

I. PROJECT IDENTIFICATION

|  |  |  |
|--|--|--|
| 1. PROJECT TITLE<br><b>Population/Family Planning: Management for Rural Health and Family Planning Services, Sub-Project (110.3)</b>                         |  | APPENDIX ATTACHED<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |
| 3. RECIPIENT (specify)<br><input checked="" type="checkbox"/> <b>Afghanistan</b><br><input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERREGIONAL |  | 2. PROJECT NO. (M.O. 110.3)<br><b>306-11-570-110.3</b>   |
| 4. LIFE OF PROJECT<br>BEGIN BY <b>73</b><br>END BY <b>77</b>   |  | 5. SUBMISSION<br><input checked="" type="checkbox"/> ORIGINAL <b>4/3</b><br><input type="checkbox"/> REV. NO. _____<br>CONTR. PASA _____ |

II. FUNDING (5000) AND MAN MONTHS (MM) REQUIREMENTS

| A. FUNDING BY FISCAL YEAR | B. TOTAL \$ | C. PERSONNEL |            | D. PARTICIPANTS |            | E. COMMODITIES \$ | F. OTHER COSTS \$ | G. PASA/CONTR. |            | H. LOCAL EXCHANGE CURRENCY RATE \$ US (U.S. OWNED) |                                       |  |
|---------------------------|-------------|--------------|------------|-----------------|------------|-------------------|-------------------|----------------|------------|--|---------------------------------------|--|
|                           |             | (1) \$       | (2) MM     | (1) \$          | (2) MM     |                   |                   | (1) \$         | (2) MM     | (1) U.S. GRANT LOAN                                | (2) COOP COUNTRY (A) JOINT (B) BUDGET |  |
| 1. PRIOR FUND ACTUAL FY   |             |              |            |                 |            |                   |                   |                |            |  |                                       |  |
| 2. GRN FY <b>73</b>       | <b>395</b>  | <b>269</b>   | <b>59</b>  | <b>16</b>       | <b>24</b>  | <b>78</b>         | <b>32</b>         | <b>269</b>     | <b>59</b>  |  |                                       |  |
| 3. BUDGET FY <b>74</b>    | <b>272</b>  | <b>190</b>   | <b>54</b>  | <b>32</b>       | <b>36</b>  | <b>17</b>         | <b>33</b>         | <b>190</b>     | <b>54</b>  |  |                                       |  |
| 4. BUDGET +1 FY <b>75</b> | <b>294</b>  | <b>226</b>   | <b>54</b>  | <b>24</b>       | <b>36</b>  | <b>16</b>         | <b>28</b>         | <b>226</b>     | <b>54</b>  |  |                                       |  |
| 5. BUDGET +2 FY <b>76</b> | <b>225</b>  | <b>200</b>   | <b>38</b>  | <b>10</b>       | <b>6</b>   | <b>5</b>          | <b>10</b>         | <b>200</b>     | <b>38</b>  |  |                                       |  |
| 6. BUDGET +3 FY           |             |              |            |                 |            |                   |                   |                |            |  |                                       |  |
| 7. ALL SUBJ. FY           |             |              |            |                 |            |                   |                   |                |            |  |                                       |  |
| 8. GRAND TOTAL            | <b>1186</b> | <b>885</b>   | <b>205</b> | <b>82</b>       | <b>102</b> | <b>116</b>        | <b>103</b>        | <b>885</b>     | <b>205</b> |  |                                       |  |

9. OTHER DONOR CONTRIBUTIONS

| (A) NAME OF DONOR | (B) KIND OF GOODS/SERVICES | (C) AMOUNT |
|-------------------|----------------------------|------------|
|                   |                            |            |

III. ORIGINATING OFFICE CLEARANCE

|  |                                 |                      |
|--|---------------------------------|----------------------|
| 1. OFFICER: <b>Marvin Cernik</b> <i>[Signature]</i>              | TITLE: <b>Deputy Chief, POP</b> | DATE: <b>3/15/73</b> |
| <b>P. E. Scott</b> <i>[Signature]</i>                            | <b>Program Analyst, DP</b>      |                      |
| 2. CLEARANCE OFFICER: <b>Vincent W. Brown</b> <i>[Signature]</i> | TITLE: <b>Director</b>          | DATE: <b>3/15/73</b> |

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

USAID/Afghanistan Clearances: \*Approval per KABUL 2129

POP *[Signature]*  
 DP *[Signature]*  
 DD *[Signature]*

cc: MGT, PERS, CO, TO, EMB/ECON

ASIA/NE/A: GFrazier *[Signature]*  
 ASIA/DP: ALezin (draft)  
 ASIA/TECH/PSB: JAAhern (draft)

2. SIGNATURES

| BUR/OFF.                          | SIGNATURE                      | DATE   | BUR/OFF.                             | SIGNATURE                     | DATE    |
|-----------------------------------|--------------------------------|--------|--------------------------------------|-------------------------------|---------|
| PHA/POP                           | IKShafer <i>[Signature]</i>    | 4/9/73 | USAID/POP                            | GLangley <i>[Signature]</i>   | 4/9/73  |
| PHA/POP/WA                        | EGRuoffe <i>[Signature]</i>    | 4/8/73 | PHA/POP                              | RBacklund: <i>[Signature]</i> | 4/10/73 |
| PHA/POP/AE                        | Robert Bush <i>[Signature]</i> | 4/9/73 | PHA/PRS                              | GColeman: <i>[Signature]</i>  | 4/23/73 |
| R.T. Ravenholt <i>[Signature]</i> | <i>[Signature]</i>             | 4/9/73 | Jarold A. Kieffer <i>[Signature]</i> | <i>[Signature]</i>            | 4/23/73 |
| Director, PHA/POP                 |                                |        | AA/PHA                               |                               |         |

NONCAPITAL PROJECT PAPER (PROP)

Population/Family Planning:

MANAGEMENT FOR RURAL HEALTH AND FAMILY PLANNING SERVICES

SUB-PROJECT (110.3)

INTRODUCTION

This Project Proposal on Management for Rural Health and Family Planning Services is designed to address a range of administrative problems which are key obstacles to the attainment of Afghanistan's population/family planning goals. The sub-project design is based partially on an on-site survey carried out in the spring of 1972 by two persons from a management consultant firm, working closely with officials of the Ministry of Public Health (MOPH). This sub-project is in direct support of the Population/Family Planning Sector Goal which is to prevent population growth from outstripping Afghanistan's potential economic growth.

A. Sub-Project Goal:

The goal of this sub-project is to develop an integrated organizational structure and an effective administration for the MOPH which is to administer the family planning program within the Department of Preventive Medicine.

The Mission's Population Sectoral Analysis submitted to AID/W on July 5, 1972, describes what is known about the existing health conditions of the country relating to population growth, and notes that Afghanistan has:

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1. One of the highest birth rates in the world, and
2. Very high child mortality which to a degree offsets the high birth rate.

The current push of the Royal Government of Afghanistan (RGA) to get health services into the rural areas, where most of the people live, could upset the present population growth balance if the push is not accompanied by an equivalent family planning activity. RGA population/family planning activities are being planned to be closely integrated with the expanding health services, but basic constraints within the RGA structure inhibit the effectiveness of the total system and, therefore, of family planning. These identified constraints include:

1. Poor administrative methods and procedures within the MOPI.
2. A serious lack of trained administrative personnel, and systems of training.
3. A lack of basic statistical data, and systems of collection upon which realistic planning can be based.

This combination of constraints stands as a barrier to the achievement of the population sectorial goal of the RGA and USAID. The lack of systematic collection and analysis of health and population statistics inhibits the measurement of program progress towards balancing population growth.

Goal Achievement Assumptions:

1. Senior planning officials of the RGA, including those of the MOPI, are aware of the relationships between economic development and population increase, and therefore, they are committed to support a program of family planning for Afghanistan.

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2. The MOPH intends to place major emphasis (personnel, training, funds) on the integration of population/family planning activities into the expanding health services.

B. Project Purpose:

The MOPH is aware of its problems in the area of administration and management, especially as they relate to the recent plans for a rapid expansion in basic health services via the development of a network of basic health clinics and sub-centers throughout the country. Preventive medicine and family health are planned to be chief foci of these basic health services. This sub-project will provide management consultation and training for this family health component. The focus will be on the MOPH Department of Preventive Medicine which has the responsibility for family health and family planning at all levels in the system of health services.

The sub-project purpose is to assist the MOPH develop an effective organization with the capability to develop plans and policies, and to efficiently implement them to obtain an effective expansion of population/family planning programs. Essential to this accomplishment is the creation and installation of a management training program for the staff of the Ministry.

There are recent positive actions and commitments of the RCA which are essential for the expansion of health services and suggest determination of their part. Some of these are:

1. The firm RCA decision to build and staff basic health clinics at the woles wali (district) level.

2. The MOPI reservation of 68% of its development budget for the establishment of the basic health program. (Funds for construction and expansion).
3. The Fourth Five-Year Plan\* has established a Department of Family Health which includes family planning.
4. Reinforcement of the administrative changes resulting from the association of this project with the Office of the Minister of Health.

At this time the RGA plans to integrate all health care services and exploit the expansion of basic health services into the rural areas as a means of making family planning services more widely available to the people of rural Afghanistan.

C. Conditions Expected at the End of Project:

Within the Five-Year Period:

1. The basic health system will be organized so that the functions of planning, implementing, and monitoring are operating effectively.
2. Trained administrative and management personnel will be in essential positions within the Ministry.
3. A statistical system will be operating in order to evaluate progress and project changes required in the family planning program.
4. Family planning services will be available throughout the country, through the basic health system.
5. A functional logistic system will be able to support family planning services.

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\*The Fourth Five-Year Plan and the budget have been approved by the new cabinet and officially forwarded to Parliament.

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D. Conditions Necessary to Achieve Purpose:

1. The MOPH makes available and promptly allocates the necessary resources -- money, manpower, materials -- to develop and support an effective system.
2. The MOPH is ready and determined to accept and seriously implement the changes which are determined to be necessary in administrative procedure and structure. Such changes in procedures are likely to create stress within the MOPH, because they deal with changing relationships and expectations within an established system. A strong commitment to the innovations by the various levels of leadership must continue if the conditions at the end of the project are to be achieved.

E. Project Output:

A central distinction is drawn between Public Health Operations and Public Health Management: Public Health Operations give rise to a number of administrative problems in areas such as logistics, budget, personnel, project management, and the basic flow of documents. Building on this fundamental activity, the work is then extended to develop the information flows and planning techniques needed to support the Public Health Management functions.

1. Public Health Operations Output:

- a. An operational basic health clinic statistical system: Reporting activities, staffing, and medical services performed.
- b. Logistic system functioning from central offices for ordering, receiving, storing, and distributing supplies.

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- c. Personnel system established for recruitment, training, and assignment of personnel.
- d. Financial system that allows for efficient budgeting, allocation, and expenditure as resources permit.

2. Public Health Management Output:

- a. Improved organizational structure defining channels of communication, authority and responsibility for all the necessary management functions as they effect the Department of Preventive Medicine and the family planning program.
- b. Established system of planning capable of determining priorities, defining specific targets, levels and types of resources required.
- c. Resources allocated as needed for plan priorities, which include coordinating local and foreign input.
- d.. Established system for monitoring the total program to identify impending problems with a continual process of evaluation and re-design of the program.

3. Management Staff Training Outputs

- a. At the Central Ministry level, Department of Preventive Medicine personnel will be trained in both (1) planning and operational tasks defined in their job responsibilities and (2) the procedures which may be adopted as a result of the management project activity.
- b. At the Provincial level, basic health clinic supervisory and administrative staff will be trained in (1) analyzing the

- administrative problems at the particular areas for which they are responsible, e.g., nursing, lab services, etc. and (2) the supervision and control functions of their positions.
- c. At the local level; basic health center staff will be trained in the administrative operational tasks appropriate to their jobs, such as re-ordering supplies, clinical record-keeping, vehicle preventive maintenance, etc.

The assumptions about output are basically the same as those previously listed under goal and purpose assumptions, i.e., the commitment by the RMA to allocate resources and delegation of authority necessary to implement the total program.

F. Project Input (U.S.):

PERSONNEL

U.S. management consulting firm or institution with experience in public health and family planning programs will be contracted. This resident consulting staff's major tasks will be: (1) to design and help implement a managerial structure that encompasses a planning, information, and control system for the MOPH, with focus on the Department of Preventive Medicine and family planning; and (2) to design and assist in establishing a training system for the personnel who will be responsible for planning and executing the functions of the Department of Preventive Medicine. The scope of work of the staff outlined below is tentative. After further orientation and involvement, the contract staff will prepare a detailed work plan within the first six months. This resident staff

will include:

1. Consultant in Preventive Medicine

The consultant will be a physician with extensive experience in family planning projects. He will coordinate the activities of the project team with MOFH programs. His counterpart will be Minister of Public Health. His specific duties and functions will be to:

- a. Assist the Ministry in setting priorities for the establishment and gradual integration of effective systems of feedback for management, health and family planning information in order to improve Ministry competence in the continuous planning process.
- b. Assist the President of Preventive Medicine in identifying decision alternatives, and provide appropriate epidemiologic, health and family planning systems analysis to support the Ministry decision process.
- c. Assure that the team's activities are understood by and coordinated with other health activities and other international donors.
- d. Assure that the thrust of this project is administrative support to the network of new basic health clinics and the national family planning program.

2. Management Analyst (Budget and Resource)

This person will be responsible for guiding the management analysis required in preparation for revising systems and changing

organization structures needed to achieve an effective family planning program. This consultant will work with the President of Preventive Medicine. These activities will involve:

- a. Assisting the MOPH to formulate specific plans and task outlines for management studies.
- b. Initiate the evaluation of both the planning and budgeting process in the Ministry to ensure that planning and resource allocation is responsive to the Ministry's priorities in preventive medicine and family planning.
- c. The design and implementation of training for Afghans in techniques for both better public health management and public health operations.
- d. Translation of management tools and techniques into meaningful instructional materials for officials and trainees.

3. Management Analyst (Logistics)

We will assist the President of Administration in the areas of supply and be responsible for specific projects in support of public health and family planning programs. Specific duties will be:

- a. To assist the MOPH to establish a logistics/inventory control system.
- b. To develop an information system for the basic health clinics which enhances supervision and proper managerial controls of the rural health delivery system.
- c. To translate problem solving techniques into basic training tools in cooperation with other team members.

d. To develop an efficient distribution system for contraceptives.

4. Management Analyst (Training)

This advisor will assess how new and changing management systems and new operational procedures are translated into job skills of over 500 health personnel whose job responsibilities are heavily administrative in character e.g. storekeepers, inventory control clerks etc. Further, he will need to design in-service training, workshops and short courses in management and operating procedures, for other health and paramedical personnel e.g., the management skills required by the doctor in charge of a basic health clinic, the recording system of family planning acceptors to be used by the ANM etc.. The training is presumed to be continuous so that management competency is insured and to permit feedback from program evaluation into the training program. The Management Training Specialist will work directly with the President of Preventive Medicine until such time as a Training Officer is appointed in the Ministry.

a. To assist in the development and institutionalization of a staff training system in the Department of Preventive Medicine.

b. Develop instructional manuals.

c. Make recommendations for the personnel recruitment process and job qualifications for the purpose of improving the level of personnel in managerial responsibilities.

d. Assist the MOPH develop selection procedures for out-of-country training.

5. Short term consultants will be needed as problems occur which require expertise beyond that of resident staff.

6. Administrative and technical staff support required in the U.S. by the Home Office Coordinator under the guidance of the Project Director, is as follows:

a. Administrative responsibilities

Coordinating the activities of the project team with those of the home office;

Provide liaison with AID/Washington;

Perform administrative tasks in support of the contract team such as procurement, accounts etc.

b. Technical responsibilities

Perform work in the U.S. in cooperation with USAID/A, that will more effectively expedite the project than if done in Afghanistan.

Specify and recruit short term consultants as needed.

Arrange training programs for participants funded under the project.

COMMODITIES

These resources will be required for the administration of the project and in the training programs to be conducted:

Office equipment such as typewriters and desk calculators.

Audiovisual equipment, e.g. audio and video type recorders, slide and movie projectors;

Textbooks, programmed instruction, texts, flip chart materials;

Demonstration equipment and supplies.

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Vehicle needs for this project are to be provided from RGA title vehicles funded under 110.1 or from USAID title vehicles presently required by the Afghan Demographic Studies.

### TRAINING

One project objective is to generate a corps of trained analysts and managers capable of reviewing and administering the health care/family planning system after the completion of the sub-project. Some will become planners at the highest level; some will have narrow functional responsibilities. A diversity of training programs is needed. Two types of training sources are foreseen;

#### 1. U.S. and Third Country

a. A minimal amount of site visits, formal management training and dialogue with leading experts in the field of public health will be designed for a few senior people.

b. Additionally, institutions such as The Iran Center For Management Studies may provide some of the training not now available in Afghanistan for people required to fill other staff positions. The 26 people who are to be sent abroad for analytical and managerial training should be selected on the basis of demonstrated performance and commitment to MNPI objectives and explicit need for skills and training not otherwise available in Afghanistan.

#### 2. Local Training

The long term objective is to establish a training and supervisory support capacity in Afghanistan and primary attention will be directed to local inservice training and the institutional development needed to sustain the training function. At the operational level, certain skills must be

developed. In the supply network, for example, a rudimentary knowledge of the principles of inventory control and logistics will suffice.

These skills can be met by local training programs accomplished through inservice training, workshops and short courses.

#### OTHER COSTS

Funds are provided for local administrative support of the contract team e.g. secretarial, bookkeeping and translation services. Support costs of initiating local training programs are included. Funding will be required for reproduction of training materials and manuals.

#### G. Project Input (RGA):

1. A ranking member of the Planning Board of the MOPH will be assigned to serve as a liaison between the contract team and the various Ministry Presidents to coordinate all management and training activities. The Chief of Party will be assigned to the office of the Minister. The MOPH will assign qualified and appropriate personnel to be trained in administration and thereafter to work full time within the requirements of the project. These individuals will be assigned to the most appropriate offices to provide continuing guidance and planning leadership.

2. Sixty-eight per cent of the development budget (funds for construction and expansion) for the MOPH will be used to expand the rural basic health program. To assure funds for operational expenses of the basic health system, 70% of the health ordinary budget (funds for salaries, logistics, etc.) is expected to be allocated by the MOPH to operate the system by the end of the current Five-Year Plan period. The last

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Minister of Public Health committed five million afghanis (\$62,500 equivalent) to support changes in management systems, including new middle management staff positions, pay increases for recruitment of higher qualified staff and basic office equipment.

H. Course of Action:

The plan for implementation includes:

1. Timing or arrival of contract personnel to coincide with availability of Afghan counterparts, commitment of RGA/MOPH to address problems as defined by the management advisors and their counterparts.
2. Orientation of MOPH officials and staff presentation through seminars, conferences, and meetings to acquaint Afghan personnel with project objectives, rationale, and management methods. The objective is to generate determination to address the administrative problems of the system. On site visits by key personnel to modern institutions will be programmed in the early months.
3. Within the first six months, the management team in consultation with the MOPH will develop a detailed work plan for the accomplishment of the purposes of the sub-project.
4. As new procedures are developed they will be tested prior to extension throughout the MOPH or Departments.
5. During the first year of project operation, Afghan personnel training requirements will be determined and on-the-job training programs will be developed. Participant programs will be scheduled as required.
6. A joint system of RGA, USAID and contractor project monitoring and evaluation will be developed during the life of the project to insure

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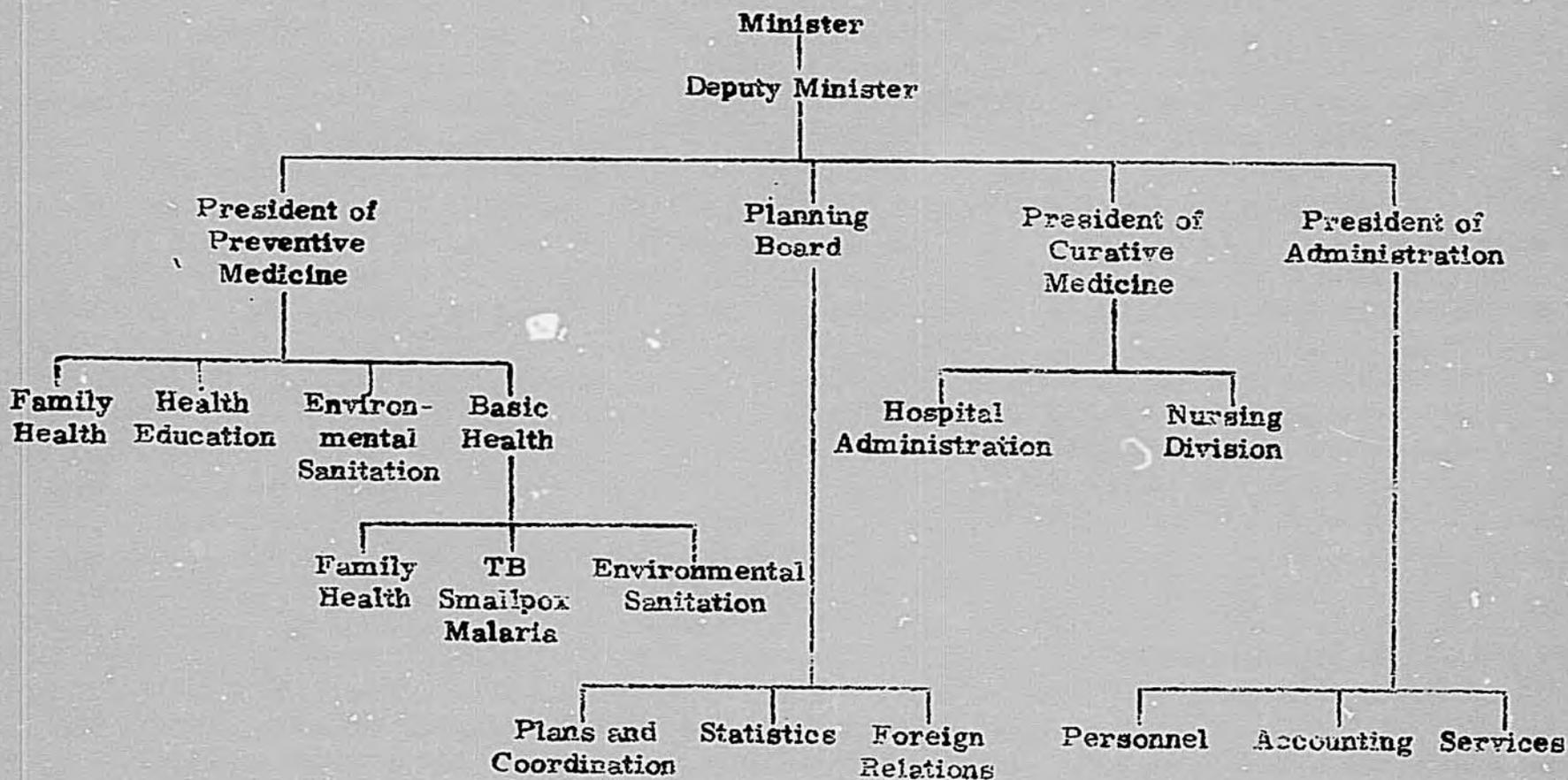
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project problem identification and solution before they become disruptive to the program. The contract team will take the lead in developing an effective system.

Reasonable first year goals of this joint RGA-USAID activity would be:

1. Completion of an analysis of the problems and development of a detailed plan of work which lists specific tasks to be accomplished during the contract period and is designed to identify problems in advance.
2. Development of a new inventory/logistic system including the adoption of warehousing procedures.

Organization of Ministry of Public Health



Best Available Document

| NARRATIVE SUMMARY  | OBJECTIVELY VERIFIABLE INDICATORS   | IMPORTANT ASSUMPTIONS   | MEANS OF VERIFICATION  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
|--|---|---|--|-------------|-------|---|--|-------|---|---|-------|---|---|-------|---|---|-------|---|---|--|-------------|--------------|-------|--|--|------|------|-------|---------|--|---------|-------|--------|-----|--------|-------|--------|-----|--------|-------|--------|-----|--------|-------|-------|-----|--------|-----|-----------|--------|------------|----------|-----|--|--|---|--|
| <p>Program or Sector Goal:</p> <p>To help prevent population growth from outstripping Afghanistan's potential economic growth.</p> <p>-----</p> <p>Sub-Project Goal:</p> <p>DEVELOP AN INTEGRATED ORGANIZATION STRUCTURE AND AN EFFECTIVE ADMINISTRATION FOR THE MINISTRY OF PUBLIC HEALTH (MOPH) WHICH IS TO ADMINISTER THE FAMILY PLANNING (FP) PROGRAM.</p>   | <p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> <li>MOPH leadership responding to improve health management.</li> <li>Functional FP services in basic health clinics.</li> <li>Self-generating management training system.</li> </ol>   | <ol style="list-style-type: none"> <li>RGA awareness of relationship between population increase and economic development.</li> <li>RGA commitment to integrated FP into the basic health program.</li> </ol>   | <ol style="list-style-type: none"> <li>On-site evaluation of administrative process.</li> <li>Statistical reports and analysis.</li> <li>Number of operational FP/basic health clinics.</li> <li>Afghan Demographic Studies surveys, e.g., FP introduced into the health system.</li> </ol>  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| <p>Project Purpose:</p> <ol style="list-style-type: none"> <li>Institutionalize a management and administrative training program.</li> <li>Establish an organizational capability to develop plans and policies with ability to implement them effectively.</li> </ol>   | <p>Conditions Expected at End of Project:</p> <ol style="list-style-type: none"> <li>Basic health system operating effectively; properly planned, implemented, and monitored.</li> <li>Trained administrators and managers assigned to key positions within MOPH.</li> <li>An effective statistical system to enable planners to develop appropriate family planning programs.</li> <li>Family planning services available throughout basic health system.</li> <li>A functional logistic support system.</li> </ol>  | <ol style="list-style-type: none"> <li>RGA commitment to build and staff health clinics in rural areas.</li> <li>Adequate and timely allocation of resources by MOPH.</li> <li>Delegation of authority by MOPH officials.</li> <li>Determination among top MOPH officials to make administrative improvements and willingness to innovate.</li> </ol> | <ol style="list-style-type: none"> <li>Number of basic health clinics offering family planning services.</li> <li>Number of administrators in training, completed training and assigned to operational levels.</li> <li>Number of trained operational staff, facilities developed and approved training materials.</li> <li>Delegation of authority to operational levels.</li> <li>On-site evaluation.</li> </ol> |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| <p>Output:</p> <ol style="list-style-type: none"> <li>Public Health Operations:                     <ol style="list-style-type: none"> <li>An operational basic health statistical system.</li> <li>A functional logistic system.</li> <li>Effective personnel system.</li> <li>An efficient financial system.</li> </ol> </li> <li>Public Health Management:                     <ol style="list-style-type: none"> <li>Improved organizational structure.</li> <li>Established planning system.</li> <li>Resources allocated according to plan needs.</li> <li>Established program monitoring system.</li> </ol> </li> </ol> | <p>Magnitude of Output:</p> <p>Improved management will center on:</p> <ol style="list-style-type: none"> <li>Training basic health managers for 180 health clinics and 100 sub-centers, plus 360 other staff members.</li> </ol> <p>(Note: The magnitude measures to be determined in more detail by the team during the first 6 month analysis period.)</p>   | <ol style="list-style-type: none"> <li>RGA commitment to allocate resources.</li> <li>Delegation of authority necessary to implement the total program, by MOPH officials.</li> </ol>   | <ol style="list-style-type: none"> <li>Flow of information and budget.</li> <li>Adequate logistic support for family planning and data collection.</li> <li>Number of trained and assigned administrators and operational personnel.</li> <li>On-site evaluation.</li> </ol>   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| <p>Input:</p> <p><b>USAID</b></p> <ul style="list-style-type: none"> <li>U.S. contract team composed of 5 people plus short term consultants as required</li> <li>Participant training</li> <li>Commodities</li> </ul> <p><b>RGA</b></p> <ul style="list-style-type: none"> <li>Personnel</li> <li>Budget</li> <li>Facilities</li> </ul>   | <p>Implementation Schedule (Target Dates):</p> <table border="1"> <thead> <tr> <th>USAID</th> <th>Advisory</th> <th>Consultants</th> </tr> </thead> <tbody> <tr><td>FY 73</td><td>5</td><td></td></tr> <tr><td>FY 74</td><td>4</td><td>6</td></tr> <tr><td>FY 75</td><td>4</td><td>6</td></tr> <tr><td>FY 76</td><td>4</td><td>6</td></tr> <tr><td>FY 77</td><td>3</td><td>2</td></tr> </tbody> </table><br><table border="1"> <thead> <tr> <th></th> <th>Commodities</th> <th>Participants</th> <th>Other</th> </tr> <tr> <th></th> <th></th> <th>U.S.</th> <th>Iran</th> </tr> </thead> <tbody> <tr><td>FY 73</td><td>\$0.000</td><td></td><td>\$5,000</td></tr> <tr><td>FY 74</td><td>35,000</td><td>2 "</td><td>12,000</td></tr> <tr><td>FY 75</td><td>17,000</td><td>2 "</td><td>24,000</td></tr> <tr><td>FY 76</td><td>16,000</td><td>2 "</td><td>24,000</td></tr> <tr><td>FY 77</td><td>5,000</td><td>2 "</td><td>10,000</td></tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>RGA</th> <th>Personnel</th> <th>Budget</th> <th>Facilities</th> </tr> </thead> <tbody> <tr> <td>FY 73-77</td> <td>400</td> <td></td> <td></td> </tr> </tbody> </table> <p>1. Operational Costs</p> <p>2. Construction Costs</p> <p>3. Officers for U.S. Team</p> <p><i>Training facilities within Ministry</i></p> | USAID   | Advisory   | Consultants | FY 73 | 5 |  | FY 74 | 4 | 6 | FY 75 | 4 | 6 | FY 76 | 4 | 6 | FY 77 | 3 | 2 |  | Commodities | Participants | Other |  |  | U.S. | Iran | FY 73 | \$0.000 |  | \$5,000 | FY 74 | 35,000 | 2 " | 12,000 | FY 75 | 17,000 | 2 " | 24,000 | FY 76 | 16,000 | 2 " | 24,000 | FY 77 | 5,000 | 2 " | 10,000 | RGA | Personnel | Budget | Facilities | FY 73-77 | 400 |  |  | <ol style="list-style-type: none"> <li>U.S. contract team, participants, and committees will be available and on schedule.</li> <li>RGA personnel available for management training and willing to accept new innovations or commitments.</li> <li>MOPH budgetary support for personnel, facilities and logistics.</li> </ol> |  |
| USAID  | Advisory  | Consultants   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 73  | 5   |   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 74  | 4   | 6   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 75  | 4   | 6   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 76  | 4   | 6   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 77  | 3   | 2   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
|  | Commodities   | Participants  | Other  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
|  |   | U.S.  | Iran   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 73  | \$0.000   |   | \$5,000  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 74  | 35,000  | 2 "   | 12,000   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 75  | 17,000  | 2 "   | 24,000   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 76  | 16,000  | 2 "   | 24,000   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 77  | 5,000   | 2 "   | 10,000   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| RGA  | Personnel   | Budget  | Facilities   |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |
| FY 73-77   | 400   |   |  |             |       |   |  |       |   |   |       |   |   |       |   |   |       |   |   |  |             |              |       |  |  |      |      |       |         |  |         |       |        |     |        |       |        |     |        |       |        |     |        |       |       |     |        |     |           |        |            |          |     |  |  |   |  |

AFGHANISTAN Sub-Project - Management for  
Rural Health & Family Planning Services

Proposed Budget (000)

|  | <u>FY 73</u> | <u>FY 74</u>                 | <u>FY 75</u> | <u>FY 76</u> |
|--|--------------|------------------------------|--------------|--------------|
| <u>Staff</u>                               |              |                              |              |              |
|  |              | <i>includes 60% overhead</i> |              |              |
| Public Health Physician                    | \$80.0       | \$50.0                       | \$60.0       | \$65.0       |
| Management Analyst<br>(Budget & Resources) | 60.0         | 44.0                         | 50.0         | 65.0         |
| Management Analyst<br>(Logistics)          | 60.0         | 37.0                         | 50.0         | -            |
| Management Analyst<br>(Training)           | 60.0         | 44.0                         | 50.0         | 65.0         |
| Consultants                                | <u>9.0</u>   | <u>15.0</u>                  | <u>16.0</u>  | <u>5.0</u>   |
| <u>TOTAL:</u>                              | \$269.0      | \$190.0                      | \$226.0      | \$200.0      |
| <u>Participant Training</u>                |              |                              |              |              |
| Iran Center for Management                 | 9.0          | 24.0                         | 16.0         | -            |
| U.S. Academic 12 mms                       | -            | 8.0                          | 8.0          | -            |
| U.S. Observation                           | <u>7.0</u>   | <u>-</u>                     | <u>-</u>     | <u>10.0</u>  |
| <u>TOTAL:</u>                              | \$16.0       | \$32.0                       | \$24.0       | \$10.0       |
| <u>Commodities</u>                         |              |                              |              |              |
| Demonstration equipment                    | 25.0         | -                            | -            | -            |
| Training Materials                         | 18.0         | 17.0                         | 16.0         | 5.0          |
| Visual Aid Equipment                       | <u>35.0</u>  | <u>-</u>                     | <u>-</u>     | <u>-</u>     |
| <u>TOTAL:</u>                              | \$78.0       | \$17.0                       | \$16.0       | \$5.0        |
| <u>Other Costs</u>                         |              |                              |              |              |
| Translation and<br>Reproduction            | 7.0          | 9.0                          | 5.0          | 2.0          |
| Administration Support                     |              |                              |              |              |
| Local contractor                           | 15.0         | 8.0                          | 8.0          | 8.0          |
| Local training costs                       | <u>10.0</u>  | <u>16.0</u>                  | <u>15.0</u>  | <u>-</u>     |
| <u>TOTAL:</u>                              | \$32.0       | \$33.0                       | \$28.0       | \$10.0       |
| <u>FY TOTAL</u> :                          | \$395.0      | \$272.0                      | \$294.0      | \$225.0      |
| <u>Five-Year TOTAL</u> :                   | \$1,186.0    |                              |              |              |