenditures account for the remainder. To date the GOJ's contribution to direct project costs has been the JD equivalent of \$1,177,000. The GOJ's estimated costs for the Directorate to support the project are \$650,000 for the two years extension, bringing the GOJ contribution to 37 per cent of total project cost. These costs will be included in the normal operating budget for the MOH. After the expiration of the project the MOH will finance recurring costs through normal budget allocation.

Additional AID inputs will be in the amount of \$1,208,000. Of this amount, \$1,000,000 would be authorized under this Project Paper amendment. The \$208,000 short-fall costs will be funded from the Technical Services and Feasibility Studies Project No.278-0258 under an agreement with the National Planning Council, the MOH, and AID.*

Detailed budgets for AID and GOJ/MOH are shown on Table A.

* The purpose of TSFS III resources, per the Project Agreement, is to assist, by a Grant to the GOJ, in identification, development, design, appraisal, execution and evaluation of priority development activities. TSFS III funds are available, inter alia, for technical advisory services of consultants and experts from the United States and health care is one of the TSFS III areas of priority. No legal or policy objection is presented by the use of TSFS III in support of this Amendment.

TABLE A

HEALTH PLANNING AND SERVICES DEVELOPMENT
COSTING OF PROJECT INPUTS
IN \$000

PROJECT INPUTS	PROJECT INPUTS		TOTAL
	PLANNING	BASIC HEALTH CARE	
<u>AID Appropriated</u>			
Supplies and Materials (Training)	20	33	53
Commodities			
Typewriters	1.5	1.5	3
Photocopy Machines	4	4	8
Medical Equipment	-	125	125
Vehicle	-	18	18
SUBTOTAL	25.5	181.5	207
Participant Training			
10 short term	12.9	51.2	64
2 long term	15	15	30
SUBTOTAL	27.8	66.2	104
In-country Training (Per diem shared cost in GOJ)	2.5	7.5	10
Technical Assistance			
1 Health Planner (22 Mo.)	310		
1 Health Management Specialist (30 Mo.)		420	
1 Health Systems Analyst (3 Mo.)	9	10.5	
1 Supervision & Leadership Specialist (3 Mo.)	9	10.5	
1 Health Information Specialist (3 Mo.)	9	10.5	
1 Health Financial Analyst (3 Mo.)	9	10.5	
1 Local Admin. Assistant (24 Mo.)	13	14	
SUBTOTAL	359	476	835
Contingency			52
Total AID Appropriated			1,208

TABLE A (Cont'd)

	<u>PLANNING</u>	<u>BASIC HEALTH CARE</u>	<u>TOTAL</u>
<u>Government of Jordan</u>			
Salaries	236	228	464
Office Space & Equip. (rent, elect. water, furn. equip. maint.)	40	40	80
Vehicle Cost, (Gas Maint) 5 Vehicles @ 30,000 km/yr. x 2yr. x .20/km	20	40	60
Per Diem for Supervisors, trainers and trainees	<u>15.5</u>	<u>30.5</u>	<u>46</u>
	311.5	338.5	650

E. Environmental Analysis

Since the project will provide mainly technical assistance, training and education, and since the small commodity input cannot possibly do significant harm to the environment, the project qualifies for a "categorical exclusion" under Section 2165.2(b)(2)(i) of AID Regulation 16 (1980 version).

F. Women in Development

In keeping with the need to increase women's opportunity for participation in the labor force in Jordan, particularly in the face of heavy out migration by skilled and semi-skilled male labor to the wealthier oil states, the development of appropriate recruiting and training plans, task analysis, and subsequent training will carefully consider the possibilities of upgrading current female workers and if additional personnel are to be trained, the possibilities for increased female employment.

IV. REVISED PROJECT IMPLEMENTATION AND EVALUATION

A. Revised Project Implementation Schedule (See Table B)

The revised project will incorporate the Health Planning and Services Development components which, under the original project, had been somewhat separated, into a concentrated effort to upgrade the capability of the MOH to plan and deliver primary health care. Under the existing contract it is planned in that CY 1982 a short term management advisor will join the health planning advisor to provide further capability in the design of a comprehensive primary health care system. In early CY 1983 a long term advisor will take up resident duties to assist the MOH in implementing a nationwide primary health care system.

By March of 1983, the initial capability of the Health Planning Unit will be established with initial staff training programs completed, training materials developed, work completed on the development of a manual which addresses key issues involved in the development of health planning capability, and a pilot primary health care information system will have been tested and evaluated. In addition, with the assistance of a consultant, work will begin on a Primary Health Care physician's manual that will be a resource to guide primary care physicians with principally hospital backgrounds in the provision of primary care in a clinic or outreach setting.

By June of 1983 (1) the technical team, with the assistance of consultants, will have completed an outline of an operational plan for primary health care services and delivery that then will be put into operation; (2) four Jordanians will be sent to the U.S. for short term training; and (3) the BHC information system will have been completed and operative.

Between July and October 1983 the expatriate health planning expert will advise the Ministry on additional resource needs such as increased staffing and continued training. A Jordanian member of the planning Unit will be sent to the U.S. to participate in a Master's Degree program in Health Planning and Administration. With the assistance of consultants the project staff will develop and submit for approval a detailed outline of special projects which will assist the Ministry of Health to improve and integrate planning, management and budgeting functions within the Ministry. These projects will be initiated and completed over the remaining two years of the project.

By February of 1983, the Primary Health Care Operational Plan will be completed and submitted to the Ministry for approval. Upon arrival of the long-term management consultant, scheduled for February of 1983 work will begin to assist the Ministry to implement the plan. In August of 1983 a Jordanian member of the Basic Health Care Directorate will be selected to be sent to the U.S. to participate in a Master Degree in Health Care Management. The final draft in English of the Primary Health

TABLE B
IMPLEMENTATION PLAN

ACTIVITY	CY 82			CY 83			CY 84			CY 85																
	O	N	D	J	F	M	M	J	J	A	S	O	N	D	J	F	M	M	J	J	A	S	O	N	D	
FP Amendment Submitted to AID/W	X																									
Project Extension Authorized		X																								
Project Contract for Technical Assistance Signed				X																						
Competitive Procurement of Commodities																										
Management Development Specialist Arrives					X																					
Infant Mortality Study			<u>I</u>																							
Long Term Training																										
- Candidates Selected																										
- Training																										
Short Term Training																										
- Candidates Selected																										
- Training																										
BHC Physicians Manual																										
Planning Manual																										
First Regional BHC Workshop																										
Operational Plan for BHC																										
- Management Information System																										
- Supervisory System																										
- Logistic Supply System																										
- Expanded Outreach																										
- Expanded Education																										
Impact Studies																										

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TABLE B

ACTIVITY	CY 82			CY 83					CY 84					CY 85										
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Second Regional BHC Workshop													X											
Third Regional BHC Workshop																								X
OBT Study																								
Special MDH Evaluation Studies																								
Five Year Plan																								
Project Evaluations													X (Planning)	X										X

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IV.B. Revised Logical Framework

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding 2,875,000
Date Prepared 10/20/82

Project Title & Number: Health Planning and Service Development 272-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program of Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>Improved health status of Jordan's population</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>Decreases in preventable morbidity and mortality</p>	<p>(A-3)</p> <p>Morbidity and mortality Statistics</p>	<p>Measures for achieving goal targets: (A-4)</p> <p>Continued GOJ commitment to health status improvement</p> <p>Economic situation and political climate remain stable.</p>

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PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
 From FY 77 to FY 86
 Total US Funding: 2,875,000
 Date Prepared 10/20/82

Project Title & Number: Health Planning and Service Development 278-0000

Project Purpose: NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>1. To develop and operation-ize planning policy analysis, evaluation, and programming for health services delivery within the MOH</p> <p>2. To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.</p>	<p>1A. Planning Unit operational actively involved in program design, making recommendations for MOH resource allocation and evaluating on-going programs.</p> <p>1B. Planning Unit recommendations put into action.</p> <p>2. All HHC workers trained and in place, training institutions teaching HHC skills. Support systems i.e. supervision logistics budget and accounting procedures being used, health information system being utilized. Clients using health service network and outreach methods being implemented.</p>	<p>1. Actions completed by Planning Unit evaluated by independent evaluation team.</p> <p>2. Training courses reviewed, teaching curricula examination field inspections, health management system records, service statistics and health education materials and methods reviewed.</p>	<p>1A. MOH policy level personnel will utilize planning unit in decision making process.</p> <p>1B. MOH has authority to determine internal policy and allocate resources accordingly.</p> <p>2A. Trainees available in sufficient quantity and quality and appropriately placed.</p> <p>2B. Continued GOJ commitment to improvement of basic health care services.</p> <p>2C. Budget allocation sufficient to fund expanded services.</p> <p>2D. Education and outreach activities will motivate population to utilize services.</p>

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
 From FY 77 to FY 86
 Total US Funding 2,875,000
 Date Prepared 10/20/82

Project Title & Number: Health Planning and Service Development 278-0208

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
1A. Health Planning Unit fully staffed with well trained personnel	1A. 5 Staff members assigned to Planning Unit, 46 man months of training received by these staff members.	1A. MOH personnel records, project training records.	1A. Personnel available to fill these positions.
1B. Health Information System for Primary Health Care established and functioning within the MOH	1B. Data and reports generated covering: personnel, population served, services delivered, costs, and source and amount of financing.	1B.-E Expert evaluation of end products.	1B. - G MOH will make maximum use of planning outputs
1C. Special studies carried out.	1C. At least two studies completed (Infant Mortality and RS Usage)		
1D. Analyses of basic health care delivery and development of an operational primary health care delivery system.	1D. Development of a comprehensive operational plan for the basic health care system.		
1E. Evaluation of other MOH on-going programs.	1E. Evaluations carried out on MOH programs in MCH, administration and staff utilization.		
1F. Planning manual developed and MOH personnel trained in its usage.	1F. One prototype manual prepared, 200 copies distributed, 3 workshops held.	1F. Evaluation of manual project cost and training records.	
1G. Assist in development of Five Year Plan for the MOH.	1G. One 5 year plan prepared covering CY 1984 through 1988.	1G. Review written plan.	1G. Plan will impact on MOH decision making process.

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding 2,875,000
Date Prepared 10/20/82

Project Title & Number: Health Planning and Service Development 278-0302

INITIATIVE GOAL	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
2A. Basic Health Care Physicians Manual developed.	2A. One prototype manual prepared, <u>2,000</u> copies distributed.	2A. Evaluation of manual, project financial records.	MOH continues to assign importance and resources to: 2A-C Pre service and in service training and service delivery.
2B. Basic Health Care personnel trained, in place, and providing services.	2B. Approximately 900 workers trained, 600 clinics fully staffed, equipped and functioning.	2B. Training course reports, clinic records, impact study.	
2C. Basic health care training occurring on a continuous basis.	2C. <u>13</u> training institutions teaching basic health care skills.	2C. Curricula examined for adequacy, enrollment records.	
2D. Population served by Basic Health Care System increased.	2D. Population served by all clinics increased by 75 percent.	2D. Clinic records.	
2E. Basic Health Care System functioning more effectively and efficiently.	2E. Reduced cost per patient, and reduced incidence of preventable diseases among population served.	2E. Impact study.	
2F. Supervisory system of all clinic personnel functioning.	2F. <u>50</u> supervisors trained and performing supervisory activities.	2F. Training records, reports of clinic visits, supervisory forms.	

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding 2,875,000
Date Prepared 10/20/82

Project Title & Number: Health Planning and Service Development 278-0-08

DERIVATIVE OBJECTIVE	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
2G. Assist in improvement of medical equipment and supply system.	2G. Adequate supplies available at end of supply system (no stock outs)	2G. Supply records and field inspections.	2G. Records are reliable.
2I. Expanded outreach and educational capabilities developed.	2I. <u>5</u> home visits per <u>auxiliary</u> per week, educational materials prepared and distributed.	2I. Clinic records, interviews, impact study.	2I. Field staff all motivated and able to visit communities they serve.

Best Available Document

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:

From FY 77 to FY 86

Total US Funding 2,875,000

Date Prepared 10/20/82

Project Title & Number: Health Planning and Service Development 278-0298

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>AID Contributions:</p> <ol style="list-style-type: none"> 1. Technical Assistance \$835,000 2. Participant Training \$104,000 3. Commodities \$207,000 4. Other Costs \$54,000 <p>Total \$1.2 million</p>	<ol style="list-style-type: none"> 1. 52 person months long-term advisors. 2. 12 person months short-term technical assistance 3. 100 person months in-country training 4. 54 person months of training in U.S. 5. Medical equipment, photo copy machines, typewriters, one automobile. 6. Local research 7. GOJ counterparts, trainers, supervisors and support personnel. 	<ol style="list-style-type: none"> 1. AID records 2. Consultant reports 	<ol style="list-style-type: none"> 1. Contract expertise available 2. Procurement is effected on a timely basis 3. Qualified personnel are available and GOJ provides resources on a timely basis.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 77 to FY 86
Total US Funding 2,875,000
Date Prepared 10/20/82

Project Title & Bureau: Health Training and Service Development 273-0192

INDICATIVE ELEMENT	QUANTITATIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
2. Office Space and Equipment \$ 80,000 3. Vehicles \$ 360,000 4. Other \$ 46,000 TOTAL: \$ 650,000	Rent, electricity, water, furniture, office equipment, and maintenance. Four vehicles, maintenance, and gasoline. Per diem (Field training and seminars)		

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Best Available Document

Care Physicians Manual will be completed and ready for translation and work will begin on the Causes and Magnitude of Infant Mortality in Jordan report. Also a subsequent plan to allivate these causes will begin. As part of this plan and it's implementation the planning unit will investigate and recommend policies and procedures for the distribution and use of Oral Rehydration preparations.

By September 1983 an Infant Mortality Study and Plan will be completed and submitted for approval. Work will begin on the MOH Five Year Plan with the Planning Unit playing a key role in outlining the planning process and developing data needs.

By June of 1984 an outline of the process for the involvement of the planning unit in the development of the Five Year Plan will be submitted to the Ministry for approval. The primary health care operational plan will continue to be implemented with the assistance of consultants, and six Jordanians assisting with services development will be selected and sent to the U.S. for further training. The Planning Unit will continue to assist and advise the Ministry on the implementation of the recommendations regarding the Primary Health Care Information System.

By September 1984 the Planning Unit staff member, previously sent for long term training, will return to Jordan to assume a major responsibility within the Health Planning Unit. The majority of the development plan for the Unit will have been implemented and the Unit, acting as staff to the Minister, will be advising on policy and planning and the translation of that policy into action. At this point, the unit will be performing research, planning and evaluation activities required by the Ministry.

By March 1985 the Jordanian planning staff will have assumed full responsibility for all functions of the Planning Unit and their assistance to the Ministry officials in the development of the Five Year Plan will be completed. The consultants will reduce their involvement in operations and will assume the more direct role of technical advisors to the planning unit, evaluating the performance of the basic health care program and advising on resources, training, procedures and projects for continued maintenance of the planning unit.

By July of 1984 the member of the Basic Health Care Directorate sent to the U.S. for training will return to assume a major role in addressing management needs of the expanded Basic Health activities.

By October 1985 all objectives of the Health Planning and Services Development Project will have been met and a final report prepared and submitted.

C. Evaluation Schedule

Careful monitoring in this project shall be continuous. Nevertheless, annual project reviews will be undertaken jointly by representatives of GOJ, AID and the contractor. A formal project review will take place in April 1984 with a final evaluation in August 1986.

Evaluation parameters for the health planning Unit's work relates to the quality of design and product. In terms of basic health care resources utilization will be evaluated on the basis of client use, outreach and responsiveness to communities health needs.

D. Conditions, Covenants, Negotiating Status

1. Conditions: First Disbursement

The standard conditions for first disbursement were met for the original agreement and no other conditions are required.

An additional covenant will be included in the Amendment to the Project as follows:

A comprehensive organizational plan including but not limited to the internal relationship of the Planning Unit to the MOH and a statement of its role and responsibilities in forms and substance satisfactory to A.I.D. shall be furnished to A.I.D. by the date shown in Annex 1.

2. Negotiating Status

The terms and conditions herein have been reviewed and discussed with appropriate GOJ officials according to established procedures in such matters. Technical issues were negotiated with MOH staff, the draft Project paper Amendment was reviewed by the Minister of Health, circulated in the MOH and further negotiations ensued. It is expected that the negotiation of the Grant Agreement Amendment will be fairly routine and will be drafted and negotiated in ample time for prompt FY 83 obligation.

E. Contracting Plan

The current contract for technical services under this project is host country and runs through October 31, 1983. This contract provides for one planning specialist and short term consultants. Due to the expansion of the activities under the service development component, the services of a management specialist in the delivery of primary health care services will also be required for 30 person months, - beginning in February 1983, as well as additional short term consultants in specialized areas. The services of the planning specialist will be required for 22 person months beyond that anticipated under the original contract.

The MOH has indicated a desire for contracting to be undertaken by AID. USAID/J believes that revised project goals could be better served by AID undertaking the contracting. Basically, management of the technical services contract has proven time-consuming and counter-productive for MOH project managers. Changing to direct AID procurement would free the MOH technicians and senior officials to concentrate on implementation and, in USAID/J's judgement, would greatly enhance contract management. Elaboration and formal justifications are in the determination required under PD # 68 (Annex C to this PP Amendment).

The MOH and USAID/J have, for the above reason, discussed a procedure for transfer to a new contract which would be AID direct and would be effective as soon as possible. Funding for the new contract would include funds made available from the present commitment to the host country contract plus additional funds to be made available under the amended Project Agreement.

Furthermore, given the lead time necessary for negotiation and execution of a direct AID contract - and on the assumption that the proposed non-competitive selection of Westinghouse to continue and expand the services it has been providing is approved by AID/W in accordance with the Summary and Recommendation attached hereto - it will be necessary for the MOH to continue its current contract with Westinghouse during a brief transitional period unless the project is to experience significant delay and loss of momentum. USAID/J and MOH see the following schedule as realistic with respect to contracting actions:

January 10, 1983: PP amendment, including sole source waiver, approved by AID/W.

January 15: Pro Ag amendment signed and PIO/T issued. PIO/T will call for AID/W to negotiate a direct contract with Westinghouse to take effect as of effective date of notice of termination from MOH to Westinghouse under current host country contract

January 31: MOH and Westinghouse - which will be carrying on informal and non-committal discussions re possible new arrangements - will execute amendment to current HC contract. This amendment will be stated to be a transitional one, envisioning an effective date of a contemplated direct AID contract of, say, May 30, 1983. However, such an amendment will give Westinghouse the basis, legally and constructively, to proceed with recruitment of new people and otherwise to carry on. No more than, say, four months' funding would be committed by AID to this transitional amendment.

April 20: AID/W and Westinghouse execute new contract with effective date of, say, June 1 conditioned on Westinghouse's receiving MOH's notice of intention to terminate the old contract (as amended per the preceding paragraph) with the same effective date.

April 25: MOH issues such termination notice to Westinghouse. All undisbursed balances (on accrued expenditure basis) are thereafter transferred from the MOH/Westinghouse contract to the new AID/Westinghouse contract.

Note. USAID/J recognizes the above plan is complicated but believes it is workable. The alternative of assignment to AID of the current MOH/Westinghouse contract was considered and rejected since, e.g., the current MOH contract contains several provisions inappropriate to a direct AID contract and since, furthermore, a significantly changed scope of work, level of effort and the like are now required. Negotiation of a new "clean and neat" contract is, for the long run, most advantageous to the project.

Thus, under a mixture of the transmittal amendment and, later, the new direct AID contract, the contractor will provide the following additional technical services beginning in February 1983:

Long Term Technical Assistance
30 pm management services specialist
22 pm planning specialist

Short Term Consultants
12 pm
16 roundtrips
12 pm of per diem
Administrative Assistant (24 pm)

F. Non-Competitive Continuation of Current Contractor

A compelling case exists to continue to utilize the original technical services contractor (Westinghouse) under this project extension. This will allow for continuity of project implementation, contractor backstopping and technical personnel. Changing contractors at this stage would cause delay in project implementation, a loss of experience with the project and host country counterparts, and (very likely) a different interpretation, by a hypothetical successive contractor, of the provision of technical services necessary to successful completion of project activities. Furthermore, a new round of competition would (a) almost certainly result in the choice of Westinghouse anyway, thus putting other contractors to undue effort and expense and (b) result in an unacceptable stoppage of on-the-ground activities for a period of several months.

Also, new contractual arrangements (with, hypothetically, a different contractor chosen as a result of competition) would become very complex causing severe implementation problems. The current host country contract runs through October 1983. However, the new contractor would be expected to begin providing services in February of 1983 or, in any event, well before October. Therefore, without MOH's terminating the original contract (which would be a dubious action, since Westinghouse is performing satisfactory), there would be two contracts for technical services in effect concurrently for a number of months. It would definitely be preferable to avoid this type of situation, leading as it would be confusion and diffusion of responsibility.

Therefore, it is recommended that competitive procedures be waived to allow procurement on a non-competitive basis. As such approvals must be obtained from the Non-Competitive Procurement Review Board (with respect to the A.I.D. direct contract) and from the Mission Director for an amount of \$100,000 (with respect to the transitional extension to the current HCC), we request that NE seek such approval, based on the facts and analysis set forth above. Criteria in HR 1, supp B, Chapter 12, Section 12 B 2 g (with respect to the direct A.I.D. contract) and Section 12C4a(2) (with respect to the transitional extension to the current HCC) are clearly satisfied given the timing considerations, the need for continuity, the MOH's desire to stay with Westinghouse and the latter's unique on-the-ground familiarity with the particular project.

G. Scope of Work for Technical Services

The services called for under this contract shall begin on/about January, 1983 and conclude in October, 1985. Following is a preliminary scope of services outlining the tasks to be accomplished by the contractor and defines the extent of the services:^{1/}

1. Project Purpose and Objectives

The purpose of this project is two fold:

- a) To develop and operationalize planning, policy analysis, evaluation, and programming for health services delivery within the MOH.
- b) To strengthen and expand the institutional capacity of the MOH to provide effective primary health care.

By the end of the project the following objectives will have been obtained:

- a) Basic Health Care personnel trained, in place, and providing improved services.
- b) BHC Training occurring on a continuous basis in all training institutions.
- c) Population served by the BHC System increased by 75 percent.
- d) BHC System functioning more efficiently and effectively.
- e) Planning Unit of the MOH providing necessary information and analyses to assist in policy and programming decisions.

2. Planned Outputs

To support the efforts of the MOH toward meeting these goals the project will:

- a) Develop a fully staffed and well trained Health Planning Unit within the MOH.
- b) Establish a functioning BHC Management Information System.
- c) Carry out and analyze at least two special studies in the areas of Oral Rehydration Utilization and Infant Mortality.

^{1/} Refinements and revisions for clarification may be made during preparation of a draft contract or during negotiations.

d) Carry out analyses of the BHC System and prepare an Operational Plan for the BHC Delivery System which will include but not be limited to the following aspects:

- i) Design of an improved Supervisory System for all BHC personnel.
 - ii) Design of an improved logistic supply system.
 - iii) Expanded outreach activities.
 - iv) Expanded educational activities.
- e) Perform evaluation's of selected MOH ongoing programs.
- f) Develop and distribute a Planning Manual and train MOH personnel in its use.
- g) Assist in the development of a Five Year Plan for the MOH.
- h) Develop and distribute a BHC Physicians Manual and train BHC physicians in its use

3. Planned Inputs

The implementing agency for this Project is the Ministry of Health which will establish the Health Planning Unit as a distinct entity within its structure and will undertake the upgrading of its basic health services. The MOH staffing pattern for the project will include such sub-professional workers as clerks, secretaries, translators and drivers as will be necessary for effective implementation of the Project. A local administrative assistant will be engaged directly by the Contractor.

The Contractor will provide long term personnel to the project, one Health Planning Specialist, one Health Services Management Specialist (preferably a medical doctor with a specialization in health services management), and one local Administrative Assistant.

The Health Planning Specialist will:

- a) Advise the Health Planning Unit on all matters related to the timely achievement of project objectives.
- b) Serve as Chief-of-Party of the Contracting Team.
- c) Assist and Advise the MOH on all planning related matters as time permits.
- d) Establish sound working relationships with counterpart staff.

e) Organize, develop, and establish sound working procedures for the Health Planning Unit.

f) Work in close collaboration with the Management Specialist and the staff of the Directorate of Basic Health Services to develop the BHC operational plan.

g) Train project counterpart staff in planning.

h) Supervise counterpart staff as they undertake special projects including but not limited to an oral rehydration survey, an infant mortality study, and the development of a Five Year Plan for the MOH.

i) Supervise the development and distribution of a Planning Manual.

j) Plan and prepare scopes of work for necessary short term consultants called for under the revised project planning activities.

The Health Services Management Specialist will:

a) Advise the Directorate of Basic Health Services on all matters related to the timely achievement of project objectives.

b) Serve as Acting Chief-of-Party of the Contracting Team in the absence of the Health Planner.

c) Assist and advise the MOH on all health services and management related matters as time permits.

d) Establish sound working relationships with counterpart staff.

e) Organize, develop, and establish sound working procedures for the Directorate of Basic Health Services.

f) Work in close collaboration with the Planning Unit and Planning Specialist in the development of the BHC Operational Plan including but not limited to:

- i) Supervisory system
- ii) logistic supply system
- iii) management information system
- iv) expanded outreach activities
- v) expanded educational activities

g) Supervise the implementation of the BHC Operational Plan.

h) Train project counterpart staff in health services management.

i) Supervise the development and implementation of three regional workshops.

j) Supervise the development and distribution of the BHC Physicians Manual.

k) Plan and prepare scopes of work for short term consultants called for under the revised project services development component.

l) Assist in the arrangements and implementation of in-country training.

The Administrative Assistant will report to the Chief-of-Party and be responsible for office management, project administration, and the supervision of local secretarial and clerical support.

The Contractor will also provide short term technical assistance. Areas where short term expertise is anticipated may include but not be limited to:

- a) Health Systems Analyses
- b) Supervision and Leadership
- c) Health Information System
- d) Health Financial Analysis

The Contractor will make these long and short term personnel available to the project at the following levels:

- a) Health Planning Specialist:
22 person months
- b) Health Services Management Specialist:
30 person months
- c) Administrative Assistant:
24 person months
- d) Short Term Consultants:
12 person months.

This contract will provide funding for the following. The Contractor will also be responsible for the provision of all support functions in connection with these expenses:

- a) recruitment
- b) travel arrangement
- c) prepaid airline tickets
- d) country clearance
- e) medical clearance
- f) salary
- g) post differential *
- h) DBA Insurance *
- i) FICA
- j) Storage of household effects in the U.S. *
- k) Excess baggage *
- l) Shipment of vehicle and household effects from the U.S. to Jordan *
- m) Housing Allowance *
- n) Per Diem

The GOJ inputs remain the same as stipulated in the original contract.

4. Key Personnel

The key personnel under this contract are:

Health Planning/Team Leader:
Donald Harbick

Health Services Management Specialist:
to be Nominated

Administrative Assistant:
Shereen Shuwihat

Other stipulations unless this section remain the same.

5. Reports

a) The Contractor shall submit to the MOH ten copies of progress reports on a periodic basis which summarize the work performed during the period, problems encountered and the ways they were (or are being) overcome, and significant findings. The first progress report is due on the 15th day of the 4th month following the start-up of the project in the field, i.e. the date of arrival of the team leader in Jordan. Subsequent reports are due fifteen calendar days after the end of each calendar quarter.

* Long Term U.S. personnel only

b) The Contractor shall submit to the MOH and USAID/J six copies of a final report which will provide an overview of the work performed under the contract, including results and recommendations. Problems or Issues affecting the overall project and its success in the future shall be highlighted. The final report is due thirty calendar days after the end of the 30 month in-country Project effort. Preceding submission of the final report, the contractor shall submit to the MOH a draft final report in the 28 month. The MOH shall provide to the Contractor comments, if any, in the draft final report no later than the end of the 29 month; the Contractor shall make appropriate revisions in light of MOH comments and incorporate into the draft final report the activities undertaken in month 30.

c) The Contractor shall submit to the Minister of Health, Amman, Jordan, Near East Office of Health, Nutrition, and Population (AID/W), and USAID/J two copies of each of all reports required by paragraphs (a) and (b) above. All reports shall be delivered no later than the required submission dates.

d) All reports shall be printed or typewritten and may include photographs or other illustrative material as appropriate to assist in understanding.

e) All reports (other than routine tabulations) shall commence with a summary of the report and a statement of conclusions and recommendations followed by the detailed report itself.

TECHNICAL SERVICES
CONTRACT HISTORY

	<u>ORIGINAL HCC</u> (TOTAL PERSON MONTHS)	<u>ADDITIONAL REQUIREMENTS</u>
Health Planner	36.75	22.00
Manpower Coordinator	26.75	30.00
Manpower Specialist I	12.75	-
Manpower Specialist II	24.75	-
Consultants	29.00	12.00
Administrative Asst.	37.50	24.00
	<hr/>	<hr/>
TOTAL P/M	167.50	88.00
		(US\$)
Cost	\$1,657,790	\$835,000

BUDGET HISTORY
(\$000s)

	<u>(1977)</u> <u>ORIGINAL</u>	<u>(1980)</u> <u>AMEND. #1</u>	<u>(1983)</u> <u>PROPOSED</u>
<u>AID INPUTS</u>			
Tech. Services	1154	500	835
Training	51		104
Equipment	60		136
Vehicles	50		18
Other	60		105
TOTAL AID	1375	500	1208 ^{1/}
<u>GOJ INPUTS^{3/}</u>			
Salaries	314	<u>2/</u>	464
Office Space & Equipment	270		80
Vehicles	40		60
Computer Services	45		-
Other	56		46
TOTAL GOJ	725	452	650
TOTAL AID & GOJ	2100	952	1858
TOTAL PROJECT COST	\$4910 ^{1/}		

^{1/} Includes 208,000 from Technical Services and Feasibility Studies III Grant.

^{2/} No breakdown available.

^{3/} These figures does not include salaries of BHC personnel trained under this project or other in kind contributions from the GOJ which are not direct project costs.

Jordan - FY 1983

5C(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable generally to FAA funds, and criteria applicable to individual fund sources: Development Assistance and Economic Support Fund.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

No

1. FAA Sec. 481. Has it been determined that the government of the recipient country has failed to take adequate steps to prevent narcotic drugs and other controlled substances (as defined by the Comprehensive Drug Abuse Prevention and Control Act of 1970) produced or processed, in whole or in part, in such country, or transported through such country, from being sold illegally within the jurisdiction of such country to U.S. Government personnel or their dependents, or from entering the U.S. unlawfully?

2. FAA Sec. 620(c). If assistance is to a government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) the debt is not denied or contested by such government?

(a) No

(b) No

3. FAA Sec. 620(e)(1). If assistance is to a government, has it (including government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities? No
4. PAA Sec. 532(c), 620(a), 620(f), 620D; FY 1982 Appropriation Act Secs. 512 and 513. Is recipient country a Communist country? Will assistance be provided to Angola, Cambodia, Cuba, Laos, Vietnam, Syria, Libya, Iraq, or South Yemen? Will assistance be provided to Afghanistan or Mozambique without a waiver? Not to all questions.
5. ISDCA of 1981 Secs. 724, 727 and 730. For specific restrictions on assistance to Nicaragua, see Sec. 724 of the ISDCA of 1981. For specific restrictions on assistance to El Salvador, see Secs. 727 and 730 of the ISDCA of 1981. NA
6. FAA Sec. 620(f). Has the country permitted, or failed to take adequate measures to prevent, the damage or destruction by mob action of U.S. property? No

7. FAA Sec. 620(1). Has the country failed to enter into an agreement with OPIC? No
8. FAA Sec. 620(o); Fishermen's Protective Act of 1967, as amended, Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing activities in international waters? (a) No
- (b) If so, has any deduction required by the Fishermen's Protective Act been made? NA
9. FAA Sec. 620(c); FY 1982 Appropriation Act Sec. 517. (a) Has the government of the recipient country been in default for more than six months on interest or principal of any AID loan to the country? (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the appropriation bill appropriates funds? (a) No
(b) No
10. FAA Sec. 620(5). If contemplated assistance is development loan or from Economic Support Fund, has the Administrator taken into account the amount of foreign exchange or other resources which the country has spent on military equipment? (Reference may be made to the annual "Taking into
Considered in annual taking into consideration memo.
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Consideration' memo:
'Yes, taken into account
by the Administrator at
time of approval of
Agency OYB.' This
approval by the
Administrator of the
Operational Year Budget
can be the basis for an
affirmative answer during
the fiscal year unless
significant changes in
circumstances occur.)

11. FAA Sec. 620(t). Has the
country severed
diplomatic relations with
the United States? If
so, have they been
resumed and have new
bilateral assistance
agreements been
negotiated and entered
into since such
resumption?

No

12. FAA Sec. 620(u). What is
the payment status of the
country's U.N.
obligations? If the
country is in arrears,
were such arrearages
taken into account by the
AID Administrator in
determining the current
AID Operational Year
Budget? (Reference may
be made to the Taking
into Consideration memo.)

Not in arrears.

13. FAA Sec. 620A; FY 1982
Appropriation Act Sec.
620. Has the country
aided or abetted, by
granting sanctuary from
prosecution to, any
individual or group which
has committed an act of
international terrorism?
Has the country aided or

No; No

abetted, by granting
sanctuary from
prosecution to, any
individual or group which
has committed a war crime?

14. FAA Sec. 666. Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA? No
15. FAA Sec. 669, 670. Has the country, after August 3, 1977, delivered or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device, after August 3, 1977? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.) No; No
16. ISDOA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Session of the General Assembly of the U.N. of Sept. 25 and 28, 1981, and failed Included in the FY 83 Taking into consideration Memo.

to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the Taking into Consideration memo.)

17. ISDCA of 1981 Sec. 721.
See special requirements for assistance to Haiti.

NA

3. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY

1. Development Assistance Country Criteria.

a. FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy?

NA

2. Economic Support Fund Country Criteria

a. FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the country made such significant improvements in its human rights record that furnishing such assistance is in the national interest?

No

b. ISDCA of 1981, Sec. 725(D). If ESF is to be furnished to Argentina, has the President certified that (1) the Govt. of Argentina has made significant progress in human rights; and (2) that the provision of such assistance is in the national interests of the U.S.?

NA

c. ISDCA of 1981, Sec. 726(D). If ESF assistance is to be furnished to Chile, has the President certified that (1) the Govt. of Chile has made significant progress in human rights; (2) it is in the national interest of the U.S.; and (3) the Govt. of Chile is not aiding international terrorism and has taken steps to bring to justice those indicted in connection with the murder of Orlando Letelier?

NA

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ANNEX B

5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only; B.1 applies to all projects funded with Development Assistance Fun-s, B.2. applies to projects funded with Development Assistant loans, and B.3. applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT.

AID/W to prepare Country Checklist. Standard item list reviewed.

A. GENERAL CRITERIA FOR PROJECT

1. FY 1982 Appropriation Act Sec. 523; FAA Sec. 634A; Sec. 653(b).

(a) Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that amount)?

(a) Committees will be notified in accordance with standard procedures.

(b) Assistance is within the OYB for Jordan.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,00, will there be (a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance? No such legislative action required.
4. FAA Sec. 611(b); FY 1982 Appropriation Act Sec. 501. If for water or water-related land resource construction, has project met the standards and criteria as set forth in the principles and Standards for planning Water and Related Land Resources, dated October 25, 1973? (See AID Handbook 3 for new guidelines.) N.A.
5. FAA Sec. 611 (e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project? N.A.
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. Project is not so susceptible and is Jordan-specific.
7. FAA Sec. 601(a). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions and savings and loan associations; (d) discourage monopolistic practices, (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. Project involves institution building at the Ministry of Health and will not directly impact on these areas.

8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels) and the services of U.S. private enterprise).
- A private U.S. contractor is expected to be the technical assistance contractor.
9. FAA Sec. 612(b), 636(h); FY 1982 Appropriation Act Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.
- The Grantee is contributing more than 25% toward total project costs. The U.S. does not own Jordanian currency.
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?
- No.
11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?
- Yes.
12. FY 1982 Appropriation Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. procedures of the same, similar or competing commodity?
- N.A.

13. FAA 118(c) and (d). Does the project comply with the environmental procedures set forth in AID Regulation 16? Yes.
- Does the project or program take into consideration the problem of the destruction of tropical forests? N.A.
14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for an controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)? N.A.

B. FUNDING CRITERIA FOR PROJECT

3. Economic Support Fund Project Criteria

a. FAA Sec. 531 (a). Will this assistance promote economic or political stability? To the extent possible, does it reflect the policy directions of FAA Section 102? Yes.

b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities? No.

c. FAA Sec. 534. Will ESF funds be used to finance the construction of the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified that such use of funds is indispensable to nonproliferation objectives? No.

d. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? N.A.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
AMERICAN EMBASSY
AMMAN - JORDAN

وكالة الولايات المتحدة للائتماء السولي
السفارة الاميركية
عمان - الاردن

ANNEX C

OFFICE OF THE DIRECTOR

مكتب المدير

POLICY DETERMINATION NO. 68-EXCEPTION TO HOST COUNTRY CONTRACTING

Subject: Health Management and Services Development
Project Paper Amendment (278-0208)

I hereby determine, for the reasons stated below, that the technical assistances being provided to the MOH, under the existing Host Country Contract can, in the future, better and more effectively be provided through direct AID contracting arrangement. Conversely, to continue the current Host Country Contracting arrangements would be considerably less effective, thereby jeopardizing the successful implementation of this project.

In making this determination, I am aware that host country contracting was authorized in furtherance of the original Grant Agreement signed on September 29, 1977. However, I am further aware that the Ministry of Health had considerable problems in negotiating the original contract for technical services and that these negotiations took almost two years before final agreement between the parties involved was reached. Currently, a minor amendment to the contract, has been awaiting signature by the MOH Project Manager, who has to obtain authority to sign the document from "higher sources" in the Ministry. This is delaying the bringing on board of a short term consultant to assist in developing an operational plan for basic health care services, one of the critical elements of the project.

Also, in the area of project implementation, the Ministry of Health has indicated that administering the contract has taken considerable time of scarce personnel who, it is felt, could apply themselves to the operational aspects of the project.

In view of the factors outlined above, I have determined that an exception to the use of the Host Country Contracting Procedures is appropriate. AID direct contracting should overcome the delays in negotiation and the burden on MOH personnel resources which experience has shown to be the case up to now under this project.

Oct. 20, 1982
Date

Walter G. Bollinger
Walter G. Bollinger
Director
USAID/Jordan

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ACTION COPY

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INCOMING TELEGRAM

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AIDAC

FOR BARBARA TURNER, NE/TECH/HPN

E.O. 12356: N/A SUBJECT: HEALTH; HEALTH MANAGEMENT AND SERVICES DEVELOPMENT PROJECT (278-0208) PP AMENDMENT

REF: STATE 381631

1. USAID/J HAS RECEIVED REQUEST FOR ASSISTANCE FROM GOJ. TEXT OF REQUEST AS FOLLOWS:

QUOTE MR. THOMAS A. PEARSON, ACTING DIRECTOR, USAID/JORDAN, AMMAN, JORDAN. DEAR MR. PEARSON:

THE MINISTRY OF HEALTH HAS ADVISED US THAT, AS A RESULT OF A JOINT PROJECT REVIEW, BY NPC, MCH AND USAID OF THE HEALTH PLANNING AND SERVICE DEVELOPMENT PROJECT, IT WAS AGREED THAT ADDITIONAL FUNDING AND EXTENSION OF TIME WOULD BE NECESSARY IN ORDER TO MEET THE PROJECT'S REVISED OBJECTIVES. ESTIMATED ADDITIONAL FUNDING REQUIRED FOR THE EXTENSION IS DOLS 1,208,300 AND JD 217,000.

IT IS REQUESTED THAT USAID PROVIDE DOLS 1,208,300 IN GRANT FINANCING FOR THE EXTENSION. BASED ON DISCUSSIONS WITH YOU WE REQUEST DOLS 1,300,000 BE MADE AVAILABLE FOR THE PROJECT FROM FY 1983 FUNDS FOR JORDAN.

WE ALSO REQUEST THAT THE BALANCE OF DOLS 208,300 NEEDED TO SUPPORT THE PROJECT BE ALLOCATED FROM THE TECHNICAL SERVICES GRANT. THE TOTAL DOLLAR AMOUNT OF DOLS 1,208,300 WILL BE USED TO PROVIDE COMMODITIES, TRAINING AND TECHNICAL ASSISTANCE.

YOUR FAVORABLE CONSIDERATION WILL BE APPRECIATED.

YOURS SINCERELY, HANNA DOEH, PRESIDENT, NPC. UNQUOTE. 2. REQUEST THIS MESSAGE BE ATTACHED TO PP AMENDMENT AS ANNEX D. VIE'S

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