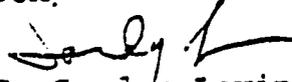


FEB 17 1978

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, NE

THRU:  AA/DS, Sander Levin

FROM: DS/POP, R. T. Ravenholt 

000003

SUBJECT: Approval of Amended Project Paper for Afghan Family Guidance Association (AFGA) 306-0139

Problem: The original Project Paper was signed in 1975 to provide A.I.D. funding for the period FY 1975 - FY 1977. This amendment is needed to (1) extend the life of the project an additional two years at an estimated cost of \$205,000 for FY 1978 and \$370,000 for FY 1979; (2) Increase the total life of project cost from \$586,000 to \$1,221,000 including an estimated total of \$209,000 worth of contraceptives (\$49,000 through FY 1977; \$60,000 in FY 1978; and \$100,000 in FY 1979).

Discussion: The Afghan Family Guidance Association (AFGA) is a voluntary private organization affiliated with the International Planned Parenthood Federation (IPPF). AFGA carries out the only organized family planning program in a strongly pro-natalist, sometimes hostile atmosphere. Since AFGA was established in 1969, USAID and IPPF have been its principal supporters. During 1970-74, A.I.D. provided technical assistance, training, and supplies under two A.I.D.-assisted health projects. In June 1975, USAID entered into a specific Grant Agreement with AFGA, with MOH approval, for a three-year period (Total Title X cost \$646,000). The funds were used to cover about one-half the external donor costs of AFGA operations including an expansion of clinics from 19 to 37 so that there is now at least one AFGA clinic in each province. IPPF funding has been about the same level as A.I.D. The Afghan Government provides "in-kind" support to AFGA in the form of clinic facilities, personnel, and supplies estimated at \$150,000 to date.

In June 1977, an intensive, independent evaluation of the AFGA clinic expansion project was conducted by the American Public Health Association, to determine the extent to which AFGA had achieved the targets of the project. The evaluation report stated that all donor inputs had been provided as planned and that AFGA had achieved the basic clinic expansion outlined in the project proposal but that an additional period of two or three years is clearly needed to consolidate this expansion and improve staff capability and gain experience. Accordingly, it was decided to amend project 0139 rather than pursue a new project at this time as was proposed in the FY 78 CP.

AFGA clinics presently serve approximately 90,000 couples. Although this is only 3.9% of the estimated 2.3 million married couples of reproductive age, it is encouraging considering that AFGA clinics are readily accessible to less than 20% of the eligible population. Undoubtedly, AFGA has paved the way for including the delivery of family planning services through the Ministry of Health's Basic Health Centers and Village Health Workers. While the GOA has not issued a national policy on family planning, it has encouraged the expansion of family planning in conjunction with MCH services. AFGA will continue to assist the MOH with its expansion, and USAID will continue to encourage increased GOA commitment to family planning activities.

The purpose of this project paper amendment is to set out a plan which will enable AFGA to manage more effectively its overall operations and deliver a wider range of health-related family planning services to the Afghan public. During this period, it is expected that USAID will work with AFGA and the GOA jointly to develop alternative plans for continued AFGA support. The amendment incorporates the following recommendations of the evaluation report:

- (a) Improve AFGA's Statistical reporting and client record/retrieval system,
- (b) Train personnel for delivering a wider range of MCH/FP services.
- (c) Improve clinic training programs, field supervision and program evaluation capabilities.
- (d) Coordinate the program with official GOA health activities such as the Basic Health Centers and Village Health Worker programs;

- (e) Use knowledge derived from the "Village Health Survey" prepared by Management Science for Health funded by A.I.D. in FY 1977 to augment training of clinic personnel and outreach agents.

The GOA is providing AFGA with "in kind" support estimated at \$100,000 in FY 78; and in FY 79, it is expected to provide \$110,000. By the attached memo dated January 20, 1975, the General Counsel determined that the country contribution of 25% is not applicable to grants to AFGA. The International Planned Parenthood Federation is also providing AFGA budgetary and commodity support in FY 78 totaling \$270,000, and for FY 79 an additional \$280,000.

The project proposal was received and reviewed by DS/POP and NE Bureau in November 1977. Further questions were sent via State 302155 and satisfactory replies, provided in TOAID A-03 (received 1/23/78), have been incorporated in this project.

The Office of Legislative Affairs and General Counsel have determined that an Advice of Program Change is not necessary for this amendment since Congress was previously informed about the project, the dollar amount required is less than that shown in the FY 78 Congressional Presentation for Project 306-0152, and the project purpose and objectives remain basically the same for this extension and the proposed new project.

Recommendation: It is recommended that you sign this action memorandum, and the attached Project Authorization and Request for Allotment of Funds (PAF) approving the amended Project Paper for the Afghanistan Family Guidance Association.

APPROVED: *Joseph Wheeler*

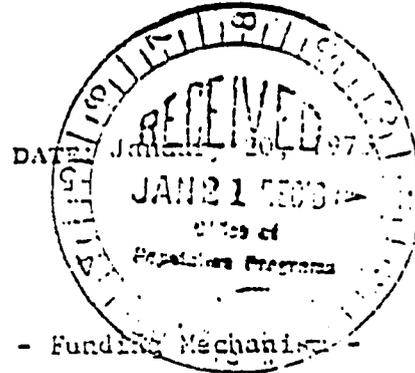
DISAPPROVED: _____

DATE: March 17, 1978

Clearance:

NE/TECH, W. Gelabert	draft	Date	2/23/78
NE/DP, B. Langmaid	draft	Date	2/27/78
NE/NENA, J. Knoll	draft	Date	2/22/78
GC/NE, J. Miller	draft	Date	2/28/78
DS/POP, C. N. Johnson	draft	Date	2/17/78
DS/POP, F. Egi/ERBacklund	draft	Date	2/17/78
DS/PO, R. Birnberg	<i>nyb</i>	Date	3/09/78
DS/PO, R. Simpson	<i>for lv</i>	Date	
AA/NE, A. D. White	<i>aw</i>	Date	3-17-78

NE/TECH: *JK* ~~TH~~ *kr*iman/BPerez:dlp/beb:3/7/78:x27954

Memorandum

TO : PIA/POP/NESA, Mr. R. E. Layton

FROM : GC/IFSHA, Jan Miller *Jan Miller*SUBJECT: Afghan Family Guidance Association (AFGA) Project - Funding Mechanism -
25% Host Country Contribution (Sec. 110(a) of FAA)

In response to your request, we have reviewed the subject PROP with particular attention to the following issues:

- 1.) Is a project agreement the proper instrument for the obligation of funds in this instance?
- 2.) Is the 25% Host Country Contribution of Section 110(a) of the FAA applicable to this activity?

On the first issue, it is our opinion that a project agreement is not the proper instrument in this instance. The AFGA is not an Afghan government agency; it is a private organization established under Afghan laws governed by a steering committee elected from the membership. The AFGA currently receives contributions from the GCA and IPPF. A project agreement is intended for bilateral assistance, i.e. assistance to a foreign government or an agency thereof. The obligating document for assistance to private organizations is a grant. Accordingly, a grant agreement is the appropriate document for this situation.

On the issue of the applicability of Section 110(a) of the FAA, the General Counsel has determined that Sec. 110(a) applies "only to bilateral projects or activities" and is not applicable "to assistance furnished to the people of a country through voluntary agencies or private organizations. (Gardiner, GC, to Birnbaum, PPC, Memo of February 20, 1974 - GC Opinions §110(a)) As discussed above, the subject project is not bilateral in character; it is assistance through a private organization. Accordingly, the provisions of §110(a) are not applicable.

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

MEMORANDUM OF CONVERSATIONS

FROM: Charlotte ^uCromer and Tom Harriman, DS/POP

SUBJECT: AFGA PP Amendment (Project 306-0139)

At the suggestion of Frank Egi DS/POP, Charlotte Cromer called Jim Schill of Legislative Affairs on January 31 to determine if an Advice of Program Change to Congress is necessary for the subject amendment. The circumstances are that 1) the Congress was previously notified of project 306-0139, 2) the Congress was also notified of a follow on project #306-0152 (which will not be implemented), 3) the scope and purpose of the extension are not significantly different from either project #139 or #152 as shown in the C.P. and 4) the funds requested for #139 in FY 78 are less than shown in the FY 78 CP for project #152. Schill indicated that under these circumstances an Advice is not necessary.

At the request of the NE Bureau, Tom Harriman called Adrian de Graffenreid, GC, on February 9, who confirmed Schill's determination. Don Pressley, GC, further confirmed this on February 16.

Clearance:

LEG/PPD, J. Schill draft Date 2/15/78
GC, D. Pressley draft Date 2/16/78
GC, A. de Graffenreid phone Date 2/9/78

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT PAPER FACESHEET	1. TRANSACTION CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">C</div> A ADD C CHANGE D DELETE	PP 2. DOCUMENT CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div>
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3. COUNTRY/ENTITY Afghanistan	4. DOCUMENT REVISION NUMBER <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div>
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5. PROJECT NUMBER (7 digits) <div style="border: 1px solid black; display: inline-block; padding: 2px;">306-0139</div>	6. BUREAU/OFFICE A. SYMBOL NE	B. CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">03</div>	7. PROJECT TITLE (Maximum 40 characters) <div style="border: 1px solid black; display: inline-block; padding: 2px;">Afghan Family Guidance Association</div>
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8. ESTIMATED FY OF PROJECT COMPLETION FY <div style="border: 1px solid black; display: inline-block; padding: 2px;">79</div>	9. ESTIMATED DATE OF OBLIGATION A. INITIAL FY <div style="border: 1px solid black; display: inline-block; padding: 2px;">75</div> B. QUARTER <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> C. FINAL FY <div style="border: 1px solid black; display: inline-block; padding: 2px;">79</div> (Enter 1, 2, 3, or 4)
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10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$) -						
A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	245		245	1221		1221
(GRANT)	(245)		(245)	(1221)		(1221)
(LOAN)						
OTHER U.S.	1.					
	2.					
HOST COUNTRY	n.a.			325		325
OTHER DONOR(S)	n.a.			985		985
TOTALS	245		245	2531		2531

11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY <u>75</u>		H. 2ND FY <u>76</u>		K. 3RD FY <u>77</u>	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) PH	443	440		245		296		56	
(2) PH (cont.)*								49	
(3)									
(4)									
TOTALS				245		296		105	

A. APPROPRIATION	N. 4TH FY <u>78</u>		O. 5TH FY <u>79</u>		LIFE OF PROJECT		12. IN-DEPTH EVALUATION SCHEDULED
	D. GRANT	P. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN	
(1) PH	145		270		1012		<div style="border: 1px solid black; display: inline-block; padding: 5px;"> MM YY 07 79 </div>
(2) PH (cont.)*	60		100		209		
(3)							
(4)							
TOTALS		205		370		1221	

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

* Centrally funded contraceptives 1 = NO
 2 = YES

14. ORIGINATING OFFICE CLEARANCE SIGNATURE _____ TITLE _____	15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION DATE SIGNED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YY</div> </div>
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AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I	1. TRANSACTION CODE <input type="checkbox"/> A - ADD <input checked="" type="checkbox"/> C - CHANGE <input type="checkbox"/> D - DELETE	PAF 2. DOCUMENT CODE 5
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3. COUNTRY/ENTITY Afghanistan	4. DOCUMENT REVISION NUMBER <input type="checkbox"/> 1
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5. PROJECT NUMBER (7 digits) <input type="checkbox"/> 306-0139	6. BUREAU/OFFICE A SYMBOL: NE B. CODE: <input type="checkbox"/> 03	7. PROJECT TITLE (Maximum 40 characters) <input type="checkbox"/> Afghan Family Guidance Association
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8. PROJECT APPROVAL DECISION <input checked="" type="checkbox"/> A APPROVED <input type="checkbox"/> D DISAPPROVED <input type="checkbox"/> DE DEAUTHORIZED	9. EST. PERIOD OF IMPLEMENTATION YRS. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 5 QTRS <input type="checkbox"/>
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10. APPROVED BUDGET AID APPROPRIATED FUNDS (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY <u>75</u>		H. 2ND FY <u>76</u>		K. 3RD FY <u>77</u>	
		C GRANT	D LOAN	F GRANT	G. LOAN	I GRANT	J. LOAN	L GRANT	M. LOAN
(1) PN	443	440		245		296		56	
(2) PN cont.*								49	
(3)									
(4)									
TOTALS				245		296		105	

A. APPROPRIATION	N. 4TH FY <u>78</u>		O. 5TH FY <u>79</u>		LIFE OF PROJECT		11. PROJECT FUNDING AUTHORIZED		A. GRANT	B. LOAN
	P. GRANT	Q. LOAN	R. GRANT	S. LOAN	T GRANT	U. LOAN	(ENTER APPROPRIATE CODE(S)) 1 - LIFE OF PROJECT 2 - INCREMENTAL LIFE OF PROJECT			
(1) PN	145		270		1012				2	
(2) PN cont.*	60		100		209					
(3)										
(4)										
TOTALS		205		370		1221			C. PROJECT FUNDING AUTHORIZED THRU FY <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 9	

12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED (\$000)				13. FUNDS RESERVED FOR ALLOTMENT	
A. APPROPRIATION	B. ALLOTMENT REQUEST NO. <u>1</u>			TYPED NAME (Chw/, SER/ FM/FSD)	
	C GRANT	D LOAN			
(1) PN	145			SIGNATURE _____ DATE _____	
(2)					
(3)					
(4)					
TOTALS		145			

14. SOURCE/ORIGIN OF GOODS AND SERVICES
 000
 941
 LOCAL
 OTHER _____

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED
 * Centrally funded contraceptives

FOR PPC/PIAS USE ONLY	16. AUTHORIZING OFFICE SYMBOL	17. ACTION DATE MM DD YY	18. ACTION REFERENCE (Optional)	ACTION REFERENCE DATE MM DD YY
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PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS

Part II

Name of Country: Afghanistan Name of Project: Afghan Family Guidance Association

Number of Project: 306-0139

Pursuant to Part I, Chapter 1, Section 104 and Chapter 2, Title X of the Foreign Assistance Act of 1961, as amended, I hereby authorize a grant to the Afghan Family Guidance Association (AFGA), the "grantee", of not to exceed One Hundred Forty Five Thousand United States Dollars (\$145,000) to help in financing certain foreign exchange and local currency costs of goods and services required for the project as described in the following paragraph.

The primary purpose of this project is to assist the Afghan Family Guidance Association to strengthen and expand the delivery of health and family planning services by further development of the management, supervisory, and training functions of AFGA. To achieve this purpose, the Afghan Family Guidance Association has requested assistance in several project areas: (1) support for the improvement in statistical reporting so that AFGA administrators can analyze commodity supply/resupply requirements and more effectively plan, manage and evaluate clinic services; (2) expand MCH/FP services in all geographic areas by providing detailed instructions and procedures for physicians, nurse-midwives, and family planning guides on modest prenatal care, nutrition, dietary supplements, and basic hygiene requirements; (3) assist in expanding training programs designed to provide practical experience in training, planning, supervising, and evaluating MCH/FP services; (4) support for the further development of family planning with instructional materials on clinical procedures; and (5) assist in further implementing the Information and Education program within AFGA by funding participants for on-site training in new information, education, and communication techniques.

I approve the total level of AID appropriated funding planned for this project of not to exceed One Million Twelve Thousand United States Dollars (\$1,012,000) of which the entire amount will be Grant funded, including the funding authorized above, during the period FY 75 thru FY 79. Of the total level of AID funding approved above, the increment of up to Two Hundred Seventy Thousand Dollars (\$270,000) not hereby authorized for grant in this fiscal year shall be incrementally Grant funded in FY 79 in accordance with the Project Paper Amendment, subject to the availability of funds, and shall be processed in accordance with AID allotment procedures.

I hereby authorize the initiation of negotiation and execution of the Grant Agreement by the officer to whom such authority has been delegated,

in accordance with AID regulation and Delegation of Authority subject to the following essential terms and covenants and major conditions together with such other terms and conditions as AID may deem appropriate:

a. Source and Origin of Goods and Services.

Goods and services financed by AID under the Project shall have their source and origin in the United States and in the Cooperating Country except as AID may otherwise agree in writing.

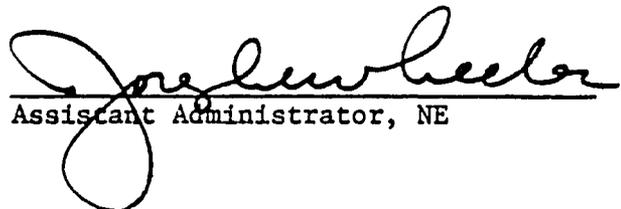
b. The Cooperating Country shall agree to:

1. Assure that all individuals participating in family planning programs (whether involving distribution of contraceptives or sterilization, or both), supported in whole or in part by funds provided hereunder, do so on the basis of an informed consent voluntarily given with knowledge of the benefits, risks, principal effects and available alternatives in accordance with the provisions of AID PD-70, June 14, 1977; and assure that no individual is coerced to practice methods of family planning inconsistent with his or her moral, philosophical, or religious beliefs.

2. Use no part of the funds provided hereunder to pay for the performance of involuntary sterilizations or to coerce or provide any financial incentive to any person to practice sterilization.

3. Use no part of the funds made available hereunder for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.

Date March 17, 1978


Assistant Administrator, NE

P.P. AMENDMENT
Afghan Family Guidance Association
Project 306-139

Summary Statement

The purpose of this project paper amendment is to set out a plan which will enable the Afghan Family Guidance Association (AFGA) to more effectively manage its overall operations and deliver a wider range of health-related family planning services to the Afghan public.

The previous project paper called for AFGA to expand its network of family planning clinics to a total of thirty-five and create outreach services for both males and females. Plans called for (1) expanding the number of clinics from 19 to 35, thereby making family planning services available in all twenty-six provincial centers; and (2) staffing each clinic with four paramedical personnel (family guides) for disseminating family planning and maternal/child health information and contraceptive commodities beyond the immediate service range of the clinics. Project targets included gaining 17,000 new contraceptive acceptors in FY 1975, 28,000 new acceptors in FY 1976 and 31,000 in FY 1977.

Upon completion of the expansion program in FY 1976, thirty-two^{a/} clinics were staffed and operating. AFGA estimates that the clinics are now serving 10-11% of women aged 15-41. Our own analysis of AFGA's contraceptive commodity flow suggests that their estimate may be high. This was substantiated in the recent USAID project evaluation which included the recommendation that AFGA modify its statistical reporting system in order to retrieve more reliable client information and improve clinic management operations.

The evaluation stressed that higher levels of new and continuous users could be achieved by increasing and improving outreach services. The evaluation foresaw the present narrow scope of clinic services as a limiting factor in trying to conduct more effective outreach work in the provincial towns, villages and in hospital waiting rooms. It recommended that AFGA expand its clinical activities into a more comprehensive family planning program to include some preventative health services and consolidate and strengthen clinic staff capabilities for supervising managing and delivering such services.

The project paper amendment incorporates these recommendations. We expect that the amended project will increase availability of more comprehensive outreach services and this will yield overall increases

a/ plus five part-time clinics

in the number of new and continuous contraceptive users. It should be noted also that we expect no dramatic reductions in overall fertility. This can ensue after other modes of contraception are introduced and become acceptable in Afghanistan and clinic professionals begin to deliver contraceptive services which reduce the requirement for multiple client visits and repetitive outreach services.

In the interim, the USAID proposes to further assist AFGA to improve the efficiency and effectiveness of its existing services while encouraging Afghan professionals to introduce other modes of contraception that will have a more immediate impact on reducing fertility.

The amendment calls for additional funding of \$415,000 (\$145,000 in FY 1978 and \$270,000 in FY 1979).^{a/} This will increase the life-of-project funding from \$586,000 to \$1,012,000.^{b/} Attached are budgets (Appendices A and B) for two additional years at \$257,000 and \$270,000 respectively. We have projected a pipeline in the AFGA grant of \$112,000 as of September 30, 1977. This amount has been reduced from the total funding requirements. During the period covered by the grant amendment we expect AFGA to substantially increase monthly expenditure rates.

Host Country and other Donors: The Government of Afghanistan will continue to provide local cost financing of facilities, personnel and foreign import duties approximately \$100,000 annually. The International Planned Parenthood Federation is expected to maintain an operational support level of approximately \$275,000 per annum.

The amendment proposes that AFGA management pay particular attention to the AID/AFGA evaluation recommendations. The main areas requiring attention are:

Statistical Reporting - With the help of short-term U. S. consultants (2 mos.), AFGA will analyze and revise its statistical reporting system to place emphasis on identifying drop-out and continuation rates and feed-back into the existing data system.

Expanded MCH/FP services - AFGA will expand MCH/FP services in clinics and outreach programs and coordinate these programs with other FP/Health activities such as the Basic Health Center and Village Health Worker programs. In coordinating with these GOA health activities, it will provide a training capability which the health ministry does not have in family planning and basic MCH services.

Hopefully the patterns and standards will be transferred to the Health Ministry to serve as a nucleus for a more comprehensive family planning program.

Training and Supervision - AFGA plans to expand and diversify its training program. Using both Afghan and U.S. consultants the

a/ In addition, in kind support of contraceptives estimated at \$60,000 for FY 78 and \$100,000 for FY 79.

b/ In addition, in kind support of contraceptives estimated at \$209,000.

existing training program will be assessed and new and experimental curricula and materials will be designed to stress operational aspects of expanded MCH/FP delivery services. AID will assist AFGA with long-term staff development by sending eight participants during the two years for short-term (6 mos.) training abroad in planning, managing and evaluating MCH/FP services; upon return, the participants will be able to conduct training programs for clinic and headquarter staff. They will initiate regularly scheduled supervisory and evaluation schedules to improve quality of services.

Instructional Materials - The consultants will collaboratively develop, test, revise and publish teaching handbooks and Clinic Procedures Manuals so that employees will have detailed procedures to follow in clinic operations. The manuals will emphasize simple prenatal and postpartum care, thus employees would be better trained to provide expanded MCH/FP services in the clinics and in outreach situations.

Informational Programs - Beginning FY 1978 the grant will also finance up to 16 person months of Afghan consultants to concentrate on client follow-up procedures, developing a more visual approach to services and upgrading of mass media techniques through radio and eventually television. Four additional participants will be sent abroad in early FY 1979 for six months to receive on-site training in new information, education and communication techniques for primarily non-literate audiences. Upon return, AFGA consultants will be replaced and the former participants will be the nucleus for further implementing the Information and Education program within AFGA.

AID will continue to fund selected Headquarters positions in order that AFGA be able to more effectively manage the large clinic system in force. The grant will also continue support for 93 Family Guides and an equal number of clerk/storekeepers in provincial clinics.

Background

The Afghan Family Guidance Association (AFGA) has pioneered the delivery of contraceptive services in Afghanistan and is now the major provider of such services to the urban and rural populace. The MOPH however has made known its plans to eventually assume primary responsibility for comparable delivery services through its Basic Health Center and Village Health Worker programs. As an interim measure until firm plans were established the MOPH requested that AFGA expand its own network and provide training for FP/MCH delivery personnel for government-sponsored programs.

To date such training has included clinic training for physicians, supervisory and administrative personnel, nurse-midwives and family guides.

AFGA presently operates thirty-two full-time clinics; one each in twenty-three provinces and nine in Kabul. Five part-time clinics have also been established. Much of the expansion has been accomplished within the last two years. The prime catalyst has been AFGA's leadership. AFGA Officials have established professional rapport with public health professionals, social leaders and GOA Officials. They have developed collaborative working arrangements with the Ministry of Public Health and established linkages with Afghan health and education institutions, teaching hospitals and donor-assisted programs associated with FP/MCH services. In addition, AFGA has been demonstrating that increased availability of family planning services elicits increased acceptability and demand.

AFGA is aware of its leading role as well as its delegated responsibilities. It is willing to provide training, staff consultants, contraceptive commodity and logistics assistance for developing functional military, Basic Health Center and Village Health FP/MCH delivery systems. It is not prepared to further expand its network of clinic-based services until it addresses and resolves issues raised in the recent USAID project evaluation. This PP Amendment is designed to extend the project for two years in order to assist AFGA in consolidating its operations and incorporating the improvements recommended by the evaluation.

Strategy

While this project has limited parameters, AID's ultimate objective is to encourage the Government of Afghanistan to adopt a national population planning program which is consonant with its planned social and economic development goals. It is recognized that the GOA is constrained in doing so at this time by the political considerations posed by such a program in the context of the country's conservative culture.

Given these conditions, the GOA has relied upon, given tacit consent and limited financial support to AFGA in its efforts to establish a national family planning organization. USAID has also directed its assistance to AFGA for the past six years to upgrade the quality of its services in recognition of its position as the vanguard of family planning in Afghanistan.

The AFGA project as stated in the 1975 Project paper has been aimed at improving AFGA's outreach program, developing its training section, improving its management functions, making its statistical system more productive as a source of accurate information on client visits, continuation and prevalence rates and establishing a MCH capability in AFGA's clinics. For a variety of reasons all these objectives were not completely achieved during the original time frame of the project, as determined in the July 1977 evaluation. For that reason it was decided to amend the PP and extend the project for two years during which actions would be taken by AFGA and USAID to improve AFGA's effectiveness. In addition, the extension period would be used to continue the dialogue among AFGA, MOPH and USAID concerning the future of AFGA. This dialogue will be directed toward MOPH committing itself to a more active role in providing AFGA financial support and in utilizing AFGA's training capability and other resources in support of the MOPH's own planned expansion in its facilities of MCH/FP services. It is envisaged that eventually AFGA will phase out of direct clinic services with the exception of the small number of clinics (2-3) needed for practical training and study purposes. It would then function as a predominantly training organization working with public and private organizations offering medical services to provide their personnel with MCH/FP training.

Project Inputs

A. GOA

The GOA, through the Ministry of Public Health, will continue to support the AFGA operations by providing local cost financing of facilities, personnel and foreign import duties approximating \$100,000 annually. This includes providing, from its own staff resource, clinic doctors and nurse-midwives and contributing space in hospitals to operate the clinics. It is expected that the GOA's Radio Afghanistan will continue to provide weekly air time for national broadcasts by AFGA and that viewing time will be made available when national television becomes operational.

During FY 1978 and 79, the MOPH and AFGA will select clinic physicians, nurse-midwives and family guides for short-term in-country training/retraining programs. During these training sessions, the MOPH will be expected to continue to fund the salaries of participants while AID and other donors provide funds for in-country participant travel and per diem. It is expected that by 1980, a substantial amount of participant travel and per diem expenses will be borne by the MOPH.

6

B. I. P. P. F.

During FY 1978 and 79, I. P. P. F. is expected to maintain an annual support level of approximately \$ 275,000 and provide limited contraceptive and health supplies not available under the AID central procurement program. I. P. P. F. funding will provide continued support for Headquarters administrative and supervisory staff, translators, typists and clerks not supported by AID funds, plus partial support for 32 full or part-time clinic physicians, 32 nurses and 19 Family Guides, drivers and laborers not provided for by AID or the MOPH. Additional funds will be used for renovating and maintaining urban and provincial clinic facilities.

C. AID INPUTS

Grant funding will be contingent upon AFGA assurances that they are prepared to implement key recommendations outlined in the recent evaluation and further specified in the FY 1978-79 workscope. (Appendix - C)

FY 1978 funding would enable AFGA to sustain its headquarters and clinic staffs and facilitate implementation of training programs. Since a concerted effort must be made to train or retrain personnel for delivering additional health-related services and managing changed data collection, supervision and follow-up systems, specific budgetary support will be made available for improving training capabilities and implementing a series of in-country seminars/workshops to meet these requirements. FY 1978 funding would also permit AFGA to use U.S. and Afghan short-term consultants and concomitantly improve staff development through a limited amount of U.S. or third country participant training.

Upon completion of the first year of implementation, AFGA, USAID and the MOPH will collaboratively evaluate program accomplishments, and provide written recommendations to the MOPH, AFGA and AID/W regarding appropriate adjustments in the program design and/or the FY 1979 workscope schedule.

Grant Funding

The amendment calls for additional funding of \$415,000 (\$145,000 in FY 1978 and \$ 270,000 in FY 1979). This will increase the life-of-project funding from \$586,000 to \$1,012,000. Attached are budgets (Appendices A and B) for two additional years at \$145,000 and \$270,000 respectively. We have projected a pipeline in the AFGA grant of \$112,000 as of September 30, 1977.

During the period covered by this grant amendment, the Mission will further assist AFGA Headquarters to improve its accounting and

reporting procedures so that both planned and actual expenditures are recorded and reported to USAID on a more timely basis. As planned project activities are implemented, we expect AFGA to report increasing monthly expenditure rates. Timely reports will assist AFGA and AID to reduce and more closely control pipeline funds.

Evaluation Findings

The recent evaluation of the AFGA expansion program identified six major areas requiring special attention:

- improve AFGA's statistical reporting and client record/ retrieval system;
- improve clinic training programs, field supervision and program evaluation capabilities;
- train personnel for delivering a wider range of MCH/FP services;
- reorganize clinic management responsibilities and firmly establish continuous clinic supervision and client follow-up procedures;
- coordinate the program with official GOA health activities such as the Basic Health Centers and Village Health Worker programs; and
- use knowledge derived from the "Village Study"^{1/} funded in FY 1977 to augment training of clinic personnel and outreach agents.

It should not be inferred that all of the above areas require USAID involvement. In several areas, remedial actions should be taken by AFGA alone or by AFGA and the MOPH or with IPPF assistance.

For this reason, the following project implementation plan focuses only on selected areas involving priority problems that could not be readily resolved without AID assistance.

Implementation Plan

- Improve Statistical Reporting- Each quarter AFGA collects, hand-tabulates and records statistical data from thirty-two clinics. Much of the information gathered does not allow for estimating continuous contraceptive users or isolating drop-outs. For example, each clinic reports its total number of client visits and its total number of new acceptors for each method of contraception. There are no provisions for identifying continuous users or drop-outs or for indicating contraceptive preferences, changes or trends in the use of available contraceptive methods.

^{1/} The Village Study is assessing attitudes of village women to child spacing/maternal/Child care, radio listening habits etc., and identified prospective village women who would be receptive to child health training for future employment as village agents for AFGA clinics.

The relevance, timing and volume of these data require immediate attention. The system must be adjusted to provide useful information so that responsible clinic managers and AFGA administrators can analyse commodity supply/resupply requirements and more effectively plan, manage and evaluate clinic services. It is fundamentally important for the revision to describe management analysis, planning and evaluation techniques needed by the system. AFGA must use and teach these techniques in all management training programs.

Required Actions - AID: During the first quarter of FY 1978, AID will provide up to 30 days of U.S. consultant services under the centrally funded AID/W RSSA 1/ with the Center for Disease Control, (CDC) Atlanta. The consultant will assist AFGA to analyse and modify the existing client record and retrieval system; and make necessary provisions for improving data collection and feed-back operations. He will make recommendations for integrating this information within the MOPII's existing data collection system. He will review the system with AFGA administrators, trainers and clinic managers and develop a protocol for pretesting the system in selected clinics. During the third quarter of FY1978, the CDC consultant will return to Kabul and further assist AFGA - and other cooperating FP/Health delivery organizations to assess the efficacy of the system and make necessary modifications and outline training plans for introducing and supervising the system in all AFGA clinics.

Required Actions - AFGA: The Association will provide a team of counterparts representing the Administration, the Training Center and the Clinic Information and Analysis Unit to collaboratively modify the system. It will provide interpreter, transcription and reproduction services as needed and additionally assign field supervisors to monitor the system during the pretest period.

2. Expanded MCH/FP Services

Historically, AFGA has offered a rather narrow range of clinic services. A limiting factor has been its inability to provide adequate information and outreach services that could respond effectively to both child spacing and maternal/child care requirements. To accommodate these needs, AFGA plans to expand clinic services to provide a modicum of preventative health care. These services will be described in Clinic Procedure Manuals. The manuals will include instructions for physicians, nurse-midwives and family guides on modest prenatal care and on nutrition, dietary supplements and basic hygiene requirements. They will provide guidance on the use of various contraceptives as well as directions for ameliorating maternal and child health problems of an emergency nature. They will include instructions for caring for infants with diarrhea and respiratory ailments and for referring patients for consultation or hospital care.

In addition to contraceptives, a limited variety of non-perishable health supplies will be delivered. These will be dispensed through clinics and family guides. During home visits, family guides will dispense contraceptive/health commodities and emphasize the need for birth intervals of 36 to 40 months. They will schedule follow-up visits to ensure availability of adequate FP/Health services and supplies.

1/ Reciprocal Standard Service Agreement

Required Actions - AID: Beginning FY 1978, the grant will fund up to sixteen person months of Afghan consultant services. Their services will be made available for a variety of specified inputs. To expand clinic services, the consultants will collaborate with AFGA, MOPI and USAID medical personnel to develop Clinic Procedures Manuals and to formulate client follow-up procedures. Other Afghan consultant time will be used to assist in coordinating the expanded MCH/FP program with other Government of Afghanistan health activities.

Required Actions - AFGA: During FY 1978, Afghan consultants and AFGA training, CI&A and IE&C units will collaboratively develop, test, revise and publish teaching handbooks and Clinic Procedures Manuals in keeping with the newly initiated and expanded MCH/FP delivery programs. AFGA will coordinate the MCH/FP training programs with other official health activities i.e. Basic Health and Village Health delivery programs.

3. Training, Supervision and Evaluation

In keeping with evaluation recommendations, AFGA plans to expand and diversify its training programs. These will be developed, administered and implemented by the AFGA Training Center. The programs will be designed to provide practical experience in:

- planning and evaluating clinic activities;
- managing delivery, outreach and follow-up services;
- maintaining client record and retrieval systems; and
- solving problems associated with the supply/resupply of contraceptives and health supplies and services.

Required Actions - AID: During FY 1978 and 1979, the AID grant will fund a total of 100 days of U.S. consultant services to assess experimental supervisory, evaluation and feedback operations and related training materials and programs. The consultant(s) will outline training programs, experimental curricula and instructional materials for review and further refining by AFGA staff members. AFGA will formulate plans for pretesting and evaluating these materials. Concomitant with these actions, the USAID will further assist AFGA with its longer range staff development requirements. Upon completion of appropriate English language preparation, AFGA will use FY1978 grant funds to fund four short-term participants, each for six months training abroad. The participant team, composed of one Training Center, one CI&A, one IE&C and one medical staff member will be sent to selected U.S. or third country FP/Health institutions and delivery organizations for on-site training in planning, managing and supervising MCH/FP delivery programs and for conducting training sessions, workshops and seminars in each of the foregoing categories.

Four additional participants will receive similar training during FY 1979. During FY 1978 and 1979, grant funds will be used to conduct a total of 4 in-country workshops for clinic physicians, nurse-midwives, family planning guides and outreach workers. Grant assistance will cover instructional materials and publication costs plus in-country travel and per diem for participants. It is expected that training workshops/seminars will be regularly scheduled to serve regions in the vicinity of Kandahar, Herat, Mazar-i-Sharif in addition to Kabul. During FY 1979, an additional 12 months of (Afghan) consultant services will be made available to assist the Training Center to produce regularly scheduled audio-visual programs for the public.

Required Actions-AFGA:

Early in FY 1978, AFGA will fill the position of Director of Training, recruit additional teaching personnel and select four participant trainees to meet long term staffing needs. During this period, incumbent CIEA and Training Center staff members will review and refine experimental outlines prepared by the U. S. and Afghan consultants and prepare appropriate training curricula, handbooks and manuals to meet immediate needs. These will provide step-by-step directions for family guides, nurse-midwives and doctors. As indicated earlier, each will prescribe detailed procedures for home visits and follow-up. They will give direction and guidance on the use of various contraceptives; prenatal and postpartum care; elementary preventative health measures and emergency first aid. AFGA will develop, test, edit and publish the handbooks and manuals in close cooperation with the Basic Health Services Program. Distribution will be done by AFGA.

During FY 1978, AFGA will organize and implement both short and long-term training activities specified in the FY 1978 and 79 Workscope (Appendix C). This will include two five-day training sessions that will provide practical experience in collecting and managing client records, implementing outreach and follow-up services and providing supervisory and evaluation assistance. Two additional five-day training sessions will be conducted in FY 1979.

During FY 1978, Afghan consultants will assist Training Center and IE&C personnel to develop and tape appropriate family spacing, health and nutrition messages, skits etc. for a variety of radio audiences. Additional instructional materials will be developed for class and field work. These will include signs, booklets, flip charts and other visual materials for clinic use and home visits.

During FY 1979, Afghan consultants will further assist AFGA to develop television messages, scripts, situation skits etc for review and approval by the GOA and subsequent use in Afghanistan's developing system. Upon return of all Afghan participants, they will replace all Afghan Training and IE&C consultants and assume responsibilities for implementing in-country training programs and producing all radio and television materials.

Early in FY 1978, AFGA will fill the position of Director of Evaluation, recruit additional CIEA supervisory and evaluation personnel and initiate regularly scheduled supervisory and evaluation procedures for serving the expanded MCH/FP delivery system. The salaries of additional staff personnel will be borne by AFGA.

Late in FY 1978, AFGA and USAID will assess progress and adjust training, supervisory and evaluation schedules for FY 1979. Upon the return of all participants AFGA will, in late FY 1979, evaluate all on-going field activities, headquarter programs and response capabilities and make appropriate recommendations to the Ministry of Public Health, USAID and I. P. P. F. concerning program adjustments and plans for the future.

4. Reorganize Clinic Management

For the most part, clinic management has been assigned to full or part-time physicians who exhibit minimal interest in supervision, evaluation or record keeping. While appropriate training may improve the situation, it will not solve the problem. For this reason, the evaluation recommended assigning clinic management responsibilities to nurse midwives. The intent being to free up physicians so they could see and treat more patients. It also would improve day-to-day management of clinic and outreach services.

Required Actions- AID: AID endorses the recommendation. We anticipate that the planned increase in MCH services will further involve clinic physicians and compound the management problem. We plan no action however, except to encourage AFGA to reorganize their clinics and where appropriate assign management responsibilities to trained nurse-midwives.

Required Actions - AFGA: Reorganize and assign clinic management responsibilities as may be feasible.

5. Coordinate the AFGA Program with GOA Health Activities

The fundamental concern here is to provide some modicum of standard health and family planning services throughout all clinics. This requires close coordination among all MCH/FP organizations involved in delivering basic health services. While the prime responsibility rests with the Ministry of Health, AFGA plans to approach the problem by involving AFGA and MOPII clinic personnel in training and retraining programs, producing Clinic Procedures Manuals and introducing teaching handbooks that would be required for providing standard MCH/FP services within all clinics. While AID concurs with the requirement, we feel that the actual coordination must be accomplished by the MOPII and AFGA.

Required Actions- AID:

As indicated earlier, grant funds will be made available so that AFGA can utilize professional Afghan consultants to assess basic health requirements and formulate Clinic Procedures Manuals etc., that incorporate the guidelines for standard health care. As a start, the Afghan consultants would work closely with the incumbent Management Science for Health (MSH) team (AID Project 306-144) to facilitate identification of standard MCH/FP commodities in cooperation with the Ministry of Health.

Required Actions - AFGA:

Work closely with the Ministry of Public Health and other MCH/FP delivery organizations as previously specified.

6. Apply "Village Study" findings to Training Programs

The Afghan consultant who made this study will be further utilized by AFGA as a major contributor to Training Center and audio-visual programs planned for in the project paper amendment. The actual incorporation and application of "study" findings into AFGA training and IEC programs will be done by AFGA staff members.

Required Actions - AID: Provide Afghan Consultant services

Required Actions - AFGA: As stated above.

Program Projections

As program targets are achieved, AFGA will be required to phase-down its clinic support and increase services that augment the overall MOPH MCH/FP program. By FY 1979, it is expected that AFGA will have built an adequate "response capability" to meet future MOPH training requirements and to play a leadership role in introducing other modes of contraception to Afghan professionals.

The present indications are that AFGA, circumstances permitting, will explore the possibility of developing one or more teaching clinics for delivering surgical contraceptive services. AFGA envisions that these clinics could train physicians and nurses for extending surgical contraceptive services beyond those presently supplied.

It is also expected that AFGA will emphasize the need for reorganizing clinic management so that physicians may devote more time for patient consultation and surgical contraception. This will facilitate improved management and coordination of clinic-based MCH/FP services.

Attachments

Appendix A: 77-78 budget

Appendix B: 78-79 budget

Appendix C: 77-79 workscope

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PROPOSED AFGA/USAID BUDGET
(OCT. 1, 1977 - SEPT. 30, 1978)

I. Personnel

A. <u>AFGA Headquarters</u>	PSNS <u>Funded</u>	Person <u>Months</u>	<u>Costs</u>	<u>Subtotals</u>
Director of Admin.	1	12	\$2,940	
Director of Training	1	12	2,940	
Assistant Director of Training	1	12	2,470	
Teacher Trainers	2	24	3,500	
Director Statistics & Eval.	1	12	2,940	
Evaluation/Supervisors	2	24	3,500	
Deputy Director IE&C	1	12	1,750	
Clinic Dir. (Non-Med)	.1	12	1,750	
Accountant	1	12	1,750	
	(11)	(132)	(\$23,540)	(\$23,540)

B. AFGA Clinics

Family Guides	93	1,116	\$58,775	
Stockkeepers/Clerks	93	1,116	15,315	
	(186)	(2,232)	(\$74,120)	(\$74,120)

II. Consultant Services

U.S. Consultants	2	2	-0- 1/	
U.S. Consultants	1	3	\$18,250 2/	
Afghan Consultants	2	16	7,000 3/	
	5	21	\$25,250	(\$25,250)

1/ Centrally funded AID/W RSSA - Center for Disease Control (CDC), Atlanta
 2/ Includes Int'l Travel, Perdiem; Local Transportation and Perdiem
 3/ Includes Salary only; Local Travel and perdiem add'l at Afs. 800/day

AFGA/USAID BUDGET
(OCT. 1, 1977 - SEPT. 30, 1978)

III. <u>Participant Training</u>	<u>PSNS</u>	<u>Person Months</u>	<u>Costs</u>	<u>Subtotal</u>
A. Participants	<u>4</u>	<u>24.0</u>	<u>\$44,000</u>	
	(4)	(24.0)	(\$44,000)	(\$44,000)
B. AFGA Workshop ^{4/} Participants: ^{5/}				
Physicians	23	7.6	\$4,090	
Nurse Midwives	25	8.3	3,900	
Family Guides	<u>93</u>	<u>31.0</u>	<u>14,460</u>	
	(141)	(46.9)	(\$22,450)	(\$22,450)
C. Basic Health Center (BHC)				
Auxiliary N.M. & Village Worker Participants:				
Physicians	10	3.3	\$1,780	
Nurse Midwives	25	8.3	3,900	
Family Guides	<u>25</u>	<u>8.3</u>	<u>3,900</u>	
	(60)	(19.9)	(\$9,580)	(\$9,580)
IV. <u>Commodities/Medical Supplies</u>				(\$10,000)
V. <u>Miscellaneous:</u>				
Reproduction/Graphic Equipment			\$ 8,000	
Training Workshop Publications			5,000	
ABM Services 2 Statistician 6 pm			1,500	
F.G. Uniforms (93)			3,000	
Headquarters Travel Training/Eval. Team			8,000	
Field Clinic Transport Allowances			17,560	
Radio Programming			<u>5,000</u>	
			<u>\$48,060</u>	(\$48,060)
			<u>\$257,000</u>	
			Less Pipeline	
			\$112,000	
			<u>\$145,000</u>	
<u>4/</u> Two Regional Workshop pa - Each of 5 days duration				
<u>5/</u> Perdiem/Travel Allowances:				
Physicians 900 Afs/day				
Nurse-Midwives 700 Afs/day				
F. Guides 700 Afs/day				

Proposed AFGA/USAID BUDGET
(Oct 1, 1978 - Sept. 30, 1979)

Personnel

<u>AFGA Headquarters</u>	<u>PSNS FTEDED</u>	<u>PERSON MONTHS</u>	<u>COSTS</u>	<u>SUBTOTALS</u>
Director of Admin	1	12	\$3,080	
Director of Training	1	12	3,080	
Assistant Director of Training	1	12	2,595	
Teacher Trainers	2	24	3,675	
Director Statistics & Eval	1	12	3,080	
Evaluation/Supervisors	2	24	3,675	
Deputy Director IE&C	1	12	1,840	
Clinic Director (Non-Med)	1	12	1,840	
Accountant	1	12	1,840	
	<u>(11)</u>	<u>(132)</u>	<u>(\$24,705)</u>	<u>(\$24,705)</u>
 <u>AFGA Clinics</u>				
Family Guides	93	1116	\$62,715.	
Storekeepers/Clerks	93	1116	16,120	
	<u>(186)</u>	<u>(2232)</u>	<u>(\$78,835)</u>	<u>(\$78,835)</u>
 <u>Consultant Services</u>				
U.S. Consultants	2	2	<u>1/</u>	
U.S. Consultants	1	3	\$18,250 <u>2/</u>	
Afghan Consultants	2	12	5,250 <u>3/</u>	
	<u>(5)</u>	<u>(17)</u>	<u>(\$23,500)</u>	<u>(\$23,500)</u>

Centrally funded AID/W RSSA - Center for Disease Control (CDC), Atlanta
 Includes Int'l Travel, Perdiem; Local Transportation & Perdiem
 Includes Salary only; Local Travel & Perdiem add'l at - Afs, \$80/day

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AFGA/USAID BUDGET
(OCT. 1, 1978 - SEPT. 30, 1979)

<u>Participant Training</u>	<u>PSNS</u>	<u>Person Months</u>	<u>Costs</u>	<u>Subtotal</u>
A. Participants	4	240	\$44,000	—
	(4)	(240)	(\$44,000)	(\$44,000)
B. AFGA Workshop ^{4/} Participants: <u>5/</u>				
Physicians	23	7.6	\$4,090	
Nurse Midwives	25	8.3	\$3,900	
Family Guides	93	31.0	\$14,460	
	(141)	(46.9)	(\$22,450)	(\$22,450)
C. Basic Health Center (BHC)				
Auxiliary N. M. & Village Worker Participants:				
Physicians	10	3.3	\$1,780	
Nurse Midwives	40	8.3	\$6,250	
Family Guides	40	8.3	\$6,250	
	(90)	(19.9)	(\$14,280)	(\$14,280)
<u>Commodities/Medical Supplies</u>				(\$10,000)
<u>Miscellaneous:</u>				
Reproduction/Graphic Equipment			2,000	
Training Workshop Publications			5,000	
ABM Services 2 Statistician 6 pm			2,000	
F.G. Uniforms (93)			3,000	
Headquarters Travel Training/Eval. Team			9,000	
Field Clinic Transport Allowances			19,500	
Radio Programming			5,000	
Contingency			6,730	
			\$52,230	(52,230)
TOTAL COST			\$ 270,000	

Two Regional Workshop pa - each of 5 days duration

Per diem/Travel Allowances:

 Physicians 800 Afs/day

 Nurse-Midwives 700 Afs/day

 F. Guides 700 Afs/day

FY 1975-79 Workslope - AFGA Project No. 306-139

1. Modify the existing client record and data collection systems.
2. Improve present system of field supervision
3. Increase availability of a wider range of health-related services in existing clinics.
4. Upgrade clinic management, outreach, delivery, outreach and follow-up operations.
5. Recruit additional statistics, evaluation and teaching personnel for developing/implementing training programs/workshops that will upgrade services noted above.
6. Develop a staff capability for continuously training professionals, para-professionals and support personnel to meet MOPH clinic requirements.
7. Develop a capability to respond to MOPH requests for expanding and coordinating FP/MCH services among government supported military, Basic Health, Village Worker and other FP/Health delivery programs.
8. Develop similar capabilities for preparing appropriate information, education and communication materials and ensuring the availability of these materials for wide spread use including radio and television audiences.

<u>Total Project Costs</u>	<u>FY 1975-77 & IQ</u>	<u>FY 1978</u>	<u>FY 1979</u>	<u>Total</u>
A.I.D..	597,000	145,000	270,000	1,012,000 ^{a/}
IPPF	485,000	270,000*	280,000*	1,035,000
GOA	150,000	100,000*	110,000*	360,000
	<u>\$1,232,000</u>	<u>\$ 515,000</u>	<u>\$ 660,000</u>	<u>\$2,407,000</u>
<u>*Projected</u>				
<u>AID Project Costs</u>				
<u>a. U.S. Personnel</u>				
(1) POP/Health Advisor	142,000	--	--	142,000
(2) Short Term Consult.	40,000	18,250	18,250	76,500
<u>b. Local Personnel</u>				
(1) Local Hire	18,000	--	--	18,000
(2) Afghan Consultants	--	7,000	5,250	12,250
<u>c. Participant Training</u>				
(1) Foreign	--	44,000	44,000	88,000
(2) Domestic	--	32,090	36,730	68,820
<u>d. Commodities/Medical Supplies</u>	5,000	10,000	10,000	25,000
<u>f. Other Costs</u>				
(1) Clinic Rent	56,000	--	--	56,000
(2) Salaries:				
Family Guides & Clinic clerks	112,000	74,120	73,835	260,955
Add'l Headquarter Staff	61,000	23,540	24,705	109,245
(3) Clinic renovation and furnishings	41,000	--	--	41,000
(4) Transport Subsidy	55,000	17,500	19,500	92,000
(5) Performance Incent	16,000	--	--	16,000
(6) Information System	21,000	19,500	14,000	54,500
(7) Headquarters travel: Evaluation/Training	--	8,000	9,000	17,000
(8) Family Guides (unif. cost)	--	3,000	3,000	6,000
(9) Contingency	--	--	6,730	6,730

^{a/} In addition, in-kind support of contraceptives estimated at \$209,000

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Outputs:	Magnitude of Outputs:		Assumptions for achieving outputs:
<ol style="list-style-type: none"> 1. Expanded Health/FP services extended to provinces/rural areas without services at present; services delivered to larger numbers of clients in area of existing clinics. 2. Established AFGA Training Capacity 3. Reorganized AFGA Headquarters to support expanded Health/Family Planning delivery system, outreach services and training programs. 	<ol style="list-style-type: none"> 1. 37 AFGA clinics/outreach systems delivering expanded H/FP services 2. 50 MOPIH-established clinics providing expanded FP services 3. AFGA training 35 physicians, 70 nurse-midwives and 70 Family Guides annually 4. AFGA publishing instructional materials; training guides, Clinic procedures Manuals for doctors, nurse-midwives and FG's and producing radio and television materials for public. 5. AFGA publishing monthly, quarterly and yearly reports 6. New Headquarters Staff positions. <ol style="list-style-type: none"> a. Director of Training b. Assistant Director of Training c. Teacher trainers (2) d. Director of Statistics and Evaluation e. Evaluator/Supervisors (2) f. Deputy Director I&E/C. g. Clinic Director (non-medical) h. Accountant 	<ol style="list-style-type: none"> 1. Physical inspection, survey and service statistics. 2. Record of Training and posting. <ol style="list-style-type: none"> a. Inspection of activities b. Service statistics c. Record of training acceptors among employed groups. 3. Physical inspection, survey of statistics and publications. 	<ol style="list-style-type: none"> 1. Provinces/villages will accept and use available H/FP outreach services 2. AFGA will be able to recruit qualified staff to administer training programs and improve clinic management, evaluation and outreach operations

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1975 to FY 1979
Total U.S. Funding: \$1,012,000
Date Prepared: 09-01-77

Project Title & Number: AFGHAN FAMILY GUIDANCE ASSN. (AFGA) NO. 306-0139

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS						
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>GOA undertakes to fund and implement action program to achieve a population growth rate which is compatible with the social and economic development progress in Afghanistan.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 1. Rate of natural increase of population 2. Rate of increase of real income per capita. 3. Size, thrust and funding of GOA programs in the current seven year development plan. 	<p>1. Population censuses estimates every five years (not now programmed or funded)</p> <p>2. Economic analysis by MOP, CSO, MOF, IIRD and UN agencies</p> <p>3. Budgets, staffing and work plans of implemented programs.</p>	<p>Assumptions for achieving goal targets:</p> <p>That a process of modernization continues to be a priority in Afghanistan</p>						
<p>Project Purpose:</p> <p>Increase availability of Health and Family Planning services throughout the Afghan Family Guidance Association System and create outreach services for family planning for both males and females.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1. Rising numbers of new acceptors: Targets: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>CY 77</td> <td>CY 78</td> <td>CY 79</td> </tr> <tr> <td>20,000</td> <td>25,000</td> <td>31,000</td> </tr> </table> 2. Expanded H/FP services being delivered by AFGA and MOPH clinics. 3. AFGA regularly training physicians, nurse-midwives, Family Guides and Village Health Workers for AFGA and MOPH clinics. 4. AFGA-trained FG's working as prescribers and suppliers of contraceptives and delivering basic MCH services. 5. FG services extend 10-15 Kms. around each AFGA clinic. 	CY 77	CY 78	CY 79	20,000	25,000	31,000	<p>1. Client information system; examination of records; CY 1978-79 GOA Census data.</p> <p>2. Physical inspection of clinics; AFGA/MOPH budgetary information.</p> <p>3. Survey Evaluation of training programs and Clinic outreach activities.</p>	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1. The GOA will continue to sanction AFGA operations and increase support for expanded H/FP services throughout AFGA and MOPH clinics. 2. The MOPH will provide technical support for training additional qualified clinic personnel.
CY 77	CY 78	CY 79							
20,000	25,000	31,000							

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OUTGOING TELEGRAM

12/18/77

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TO AMEMBASSY KABUL PRIORITY

UNCLAS STATE 302155

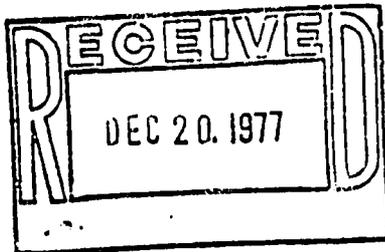
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TAGS:

SUBJECT: AFGA PP AMENDMENT

REF: KABUL 8013, STATE 283559



1. DS/POP AND NE BUREAU REVIEWED AFGA PP AMENDMENT ON NOVEMBER 18. REGRET DELAY IN RESPONSE TO MISSION. REVIEWERS ACKNOWLEDGED PROGRESS MADE BY AFGA IN INTRODUCING FAMILY PLANNING IN AFGHANISTAN AND THE NECESSITY OF CONTINUING SUPPORT TO AFGA AS RECOMMENDED IN RECENT EVALUATION.

2. USAID PROJECT AMENDMENT PROPOSES ESSENTIALLY A PERIOD OF CONSOLIDATION IN ORDER TO STRENGTHEN EXISTING AFGA SERVICES CARRIED OUT THROUGHOUT THE 32 CLINIC SYSTEM. PAPER ALSO PROPOSES THAT FAMILY PLANNING PROGRAM INCLUDE PREVENTIVE HEALTH SERVICES AND AN INCREASED ROLE FOR AFGA IN TRAINING MOPH STAFF IN FAMILY PLANNING AND BASIC MCH SERVICES. WHILE AID/W SUPPORTS THE EXTENSION AND INCREASE IN FUNDS CALLED FOR IN THIS PP AMENDMENT, WE RECOMMEND THAT OVER THE COMING YEAR USAID DEVELOP WITH THE GOA, IF FEASIBLE, A MORE COMPREHENSIVE APPROACH TO INCREASING THE AVAILABILITY OF FAMILY PLANNING SERVICES NATIONWIDE.

3. OUR RECOMMENDATION THAT YOU CONSIDER DESIGNING AN EXPANDED NATIONAL PROGRAM IN THE NEAR FUTURE STEMS FROM SEVERAL FACTORS. BY THE END OF FY-79 WE WILL HAVE ASSIST-

ED AFGA IN SETTING UP A CLINIC-BASED FAMILY PLANNING PROGRAM IN 32 CENTERS THROUGHOUT THE COUNTRY. IT IS UNLIKELY, HOWEVER, THAT THE GOA IS PREPARED TO PROVIDE THE KIND OF INCREASED BUDGETARY SUPPORT AND PERSONNEL REQUIRED TO LAUNCH A NATIONAL FAMILY PLANNING PROGRAM USING AFGA AS THE PRINCIPLE IMPLEMENTING AGENCY. ON THE OTHER HAND, OUR UNDERSTANDING IS THAT THE MINISTRY OF HEALTH HAS INDICATED A DESIRE TO MAKE FAMILY PLANNING SERVICES MORE READILY AVAILABLE IN GOVERNMENT CLINICS. IF FAMILY PLANNING SERVICES ARE TO BE MADE MORE WIDELY AVAILABLE, THE SLOWLY EXPANDING BASIC HEALTH CENTERS PROGRAM AND OTHER GOVERNMENT CLINICS ARE PROBABLY THE ONLY VEHICLES AVAILABLE FOR EXPANDING THIS PROGRAM THAT CAN ATTRACT SIGNIFICANT GOA FUNDING AND COMMITMENT. OUR BASIC HEALTH SERVICES PROJECT ALSO TERMINATES IN FY-79. IN DESIGNING ANY FOLLOW-ON EFFORT IN HEALTH ASSISTANCE, OVER THE COMING YEAR WE SHOULD RESOLVE WITH THE GOA IN THAT CONTEXT WHAT KIND OF A NATIONAL FAMILY PLANNING PROGRAM THE GOVERNMENT IS

4. IN DEVELOPING A NATIONAL PROGRAM IT WILL BE IMPORTANT TO CLARIFY WITH THE GOA THE RESPECTIVE ROLES FOR AFGA AND MOPH CLINICS IN THE SYSTEM. AID/W WOULD TEND TO SUPPORT A CONTINUED STRONG AFGA CLINIC BASED PROGRAM WITH, PERHAPS, ONE MODEL CLINIC IN EACH PROVINCE OF THE COUNTRY. AFGA CLINICS IN KABUL AND THE PROVINCES COULD SERVE AS CENTERS FOR TRAINING AND AS MODEL FACILITIES FOR INTRODUCTION OF FAMILY PLANNING SERVICES AND TO SUPPORT THE MORE BROADLY BASED GOVERNMENT CLINIC SYSTEM. A.I.D. FUNDING, HOWEVER, MIGHT OVER TIME TEND TO SHIFT MORE TOWARD THE MOPH DELIVERY SYSTEM WITH IPPF SERVING AS THE MAJOR CONTINUING SUPPORTER OF AFGA.

5. THE FOLLOWING ARE SOME BASIC ISSUES WHICH NEED TO BE ADDRESSED WITH RESPECT TO CURRENT PROJECT EXTENSION:

A. CONTRACEPTIVES: BASED ON INFORMATION AVAILABLE IN AID/W, DS/POP CONCERNED THAT CONTRACEPTIVE SUPPLIES ON HAND AND ON ORDER MAY NOT BE SUFFICIENT TO CONSTITUTE "FULL AVAILABILITY". REQUEST INFORMATION/CONFIRMATION ON ESTIMATED ELIGIBLE POPULATION, ESTIMATED PERCENTAGE OF MORA PRACTICING FP BY YEAR, SUPPLIES ON HAND BEGINNING CY 77, LOCATION (WAREHOUSE VS. CLINICS), SUPPLIES ON ORDER, ACTUAL/PROPOSED DISTRIBUTION DURING CY 77, 78, 79, ANTICIPATED STOCK REQUIREMENTS FOR BOTH MOPH AND AFGA, ANTICIPATED SUPPLIES FROM OTHER DONORS.
B. VSS; AID/W ADVISED BY USAID SEVERAL MONTHS AGO OF

POSSIBLE INTEREST IN EXPANDING VSS ACTIVITIES. ALTHOUGH EXPECT CURRENT REPORT FROM DR. GLENN, REQUEST STATUS REPORT ON THREE SCOPES PRESENTLY IN COUNTRY AND USAID VIEWS ON POSSIBILITY OF TRAINING AND EQUIPPING UP TO A DOZEN ADDITIONAL PHYSICIANS FOR VS SERVICES. WOULD A TRAINING CENTER IN COUNTRY BE FEASIBLE?

C. CBD: SUGGEST USAID CONSIDER PROPOSING A PILOT CBD AND/OR COMMERCIAL RETAIL SALES PROJECT FROM EITHER BILATERAL OR AID/W CENTRAL FUNDS. PERHAPS EXISTING FAMILY GUIDES OR VILLAGE HEALTH WORKERS COULD BE USED FOR CBD.

D. AFGA FINANCIAL PLAN: PP AMENDMENT SHOWS BUDGET ONLY FOR AID FUNDED CONTRIBUTION TO AFGA. PLEASE PROVIDE COMPLETE FINANCIAL PLAN SHOWING EXPECTED GOA, IPPF, AND OTHER AFGA FUNDING SOURCES FOR LIFE OF PROJECT. WHILE GENERALLY AWARE OF IPPF INPUTS, WOULD ALSO APPRECIATE BRIEF DESCRIPTION OF ITS PRESENT AND PROPOSED ACTIVITIES IN AFGHANISTAN. WOULD GOA BE WILLING TO SPONSOR A NATIONAL FAMILY PLANNING CONFERENCE SUPPORTED BY EITHER USAID OR ANOTHER DONOR?

6. AID/W IS PREPARED TO APPROVE PROJECT EXTENSION THROUGH FY-79 AND INCREASE LOP FUNDING TOTAL TO DOLS. 1,473,000 INCLUDING AID CENTRALLY FUNDED CONTRACEPTIVES. PRIOR TO APPROVING PP AMENDMENT, HOWEVER, AID/W REQUESTS USAID REPLY, PARTICULARLY TO PARA 5 (A) AND (D). FYI. WE HAVE INCLUDED IN FY-79 CP A TOTAL OF DOLS. 622,000 IN FY-79 FUNDING. INCREASED FUNDING WILL PERMIT FURTHER EXPANSION OF FAMILY PLANNING SERVICES PROGRAM THROUGH GOVERNMENT CLINICS EITHER THROUGH A SECOND PP AMENDMENT OR A NEW PROJECT PAPER FOR EXPANDED PROGRAM.

7. AID/W PREPARING CONGRESSIONAL NOTIFICATION. UPON RECEIPT REPLY THIS MESSAGE, WE WILL FORWARD NOTIFICATION TO CONGRESS AND ADVISE DATE WAITING PERIOD EXPIRES. REQUEST YOUR VIEWS ON AID/W SUGGESTION FOR PROPOSED

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Department of State

OUTGOING
TELEGRAM

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DEVELOPMENT OF A PHASE II EXPANDED PROJECT ALONG THE LINES
SUGGESTED IN THIS MESSAGE. ADVISE WHEN YOU THINK PID FOR
NEW PROJECT COULD BE SUBMITTED AND WHETHER FY-79 START UP
WOULD BE REALISTIC, IF THE FUNDS ARE AVAILABLE. VANCE

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AIRGRAM

FEB 2 1978

DEPARTMENT OF STATE

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For each address check one ACTION | INFO

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TO - AID/W TOAID A-03 **X**

DATE REC'D. 1-23

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FROM - KABUL
SUBJECT - AFGA PP Amendment
REFERENCE - State 302155

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FEB 2 1978

DATE SENT

1978 Jan 11/78

Following responds to basic issues raised Reftel ltr: 5A-D:
Basis for Calculating Full Availability Requirements.
As of July 1, 1977, USAID/EuGen estimated Afghanistan's total population at 14,067,000. This estimate based on adjusted 1972-73 and 74 ADS/SUNY population surveys which assumed constant growth rate (r=2.2) since 1973. While July '77 estimate significantly lower than (1977) UN and GCA estimates (19.5 and 17 millions respectively) the unofficial consensus here is that 14 million and 2.2 growth rate estimates are realistic. Hopefully, overall population questions will be clarified upon completion of Afghanistan's first census which now in pilot stage of implementation. Meanwhile, Mission continues to use projected ADS/SUNY data and benchmark information as basis for analysing oral and condom supplies to achieve full availability. Hence analysis submitted FY 1978 ABS remains basically unchanged. Following reviews basis for FY 1978 AES calculations and further addresses questions raised in Reftel:

1. <u>Percent Population by Age Group</u>	<u>Totals (million s)</u>
Approx: 45.3 percent under 15 yrs.	6,372.4
43.5 percent 15-49 yrs.	6,133.2
11.1 percent 50+yrs.	1,561.4
<u>100.0 percent</u>	<u>14,067.0</u>

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DRAFTED BY H/FP:JMLoudts:ho	OFFICE	PHONE NO 318	DATE 1/11/78	APPROVED BY D:CRC rader
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AID AND OTHER CLEARANCES
H/FP:CT hon:as (draft) FP:RRogers (draft) DD:C Cylke

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2. Estimated Eligible Population

52 percent males	3,189.2
48 percent females	2,944.0
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	6,133.2

3. Estimated MWRA (assumes approximately 80 percent of eligible women married and r=2.2)

<u>Year</u>	<u>MWRA (millions)</u>	<u>Annual increase MWRA</u>
CY'77	2,229.0	.049
CY'78	2,278.0	.050
CY'79	2,229.0	.051
CY'80	2,379	.052

4. Estimated percentage of MWRA practicing FP per year

This information not submitted in Quarterly U-1612 reports due to gross deficiencies in AFGA/MOPH client record and reporting systems. i.e. Despite considerable UNFPA consultant assistance, AFGA continues to provide quarterly reports on new acceptors and active users without registering dropouts or transfers from one method of contraception to another. Also, MOPH has been slow in extending FP services in BHC clinics and developing reliable system for reporting on contraceptive use and commodity flow. To resolve problems, AFGA plans invite Roger Rochat/Jack Graves, CDC Atlanta to help develop common recording and retrieval system for AFGA and MOPH. Mission will forward background information to FPSD with request for CDC assistance as soon as country clearance are in order. Meanwhile the following client information is admittedly soft:

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4.

A. Oral, Condom, IUD Users (AFGA only)

<u>Year</u>	<u>New/Continuing User (thousands)</u>	<u>Estimated MWRA (millions)</u>	<u>Percent Practicing FP</u>
CY 1974	48,540	2,089.0	2.32
CY 1975	63,178	2,178.0	2.96
CY 1976	78,340	2,181.0	3.59
CY 1977	67,650 <u>1/</u>	2,229.0	3.03 <u>1/</u>

1/ Figures for first three quarters only.

B. Surgical Contraception

Afghanistan has three laparoscopes; two are functioning. Mission has returned and awaiting replacement Optics Cable from JHIPIEGO. During CY 1977, AFGA reported 253 clients:

Mastoorat Hospital:	Tubal Ligations	88;	vasectomies	- nil
Ziashgah Hospital	"	"	166;	- nil
Kandahar Hospital	"	"	15;	-nil

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5. Contraceptive Commodity Flow - CY 1977 (thousands)

A.	Orals - MC's	Jan-Mar	April-June	July-Sept	Oct-Dec	Total
	Stock at start of quarter	762.6	732.6	699.8	684.8	-
	Orals received	-	-	-	-	-
	Orals dispensed	30.0	32.8	15.0	31.2	109.0
	Stock at end of quarter	732.6	699.866	684.8	653.6	653.6
	Inventory Dec 20, 1977					
	Location: AFGA - Whse	37.1				
	Clinics	96.6				
	AID - Whse	411.6				
	MOPH - Whse	108.3				
	Clinics	NA				
		<hr/>				653.6
B.	Condoms - PCS (000's)	Jan-Mar	April-June	July-Sept	Oct-Dec	Total
	Stock at start of quarter	1,977.9 ^{1/}	1,782.0	1,695.6	1,472.3	-
	Condoms received (AID)	-	-	-7.2	-	7.2
	Condom dispensed	195.8	86.4	230.5	233.4	746.2
	Stock at end of quarter	1,782.0	1,695.6	1,472.3	1,238.9	1,238.9
	Inventory Dec 20, 1977					
	Location: - AFGA Whse	215.3				
	Clinics	51.7				
	AID Whse	261.2				
	MOPH Whse	710.6				
	Clinics	NA				
		<hr/>				1,238.9

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^{1/} CORRECTION: Request AID/W notify POP/FPSD/John Gelb to correct CY 77 first quarter condom figure submitted per Gelb/Thomas Two Way Memo. dated June 6, 1977.

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6. Supply Estimates

	<u>MC's (000's)</u>			<u>Condoms - Pcs (000's)</u>		
	CY 77	CY 78	CY 79	CY 77	CY 78	CY 79
A. Ordered/on order AID:	-0-	100.2	200.4	7.2	316.8	460.0
B. Anticipated; IPPF and other donors: <u>1/</u>	-	--	--	--	--	--
C. Actual/Proposed Distribution:	109.0	200.0	300.0	746.2 ^{2/}	850.0 ^{3/}	1,000.0

1/ medical supplies; deprovera etc.

2/ Included 710.0 MC's to supply newly started MOPH/BHC program

3/ Assumes increases in CY 78 and 79 MOPH/BHC commodity requirements and AFGA services.

7. **VSS Activities - AFGA preparing letter for MOPH clearance requesting JHIPIEGO provide 4-6 weeks in-country training July-August '78 for 3 AFGA and 3 MOPH physicians in minilap and laparoscopic sterilization procedures. Mission considers this breakthrough for extending VSS services. If summer training program successful, expect AFGA will request AID/W, JHIPIEGO, AVS or other donor to help construct and equip moderately sized Comprehensive Medical Care Center which will offer training in VSS procedures. Meanwhile, AFGA plans obtain MOPH approval to secure services of local Peace Corps draftsman/architect to draw up plans for above facility. Proposed plans and equipment list will be included in formal requests for donor assistance.**

7. CBD - CRS Projects

A. Mission Population Officer has been diligently pursuing AFGA regarding pilot Community Based Distribution Project using Family Guides. AFGA understands value of such demonstration but is not prepared to undertake operational research project until client record/retrieval system improved and tested.

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Mission considers this sound approach. Meanwhile Batelle Conference material being utilized to full advantage. Mission appreciates offer of POP/R assistance and will keep Mutchler, Merritt informed of progress and developments.

- B. Preliminary soundings on Commercial Distribution have elicited little interest. Mission will pursue. Will keep POP/FPSD and NENA advised of progress.

8. AFGA Budget Support - (Non-AID)

Following details IPPF, GOA budgetary information provided pp 5-6 subject amendment:

<u>Donor</u>	<u>Category</u>	<u>Description</u>	<u>FY 1977 Actual</u>	<u>FY 1978 Actual</u>	<u>FY 1979 Estimate</u>
A. I.P.P.F.	IE & C	Salaries: IE&C, Trng staff; 44 FG's; 2 A-V tech; 5 drivers and Publications/ field instructional mater.	\$ 39,000	\$ 63,500	\$ 64,000
	Training	Refresher Programs	3,500	5,300	6,000
	Medical & Clinical	Salaries: 2 clinic Dir; 38 Physicians; 38 Nurse- midwives; 7 drivers; vehicle oper. costs and medical supplies	100,000	150,950	\$ 155,000
	Evaluation	Salaries	1,500	2,000	3,000
	Admin.	Salaries: Sec General; controller; accountant clerks whsemen, Hdqtrs rental, utilities, etc.	36,000	51,900	52,000
			<u>\$ 180,000</u>	<u>\$ 273,650</u> (less) 3,650 ^{1/}	<u>\$ 280,000</u>
				<u>\$ 270,000</u>	
B. GOA	Facilities	32 rural/urban clinics Free Radio time Duty exempt imports	\$ 75,000 ^{2/}	\$ 100,000 ^{2/}	\$ 110,000 ^{2/}
C. Other Donors			None	None	None

^{1/} to be derived from local membership fees^{2/} estimate includes total annual contribution for facilities, IE&C and Duty.

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9. IPPF inputs are confined solely to supporting AFGA which receives highest allotment of IPPF funds of all FPA's affiliates in (IPPF) Middle East North Africa Region. There is no evidence that IPPF intends to fund other activities in Afghanistan beyond those already being implemented by AFGA clinics.
10. Mission will confer with GOA/MOPH officers regarding possibility of AID or other Donor-supported FP Conference - will advise.
11. Mission considering recommendations suggested Ref item 3 and 7 and will forward views as requested. Meanwhile, request AID/W notify Mission date Congress notification forwarded to Congress; date waiting period expires and date Mission authorized obligate funds. Mission planning late January early February. obligation. Advise priority.

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