

PROGRAM DATA SHEET

1. COUNTRY
 Egypt
 2. AGENCY
 USATD

3. PROGRAM NUMBER
 4263-0136
 4. PROGRAM TITLE
 Suez Community Health
 Personnel Training
 Amendment Number
 3
 PDAAP232

5. PROGRAM ASSISTANCE COMPLETION DATE (PACD)

7. ESTIMATED DATE OF OBLIGATION (Under "B" column, enter 1, 2, 3, or 4)

MM DD YY
 07 31 87

A. Initial FY B B. Quarter 3 C. Final FY 84

8. COSTS (\$000 OR EQUIVALENT \$) =

A. FUNDING SOURCE	FIRST FY			LIFE OF PROGRAM		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(2,100)	(600)	(2,700)	(10,645)	(6,455)	(17,100)
(Loan)	()	()	()	()	()	()
Other U.S. 1. PL-480	--	350	350	--	350	350
2.						
Host Country	--	9,112	9,112	--	55,423	56,423
Other Donor(s)						
TOTALS	2,100	10,062	12,162	10,645	62,228	72,873

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 PROGRAM	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) ESF	529			8,100		9,000		17,100	
(2)									
(3)									
(4)									
TOTALS				8,100		9,000		17,100	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code
 B. Amount

13. PROGRAM PURPOSE (maximum 480 characters)

To develop and implement a medical education program that prepares health care workers for relevant, appropriate, effective community-based primary health care service.

14. SCHEDULED EVALUATIONS

15. SOURCE/ORIGIN OF GOODS AND SERVICES

Interim MM YY MM YY Final MM YY
 07 87 07 87

000 941 Local Other (Specify)

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

(See attached)

17. APPROVED BY

Signature
 M. P. W. Stone
 Title
 Director
 Date Signed
 MM DD YY
 11 25 84

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY
 013 08 84

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SUEZ COMMUNITY PERSONNEL HEALTH TRAINING
PROJECT 263-0136

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FOURTH AMENDMENT
TO
PROJECT AUTHORIZATION

Name of Country: Arab Republic of
Egypt

Name of Project: Suez Community
Health Training

Number of Project: 263-0136

I. Pursuant to Section 531 of the Foreign Assistance Act of 1961, as amended, the Suez Community Health Training Project for Egypt was authorized on February 22, 1980 and amended on July 21, 1980. That authorization, as amended, was further amended on January 26, 1982 to increase the authorized life-of-project funding to U.S. Three Million One Hundred Thousand Dollars (\$3,100,000), and on February 21, 1982 to increase the authorized life-of-project funding to Eight Million One Hundred Thousand ('U.S.') United States Dollars (\$8,100,000). I hereby authorize additional grant funds for the Project amounting to Nine Million ('U.S.') United States Dollars (\$9,000,000), over a three and one-half year period, subject to the availability of funds in accordance with the AID OYB/allotment process, to help in financing the foreign exchange and local currency costs of goods and services required for the Project. The total obligations for this project from the time of inception in 1980 through the PACD will thus total Seventeen Million One Hundred Thousand ('U.S.') United States Dollars (\$17,100,000).

II. The Project Grant Agreement Amendment which may be negotiated and executed by the officer to whom such authority is delegated in accordance

with AID regulations and Delegations of Authority shall be subject to such terms and conditions as AID may deem appropriate, including the following:

A. Conditions Precedent to Disbursement

1. Prior to disbursement, or to the issuance by AID of documentation pursuant to which disbursement will be made for the Group Practice, the Grantee will, except as the parties agree in writing, furnish AID, in form and substance satisfactory to AID, written assurances that there are no residents in any part of the Group Practice building.

2. Prior to any disbursement or to the issuance by AID of documentation pursuant to which disbursement will be made for renovation of selected facilities from funds available under the Third Amendment to the Grant Agreement, the Cooperating Country shall, in each case of renovation, except as the Parties may otherwise agree in writing, furnish to AID in form and substance satisfactory to AID:

a. Evidence of architectural/engineering designs, specifications, and cost estimates for the planned renovations;

b. Evidence of the execution of satisfactory renovation contracts; and

c. Evidence of adequate supervisory services for the renovations.

3. Prior to the first disbursement for each quarter of the Grantee's fiscal year for the procurement of equipment from funds made available under the Third Amendment to the Grant Agreement, or to the issuance by AID of documentation pursuant to which such disbursement will be made, the Cooperating Country shall, except as the Parties may otherwise agree in writing, cause to be furnished to AID in form and substance satisfactory to AID, a procurement plan for such quarter which will set forth all items to be procured and the procurement procedures to be followed.

B. Covenant

That the GOE will make every effort to maintain class size at less than 100 students.

III. Based upon the justifications set forth in the Project Paper Amendment, I hereby determine in accordance with Section 612(b) of the Foreign Assistance Act of 1961, as amended, that the expenditure of United States Dollars for the procurement of goods and services in Egypt is required to fulfill the purposes of the Project; the purposes of the Project cannot be met effectively through the expenditure of U.S.-owned local currencies for such activities; and the administrative official approving local cost vouchers may use this determination as the basis for certification as required by Section 612(b) of the Act.

IV. The authorization, as amended, cited above, remains in force except as hereby amended.

M.P.W. Stone
M.P.W. Stone, Director

1-25-84
Date

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ICA CHRON

ACTION TO <u>HRDC</u>	
ACTION I K.N.	DUE DATE <u>1/4</u>
NAV <u>30768</u>	INITIALS _____

AIDAC

E.O. 12065: N/A

11/JM

TAGS:

SUBJECT: HEALTH: DELEGATION OF AUTHORITY, PROJECT 263-0136,
SUEZ COMMUNITY HEALTH PERSONNEL TRAINING

REF: (A) STATE 27900 (1/80), (B) CAIRO 25713

DELEGATION OF AUTHORITY CONTAINED IN REFTEL (A) IS HEREBY AMENDED TO INCREASE DOLLAR AMOUNT DELEGATED TO THE MISSION DIRECTOR FOR SUBJECT PROJECT FROM DOLLARS 7.8 MILLION TO DOLLARS TWELVE (12) REPEAT TWELVE MILLION. ALL OTHER PROVISIONS OF REFTEL (A) DELEGATION REMAIN THE SAME.

MISSION IS REMINDED IT CANNOT OBLIGATE FUNDS UNTIL CONGRESSIONAL NOTIFICATION HAS EXPIRED. WILL ADVISE. IT WAS SENT ON DECEMBER 11, 1981. HAIG

BT
#8642

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STATE 338642

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Department of State

OUTGOING
TELEGRAM

PAGE 01 STATE 039175
ORIGIN AID-00

6532 025503 AID5767

R 091125Z FEB 84
FM SECSTATE WASHDC
TO AMEMBASSY CAIRO

UNCLAS STATE 039175

AIDAC

E. O. 12356: N/A

TAGS:

SUBJECT: EGYPT: SUEZ COMMUNITY HEALTH PERSONNEL
TRAININGPROJECT (263-0136) EVALUATION

REF: (A) CAIRO 00896 (B) CAIRO 36377

1. PES FOR SUBJECT PROJECT RECEIVED IN AID/W ON 16
JAN. PRC MEETING HELD 20 JAN.

2. PRC WISHES TO COMMEND MISSION FOR AN EXCEPTIONALLY
USEFUL EVALUATION AND UTILIZING THE EVALUATION
RECOMMENDATIONS IN THE DESIGN OF THE PP AMENDMENT.

3. BASED ON PRC REVIEW OF PES, AUTHORITY TO APPROVE PP
AMENDMENT HEREBY DELEGATED TO THE MISSION. SHULTZ

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(Temporary - until response received from AID/W)

36377

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AID 12/07/83
AD/DPPE: NSWEET
DPPE/PO: IPETERS/HRDC/H: DPALMER:SS
1. DPPE/PO: DDULAVEY, 2. HRDC/H: WOLDHAM
AID-6 AMB DCM, ECON CHRON

NS *MS*
IP/DP *SY*
DD (DRA.
WO (DRAI
HL (DRAI
BB (DRAI

AMEMBASSY CAIRO
SECSTATE WASHDC, PRIORITY

AIDAC

E.O. 12356: N/A
SUBJECT: SUEZ COMMUNITY HEALTH PERSONNEL TRAINING,
PROJECT 763-0136
CONGRESSIONAL NOTIFICATION AND REQUEST FOR AID/W APPROVAL
OF AMENDMENT

1. THE USAID WISHES TO MOVE FORWARD ON APPROVING AND AUTHORIZING THE PP AMENDMENT AT POST. IF POSSIBLE, WE WOULD LIKE TO OBLIGATE FUNDS BY DECEMBER 31. THE USAID HAS USED THE RECOMMENDATIONS FROM THE RECENT PROJECT EVALUATION AS A BASIS FOR THE AMENDMENT. SINCE THE CONGRESSIONAL NOTIFICATION PROVIDES A SUMMARY OF THE PROJECT, INCLUDING WHAT IS TO BE ACCOMPLISHED IN THE AMENDMENT, WE ASSUME THIS INFORMATION WILL SUFFICE TO ENABLE AID/W TO CONCUR IN THIS AMENDMENT.

2. ADVICE OF PROGRAM CHANGE:
COUNTRY: EGYPT
PROJECT TITLE AND NUMBER: SEE ABOVE
FY 1984 CP REFERENCE: NE ANNEX, PAGE 40
APPROPRIATION CATEGORY: ECONOMIC SUPPORT FUND
LIFE OF PROJECT FUNDING: DOLS 17,100,000
INTENDED FY 1984 OBLIGATION: DOLS 6,500,000

Handwritten note:
This is to advise that A.I.D. plans to increase the life-of-project funding for the Suez Community Health Project from DOLS (12) million to DOLS 17.1 million. We have obligated DOLS 8.1 million to date and plan to provide incremental funding of DOLS 6.5 million in FY 84 for a total obligation through FY 84 of DOLS 14.6 million. The balance of DOLS 2.5 million will be provided in FY 85. The increase in the LOP funding will finance a two-year extension, as recommended by the October, 1983, evaluation. This extension will allow project activities to continue through the graduation of the first class of medical students in mid-1987. Major activities

THIS IS TO ADVISE THAT A.I.D. PLANS TO INCREASE THE LIFE-OF-PROJECT FUNDING FOR THE SUEZ COMMUNITY HEALTH PROJECT FROM DOLS (12) MILLION TO DOLS 17.1 MILLION. WE HAVE OBLIGATED DOLS 8.1 MILLION TO DATE AND PLAN TO PROVIDE INCREMENTAL FUNDING OF DOLS 6.5 MILLION IN FY 84 FOR A TOTAL OBLIGATION THROUGH FY 84 OF DOLS 14.6 MILLION. THE BALANCE OF DOLS 2.5 MILLION WILL BE PROVIDED IN FY 85. THE INCREASE IN THE LOP FUNDING WILL FINANCE A TWO-YEAR EXTENSION, AS RECOMMENDED BY THE OCTOBER, 1983, EVALUATION. THIS EXTENSION WILL ALLOW PROJECT ACTIVITIES TO CONTINUE THROUGH THE GRADUATION OF THE FIRST CLASS OF MEDICAL STUDENTS IN MID-1987. MAJOR ACTIVITIES

3. AD/HRDC: HLUSK (DRAFT), 5. LEG: BBARRINGTON (DRAFT)

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COVERED BY THIS AMENDMENT AND RECOMMENDED IN THE EVALUATION ARE:

- STRENGTHENING THE ADMINISTRATIVE, MANAGEMENT, AND FINANCIAL CAPABILITY OF THE FACULTY OF MEDICINE;
- DEVELOPING THE CLINICAL TEACHING CURRICULUM AND FACULTY; AND
- EXPANDING THE FACULTY OF MEDICINE'S ROLE IN THE IMPROVEMENT OF HEALTH SERVICES AT THE MINISTRY OF HEALTH CLINICAL TEACHING SITES AND THEREBY SERVING AS A REGIONAL MODEL FOR HEALTH CARE IMPROVEMENT.

3. PROGRAM SUMMARY SHEET:

GRANT, CONTINUING ACTIVITY
 PRIOR REFERENCE, NONE
 PROPOSED FY 84 OBLIGATION: DOLS 6,500
 LOP FUNDING: DOLS 17,100
 INITIAL OBLIGATION: FY 80
 ESTIMATED FINAL OBLIGATION: FY 85
 ESTIMATED COMPLETION DATE: FY 87

PURPOSE: (A) INTEGRATION OF MEDICAL EDUCATION AND HEALTH SERVICES. (B) ASSISTANCE IN THE DEVELOPMENT OF A NEW CURRICULUM AND A NEW MODE OF TEACHING PHYSICIANS AND OTHER HEALTH-RELATED PERSONNEL TO PLAN, MANAGE AND PROVIDE PREVENTIVE AND COMMUNITY BASED PRIMARY HEALTH SERVICES.

BACKGROUND: ALTHOUGH THE PHYSICIAN-TO-POPULATION RATIO IN EGYPT HAS APPROACHED THE "IDEAL" OF ONE PHYSICIAN PER 1,500 POPULATION, THERE IS GENERAL PROFESSIONAL AGREEMENT THAT THE QUALITY OF EGYPTIAN MEDICAL EDUCATION HAS DETERIORATED SEVERELY IN THE LAST DECADE. THE MAJOR PROJECT OBJECTIVES ARE STRAIGHTFORWARD AND AMBITIOUS: THE INTEGRATION AND IMPROVEMENT OF AN ENDURING SYSTEM OF MEDICAL EDUCATION AND HEALTH SERVICES THAT IS RELEVANT TO THE BASIC HEALTH NEEDS OF THE POPULATION IN THE SUEZ AREA AND DOES NOT DEPEND ON DONOR SUPPORT. IT IS ALSO EXPECTED THAT THE IMPROVEMENT IN EDUCATIONAL PROCESS WILL HAVE A SPREAD EFFECT TO FACULTY MEMBERS FROM OTHER MEDICAL SCHOOLS AND HAVE A POSITIVE IMPACT ON MEDICAL EDUCATION AND HEALTH SERVICES BEYOND THE SUEZ CANAL AREA. THE MOST RECENT EVALUATION IN OCTOBER, 1983, HAS SHOWN THAT A STRONG INTEREST IN THE USAID SPONSORED PROJECT HAS DEVELOPED AMONG OTHER MEDICAL SCHOOLS.

PROJECT DESCRIPTION:
 PHASE I OF THE PROJECT (MARCH 1980 - SEPTEMBER 1981)

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FOCUSED ON PLANNING, STAFF TRAINING AND DEVELOPMENT, START-UP ACTIVITIES OF THE FACULTY OF MEDICINE, SUEZ CANAL UNIVERSITY (FCM/SCU) AND THE MINISTRY OF HEALTH. FOLLOWING AN EVALUATION (MAY, 1981) OF THE PROJECT'S FIRST PHASE, PHASE II WAS DESIGNED TO ENCOMPASS A BROADER RANGE OF ACTIVITIES. ACHIEVEMENT OF PROJECT OBJECTIVES IS ON SCHEDULE. A MID-PROJECT EVALUATION WAS COMPLETED OCTOBER, 1983. THIS VERY POSITIVE EVALUATION RECOMMENDED EXTENDING THE PROJECT UNTIL THE FIRST CLASS OF DOCTORS HAS GRADUATED IN MID-1987. PROJECT OBJECTIVES DURING THE EXTENSION WILL FOCUS ON DEVELOPMENT OF MANAGEMENT SYSTEMS AT THE MEDICAL SCHOOL, PROGRAMS IN COMMUNITY MEDICINE, EPIDEMIOLOGY, BIostatISTICS, AND RESEARCH METHODOLOGY. FUNDS ALSO WILL BE PROVIDED FOR RENOVATION OF MINISTRY OF HEALTH FACILITIES AND IMPROVEMENT OF HEALTH SERVICES AT THE FACILITIES WHERE THE MEDICAL STUDENTS RECEIVE CLINICAL TRAINING.

RELATION OF PROJECT TO A.I.D. COUNTRY STRATEGY: A.I.D.'S PROGRAM STRATEGY IN EGYPT FOCUSES ON CONCERNS OF STABILITY, PRODUCTIVITY AND EQUITY. THIS PROJECT WILL CONTRIBUTE TO THIS STRATEGY THROUGH THE PROVISION OF BETTER HEALTH SERVICES AND ULTIMATELY, THE IMPROVEMENT OF THE QUALITY OF LIFE OF EGYPT'S POOR.

BENEFICIARIES: AS BETTER TRAINED DOCTORS ARE ASSIGNED TO THE FIELD THE ENTIRE POPULATION OF THE AREA (ESTIMATED AT 1.1 MILLION) TO BE SERVED BY THE PROJECT WILL BENEFIT BY RECEIVING BETTER MEDICAL CARE AND A FULL RANGE OF PREVENTIVE MEASURES. THE AVERAGE COST PER BENEFICIARY WILL BE ABOUT DOLS 12 OVER THE LIFE OF THE PROJECT.

HOST COUNTRY AND OTHER DONORS: THE GOE WILL CONTRIBUTE DOLS 55 MILLION IN LOCAL CURRENCY FOR SALARIES, CONSTRUCTION OF BUILDINGS, MAINTENANCE, VEHICLES, AND SOME EQUIPMENT TO COVER THESE LOP COSTS.

MAJOR OUTPUTS	ALL YEARS
-- MEDICAL EDUCATION CURRICULUM DEVELOPED AND TESTED	6 YEARS
-- STAFF AND FACULTY MEMEBERS TRAINED IN CURRICULUM DEVELOPMENT SKILLS	220
-- CLINICAL TRAINING SITES AND CLASSROOMS RENOVATED AND EQUIPPED	17
-- MANAGEMENT AND EVALUATION SYSTEM DEVELOPED	1
-- MODEL PRIMARY CARE GROUP PRACTICE	

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ESTABLISHED 1
-- LIBRARY PLANS DEVELOPED AND
BOOKS PURCHASED 4-5,000 (VOLUMES)

A.I.D FINANCED INPUTS:	(DOLS THOUSANDS)
--	LIFE OF PROJECT
-- TECHNICAL ASSISTANCE	8,680
-- FACULTY SUPPORT	1,513
-- EQUIPMENT AND SUPPLIES	1,329
-- CONSTRUCTION AND RENOVATION	3,586
-- OTHER COSTS (ADMINISTRATIVE SUPPORT, GROUP PRACTICE, LIBRARY DEVELOPMENT, EVALUATION, TRAINING, AND OVERHEAD)	1,992
--	TOTAL
	17,100

4. REQUEST AID/W CONCUR IN PP AMENDMENT, AUTHORIZATION
AT POST, AND ADVISE DATE CN SUBMITTED TO THE HILL.
VELIOTES##

I. Summary and Recommendations

A. Grantee: The Government of the Arab Republic of Egypt.

B. Implementing Agencies: Faculty of Medicine/Suez Canal University and the Ministry of Health.

C. Grant Amount: Adds US \$9.0 million to bring AID's life of project funding to US \$17.1 million.

D. Project Goal: To improve the health status of the Egyptian people.

E. Sector Subgoal: To improve the effectiveness and efficiency of health services to the Egyptian people.

F. Project Purpose: To develop and implement a medical education program that prepares health care workers for relevant, appropriate, effective community-based primary health care service.

G. Purpose of the Project Paper Amendment: This amendment, with the corresponding amendment of the Grant Agreement, is intended to revise:

1. Program: by amending certain project objective outputs to modify and emphasize certain project activities, as recommended by the October, 1983 mid-project evaluation (see Section III);

2. Duration: as recommended by the evaluation, by extending the project life by two years, from July 31, 1985 until July 31, 1987, to correspond to the graduation of the first class of medical students; and,

3. Funding: by adding funds for the final increment of Phase II: \$3.90 million from February 1, 1984 until July 31, 1985; and adding new funds for a two-year project extension: \$5.10 million from August 1, 1985 until July 31, 1987. Total amount of funds to be added is \$9.0 million.

II. Project Background

A. Funding: On March 2, 1980, AID signed a Grant Agreement providing \$2.7 million for the first 18 months (Phase I) of the five-year project. Phase I was subsequently extended from November 15, 1981 until March 15, 1982 with an increase of funds (\$400,000), bringing the Phase I total to \$3.1 million.

At the GOE's request, Phase II of the project is to be funded in two increments. Increment 1 was funded at \$5.0 million (Grant Agreement Amendment No. 2, dated June 14, 1982) bringing the total to \$8.1 million. Increment 2 will add \$3.9 million to bring the five-year project total to \$12.0 million. (AID/W increased Mission authority to approve project costs up to a maximum of 12.0 million [State 338642, dated 12/23/81, page iii.])

The Phase III AID contribution to the project will be \$5.1 million. (AID/W authority to approve project costs to \$17.1 million and to extend the project by two years is pending. When authority is received, it will be added to this amendment.)

B. Program: To achieve the project purpose there are two overall output objectives:

1. To assist the FOM/SCU develop and implement a new mode of medical education to qualify Egyptian physicians to be effective providers of primary health care.

2. To assist the FOM/SCU develop and implement, with the MOH and other health care delivery bodies, an integrated system for comprehensive health care delivery and health manpower development in the Suez Canal area.

A total of nine project outputs aim toward achieving the above objectives. Some of the output activities are mainly directed toward developing and implementing a new mode of medical education at FOM/SCU; others aim toward the development of an integrated health care delivery system; and several output activities address both the overall project objectives given above. It is important to note that most of the project output activities, although aimed at one overall project objective, are dependent upon the achievement of both overall objectives; e.g., the development of the undergraduate curriculum at FOM/SCU is dependent upon the development of the MOH facilities and the improvement of the health services at the clinical teaching sites.

A diagrammatic representation of inter-relationship between project output activities is given below.

	A. ... develop and implement a new mode of medical education ...	B. ... develop and implement an integrated system from comprehensive health care ... in the Suez area.
1. Strengthening Management at FOM/SCU	Establish a strong Admin/Management system at FOM/SCU.	Management office at FOM/SCU also includes position for liason with the MOH.
2. Action Planning Program Review	An evaluation program at FOM/SCU to evaluate all medical programs.	Evaluation program also includes system to evaluate health services improvement.
3. Undergraduate Curriculum Development	Entirely new, problem-based, community-oriented curriculum designed for Years 1 through 6 at FOM/SCU.	Clinical training of medical students at MOH facilities. Need to improve health services to be model for medical students.

(cont.)		
	A. ... develop and implement a new mode of medical education ...	B. ... develop and implement an integrated system from comprehensive health care ... in the Suez area.
4. Postgraduate Program in Family and General Practice	Training program at FOM/SCU.	Most doctors in graduate program MOH. An increasing amount of graduates assigned to FOM/SCU - MOH clinical training sites.
5. Infectious Disease/Clinical Microbiology Center established.	Center established at FOM/SCU; however, some services provided to MOH facilities, e.g. Ismailia General Hospital.	Satellite centers will be established in MOH facilities.
6. Health Services Improvement at Clinical Teaching Sites	Undergraduate curriculum is community oriented; much training--beginning in the first month of the first year--is at actual MOH health delivery facilities.	As FOM/SCU does not have a teaching hospital, all clinical training sites are at MOH facilities.
7. Primary Care Group Practice	Group Practice was developed and administered by the FOM/SCU for its faculty.	The Group Practice provides improved health services to the community.
8. Junior/Senior Faculty Research Fund	Provides funds to FOM/SCU faculty to conduct small research projects.	The first FOM/SCU faculty research activity was to test improved health service delivery components at a MOH facility. It is expected that a majority of the research proposals will deal with improvement of health services in the project area.
9. Facilities Development	Establish an equipment/building maintenance system at FOM/SCU. Also minor renovations to the medical school.	Renovations to some clinical training sites to provide sufficient room to train students while, at the same time, allowing the MOH facilities to carry out normal services.

C. Progress: Phase I of the project focused primarily on planning, staff training and development, start-up activities of the Faculty of Medicine, Suez Canal University (FOM/SCU) and the Ministry of Health (MOH). Under Phase I, the following activities were supplied:

1. Curriculum development, including an outline for the six-year undergraduate curriculum detailed development of Year 1 learning units and tutor training, and assistance in the graduate training program in general/family practice.

2. Initiation of a health services inventory for the Ismailia Governorate and planning activities related to urban services in Port Fouad Governorate.

3. Selection, design and the commencement of renovation activities in four clinical (Rural Health Units) training sites (funded through a FAR agreement with the Ministry of Health).

4. Development of a primary care group practice in Ismailia (which began operations December, 1982).

5. Design and partial equipping of a non-clinical facility (Building 29) for teaching, administrative, library and laboratory space for the Faculty of Medicine.

6. Staff development and continuing education in Egypt and in the United States for the FOM/SCU and MOH participants.

Following an evaluation (May, 1981) of the project's first phase, Phase II was designed to encompass a broader range of activities and focus on the implementation of the major program components. The present Phase II activities focus on the following:

1. Strengthening FOM/SCU management.

2. Action planning and program review (APPR). This includes

overall program monitoring and evaluation.

3. Undergraduate curriculum development.
4. Postgraduate training programs in general practice/family practice/primary care.
5. Establishment of an infectious disease and clinical microbiology program.
6. Health services improvement in the project area (Suez Canal and Sinai).
7. Establishment of a Primary Care Group Practice development.
8. Junior and Senior Faculty Research Fund development.
9. Facility Development.

[See LOGFRAME, Annex I, for detailed project output activities.]

The mid-project evaluation occurred October, 1983, during Phase II of the project, at the beginning of the fourth year of operation and after three classes of medical students have been admitted.

The evaluation was very positive and lauded the progress made toward project objectives. To quote the conclusion:

A complex program of this nature has the potentiality for teaching many things. A few of the lessons we have learned are the following:

1. That it is possible to bring into being a complex institutional invention in an incredibly short period of time. Although planning had gone on since 1977, the Grant Agreement was not signed until 1980. Yet a third class has just entered the medical school.

In order to accomplish this, the requirements are:

- a. An imaginative, inspired, committed leadership with creative, innovative ideas which match the needs of the time.
- b. Creativity in administration which provides for a high order of flexibility and a minimum of constraints. While conditions are never truly optimal, the

administrative arrangements made possible by the Agreement between the Government of Egypt and USAID and the subsequent Cooperative Agreement with Boston University have been remarkably effective arrangements.

2. That a complex blend of consultation and technical assistance from various sources (example: Boston University and Center for Medical Education of the U.S., McMaster in Canada, Maastricht in Holland) can be brought together quickly and effectively in the service of an innovative program. It is a tribute to leadership and administration and to the skills of the consultants that the effects have been so successful.

3. That it is possible to integrate a program in medical education into the existing health services system for the benefit of both. While these objectives have not yet been fully achieved, an excellent start has been made. If progress continues, a primary goal of the medical school--better health for the people of the region--should become a reality.

4. That a clearly defined set of goals, and a dedication not to deviate from these while retaining flexibility in implementation is basic to successful institutional innovation.

5. That sound educational innovations attract highly talented students who are highly responsive to leadership and to the potentiality for serving their people.

III. Specific Mid-Project Evaluation Recommendations and This Amendment

The mid-project evaluation strongly recommended continuing project activities aimed at the existing project purpose. It approved all specific project objectives; however, it recommended that selected objective activities and inputs be modified and/or emphasized.

(Recommendations are keyed to output activities given on page 3.)

A. Outputs

The specific recommendations to AID and amended output activities are as follows:

1. Strengthening Management at FOM/SCU: Medical centers are inherently complex institutions to manage. The development of the FOM/SCU is no exception. With the addition of each class of

students, the administrative demands grow. This places great demands on the Dean, since there has not been comparable growth in the administrative staff or administrative arrangements as the Dean indicated in his "Address to the Second Annual Program Evaluation Conference of the FOM/SCU" on September 24, 1983.

a. Recommendation: The support of the development of the administrative, management and financial capability, as well as the financial capacity, of the Faculty of Medicine should be a principal focus of plans and AID monitoring for the remainder of Phase II activity.

b. Amendment: Objective No. 1, Strengthening Management, output 1.1, is amended to read:

1.1 Detailed management plan for the FOM/SCU, to include financial management and an organizational design (by July, 1985).

2. Action Planning and Program Review (program monitoring and evaluation):

a. Recommendation: The program has made extensive and generally effective use of evaluation. Now that the demonstration of methodologies has been made, it may be wise to free some of this time for other faculty endeavors. Unquestionably, some economies can be made since the faculty and students have gained experience in evaluation methodologies. Nevertheless, with the mounting requirements of an expanding program, the team recommends focusing evaluation efforts more sharply on critical areas, including student clinical performance and program impact on health services.

b. Amendment: Objective No. 2, Action Planning and Program Review (APPR), output 2.1, is amended to read:

2.1 Evaluation designs developed for the group practice, educational development, health services development, and administration/management (by December, 1984).

3. Undergraduate Curriculum Development

a. Recommendation: Support to the educational program should be focused primarily on priority area required by the development of the curriculum for the clinical years. Priority areas include: epidemiology, biostatistics, environmental health and behavioral sciences.

b. Amendment: No changes to output activities. See "Inputs, Technical Assistance".

4. Postgraduate Training Programs

a. Recommendation: To insure adequate supervision of undergraduate students in clinical sites and to achieve rapid impact on community health services, the FOM/SCU should continue and even intensify its efforts to enroll Ministry of Health physicians in the postgraduate program in general practice. Highest priority should be given to candidates from the Suez Canal governorates, including, in the future, North and South Sinai.

The Ministry of Health, in turn, should take all necessary steps to place the graduates of this program in clinical positions in Suez Canal governorate health facilities, giving priority to teaching sites for undergraduate medical students.

b. Amendment: No amendment of output activities. AID will continue to fund postgraduate training activities and continue to encourage the assignment of MOH physicians to FOM/SCU - MOH clinical training sites.

5. Establishment of an Infectious Disease and Clinical Microbiology Program

a. Recommendation: None.

b. Amendment: None.

(Most activities have been completed: "The microbiology, pathology and anatomy laboratories are established and functioning. The hematology laboratory has not yet been developed but is scheduled for completion this year. The microbiology laboratory has been developed through a four-phase plan with consultants from the University of Washington at Seattle. It has a sound functioning administration, quality controls, job descriptions, protocols and trained staff. All of the laboratories have adequate space and with further development will be excellent learning laboratories for students.")

6. Health Services Improvement: Much progress has been made in relating the program and FOM/SCU to health services and upgrading the clinical facilities and personnel of the MOH. Nevertheless, much remains to be done.

a. Recommendations:

(1) The need for a high level coordinating council. Since Phase III is so heavily dependent on clinical resources, it seems necessary--in addition to the Permanent Committee which meets infrequently--that a coordinating

council of representatives of the FOM/SCU, the governorates, and the MOH be set up shortly.

(2) To strengthen the skills and motivation of nursing and other health personnel, the Ministry of Health and AID, in consultation with the FOM/SCU, should consider including one or more of the Suez Canal governorates in the planned expansion of the Strengthening Rural Health Delivery Project. AID should also consider ways to facilitate the sharing of information and achievements in the health and family planning activities it supports. One form this could take would be occasional seminars on topics of mutual interest such as medical records or community surveys.

b. Amendment: Objective No. 6, Health Services Improvement, outputs 6.1 - 6.3, are amended to read:

6.1 To strengthen the entire health delivery system: staff, facilities and services at the clinical training sites.

6.2 Assist the GOE establish and maintain a high level coordinating council of representatives of FOM/SCU, the participating Suez area governorates and the MOH to achieve Health Services Improvement.

6.3 Assist the FOM/SCU establish and maintain a committee to investigate health care services in the project area and to plan, organize and implement in the Ismailia Governorate methods shown by the Strengthening Rural Health Delivery project to greatly improve health delivery services.

7. Group Practice Development

a. Recommendation: The experience with the group practice experiment should be monitored closely for the phasing out of its subsidy and evaluated for its effect on faculty retention and revenue generation as well as its impact on health services in the area. Its ultimate implications for the education program should be considered. At this point, however, it is too early to make a judgment about its possible replicability and extension to Port Said and Suez.

b. Amendment: Objective 7, Primary Group Practice, output 7.2, is amended to read:

7.2 One assessment of the Group Practice as to its effect on faculty retention, revenue generation, and impact on health services.

8. Junior and Senior Faculty Research Fund

a. Recommendation: The school should start to work out a plan of research which is community oriented and multi-disciplinary. This is important for the achievement of school goals and satisfying the research needs of the faculty.

b. Amendment: Add output activity 7.2 to read: "Develop and/or modify the Faculty Research Fund plan placing emphasis on research topics with community orientation and are multi-disciplinary, by July, 1984."

9. Facilities Development

a. Recommendation: No recommendations specific for this output. (See 6.1, "The need for a high level coordinating council".)

b. Amendment: None.

B. Inputs

1. Technical Assistance

a. Recommendation: The project has made extensive use of international and, to a lesser extent, national consultants to assist in program development. With the achievements of the last eighteen months, the types of technical assistance which will be needed in the remainder of the cooperative agreement will change. In areas such as evaluation, audio-visual teaching methods, and planning for problem-based curriculum, the need for technical assistance is reduced since the first three years are largely in place and the competence of FOM/SCU in these areas is well developed. In contrast, new areas of technical assistance will be needed for the development of the curriculum for the clinical years, the administrative and management needs of a rapidly growing school and the expansion of the program's community focus. The team identified the following areas of priority need:

- (1) management and administration;
- (2) community medicine, epidemiology and biostatistics;
- (3) research methodology.

In addition, there will be continued need for assistance in areas including group practice management; English language; clinical specialities; facility design; and library development.

An increasing reliance, to the extent feasible, on consultants from Egyptian universities and institutes.

b. Action: AID will amend the contractor Cooperative Agreement to assure that technical assistance focuses on

priority areas as given above. More effort will be made to increase the number of Egyptian consultants.

2. Relationship of FOM/SCU administration with BU

a. Recommendation: As the Cooperative Agreement is in its fourth year, it is appropriate for senior USAID staff to review with the administrations of SCU and FOM/SCU and with the administration of the Contractor the current arrangements. Under these arrangements much has happened to facilitate the remarkable initial growth of the school. As the FOM/SCU enters the critical phase of planning and implements its clinical teaching programs, it is urgent that attention is given to a redefinition of tasks to be accomplished. The administrative arrangements to achieve them needs to be addressed in the context of this joint effort.

b. Action: The GOE has called a three-day meeting to work on a redefinition of tasks and responsibilities. The meeting will have participants from FOM/SCU, the MOH, the Contractor, and USAID; it will be held December 18-20, 1983.

3. Participant Training

a. Recommendation: The evaluation noted that there were many instances where short and long-term training was making an important contribution to program, particularly faculty, development. The evaluation team recommended that, with the more clearly defined needs and goals of the program, the selection of trainees and the planning of their program will shift in ways similar to those described under the section on

technical assistance (above) to reflect these needs and priorities and the availability of suitable candidates.

b. Action: AID will approve participant training plans (submitted every six months) based upon the above recommendation to emphasize priority areas.

C. Other Recommendations

1. Class size

a. Recommendation: Every effort should continue to be made to fulfill the objective of a relatively small class size. In an innovative program, this is particularly important until the faculty accommodates fully to this effort. As proposed new schools consider adopting the innovations of the FOM/SCU, it is important to provide a fair trial; if class size increases rapidly, the chances for success are threatened.

b. Action: A covenant will be included in the Grant Agreement Amendment stating that every effort should be made to keep the class size below 100 students.

2. Impact of FOM/SCU

a. Recommendation: The innovative program at FOM/SCU represents a significant departure from the system of Egyptian medical education. There is a considerable interest on the part of other medical schools in the innovations at Ismailia as evidenced by their broad participation at the recent evaluation conference. Nonetheless, because of the complexity of realizing significant change within a traditional curriculum, it is unwise to expect an early, rapid or extensive adoption of all of the methods used at FOM/SCU. Rather one should look for

gradual, incremental change to achieve a long lasting impact on Egyptian medical education.

b. Action: The FOM/SCU is gradually developing systems to promote its medical education innovations. AID provides assistance to FOM/SCU to accomplish this.

3. Project Extension

a. Recommendation: Project support should be continued at least through the graduation of the first class in 1987, and should focus on the achievement of three goals:

(1) Strengthening the administrative, management and financial capability of the Faculty of Medicine;

(2) Developing the clinical teaching curriculum and faculty;

(3) Expanding the Faculty of Medicine's role in and contribution to the health services in the Suez Canal governorates.

b. Action: This amendment includes a Phase III to the project. Phase III (August 1, 1985 - July 31, 1987) will focus on solidifying the following five project objectives.

(1) Strengthening the administrative, management and financial capability of the Faculty of Medicine;

(2) Developing the clinical teaching curriculum and faculty;

(3) Expanding the Faculty of Medicine's role, and supporting collaboration between FOM/SCU and the MOH, in the improvement of Health Services at the MOH clinical

teaching sites and to serve as a regional model for health care improvement;

(4) Assistance in the expansion of the Group Practice concept to Suez and Port Said;

(5) Renovation to additional training sites in the project area. (See Annex II, Grantees Request.)

IV. Project Implementation

The MOH and FOM/SCU will continue to serve as implementing agencies. Project co-directors appointed by the implementing agencies will provide day-to-day management, subject to general guidance and coordinating assistance from the Permanent Committee for Health Services, chaired by the Dean of the Faculty of Medicine. For the remainder of Phase II--until July 31, 1985, technical assistance will be provided by Boston University (BU) under a direct grant (Cooperative Agreement) from AID. During the two-year project extension--August 1, 1985 to July 31, 1987, technical assistance will be provided by a method to be determined by the FOM/SCU and MOH project co-directors, with the approval of AID. The decision on the technical assistance "mode" for Phase III will be made by December, 1984.

Direct responsibility for AID management is with USAID/C (HRDC/H); however, the AID/W backstop officer, located in NE/TECH/HPN, will continue to play a monitoring and communication role in AID's management of the project.

The USAID/C project officer and AID/W backstop officer will meet periodically with the Grantee and the contractor to review progress and assist in resolving implementation problems.

A key element in monitoring project implementation plans and progress will be the Implementation Plan/Status Report which will be prepared by the contractor, in collaboration with the Grantee, and submitted to USAID every six months.

V. Project Activity Completion Date (PACD)

The PACD will be extended from July 31, 1985 until July 31, 1987.

VI. Financial Plan

A. Project Funding: The total estimated cost of this project is \$72.5 million, of which AID will provide \$17.1 million (\$3.1 million Phase I; 8.9 million Phase II; and 5.1 million Phase III), (this figure does not include \$350,000 provided under Phase I from PL 480 sources which is being handled outside AID), and the GOF an equivalent in LE of \$55.4 million (\$9.1 million in LE for Phase I; \$22.0 million in LE for Phase II; and \$24.3 million for Phase III) as counterpart to the project.

Tables I, II and III--Summary of Total Project Costs, Summary Cost Estimate and Financial Plan, and Projected Disbursement Schedule--reflect projected costs by phase and specific inputs, by cost elements within those inputs and by foreign exchange and local currency.

AID's \$17.1 million contribution to Phases I, II and III of the project as shown in Tables I, II and III will provide for the following:

1. Technical Assistance (the contractor[s]) will provide TA and overall direction and coordination of all project and technical assistance, through its home office(s) and field office (Ismailia). (Total approximate cost: \$6.104 million, including overhead)
2. Consultant services of approximately 80-person months in such areas as curriculum development, health services delivery,

community medicine, epidemiology, biostatistics, management and administration. (Total approximate cost: \$2.576 million)

3. Training opportunities in the United States, Egypt and elsewhere for approximately 1,500 persons in various specialties, such as planning, curriculum development, basic sciences, public health and primary care. (Total approximate cost: \$1.513 million)

4. Foreign exchange costs of equipment and supplies generally described as books, training materials, medical equipment. (\$1.329 million)

5. Other direct cost project support limited to project development activities which cannot currently be met by the GOE, but that can either be assumed by the GOE after a reasonable period from its own budgetary resources, or as one-time costs. (\$1.825 million)

6. Renovation of clinical training sites in the project area, infectious disease center, amelioration of Building 29, and purchase of SCU faculty housing. (\$3.586 million) [Certification under 611(e) of FMA provided in Annex 4.]

7. Phase II and Phase III final project evaluations: outside evaluators. (\$167 thousand)

A summary of total project financial inputs, by phased contribution unit are shown in Table I.

TABLE I

SUMMARY OF TOTAL PROJECT COSTS
(In U.S. \$000)

	PROJECT PHASES				<u>TOTAL</u>
	<u>I</u>	<u>II</u> (Increment 1)	<u>II</u> (Increment 2)	<u>III</u>	
<u>AID</u>					
a. Total Services					
1. Total Technical Assistance (T.A.)	1,106	1,946	1,741	950	5,743
2. Training	274	385	354	500	1,513
3. Vehicles	15	--	--	--	15
4. Equipment	170	250	137	757	1,314
5. Other Direct and Misc.	378	448	549	450	1,825
6. Overhead	729	704	1,057	447	2,937
<u>Total Services:</u>	<u>2,672</u>	<u>3,733</u>	<u>3,838</u>	<u>3,104</u>	<u>13,347</u>
b. Facilities and Renovations	358	1,252	30	1,946	3,586
c. Special Studies/ Evaluation	70	15	32	50	167
<u>TOTAL AID:</u>	<u>3,100</u>	<u>5,000</u>	<u>3,900</u>	<u>5,100</u>	<u>17,100</u>
<u>SCU and MOH</u>					
a. Salaries	1,005	1,500	1,741	1,000	5,246
b. Construction	2,860	1,000	--	12,000	15,860
c. Renovations	322	350	150	1,000	1,822
d. Land	1,262	1,263	965	1,000	4,490
e. Buildings	568	2,110	3,558	5,000	11,236
f. Operating Expenses	428	1,750	2,434	2,000	6,612
g. Equipment	2,595	3,500	1,390	2,000	9,485
h. Vehicles	72	175	125	300	672
<u>Total SCU and MOH:</u>	<u>9,112</u>	<u>11,648</u>	<u>10,363</u>	<u>24,300</u>	<u>55,423</u>
<u>PROJECT TOTAL:</u>	<u>12,212</u>	<u>16,648</u>	<u>14,263</u>	<u>29,400</u>	<u>72,523</u>

TABLE II
SUMMARY COST ESTIMATE AND FINANCIAL PLAN
(In U.S. \$000)

AID	PHASE I			PHASE II			PHASE III			PROJECT TOTAL		
	FX	LC	TOTAL	FX	LC	TOTAL	FX	LC	TOTAL	FX	LC	TOTAL
<u>I. Services</u>												
<u>a. Technical Assistance</u>												
--Salaries & Fringe	506	35	541	1,401	700	2,101	375	150	525	2,282	885	3,167
--Consultants & Fringe	225	--	225	736	--	736	210	95	305	1,221	95	1,316
--Travel and Per Diem	132	208	340	432	368	800	65	55	120	629	631	1,260
Total TA	863	243	1,106	2,619	1,068	3,687	650	300	950	4,132	1,611	5,743
b. Training	269	5	274	448	291	739	350	150	500	1,067	446	1,513
c. Vehicles	--	15	15	--	--	--	--	--	--	--	15	15
d. Equipment	170	--	170	387	--	387	757	--	757	1,314	--	1,314
e. Other Direct and Misc.	279	99	378	599	398	997	150	300	450	1,028	797	1,825
f. Overhead	729	--	729	1,761	--	1,761	447	--	447	2,937	--	2,937
Total Services	2,310	362	2,672	5,814	1,757	7,571	2,354	750	3,104	10,478	2,869	13,347
<u>II. Facilities and Renovations</u>	--	358	358	--	1,282	1,282	--	1,946	1,946	--	3,586	3,586
<u>III. Special Studies/Evaluation</u>	70	--	70	47	--	47	50	--	50	167	--	167
Total AID	2,380	720	3,100	5,861	3,039	8,900	2,404	2,696	5,100	10,645	6,455	17,100
<u>SCU AND MOH</u>												
a. Salaries		1,005	1,005		3,218	3,218		1,000	1,000		5,246	5,246
b. Construction		2,860	2,860		1,000	1,000		12,000	12,000		15,860	15,860
c. Renovations		322	322		500	500		1,000	1,000		1,822	1,822
d. Land		1,262	1,262		2,228	2,228		1,000	1,000		4,490	4,490
e. Building		568	568		5,668	5,668		5,000	5,000		11,236	11,236
f. Operating Expenses		428	428		4,184	4,184		2,000	2,000		6,612	6,612
g. Equipment		2,595	2,595		4,890	4,890		2,000	2,000		9,485	9,485
h. Vehicles		72	72		300	300		300	300		672	672
Total SCU and MOH		9,112	9,112		22,011	22,011		24,300	24,300		55,423	55,423
PROJECT TOTAL	2,380	9,832	12,212	5,861	25,050	30,911	2,404	26,996	29,400	10,645	61,878	72,523

TABLE III
PROJECTED DISBURSEMENT SCHEDULE
(In U.S. \$000)

	PHASE I				PHASE II										PROJECT TOTAL		
	1982 [1]		1982 [2]		1983		1984		1985		1986		1987 [3]		FX	LC	TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC	FX	LC			
AID																	
I. <u>Services</u>																	
a. <u>Technical Assistance</u>																	
--Salaries & Fringe	506	35	256	140	360	200	360	120	425	240	200	80	175	70	2,292	895	3,167
--Consultants & Fringe	225	--	240	--	250	--	130	--	166	--	110	60	100	35	1,221	95	1,316
--Travel and Per Diem	132	208	120	100	140	140	80	80	92	48	35	30	30	25	629	631	1,260
Total TA	863	243	616	240	750	340	570	200	638	288	345	170	305	130	4,132	1,611	5,743
b. Training	269	5	110	50	160	65	120	80	58	96	200	100	150	50	1,057	446	1,513
c. Vehicles	--	15	--	--	--	--	--	--	--	--	--	--	--	--	--	15	15
d. Equipment	170	--	50	--	177	--	150	--	10	--	300	--	457	--	1,314	--	1,314
e. Other Direct and Misc.	279	99	110	100	145	53	180	140	164	105	100	150	50	150	1,023	797	1,825
f. Overhead	729	--	308	--	496	--	486	--	471	--	220	--	227	--	2,937	--	2,937
Total Services	2,310	362	1,194	390	1,728	458	1,506	420	1,386	489	1,165	420	1,189	330	10,472	2,869	13,347
II. <u>Facilities and Renovations</u>	--	358	--	100	--	400	--	500	--	282	--	1,000	--	946	--	3,586	3,586
III. <u>Special Studies/Evaluation</u>	70	--	--	--	15	--	--	--	32	--	--	--	50	--	167	--	167
Total AID	2,380	720	1,194	490	1,743	858	1,506	920	1,418	771	1,165	1,420	1,239	1,276	10,645	6,455	17,100
SCU AND MOH																	
a. Salaries	1,005		520		980		1,028		690		700		300		5,246	5,246	
b. Construction	2,860		300		700		--		--		8,000		4,000		15,860	15,860	
c. Renovations	322		200		150		150		--		500		500		1,822	1,822	
d. Land	1,262		558		705		560		385		700		300		4,490	4,490	
e. Building	568		710		1,400		2,100		1,458		3,000		2,000		11,236	11,236	
f. Operating Expenses	428		750		1,000		1,600		834		900		1,100		6,612	6,612	
g. Equipment	2,595		1,500		2,000		1,000		390		800		1,200		9,485	9,485	
h. Vehicles	72		75		100		75		50		150		150		672	672	
Total SCU and MOH	9,112		4,613		7,035		6,533		3,807		14,750		9,550		55,423	55,423	
PROJECT TOTAL	2,380	9,832	1,194	5,103	1,771	7,980	1,406	7,453	644	4,217	1,165	16,170	1,239	10,826	10,645	61,878	72,523

[1] Through March 15, 1982

[2] From March 16, 1982 through December 31, 1982

[3] Through July 31, 1987

B. Mode of Financing

Most of Phase II funding is provided through the Cooperative Agreement with Boston University. This includes all activities under Facility Development--MOH and FOM/SCU facility renovations. Rental and purchase of FOM/SCU housing (\$1.252 million) has been sub-obligated through a PIL.

Most of Phase III funding, however, will be sub-obligated through PILs. This includes Phase III funds for renovation/construction; commodities/equipment; local training and local consultant services. The sub-obligating agreements will be directly between USAID and the responsible GOE Agency, FOM/SCU or the MOH, and each agreement will include all costs associated with AID's contribution.

USAID will be minimally involved in administering sub-obligated funds. In the case of renovations, USAID's role will be to review for approval (a) GOE architectural/engineering designs and specifications, (b) negotiating and signing sub-obligating agreement, (c) providing fund advances, and (d) final inspection of renovations.

Commodities will be ordered by the GOE through a Procurement Service Agent (PSA); the GOE will have a Host Country Contract with the PSA.

Funds for local training and consultants will be provided directly to FOM/SCU through PILs. These funds will be administered by the FOM/SCU Administration Office.

Local currency funds may come from the Special Account if and when agreement is reached with the Ministry of Finance for use of the Special Account.

VII. Justification for Section 612(b) Determination

The justification for dollar financing of local currency costs is presented in Annex 3 herein.

VIII. Grantee's Request for Assistance

The Arab Republic of Egypt, acting through the Suez Canal University Faculty of Medicine and the Ministry of Health, has requested authorization in the amount of the project to provide AID assistance in financing Phase II and III foreign exchange and local currency costs. (See Annex #2.)

IX. Conditions Precedent and Covenant

The Phase II CPs have been met, and the amended Grant Agreement will require the following Conditions Precedent and Covenant:

A. Condition Precedent: Disbursement for Group Practice

Development: Prior to disbursement, or to the issuance by AID of documentation pursuant to which disbursement will be made for the Group Practice, the Grantee will, except as the parties agree in writing, furnish AID in form and substance satisfactory to AID:

1. Written assurances that there are no residents in any part of the Group Practice building.

B. Condition Precedent: Disbursement for Renovation: Prior to any disbursement or to the issuance by AID of documentation pursuant to which disbursement will be made for renovation of selected facilities, the Grantee or its agent shall, in each case of renovation, furnish to AID in form and substance satisfactory to AID:

1. Architecture/engineering designs, specifications, and cost estimates for the planned renovations;

2. Evidence of the execution of satisfactory renovation contracts;

3. Evidence of adequate supervisory services for the renovation; and

4. Such other documentation and information as AID may reasonably require.

C. Condition Precedent: Disbursement for Equipment: Prior to any disbursement or to the issuance by AID of documentation pursuant to which disbursement will be made for the procurement of equipment, except as the parties may otherwise agree in writing, Grantee or its agent shall cause to be furnished to AID, in form and substance satisfactory to AID, a Phase II (Increment 2) and Phase III procurement plan which will include identification of procurement procedures to be followed for the project.

D. Covenant: Class Size: That the GOE will make every effort to maintain class size at less than 100 students.

X. Environmental Impact

The project is designed to improve the health of people. Renovation elements will have a minor and temporarily negative impact on the environment principally through the noise of the construction. No other negative environmental changes will occur.

XI. Evaluation

Major project evaluations have been held May, 1981 and October, 1983. Two more evaluations are scheduled to be held: July, 1985 and July, 1987.

The July, 1985 evaluation will come at the end of Phase II of the project. The final evaluation is scheduled for July, 1987.

Both of the two remaining evaluations will be conducted by outside evaluators, at least one Egyptian and one American, who are experts in the field of medical education. Each evaluation team will have at least one member from AID/W and/or USAID/Cairo. Arrangements for these evaluations will be made by USAID/Cairo.

The basic evaluative document for the July, 1985 evaluation will be the amended LOG FRAME contained in this Amendment (Annex I) and any special concerns to be spelled out in the PIO/T for the evaluation. The final project evaluation will be based on this LOG FRAME and on any amendment thereto.

XII. Conclusion

The Project Committee concludes that the project design, as modified by amendments to the Project Paper, is sound. Following the recently completed (10/83) mid-project evaluation recommendations with the additional design and budget elements provided herein, it is in the interest of the United States to provide additional funds in the amount of \$9.0 million for completion of the project.

Drafted:HRDC/H:D.Palmer:tf:12/12/83:0289A

Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program Sector Goal: The broader objective to which this project contributes:	Measures of final achievement:		Assumptions for achieving goal targets:
Sector Goal: To improve the health status of the Egyptian people.	Decreased mortality, decreased incidence of disease.	National health statistics.	Local population willing to accept health care services.
Sector Subgoal: To improve the effectiveness and efficiency of health services to the Egyptian people.	Health services physically closer to, better equipped and staffed to meet health needs of Egyptians. Health services more appropriate to local health problems and needs.	MOH figures on proximity of population to services, level and quality of staffing and resources.	Trained health care workers have incentive and adequate resources to remain in target areas and provide basic health care to majority of population.

Phase II - March 15, 1982 - July 31, 1985
 Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
 for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose:</p> <p>To develop and implement a medical education program that prepares health care workers for relevant, appropriate, effective community-based primary health care service.</p>	<p>Conditions that will indicate purposes have been achieved:</p> <p>Existing medical staff skills upgraded to include improved abilities in identifying and treating local health needs in an appropriate manner.</p> <p>New medical personnel trained and placed in appropriate health care positions.</p>	<p>Reports by the contractor:</p> <p>MOH figures on medical personnel qualifications; Surveys and site visits to spot check the appropriateness and adequacy of project training programs.</p>	<p>All necessary and sufficient interventions to achieve purpose have been identified and included in project activities.</p> <p>MOH capable of pulling together disparate activities into effective overall program.</p> <p>Replicable portions of the project can be identified and applied at reasonable cost and effort nationwide.</p> <p>New medical approach will be accepted and adopted by majority of existing medical personnel.</p>

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Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
<u>1. Strengthening Management</u>			
1.1 Detailed management plan for the FOM/SCU to include financial management and an organizational design.	1.1 One written organizational design; one written management plan by 7/85.	1.1 Semi-annual report will report progress. Copies of Design and Plan will be submitted to USAID.	1.1 SCU recruits and hired effective senior manager.
1.2 Feasibility study of possible incentive systems and report on implementation.	1.2 One feasibility study; one implementation report (completed 5/82).	1.2 Semi-annual report. (Phase-out of GP expected by mid-1984).	1.2 FOM/SCU recognize need for strengthening management in order to achieve project goals.
1.3 Action plan for major activities.	1.3 At least five action plans per year of major activities of Phase II.	1.3 Plans to be incorporated into the semi-annual report.	1.3 Need to develop incentives for faculty and staff seen as high priority of FOM/SCU.
			Requirements of implementing management plan include use of detailed activity plans and if FOM have time to do these plans.

Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
1.4 Training in management/administration of medical education.	1.4 At least two workshops for FOM/SCU administrative staff in Egypt or, exceptional cases, in Boston; medium- and long-term training for at least four FOM/SCU managers by 7/85.	1.4 Training plan and semi-annual report.	1.4 Strengthening management requires training. Qualified candidates available.
1.5 Decreasing level of project subsidy to FOM/SCU.	1.5 Zero subsidy by 7/85 in all critical areas.	1.5 Budget reports.	1.5 FOM/SCU's independence of ongoing outside support critical to success of project at end of project.
<u>2. Action Planning and Program Review (APPR)</u>			
2.1 Develop FOM/SCU's staff capability to undertake action planning and program review of projects.	2.1 Operational staff for APPR within the FOM/SCU. Two staff trained at Master's level.	2.1 FOM/SCU staffing table. Semi-annual reports. (Staff	2.1 Effective director designated. APPR staff capability needed for success of educational program.

Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
2.2 Evaluation designs developed for faculty, students, GP, educational development, Health Services improvement, and Management.	2.2 Remaining designs completed by 12/84.	2.2 Semi-annual reports. (Designs completed in Group Practice, Educational Development and Facilities, faculty and students.)	2.2 Program review skill development needed for APPR capability. FOM/SCU views evaluation as essential to program management.
2.3 Evaluations conducted following above designs.	2.3 Remaining areas evaluated at least once by 7/85.		
<u>3. Undergraduate Curriculum</u>			
3.1 Students in training.	3.1 50-100 students per class taught per year for the first six years.	3.1 Semi-annual reports. (First three years: 48, 67, and 80.)	3.1 Students perform adequately to progress from year to year.
3.2 Curriculum consortium functioning.	3.2 Annual meetings on curriculum development.	3.2 Annual meeting reports.	3.2 Periodic technical consultation needed as curriculum develops year to year.

Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
3.3 Curriculum developed.	3.3 Curriculum for Years 1-6 developed by 12/85.	3.3 Written curriculum. (Curriculum for Years 1-3 finalized, Years 4-6 outlined - 10/83.)	
3.4 Media Center developed.	3.4 One Media Center developed, staffed and operating with management plan and budget.	3.4 On-site inspection of Media Center products. (Media Center developed and operating by 10/83. Need long-term management plan and budget.)	3.4 Media Center needed to support teaching methods/curriculum.
3.5 Medical Library developed.	3.5 One Medical Library developed, staffed and operating by 7/85.	3.5 On-site inspection. (Library developed and operating but not fully staffed.)	3.5 Carefully planned medical library needed to support curriculum.
4. <u>Postgraduate Program in Family Practice and General Practice</u>			
4.1 Adequate clinical supervision for postgraduate training provided.	4.1 The equivalent of two-person years supervision provided by 7/85.	4.1 Semi-annual reports. (One year provided 10/83.)	4.1 General practice training program continues. Training directly relevant to improved

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Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs: (continued)	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs: services at FOM/SCU MOH clinical sites.
4.2 FOM/SCU faculty and MOH staff trained to teach postgraduate program in general practice.	4.2 Two faculty and two MOH staff complete short courses at selected training site(s) by 7/85.	4.2 Training plan; semi-annual reports. (Staff not trained yet - 10/83.)	
5. <u>Infectious Disease/Clinical Microbiology</u>			
5.1 Infectious Disease and Epidemiology Center developed.	5.1 One Center building completed and Center staffed by 6/83.	5.1 On-site inspection. (Center developed and staffed by 10/83.)	5.1 FOM/MOH will provide equipment and staff for the Center.
5.2 Senior staff of Center trained.	5.2 U.S. component of channel system training completed for two M.D. candidates. Two Masters completed in microbiology and infectious disease epidemiology by 7/85.	5.2 Training plan; semi-annual report. (One senior staff trained - 10/83.)	5.2 Qualified trainees available and selected in a timely manner.

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Phase II - March 15, 1982 - July 31, 1985

Phase III - August 1, 1985 - July 31, 1987

PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
<u>6. Health Services Improvement</u>			
6.1 To assist the GOE to strengthen the entire health delivery system: staff, facilities, services and management at the clinical training sites.	6.1 All project related staff at the clinic training sites trained. Supervision and record keeping improved. Outreach established. Equipment provided. If necessary, incentive system established. All elements completed by 12/87.	6.1 On-site visits. Evaluation reports. Bi-annual reports.	6.1 Suez Area Governorate MOH will cooperate.
6.2 Assist the GOE establish and maintain a high level coordinating council of representatives of FOM/SCU, the participating Suez Area Governorates and the MOH to achieve Health Services Improvement.	6.2 Coordinating council established and meeting regularly by 6/84.	6.2 Bi-annual reports.	6.2 FOM/SCU faculty have time to be involved deeply in MOH health service delivery improvements.

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Phase II - March 15, 1982 - July 31, 1985

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PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
6.3 Assist the FOM/SCU establish and maintain a committee to investigate health care services in the project area and to plan, organize and implement in the Ismailia Governorate methods shown by the Strengthening Rural Health Delivery project to greatly improve health delivery services.	6.3 Committee established by 7/84.	6.3 Bi-annual reports.	6.3 Existing contractor can provide expertise and planning as necessary.
6.4 Provider survey.	6.4 One survey by end of 12/84.	6.4 Survey report.	6.4 Health and education service information viewed as essential to FOM/SCU. Planning and analysis activities dependent on seeking out needed data.
<u>7. Primary Care Group Practice</u>			
7.1 Ismailia Group Practice (GP) operating and self-sufficient.	7.1 One Group Practice operating at better than break-even by 7/84 or sooner.	7.1 On-site review; financial reports. (GP established 12/82.)	7.1 Financially viable faculty group practice(s) required to attract and retain high quality faculty and staff at FOM/SCU.

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 Phase III - August 1, 1985 - July 31, 1987

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
7.2 Assessment of the Group Practice of effect on faculty retention, revenue generation and impact on health services.	Group Practice assessment by 7/85.	Assessment report.	
8. <u>Junior and Senior Faculty Research Fund</u>			
8.1 Junior and Senior Faculty Research Fund development.	8.1 Faculty Research Fund established by 12/83.	8.1 Bi-annual reports. Expenditure reports. Research results.	
	8.2 Develop/modify Research Fund plan to emphasize community orientation and is multi-disciplinary by 7/84.	8.2 One plan.	

Phase II - March 15, 1982 - July 31, 1985

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PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs:	Magnitude of outputs:	Measurement of outputs:	Assumptions for achieving outputs:
9. <u>Facilities Development</u>			
9.1 Architectural programs and preliminary design of FOM/MOH facilities designated for renovation and construction.	9.1 Designs ready for fifteen clinical training sites renovated. All renovations completed by 7/85.	9.1 Architectural plans; site inspections. (Four sites renovated.)	9.1 Renovation and construction of project facilities is a prerequisite to success of project activities.
9.2 Staff housing purchased (PIL).	9.2 Two apartment blocks purchased or built by 7/85.	9.2 Contract; site inspection. (PIL completed 1/83.)	9.2 Housing is available for purchase. Land available from GOE for building.
9.3 Equipment repair and maintenance center functioning.	9.3 One equipment repair and maintenance center, staffed with trained technical personnel by 7/85.	9.3 Records of equipment purchase; on-site inspection; and semi-annual reports. (Center established. Four trained--10/83. Need supervisor and management plan.)	9.3 Greater Glasgow Health Board (GGHB) availability continues; space is provided by FOM/SCU; graduates of training program adequately funded on the job.

Phase II - March 15, 1982 - July 31, 1985
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PROJECT DESIGN SUMMARY: LOGICAL FRAMEWORK (Revised 11/83)

Project Title: Medical Education and Health Services
 for the Suez Canal Area - Phase II and Phase III

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Inputs:	Magnitude of inputs:	Measurement of inputs:	Assumptions for achieving inputs:
1. Technical expertise: a) Health services delivery b) Curriculum development c) Health planning & management d) Management/Administration e) Facility design f) Evaluation	See below.	Project expenditure	1. The grant recipient has the unique experience and special capability necessary to carry out the project.
2. Faculty of Medicine and MOH staff.			2. Egyptian side will provide trainees, facilities, and other necessary support.
3. Selected support & construction materials.			
4. Project Support in Boston & Egypt			

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for the Suez Canal Area - Phase II and Phase III

OBJECTIVELY VERIFIABLE INDICATORS

<u>AID</u>	(\$000)	<u>GOE</u>	(LE 000) equiv 35
1. Technical Assistance	\$ 5,593	1. Personnel Salaries	LE 5,246
2. Training	1,663	2. Certain Construction Costs	15,860
3. Equipment	1,472	3. Renovations	1,822
4. Other Direct Costs	1,825	4. Land Costs	4,490
5. Overhead	2,794	5. Building	11,236
6. Facilities and Renovations	3,586	6. Operating Expenses	6,612
7. Evaluations	<u>167</u>	7. Equipment	9,485
		8. Vehicles	<u>672</u>
	TOTAL:	TOTAL:	LE 55,423
	\$17,100		

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SUEZ CANAL UNIVERSITY
 FACULTY OF MEDICINE
 THE DEAN'S OFFICE

Mr. Douglas Palmer
 Project Officer
 Office of Health,
 USAID, Cairo

Dear Mr. Palmer,

In response to your letter dated 25 October, 1983, I am glad to learn USAID plans to request a two - years extension to the Suez Community Health Personnel Training Project.

Acting on your request I am enclosing an anticipated Egyptian Governmental Contributions to the project for the two years starting August 1, 1985.

In developing those estimates, I have consulted with Dr. Khallaf as regarding his estimates for the MOH contribution. I have ^{also} considered the funds already obligated in the current 5 years plan for building a new hospital in Ismailiah.

Thank you for your continuing support and cooperation.

Yours Sincerely,


 Zohair M. Nooman

1/12/1983.

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 Wafaa

Suez Community Health
Personnel Training Project (263-0136)
(Phase III)

Funding Category	FOM/SCU and MOI
Land	L.E 1,000,000
Buildings	5,000,000
Equipment	2,000,000
Salaries	1,000,000
Operation Expenses	2,000,000
Construction	12,000,000
Vehicles	300,000
Renovation	1,000,000
TOTAL:	24,300,000

SUEZ CANAL UNIVERSITY
 FACULTY OF MEDICINE
 THE DEAN'S OFFICE

To : Mr Doug Palmer
 From : Dr Zohair Nooman *Z. NOOMAN*
 Subject : Initial Proposals for Continuation of USAID support to
 FOM/SCU beyond current C.A. that ends July 1985.
 Date : October 27, 1983.

Justifications:

The USAID evaluation team recommended that some sort of support (of the FOM/SCU program) should be continued at least through the graduation of the first class in 1987 (Draft Report, October 1983).

The justifications mentioned in that report are :

- The program is still in early phases.
- At the time the grant period is concluded (July 1985) the program will be in the (middle) of the clinical teaching period. The most complex period in medical education.

This thoughtful recommendation could be supplemented by the following, which may also give some indication to the goals of Phase III of the support, which would still be within the broad goals outlined in page 12 of the draft report of the AID Evaluation Team.

As indicated elsewhere*, FOM/SCU is currently passing through a critical consolidation phase which will last several years during which the school stands the danger of regression. Although the beginning has been promising , yet there is no indication that this critical time would be over by the time the grant ends in July 85. The minimal conditions which should have been fulfilled before FOM/SCU would have reached the safe maintenance phase are :

* Nooman, Z. et al. " Introducing Community-Oriented, Problem-based Medical Education in Egypt " May 1983.

- (1) The six years undergraduate program of community -oriented, community-based , problem-based learning has been fully implemented with reasonable success.
- (2) The critical mass of committed and capable faculty members has become available on board and well placed in key posts, that would guarantee perpetuation of sound leadership and implementation.
- (3) A post-graduate program that is consistent with the undergraduate program has been developed.
- (4) An administratively sound and stable system of integrated hospital-community-based clinical and field training sites has been established in a manner that would provide satisfactory learning - service- research environment.
- (5) Appropriate changes in the health care delivery system would have reasonably advanced towards meeting the health needs of the people in a manner that would provide suitable working conditions and career opportunities of FOM/SCU graduates so that they can exert their positive impact on the health status of the community.

Working towards the fulfilment of those conditions represent the TASKS which need to be carried out by FOMSCU within the next few years. They are complementary to each other and all are essential for the realization of the raison d'etre for the creation of the school. Addressing these tasks needs a level of creativity, dedication, hard work, problem-solving and perseverance which even exceeds what has so far been needed in the earlier phases of the program. During those latter phases, USAID assistance has been very instrumental. Continuation of the USAID assistance during the subsequent phases would be exceedingly valuable.

Suggested areas of assistance that would help FOMSCU to achieve those goals are :

(a) Supporting, developing and strengthening of the capabilities of the faculty members to achieve a level that is as close as possible to the point of sufficiency in the following areas :

- Evaluational proficiency and leadership in the community-oriented / based, educational program.

Specifically this includes :

- a.1. Conduction of powerful in-job training programs tailored to the needs and specific features of the FOMSCU system. The program suggested by CED, with appropriate planning and blending of appropriate relevant experts, could have a key role. In a relatively short time, such a program would not only strengthen FOM/SCU's internal capacity, but will spill over to other Egyptian medical schools and generate income to FOM/SCU.
- a.2. Selected consultancies : mainly through the consortium structure [the above program could be a new channel for the consortium to work through].
- a.3. Support in critical areas as Epidemiology, health economics, health service research and behavioural sciences by temporary appointment of Egyptian or less preferably foreign specialists.
- a.4. Appropriate professional training particularly in institutions with powerful primary care orientation and less powerful speciality-based orientation.
- a.5. Training program to create a powerful research base in the school particularly in areas of clinical epidemiology.

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FACULTY OF MEDICINE

THE DEAN'S OFFICE

- (b) Supporting the presently starting activity of the school spear headed by the department of General Practice to develop a comprehensive health personnel training program in primary care in Sheikh Zayed urban health unit in Ismailia. With appropriate financial and training support, this program could be instrumental in total upgrading of health services in the region, besides providing a very suitable learning environment for the students and general practitioners.
- (c) Supporting the collaboration between the MOH and FOM/SCU to coordinate and work towards integration of HMPD and Health Services in the Suez Canal Area and Sinai. This links up with another area which is rationalization of health care delivery in the region [Speaking about the Country at large is too unrealistic for our program but we might create a model]. Specifically this includes :
- c.1. Supporting the development of an Authority or alternative organizational structure or coordinating body-within the framework of the local governments that coordinates health care delivery and-within it- medical education. This might take the form of an appropriately funded agreement which incorporates the MOH, the 5 governorates of the region and SCU. Such an agreement, when approved by the appropriate Egyptian Authorities (Cabinet and Parliament) will create the official administrative structure within which MOH & FOM/SCU collaboration could develop and grow into integration of HMPD and Health Service.
 - c.2. Targeted support & upgrading of health service delivery sites in the region to foster the conduction of education and training in those sites.
 - c.3. Conferences and Workshops on alternatives in health care delivery and supporting study groups to develop and implement rational, effective and economically viable health

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care delivery options in the area.

(d) Developing multiple group practices :

In spite of the difficulties associated, with development of the " first " Group Practice, there is indication that it has the following merits :

- It provided a needed service to the community .
- A favourable professional environment for health care delivery.
- A good learning environment that is attracting students.
- A good source of income for faculty members and potentially for the school .

Evaluation of the current experience together with consideration of other options for funding so that the faculty members are assisted to develop their own group practices would open avenues for :-

- Expanding the FOM's role in-and contribution to the health services in the Suez Canal Governorates.(Page 12 of the Summary and Recommendations of AID Evaluation Team Draft Report).
- Providing a good educational and training medicine for the students.
- Development of a parallel health care delivery network that is albeit small effective, accepted to the people and that provides a good model for other existing individual and public health services.
- Experimenting with suitable systems of health care delivery : e.g. insurance schemes.

(e) Supporting Faculty housing in Suez and Port Said. This will help attracting and retaining suitable faculty members .

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SUEZ CANAL UNIVERSITY

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FACULTY OF MEDICINE

THE DEAN'S OFFICE

- (f) Further development of Building 2g to accomodate the full needs of the school. This includes architectural design and possibly partial assistance in equipment and construction.

- (g) Supporting the development of the management and administrative capability of FOM/SCU. (See the Management needs of FOM/SCU). This will take care of strengthening the financial capability of the school.

C.C. Dr Abdel Meguid Osman, President, SCU.

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SUEZ CANAL UNIVERSITY
FACULTY OF MEDICINE
THE DEAN'S OFFICE

Nov. 3, 1983

Scheme for Development The Teaching/
Training/Service Sites for the Faculty of Medicine
at SCU in collaboration with
The Ministry of Health

An integral component of FOMSCU program is that clinical and field teaching, learning and training take place largely in health service sites distributed in Suez Canal Area and Sinai.

Several hospitals, urban and rural health units in the Govern-
orates of Port-Said, Ismailiah and Suez have already been nominated
by the " Permanent Committee of Health Services and Medical Education
in the Suez Canal Area and Sinai" to be potential sites for collabor-
ation between the FOM and MOH in the FOMSCU learning/service program.
Both MOH and FOMSCU are actively persuing the setting up of the legal
framework that organizes the administration of their collaboration in
teaching and service.

Nevertheless, all the teaching/service needs of FOMSCU, that
have arisen during the past three years have been met through mutual
collaboration between MOH and FOM.

Thus , during the period October 1980 to October 1983, teach -
ing and the service for the General Practice and the undergraduate
programs have been taking place in the following sites:

- Port-Said : The Kuwait Urban Health Center.
The Kabuti Rural Health Unit.
Port-Said General Hospital
Port-Fouad General Hospital
- Ismailiah : Ismailiah General Hospital
Ismailiah Fever Hospital
Abu-Sultan Rural Hospital
El-Hekr Urban Health Center.

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Al-Shohada Urban Health Center
Saba-Banat Urban Health Center
Sheikh Zayed Urban Health Center.

- * Saba Abar El-Sharkiah Rural Health Unit.
- * Abu-Atwa Rural Health Unit
- * Sarabium Rural Health Unit
- * Abu-Sweir Rural Health Unit.

* Partly renovated under current USAID-MOH Agreement.

Suez : El-Sabbah Urban Health Center
El-Gabalayat Rural Health Unit
El-Ganayen Rural Health Unit

Arrangements are being made now to start renovation of more units under the FRA USAID-MOH Agreement (in the process of amendment).

FOMSCU is now facing the following tasks:

- 1- Phase III of the undergraduate program "so called clinical phase" including years IV, V and VI starting in October 1984.
- 2- Expanding needs of the Masters in General Practice program
- 3- Expansion of involvement of FOM in the service in the area.

To be able to perform those tasks, the necessary health service facilities should be made available and adequately functioning to the size and level needed by the educational / service program.

There is a need for a plan for the fulfilment of the needs of FOMSCU, in the area of health service facilities - according to the phases of development of the program over the next 5 years.

The responsibility of developing and implementing this plan falls upon the FOM and MOH. Clearly it is an area where assistance from USAID would be of immense value both during the remaining period of Phase II and the anticipated Phase III of the Grant.

The Proposed Scheme :

November-December 1983: Approval of the facilities to be innovated using the remaining funds from USAID-MOH FRA Agreement and starting the bidding and contracting processes. Building and equipment should be complete by the end of December 1984.

December 83-February 84 : Identification of the following as regards the needs for starting the 4th year on October 1984:

- Personnel (FOM & MOH): recruitment - placement-training.
- Upgrading of service: training, equipment, organization, libraries etc.
- Upgrading of facilities: minor renovations e.g. painting (other renovations under FRA Agreement mentioned before and include minor renovations of building 29).

Sources of funds: FOM,MOH, Increment 2 of Phase II of USAID Grant.

March 84 - July 84:

Implementation of above (Dec - Feb) plan.

March 84 - July 84:

Identification, initial design, costing and approval of renovations, buildings and equipment needed for full operation and phasing to correspond with the development of the program from October 1985 onwards till full operation in 1987-1988.

July 84- June 86 :

Implementation of above (March 84-July 84) plan.

Sources of funding : SCU,MOH, increment 2 of Phase II and Phase III of USAID Grant.



Dr. Z. Nooman

Dean



Recommendation to Purchase Egyptian Pounds with U.S. Dollars

Phase I, as amended (23 months) of the project authorization provided \$720,000 to be used to support local currency expenditures that the Egyptian Government will make for specific items in support of the project. This Amendment of the project adds \$2,970,000 for pound costs associated with the Amendment. These funds will be issued, both through the Cooperative Agreement with Boston University and direct sub-obligating documents between USAID and MOH or FOM/SCU in association with GOE disbursements of Egyptian pounds for the costs of the travel, per diem, related project support costs, such as Egyptian participants, rental of office and housing space and procurement of secretarial and interpreting services, the costs of the Faculty of Medicine/Suez Canal University temporary supplementary staff, purchase of housing, Egyptian architect fees and renovations and related miscellaneous costs. The Mission will purchase Egyptian pounds with U.S. dollars provided by the project. The Egyptian pounds will in turn be made available to the appropriate Egyptian entity(s) responsible for project implementation for disbursement in accordance with the Agreements reached between USAID and the GOE in the Project Agreement, and USAID and Boston University in the Cooperative Agreement.

All U.S.-owned Egyptian pounds available to the Mission have already been programmed and are not available for this project. Given this, and the fact that the Suez Community Health Personnel Training Project is consistent with the Congressional Mandate of the Foreign Assistance Act

to undertake activities designed to improve the economic position and quality of life of the poor majority, we have concluded that Project costs should be dollar funded.

Date: _____

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CERTIFICATION PURSUANT TO SECTION 611(e)
OF FAA 1961 AS AMENDED

I, M.P.W. Stone, Director, the Principal Officer of the Agency for International Development in Egypt, having taken into account, among other things, the maintenance and utilization of projects in Egypt previously financed or assisted by the United States, do hereby certify that, in my judgment, Egypt has both the financial capability and the human resources to effectively install, maintain and utilize the capital assistance to be provided for renovation and minor renovations to the Group Practice Building of the FOM/SCU in Ismailia.

This judgment is based upon general considerations discussed in the project assistance paper as amended to which this certification is to be attached.

M.P.W. Stone
M.P.W. Stone

1-25-84
Date

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5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable generally to projects with FAA funds and project criteria applicable to individual funding sources; Development Assistance (with a subcategory for criteria applicable only to loans); and Economic Support Fund.

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

A. GENERAL CRITERIA FOR PROJECT

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

<p>(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)?</p>	<p>a) Congressional Notification expired 12/31/83. The amount submitted (dollars 9.0 million) will cover remaining Phase II and all of Phase III.</p> <p>b) Yes</p>
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2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

	<p>a) Yes.</p> <p>b) Yes.</p>
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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?

	<p>None required.</p>
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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? Not applicable
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? Yes.
6. FAA Sec. 209. Is project susceptible of 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. No, it is country specific and is not susceptible to a regional approach.
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. This is not a production project and therefore will affect trade, production, labor, etc., only through improved health services and a healthier populace.

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8. FMA Sec. 601(b). Information and conclusion 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).
9. FMA Sec. 612(b), 636 (h); 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.
10. FMA 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?
11. FMA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?
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 become operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?
- This unsolicited project by Boston University to assist a local medical school is a prime example of U.S. private sector initiative in the promotion and conduct of foreign assistance. Most U.S. financed technical assistance and commodity procurement will be from U.S. sources.
- The project agreement amendment (Phase II, Increment 2 and Phase III) will specify the financial obligations of the U.S. and host country in accord with the intent of this section.
- A request for waiver in accord with standard procedures will be incorporated in the project paper amendment.
- Since this is an unsolicited proposal by a U.S. university, the principal contract for assistance will be awarded on a non-competitive bid basis; however, commodity procurement will be in accord with standard regulations which will assure equitable opportunity for participation by U.S. small business enterprises.
- Not applicable

13. FAA 188(c) and (d). Not applicable
Does the project comply with the environmental procedures set forth in AID Regulation 16? Does the project or program take into consideration the problem of the destruction of tropical forests?
14. FAA 121(d). If a Sahel project, Not applicable
has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)?

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project
Criteria

Not applicable.

a. FAA Sec. 102(b), 111, 113, 281(a). Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-extensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries?

b. FAA Sec. 103, 103A, 104, 105, 106, 107. Is assistance being made available: (include only applicable paragraph which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.)

(1) [103] for agriculture, rural development or nutrition; if so, (a) extent to which activity is specifically designed to increase productivity and income of rural poor; (103A) if for agricultural research, full account shall be taken of the needs of small farmers, and extensive use of field testing to adapt basic research to local conditions shall be made; (b) extent to which assistance is used in coordination with programs carried out under Sec. 104 to help improve nutrition of the people of developing countries through encouragement of increased production of crops with greater nutritional value, improvement of planning, research, and education with respect to nutrition, particularly with reference to improvement and expanded use of indigenously produced foodstuffs; and the undertaking of pilot or demonstration of programs explicitly addressing the problem of malnutrition of poor and vulnerable people; and (c) extent to which activity increases national food security by improving food policies and management and by strengthening national food reserves, expanding available storage facilities, reducing post harvest food losses, and improving food distribution.

(2) [104] for population planning under sec. 104(b) or health under sec. 104(c); if so, (i) extent to which activity emphasizes low-cost, integrated delivery systems for health, nutrition and family planning for the poorest people, with particular attention to the needs of mothers and young children, using paramedical and auxiliary

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medical personnel, clinics and health posts, commercial distribution systems and other modes of community research.

(4) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development; and (ii) extent to which assistance provides advanced education and training of people in developing countries in such disciplines as are required for planning and implementation of public and private development activities.

(5) [106; ISDCA of 1980, Sec. 304] for energy, private voluntary organizations, and selected development activities; if so, extent to which activity is: (i) (a) concerned with data collection and analysis, the training of skilled personnel, research on and development of suitable energy sources, and pilot projects to test new methods of energy production; (b) facilitative of geological and geophysical survey work to locate potential oil, natural gas, and coal reserves and to encourage exploration for potential oil, natural gas, and coal reserves; and (c) a cooperative program in energy production and conservation through research and development and use of small scale, decentralized, renewable energy sources for rural areas;

(ii) technical cooperation and development, especially with U.S. private and voluntary or regional and international development organizations;

(iii) research into, and evaluation of, economic development process and techniques;

(iv) reconstruction after natural or manmade disaster;

(v) for special development problems, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;

(vi) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

c. [107] Is appropriate effort placed on use of appropriate technology? (relatively smaller, cost-saving, labor using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor.)

d. FMA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least developed" country)?

e. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

g. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

2. Development Assistance Project
Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan, at a reasonable rate of interest.

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

3. Project Criteria Solely for Economic Support Fund

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?

a. The project will promote both economic and political stability by providing medical education and training to doctors and other professional medical personnel which is concentrated on meeting the basic health needs of the poor with special emphasis on preventive and environmental health and family planning.

b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities?

b) Not applicable.

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 scale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

Not applicable

5C(3) - STANDARD ITEM CHECKLIST

Listed below are the statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (c) Other Restrictions.

A. Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? Since this is an unsolicited proposal by a U.S. university, the principal contract for assistance will be awarded on a non-competitive bid basis; however, commodity procurement will be in accord with standard regulations which will assure equitable opportunity for participation by U.S. small business enterprises.

2. FAA Sec. 604(a). Will all procurement be from the U.S. except as otherwise determined by the President or under delegation from him? Yes.

3. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will commodities be insured in the United States against marine risk with a company or companies authorized to do a marine insurance business in the U.S.? Egypt does not discriminate. The agreement will require that U.S. insurance be utilized on U.S. commodity shipments.

4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.) Not applicable

5. FAA Sec. (604 g). Will construction or engineering services be procured from firms of countries otherwise eligible under Code 941, but which have attained a competitive capability in international markets in one or these areas? No

6. FAA Sec. 603. Is the shipping excluded from compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S.-flag commercial vessels to the extent that such vessels are available at fair and reasonable rates? No.
7. FAA Sec. 621. If technical assistance is financed to the fullest extent practicable, will such assistance, goods and professional and other services be furnished from private enterprise on a contract basis? If the facilities of other Federal agencies will be utilized, are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs? Yes.
8. International Air Transport. Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will provision be made that U.S. carriers will be utilized to the extent such service is available? Yes.
9. FY 1982 Appropriation Act Sec. 504 If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States? Yes

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B. Construction

1. FAA Sec. 601(d). If capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interests? Yes.

2. FAA Sec. 611 (c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? Yes.

3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million? Not applicable.

C. Other Restrictions

1. FAA Sec. 122(b). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter? Not applicable.

2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? Not applicable.

3. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-block countries? Yes.

b/c

4. Will arrangements preclude use of financing:

- a. FAA Sec. 104(f). To pay for performance of abortions as a method of family planning, or to motivate or coerce persons to practice abortions; to pay for performance of involuntary sterilization as a method of family planning, or to coerce or provide financial incentive to any person to undergo sterilization? Yes.

- b. FAA Sec. 620(g). To compensate owners for expropriated nationalized property? Yes.

- c. FAA Sec. 660. To provide training or advice or provide any financial support for police, prisons, or other law enforcement forces, except for narcotics programs? Yes.

- d. FAA Sec. 662. For CIA activities? Yes.

- e. FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained. Yes.

- f. FY 82 Appropriation Act, Sec. 503. Yes.
To pay pensions, annuities, retirement pay, or adjusted service compensation for military personnel?
- g. FY 82 Appropriation Act, Sec. 505. Yes.
To pay U.N. assessments, arrearages or dues?
- h. FY 82 Appropriation Act, Sec. 506. Yes.
To carry out provisions of FMA section 209(d) (Transfer of FMA funds to multilateral organizations for lending)?
- i. FY 82 Appropriation Act, Sec. 510. Yes.
To finance the export of nuclear equipment, fuel, or technology or to train foreign nationals in nuclear fields?
- j. FY 82 Appropriation Act, Sec. 511. Assistance will not be provided for such purpose.
Will assistance be provided for the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights?
- k. FY 82 Appropriation Act, Sec. 515. Yes.
To be used for publicity or propaganda purposes within U.S. not authorized by Congress?
5. FY 1984 Continuing Resolution Sec. 133. Not applicable
- Notwithstanding any other provision of this joint resolution, none of the funds appropriated under section 101(b) of this joint resolution may be available for any country during any 3-month period beginning on or after October 1, 1982, immediately following the certification of the President to the Congress that such country is not taking adequate steps to cooperate with the United States to prevent narcotic drugs and other controlled substances (as listed in the schedules in section 202 of the comprehensive Drug Abuse and Prevention Control Act of 1971 (21 U.S.C. 812) which are produced, processed, or transported in such country from entering the United States unlawfully."