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A.I.D. Project Number 613-0230

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PROJECT GRANT AGREEMENT

between

THE REPUBLIC OF ZIMBABWE

and the

UNITED STATES OF AMERICA

for

ZIMBABWE FAMILY PLANNING

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The Futures Group, Inc.

Dated: August 29, 1990

A

Zimbabwe Family Planning Project (613-0230)

Project Grant Agreement between Zimbabwe and the United States

Clearances:

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A.I.D. Project Number 613-0230

Project Grant Agreement

Dated: August 20, 1990

Between

The Republic of Zimbabwe ("Grantee")

And

The United States of America, acting through the Agency for International Development ("A.I.D.").

Article 1: The Agreement

The purpose of this Project Grant Agreement ("Agreement") is to set out the understandings of the parties named above ("Parties") with respect to the undertaking by the Grantee of the project described below ("Project"), and with respect to the financing of the Project by the Parties.

Article 2: The Project

SECTION 2.1. Definition of Project. The Project, which is further described in Annex 1, is designed to support increased access to and use of a wider selection of family planning methods delivered through a sustainable system that includes an expanded role for the private sector and reduced costs per user borne by the government of Zimbabwe. Annex 1, attached, amplifies the above definition of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in Annex 1 may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2, without formal amendment of this Agreement.

SECTION 2.2. Incremental Nature of Project

(a) A.I.D.'s contribution to the Project will be provided in increments, the initial one being made available in accordance with Section 3.1 of this Agreement. Subsequent increments will be subject to availability of funds to A.I.D. for this purpose, and to the mutual agreement of the

Parties, at the time of a subsequent increment, to proceed. It is anticipated that, subject to the provisions of this Section, A.I.D.'s total contribution to this Project will be Fifteen Million Seven Hundred and Twelve Thousand United States ("U.S.") Dollars ($15,712,000), of which it is estimated that Nine Million Four Hundred Thousand United States ("U.S.") Dollars ($9,400,000) will be made available from A.I.D. Zimbabwe resources and Six Million Three Hundred and Twelve Thousand United States ("U.S.") Dollars ($6,312,000) will be made available from A.I.D. Washington resources over the life of the project.

(b) Within the overall Project Assistance Completion Date stated in this Agreement, A.I.D., based upon consultation with the Grantee, may specify in Project Implementation Letters appropriate time periods for the utilization of funds granted by A.I.D. under an individual increment of assistance.

Article 3: Financing

SECTION 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement an amount not to exceed One Million Six Hundred and Twenty Six Thousand United States ("U.S.") Dollars ($1,626,000) ("Grant"). The Grant may be used to finance foreign exchange costs, as defined in Section 6.1, and local currency costs, as defined in Section 6.2, of goods and services required for the Project.

SECTION 3.2. Grantee Resources for the Project

(a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.

(b) The resources provided by the Grantee for the Project over its six year life will be not less than the equivalent of U.S. $5,238,000, including costs borne on an "in-kind" basis.

SECTION 3.3. Project Assistance Completion Date

(a) The "Project Assistance Completion Date" ("PACD"), which is August 31, 1996, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.

(b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of the Grant for services performed or goods furnished subsequent to the PACD.

(c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, are to be received by A.I.D. or any bank referred to in Section 7.1 no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D., giving notice in writing to the Grantee, may at any time reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, were not received before the expiration of said period.

Article 4: Conditions Precedent to Disbursement

SECTION 4.1. First Disbursement. Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of any documentation pursuant to which any disbursement may be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D., in form and substance satisfactory to A.I.D., a written statement setting forth the names and titles of those persons in the Government of Zimbabwe who are authorized to sign Project documents and communications, together with a specimen signature of each such person specified in such statement.

SECTION 4.2. Notification. When A.I.D. has determined that the conditions precedent specified in Section 4.1 have been met, A.I.D. will promptly so notify the Grantee.

SECTION 4.3. Terminal Dates for Conditions Precedent

(a) If the condition precedent specified in Section 4.1 has not been met within ninety (90) days from the date of this Agreement, or such later date as A.I.D. may agree to in writing, A.I.D., at its option, may terminate this Agreement by written notice to the Grantee.

Article 5: Special Covenants

SECTION 5.1. The Parties agree to establish an evaluation program as part of the Project. Except as the Parties otherwise agree in writing, the program will include, during the implementation of the Project and/or at one or more points thereafter:

(a) evaluation of progress towards attainment of the objectives of the Project;

(b) identification and evaluation of problem areas or constraints which may inhibit such attainment;

(c) assessment of how such information may be used to help overcome such problems; and

(d) evaluation, to the degree feasible, of the overall development impact of the Project.

SECTION 5.2. The Grantee agrees that any income accrued by ZNFPC from the sale of contraceptive commodities will be deposited in a separate account to be used for the purchase of ZNFPC's future contraceptive supplies.

SECTION 5.3. The Grantee agrees to conduct a study to assess the advantages of modifying existing advertising restrictions on the sale of contraceptives while maintaining ZNFPC's role in quality control.

SECTION 5.4. The Grantee agrees to develop a plan and initiate a process which would result in the elimination of import duties on all contraceptive commodities within two years after execution of the subject Grant Agreement.

SECTION 5.5. The Grantee shall request and obtain from ZNFPC its written agreement to consider the addition of one new tutor position funded by its own budget each year, totalling six tutors for six project years ending in 1995.

SECTION 5.6. The Grantee agrees to assume responsibility for the purchase of oral contraceptives now funded from A.I.D. resources on a phased basis before the end of the project.

SECTION 5.7. The Grantee covenants that the Ministry of Health will make available medical staff, including hospital administrators, senior clinic staff, and other service delivery staff, for project-funded seminars on family planning policy and management to be held in the provinces.

SECTION 5.8. The Grantee agrees to allow ZNFPC to refurbish the rooms allocated for Family Planning with Ministry of Health institutions in order to facilitate the implementation of clinical procedures.

SECTION 5.9. The Grantee agrees that a designated amount of funds will be disbursed by USAID directly to ZNFPC who in turn will make the funds available to the Central Statistical Office to carry out the 1994 Demographic and Health Survey.

Article 6: Procurement Source

SECTION 6.1. Foreign Exchange Costs. Disbursements pursuant to Section 7.1 of funds from the Development Fund for Africa (DFA) account will be used exclusively to finance the costs of goods and services required for the Project having, with respect to goods, their source and origin, and with respect to suppliers of commodities and services, their nationality, in the United States or any other country included in Code 935 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or

contracts entered into for such goods or services ("Foreign Exchange Costs") with respect to foreign exchange costs, except as provided in Annex 1 to this Agreement or as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, Section C.1 (b) with respect to marine insurance. Ocean transportation costs will be financed under the Grant only on vessels under flag registry of the United States, except as A.I.D. may otherwise agree in writing.

SECTION 6.2. Local Currency Costs. Disbursements pursuant to Section 7.2 will be used exclusively to finance the costs of goods and services required for the Project having, with respect to goods, their source and origin, and with respect to services, their nationality, in Zimbabwe except as provided in Annex 1 to this Agreement or as A.I.D. may otherwise agree in writing. To the extent provided for under this Agreement, "Local Currency Costs" may also include the provision of local currency resources required for the Project.

Article 7: Disbursement

SECTION 7.1. Disbursement for Foreign Exchange Costs

(a) After satisfaction of relevant conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Foreign Exchange Costs of goods or services required for the Project in accordance with the terms of this Agreement, by such of the following methods as may be mutually agreed upon:

(1) by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, (A) requests for reimbursement for such goods or services, or (B) requests for A.I.D. to procure commodities or services on the Grantee's behalf for the Project; or

(2) by requesting A.I.D. to issue Letters of Commitment for specified amounts, (A) to one or more U.S. banks, satisfactory to A.I.D., committing A.I.D. to reimburse such bank or banks for payments made by them to contractors or suppliers, under Letters of Credit or otherwise, for such goods or services, or (B) directly to one or more contractors or suppliers, committing A.I.D. to pay such contractors or suppliers for goods or services.

(b) Banking charges incurred by the Grantee in connection with Letters of Commitment and Letters of Credit will be financed under the Grant unless the Grantee instructs A.I.D. to the contrary. Such other charges as the Parties may agree to may also be financed under the Grant.

SECTION 7.2. Disbursement for Local Currency Costs

(a) After satisfaction of relevant conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Local Currency Costs of goods or services required for the Project in accordance with the terms of

this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, requests to finance such costs.

(b) The local currency needed for such disbursements may be obtained:

(1) by acquisition by A.I.D. with U.S. dollars by purchase or from local currency already owned by the U.S. Government; or

(2) by A.I.D., (A) requesting the Grantee to make available the local currency for such costs, and (B) thereafter making available to the Grantee, through the opening or amendment by A.I.D. of Special Letters of Credit in favor of the Grantee or its designee, an amount of U.S. dollars equivalent to the amount of local currency made available by the Grantee, which dollars will be utilized for procurement from the United States under appropriate procedures described in Project Implementation Letters.

The U.S. dollar equivalent of the local currency made available hereunder will be, in the case of the subsection (b) (1) above, the amount of U.S. dollars required by A.I.D. to obtain local currency, and in the case of subsection (b)(2) above, an amount calculated at the rate of exchange specified in the applicable Special Letter of Credit Implementation Memorandum hereunder as of the date of the opening or amendment of the applicable Special Letter of Credit.

SECTION 7.3. Other Forms of Disbursement. Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

SECTION 7.4. Rate of Exchange. Except as may be more specifically provided under Section 7.2, if funds provided under the Grant are introduced into the Republic of Zimbabwe by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of the Republic of Zimbabwe at the highest rate of exchange which, at the time the conversion is made, is not unlawful in the Republic of Zimbabwe.

Article 8: Miscellaneous

SECTION 8.1. Communications. Any notice, request, document, or other communication submitted by either Party to the other under this Agreement will be in writing or by telex, telegram or cable, and will be deemed duly given or sent when delivered to such Party at the following addresses:

To the Grantee: Secretary

Mail Address: Ministry of Finance, Economic
Planning and Development
Private Bag 7705
Causeway, Harare

Alternate address for telex: MFEPD
Harare

To A.I.D.:

Mail Address: Director
USAID/Zimbabwe
P.O. Box 6988
Harare

Alternate address for telex: c/o U.S. Embassy
Harare

SECTION 8.2. Representatives. For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting in the office of Secretary, Ministry of Finance, Economic Planning and Development, and A.I.D. will be represented by the individual holding or acting in the office of Director, A.I.D. Mission to Zimbabwe. By written notice, the foregoing individuals may designate additional representatives for all purposes other than exercising the power under Section 2.1 to revise elements of the amplified description in Annex 1. The names of the representatives of the Grantee, with specimen signatures, will be provided to A.I.D., which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority.

SECTION 8.3. Standard Provisions Annex. A "Project Grant Standard Provisions Annex" (Annex 2) is attached to and forms part of this Agreement.

IN WITNESS WHEREOF, the Republic of Zimbabwe and the United States of America, each acting through its duly authorized representatives, have caused this Agreement to be signed in their names and delivered as of the day and year first above written.

THE UNITED STATES OF AMERICA

By: _____
Raymond R. Snider

Title: Charge d'Affaires
United States of America

Date: 29 August 1990

By: _____
Allison B. Herrick

Title: Director, United States
Agency for International
Development (USAID)

Date: 29 August 1990

THE REPUBLIC OF ZIMBABWE

By: _____
E.N. Mushayakarara

Title: Senior Secretary
Ministry of Finance, Economic
Planning and Development

Date: 29 August 1990

Project	:	Zimbabwe Family Planning Project
Appropriation	:	72-1101014
Budget Plan Code	:	GSSA-90-21613-KG13
Allotment	:	N/A
Amount	:	US$ 1,626,000.00
Res. Contr. No.	:	G023000
Funds Available	:	_____

_____
Controller, USAID/Zimbabwe

Amplified Project Description

Zimbabwe Family Planning
Project No. 613-0230

Amplified Project Description

Elements of this Amplified Project Description may be changed by written agreement of the authorized representatives of the parties named in the Project Agreement without formal amendment of the agreement, provided that such changes are within the general scope of the project as set forth in the text of the agreement.

I. General Project Description:

A. Objectives

The Zimbabwe Family Planning project will provide assistance to contribute to achievement of a sustainable reduction in the total fertility rate in Zimbabwe by 1995 and increased national self reliance in the provision of improved access to high quality family planning services. The anticipated amount of funds available from A.I.D./Zimbabwe over the six-year life of project is estimated to total $9.4 million, which will be complemented with an estimated $6.312 million from A.I.D./Washington resource and a host country contribution of the equivalent of $5.238 million over the life of the project. Therefore, program resources to be dedicated to achieving the project objectives stated herein are estimated to total $20.950 million over the life of the project.

To achieve the goal, the project purpose is to support increased access to and use of a wider selection of family planning methods delivered through a sustainable system that includes an expanded role for the private sector and reduced costs per user borne by the government of Zimbabwe. If the purpose is achieved, at the end of the project: (a) there will be an increase in use of modern contraception from 36 to 50 percent of married women of reproductive age; (b) a wider variety of contraceptive methods will be available and used; and (c) 15-20 percent of all family planning services will be financed or delivered by the private sector.

Experience from other countries suggests that with expanded access to a wider variety of methods user needs are more appropriately satisfied and overall use of contraception increases. Furthermore, increased use of the more effective, longer-term methods improves the effectiveness of contraceptive use. Therefore, having a more diversified mix of methods is likely to increase overall contraceptive prevalence. Broader private sector participation will reach more users and increase government efficiencies in targeting the most difficult niches of the beneficiary population. Therefore, the national delivery system as a whole will be more efficient and cost-effective, which is a key factor in enhancing system sustainability.

Table A lists the estimated project output targets. Table B provides the general implementation schedule. Key first year implementation activities are listed in Table C.

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B. Components:

The project has three components for channeling resources to activities planned for achieving the project purpose. The first will diversify the available mix of contraceptive methods. The second will promote the role of the for-profit sector in the delivery and financing of family planning services. The two components will both contribute to sustainability by reducing costs per contraceptive user as well as the government's burden in service provision. A third component will support private sector coordination activities and measures to enhance the total system's continued sustainability and eventual self-reliance. All three components are described below.

1. Component 1: Diversification of Methods

The project's strategy for achieving a more diversified method mix is to support: (a) promotional efforts to increase awareness and knowledge of both providers and potential users of longer-term methods; and (b) training, service delivery, evaluation and research, and provision of contraceptive commodities for the purpose of increasing access to longer-term methods.

a. Promotion

The project will develop promotional materials to help counsellors and contraceptive users select the most appropriate method of contraception. Community Based Distributors (CBD's) will be retrained to counsel and refer appropriate clients to clinics offering IUD insertion and sterilization. Staff in the Ministry of Health and other public sector facilities offering sterilization, implants, and IUDs will attend orientation seminars to increase their knowledge about and favorable attitudes towards those methods.

Method-specific information, education, and communications materials (flip-charts and handouts) will be adapted for Zimbabwe. Some materials will be geared specifically to male audiences and those who are not aware that persons over age 35 are not too old to be concerned about family planning. A.I.D. will fund the adaptation and testing. The World Bank is expected to support the mass production and distribution of the materials. The materials will be used by the Zimbabwe National Family Planning Council (ZNFPC), the Ministry of Health, and for-profit providers of services.

The project will support the retraining of CBDs in order to enhance their role as promoters of a wider range of methods. Included in the training will be male motivators who work with private sector providers of services. A.I.D. resources cover development of a curriculum for CBD refresher training and the retraining costs for 80 percent of CBDs and their supervisors .

Focusing on specific service delivery sites, the project will develop reorientation seminars for clinical personnel who come into contact with potential acceptors of longer term methods. With the approval of the Ministry of Health, hospital administrators, senior clinical staff, and Ministry of Health Provincial health managers will attend, along with nurses and health educators.

b. Training

A.I.D./Washington resources will support development of a comprehensive family planning training plan for Zimbabwe. Upon plan completion, A.I.D./Zimbabwe resources will be used to support a ZNFPC-led workshop for principal cooperating agencies to delineate respective roles. The project will also help develop ZNFPC into an international training resource for Anglophone Africa.

A.I.D./Washington resources will support revision of the Basic Course, completion of the IUD Course, and completion of the Sterilization Course. In each case, the state of current field practice will be assessed to guide the development of training content and to ensure that trained personnel are properly equipped and supervised to practice what they have been taught.

The project will support ZNFPC efforts to significantly expand training of employer-sponsored personnel, as well as training of Ministry of Health and ZNFPC staff committed to performing sterilization and IUD insertion. In the first two years of the project, A.I.D./Zimbabwe resources will finance the hiring and training of six additional tutors bringing the total to 19. Support for the tutors will be phased out as ZNFPC assumes responsibility for their salaries: the project will support six tutors in years 2 through 4, three in year 5, and none in year 6. A.I.D./Zimbabwe resources will also support: purchase of training equipment, a small renovation allowance, and other recurrent costs associated with high priority ZNFPC and private sector trainees (meals, lodging, transportation, and reproduction of materials).

ZNFPC will use project assistance to update its training cost schedule and develop cost recovery mechanisms for international trainees and trainees sponsored by the Ministry of Health through the World Bank Family Health Project.

c. Service Delivery

Given the importance of expanding the method mix, the project emphasizes sterilization, IUDs, and the implant NORPLANT as the longer-term methods meriting the most attention in the next six years. The project will also continue to provide oral contraceptives (while gradually shifting the long-term financing burden to others) because oral contraceptives are and will

remain the program's backbone in the foreseeable future. The strategy includes the following elements:

(1) It emphasizes sterilization as the long-term method with greatest potential but proceeds slowly to expanded service provision (initially through six public sector clinics and two ZNFPC facilities);

(2) It promotes full availability of IUDs through ZNFPC clinics, private physicians, and employer-sponsored clinics;

(3) It promotes the testing and expanded use of the implant NORPLANT;

(4) It strengthens the motivation and ability of CBDs to refer sterilization and IUD clients; and

(5) It expands private sector contraceptive distribution through social marketing.

Expanding the service delivery capacity will involve five areas of project assistance: (a) assessment of ZNFPC and private sector clinic capabilities; (b) improved supervision systems; (c) expansion of ZNFPC sterilization facilities; (d) expansion in the number of ZNFPC clinics within public sector facilities; and (e) introduction of the implant NORPLANT.

d. Evaluation and Research

Project resources will continue to support ZNFPC's Evaluation and Research Unit (ERU) for monitoring of program implementation, identification of operational issues and problems; testing strategies for resolving problems; and evaluation of project and program impact.

e. Contraceptive Commodities

The project will initiate processes to transfer commodity procurement, management, and the financing burden to the Government of Zimbabwe and other donors. The project will assist the ZNFPC in gaining self-sufficiency in contraceptive need forecasting, procurement, and logistics management by the end of year 5. It will also assist in establishing a Zimbabwean manufacturing capability, as feasible and appropriate.

A.I.D. resources will be used only for oral contraceptives and the implant NORPLANT. The United Nations Population Fund (UNFPA) will assume responsibility for condoms, IUDs, foam tablets, and other vaginal methods. Pills will be provided during years 1-5 and NORPLANT in years 3-6. A.I.D./Zimbabwe resources will be used to fund 83.7 percent of contraceptive costs with A.I.D./Washington assuming responsibility for the remainder, including all funds required for NORPLANT.

2. Component 2: Expansion of Private Sector Involvement

The project will expand private sector involvement in family planning service delivery by providing program and staff support in five specific areas: (a) contraceptive social marketing, (b) employer-provided clinics and CBDs, (c) mobilization and training of private physicians, (d) increases in insurance reimbursement, and (e) generation of corporate contributions. The project will also support activities to increase ZNFPC coordination capabilities.

a. Contraceptive Social Marketing

A contraceptive social marketing program was initiated in 1987 through an agreement between the A.I.D./Washington-funded SOMARC project and Geddes, Ltd., a local pharmaceutical supplier. The SOMARC project provides technical assistance and contraceptives (orals, condoms, foaming tablets, and IUDs) to Geddes for its Family Care Programme. Geddes, in turn, pays the import duties and takes responsibility for packaging, advertising and marketing the commodities through pharmacies and private doctors. Under the project, distribution of condoms is to be extended to cafes, hotels, bars, and supermarkets, if politically and socially acceptable. The project will support expansion of the social marketing program by providing 10 person-months of A.I.D./Washington-funded SOMARC technical assistance and $160,000 in A.I.D./Zimbabwe-funded contraceptives. Private sector commodity requirements for years 1 and 2 are covered by existing contraceptive stocks at Geddes. Requirements for the remaining years assume a complete phase-out of A.I.D./Zimbabwe support by year 6.

b. Employer-Provided Services

With assistance from the A.I.D./Washington-funded Enterprise Project, the ZNFPC Private Sector Coordinator has created partnerships with five types of enterprises, including two large commercial farms, approximately 125 medium-scale commercial farms, a mining company, and a large urban manufacturing company. The Enterprise Project financed start-up costs including service-provider training, IEC materials, equipment, and planning. Most recurrent costs have been funded by the companies.

Under the project, A.I.D./Washington resources will be used to develop presentations to gain the support of private sector managers and their public sector counterparts for the funding of employee family planning services.

c. Mobilization of Private Physicians

There are 116 private clinics in Zimbabwe, and a total of 500 private physicians, over 200 of whom are authorized to dispense a full range of contraceptive products. The project will provide support for educating and informing private clinics and physicians about the advantages of family planning for their patients and explore with them the possibility of

distributing contraceptives at a cost. A.I.D./Washington resources will be used for training in the provision of clinical family planning methods. Priority will be given to training female physicians. The initial focus will be on practitioners in urban Harare, Chitungwiza, and Bulawayo. The physicians will receive a contraceptive technology update course and all will be trained to insert IUDs. The larger practices will have some of their nurses or assistants trained in counselling, especially for the more effective clinical methods. A special training module will be developed for male counselling since many of the private physicians see male patients and their families under the various medical aid societies. Participating clinics will be equipped for IUD insertions. In addition, a small number will be equipped to perform Mini-Lap sterilization procedures under local anesthesia.

d. Insurance Reimbursement Programs

A.I.D./Washington resources assisted CIMAS, Zimbabwe's largest private medical aid society with an analysis which led to a decision by CIMAS to reimburse insured beneficiaries who use ZNFPC family planning services. CIMAS and ZNFPC negotiated a fee schedule for those services. A more recent decision authorized service reimbursement for private physicians as well. Project resources will be used to expand the reimbursement scheme to include other medical aid societies and permit reimbursement to private providers. A.I.D./Washington resources will be used to train the ZNFPC Private Sector Coordinator in promotional and implementation aspects of this approach and to support efforts to inform other medical aid societies of the CIMAS experience and assist them in instituting a fee structure and expense reporting system.

e. Corporate Contributions

A.I.D./Washington resources will be used to expand the activities of the ZNFPC Private Sector Coordinator beyond the initiatives described above in an attempt to mobilize the resources of the private sector, including blocked funds, sponsorship of events, and donations of cash and equipment.

3. Component 3: Coordination and Sustainability

Currently, ZNFPC directly serves 38 percent of modern method users. It is unlikely that Government funding for ZNFPC will expand commensurately with demand for services. The project supports the following activities to increase the capacity of the public and private sectors to maintain required levels of service and to support the eventual achievement of national self reliance in service deliver: (a) adding family planning services to existing Ministry of Health facilities to achieve a more cost-effective use of existing infrastructure; (b) facilitating service delivery through private as well as public channels; (c) examining the potential for increased user fees, service fees charged to insurance providers, and fees charged to other agencies for clinical training; and (d) examining alternative service delivery models to augment efficiency and reduce recurrent costs. Other measures to enhance sustainability are described below.

a. ZNFPC Coordination of Private Sector Activities

The project will support the creation of a unit within the ZNFPC to coordinate activities of the for-profit sector. A.I.D./Zimbabwe resources will be used to support two local consultants to assist the coordinator in developing new for-profit involvement in the first five years of the project. One consultant will focus on expanding demand for more project interventions within the private sector; the other will ensure that companies offering family planning obtain timely information and support services. Project resources will support the unit with a vehicle and such office equipment as a fax machine, a phone answering machine, and photocopying equipment.

b. Cost Recovery

Cost recovery and cost reduction will be strengthened in ZNFPC to increase available resources and to make better use of existing ones. The project will finance: (i) operations research to strengthen fee collection and management; (ii) method-specific cost analysis of current services; (iii) a price elasticity study for contraceptive services; and (iv) cost analysis and establishment of a fee structure for training programs. The studies may be conducted together or in sequence and will begin by year 3.

c. Diversification in Contraceptive Sourcing

As one of the conditions for this project the Government must agree to assume responsibility for the purchase of oral contraceptives on a phased basis before year six. Project projections estimate requirements for oral contraceptives over five years of US$8.3 million. The project includes support for oral contraceptives at a total cost of U.S. $5 million over six years, assuming that the Government will assume responsibility for increasing portions of the total annual requirement: 21 percent of the pill requirements in the third year of the project, 25 percent in the fourth year, 50 percent in the fifth year, and 100 percent in the sixth year.

It is recognized that discontinuities in pill supply would be particularly serious for Zimbabwe because of its dependence on this single method and should, therefore, be avoided if at all possible. For this reason, shortly after year 2 of the project interested parties will review contraceptive use data and re-assess earlier projections. Based on the new estimates, a more accurate estimate of pill requirements will be made. At that time, the plan to have the Government of Zimbabwe begin to assume responsibility for the purchase of oral contraceptives will also be examined. If it is found that the Government is able to purchase pills with foreign currency, A.I.D. will assist in the procurement process. If, however, the Government is unable to meet any or all of the foreign currency contraceptive requirements, other options will be considered, in light of internal and external circumstances.

C. Relationship with other A.I.D.-financed and Donor Activities:

Although planned as a unified endeavor with a single set of goals, purposes and components, this project will be implemented jointly by A.I.D./Washington and A.I.D./Zimbabwe in concert with the Government of Zimbabwe and the Zimbabwe National Family Planning Council. The total amount of A.I.D. assistance for activities is set forth in the Illustrative Financial Plan forming Attachment A to this Amplified Project Description.

A.I.D./Washington funds will be used primarily for technical assistance, project management, and a portion of contraceptive requirements. A.I.D./Zimbabwe resources will be used to fund local costs and the procurement of vehicles, equipment, and contraceptives. Additional A.I.D./Washington funds not included or discussed in this project may become available over the life of the project for activities addressing generic population issues, e.g., clinical field trials for new or modified contraceptives, operations research, and for testing of training materials. Such activities are expected to benefit not only Zimbabwe, but all countries participating in family planning activities.

An illustrative list of potential sources and purposes of A.I.D.-funded technical assistance for the project is included in Table D. Each Cooperating Agency will have a clearly defined and time-limited task.

The project will be coordinated with the second phase of the World Bank's Family Health Project (FHP-II). The A.I.D. project and FHP-II program cover several areas of complementarity: expansion of method mix; training of clinical personnel with emphasis on longer-term methods; Information, Education, and Communication (IEC) assistance to ZNFPC; and strengthening the management of ZNFPC.

The Project will be coordinated also with the United Nations Population Fund (UNFPA) project to be initiated in 1990. Three areas of activity for the UNFPA program are related to the A.I.D. project: training of Ministry of Health personnel by ZNFPC staff; provision of contraceptive commodities; and support for IEC.

Table E summarizes the major areas of project assistance by A.I.D., UNFPA and the World Bank. It is not certain, of course, to what degree the final project designs of the other donors will reflect the priorities and planned activities discussed with their representatives during design of the A.I.D. project, but it is apparent that the programs will require extensive and continued coordination.

II. Responsibilities of the Participants:

Project oversight will be provided by a Project Implementation Committee comprised of participants from the Ministry of Health, ZNFPC, and A.I.D./Zimbabwe. The Project Implementation Committee will be responsible for reviewing the annual workplan and budget prepared by ZNFPC and will provide policy guidance, as required, to ZNFPC. The Project Implementation Committee will be responsible for establishing with ZNFPC and A.I.D./Zimbabwe annual goals and objectives. The Specific Support Grant Agreement for the sub-grant to ZNFPC will require that ZNFPC submit quarterly operational and financial status reports to the Government of Zimbabwe and A.I.D./Zimbabwe. In addition, an annual workplan will be submitted to all parties to the agreement at least 60 days prior to the end of each operating year. The workplan and budget included therein will be reviewed by the Project Implementation Committee to ensure its consistency with the goals and objectives of the project as well as the policy guidance provided by the Project Implementation Committee.

ZNFPC, using the approved workplan as amended by the quarterly reviews, will have authority and responsibility for implementing the project. Day-to-day operational decisions and implementation will be administered by ZNFPC without further review by either A.I.D./Zimbabwe or the Government of Zimbabwe.

Project monitoring for A.I.D./Zimbabwe and A.I.D./Washington-funded activities will be the responsibility of a Project Administrator under A.I.D. oversight. The Project Administrator will monitor implementation progress against output targets, using quarterly reports from the implementing agencies and cooperating agencies. The Project Administrator will be expected to keep abreast of other donor activities and maintain a close liaison to ensure that all donors are cognizant of any problems that could jeopardize the achievement of project objectives.

III. Illustrative Financial Plan:

The Illustrative Financial Plan forming Attachment A to this Amplified Project Description is illustrative and changes may be made to the plan by representatives of the parties named in the text of the Agreement without formal amendment to the Agreement if such changes do not cause (1) A.I.D.'s contribution to exceed the amount specified in the text of the Agreement, or (2) the Grantee's contribution to be less than the amount specified in the text of the Agreement. Future A.I.D. contributions beyond those committed in the Project Agreement are subject to the availability of funds and mutual agreement of the parties to proceed.

IV. Financing Methods:

A.I.D./Zimbabwe project funds are to be obligated by a grant agreement signed by the Government of Zimbabwe and A.I.D./Zimbabwe. The grant agreement will authorize A.I.D./Zimbabwe to negotiate and sign a Specific Support Agreement

with ZNFPC, who will administer and implement the project. A.I.D./Zimbabwe funding for contraceptive procurement and any project activities to be implemented by the Ministry of Health will not be included in the specific support agreement and will remain under the control of the Government of Zimbabwe. Such funds will be committed and disbursed upon the mutual concurrence of A.I.D./Zimbabwe and the Government of Zimbabwe.

A.I.D./Zimbabwe will have responsibility for and financial accountability. Payments to the Grantee (Government of Zimbabwe) and Sub-Grantee (ZNFPC) will be by direct payment or reimbursement. These procedures are approved methods of financing. To the extent required, periodic advances will be provided to the Grantee and Sub-Grantee in order to facilitate commodity procurement, training, or to provide start up resources for other project activities. Advances will be limited to the amount required for immediate disbursing needs in accordance with U.S. Treasury cash management guidelines.

A.I.D./Zimbabwe will be responsible for procurement of vehicles under the project using the RPSO/Tokyo. The Project Officer will prepare the PIO/C's with assistance as required from the Regional Commodity Management Officer to ensure that all specifications are in compliance with A.I.D. regulations and the Grantees' needs. The PIO/C's, after completion, will be forwarded to the A.I.D./Zimbabwe Executive Officer for contracting action.

The ZNFPC will be responsible for procuring all necessary locally available supplies and for leasing of all necessary equipment through competitive procurement procedures. Funds for contraceptive procurement will be transferred from A.I.D./Zimbabwe to A.I.D./Washington for purchases made through A.I.D.'s central procurement contract.

Project management will be the responsibility of the sub-grantee for the funds budgeted for ZNFPC. Project funds have been budgeted for remodelling of family planning facilities and clinics and for workshops. ZNFPC will arrange for bids to be obtained for all construction work and necessary procurement of supplies. All construction and procurement will be competed using approved A.I.D. procedures.

Funds budgeted for seminars and workshops and for training will be sub-granted to ZNFPC, who will handle all the logistical arrangements for these activities. Funds also have been budgeted for a demographic survey. These funds will be administered by ZNFPC under their sub-grant. The survey itself will be carried out by the Central Statistics Office (CSO). ZNFPC will reimburse the CSO for all necessary costs of the survey.

V. Evaluation

Monitoring and evaluation of project impact will be the responsibility of the Evaluation and Research Unit (ERU) in ZNFPC. A.I.D. has supported this Unit since its inception and will continue to do so through the new project. There will be five specific areas of assistance: (a) general purpose technical support; (b) strengthening the collection and use of service statistics; (c) establishing a management information system for the Council's training

program; (d) supporting various operations research studies; and (e) evaluating project and program impact.

The ERU will be the locus for analyzing measures by which the project and the ZNFPC's overall program implementation progress and impact will be assessed. The most important of these measures are: total fertility rate, contraceptive prevalence rate, and method mix. Other measures are indicated in Table A, which includes the estimated project outputs and target levels. The ERU's ability to provide these output and impact measures will be greatly enhanced by the A.I.D.-funded third Demographic and Health Survey (DHS) planned for 1994. The survey will provide nationally representative data which in combination with data from the 1988 Zimbabwe Demographic and Health Survey will enable an assessment of changing knowledge, attitudes, and practices in family planning. It is anticipated that the survey will again be implemented by the Central Statistical Office with technical assistance from ZNFPC and ERU staff in particular. The contractor for DHS III will provide 12.5 person-months of technical assistance to the CSO and ZNFPC to implement the survey.

In addition to continuous monitoring of key indicators, two evaluations of the project are planned: a mid-term assessment in the second quarter of Fiscal Year 1993, and a final evaluation in the first quarter of Fiscal Year 1996. The evaluations will assess progress in implementing the three project components and their impact on family planning use in Zimbabwe. The evaluations will draw upon service statistics collected by ZNFPC, ZNFPC reporting documents, the private sector, participating Cooperating Agencies, and interviews with representatives and field staff from ZNFPC, the Ministry of Health, and private sector organizations. The final evaluation will have a social impact component.

While the project's progress will be assessed each year, the first management review by A.I.D./Zimbabwe staff (to be scheduled at the end of Year 1) will be especially important. The management review will use the Logical Framework in Annex II.A. of the Project Paper to determine if project implementation is on track. The results of the management review will then be used to determine if modifications in the design or implementation plans are warranted.

TABLE A. Schedule and Target Levels for Outputs

Component 1: Diversification of Methods

A. Promotion

CBDs trained in Patient Counseling and referral	536 CBDs retrained as promoters
Public Sector personnel reoriented to long-term methods	50 seminars conducted
IEC materials developed and printed	20,000-25,000 copies of IEC materials developed

B. Training

Curricula for Training are reviewed adapted. b) sterilization c) NORPLANT$_R$ d) CBD retraining e) private physicians	Revised curricula available on: a) IUDs & STDs
Training is provided for:	
--ZNFPC tutors	19 ZNFPC Tutors trained
--MOH tutors	MOH Tutors trained (World Bank)
--ZNFPC clinic staff	127 ZNFPC clinic staff retrained
--MOH clinic staff	MOH clinic staff trained (World Bank)
--Employer-based health personnel (doctors, nurses, CBDs)	Health personnel from 35-50 employer-based companies
Trainee performance evaluated	All categories of trainees evaluated
Assessment of Training fee rates and collection procedures	Study completed
Increased number of fee paying trainees	150-200 international trainees

C. Service Delivery

Clinic facilities and output assessed and strategic plan developed	34 ZNFPC clinics assessed, strategic plan available
Sterilization facilities equipped	6 additional clinics equipped for sterilization
Existing ZNFPC clinics strengthened	34 ZNFPC clinics provided improved IUD and other services.
Increased number of ZNFPC clinics established in public facilities	6 additional ZNFPC clinics in public sector facilities.
Introduction of NORPLANT$_R$	NORPLANT$_R$ available at limited number of ZNFPC, public sector, and private clinics.

D. Evaluation and Research

Assessment and revision of service statistics system	Increased proportion of ZNFPC and Public Sector clinics reporting within 15 days of month's end.
Increased use of service statistics by managers	
M.I.S. for tracking trainees developed	M.I.S. training system functioning
Operations research and other studies conducted.	Studies completed
DHS conducted	Report published

E. Contraceptives

Continued maintenance of logistics management system	Self-sufficient commodity procurement management system

Component 2: Private Sector

A. Social Marketing

Increased distribution of contraceptives by Social Marketing System	Increases in contraceptive sales

B. Employer-provided Services

Increased number of employer-based clinics providing services	35-50 employer-based companies providing services

C. Mobilization of Private Physicians

Increased No. of private physicians offering family planning	200 private doctors trained and providing family planning

D. Insurance-Reimbursement Programs

More Medical Aid Societies reimburse family planning costs	15 additional medical aid societies cover family planning and 100,000 additional couples covered by family planning benefits and increased revenues.

E. Corporate Contributions

Corporate contributions for family planning made	Z$110,000 contributed for family planning

Component 3: Coordination and Sustainability

A. ZNFPC Private Sector Coordination

Expanded staff with improved outreach capacity	Number of ZNFPC P.S. Coordination staff in place

B. Cost Recovery

Private Sector operations research	Number of studies completed
Revenue Management Study	Completed study
Method Cost analysis	Completed study
Training Cost analysis	Completed study
Price Elasticity study	Completed study

C. Diversification in Contraceptive Sourcing

Government or other donors take over over contraceptive financing	Adequate contraceptive supplies as A.I.D./Zimbabwe financing phases out.

TABLE B

Implementation Plan

Activities	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
I. Diversification of Methods						
A. Promotion						
IEC	x	x	*	*	*	*
CBD reorientation		x	x	x	x	x
Clinical reorientation		x	x			
B. Training						
Strategic planning for CA participation	x	x				
Curriculum review and adaptation	x	x				
Expanded training output	x	x	x	x	x	x
Trainee followup	x	x	x	x	x	x
C. Service Delivery						
Assess clinic facilities and service delivery	x	x				
Strengthen existing ZNFPC clinics						
- Procure equipment		x	x			
- Establish mgt and supervision system		x	x			
Expand sterilization clinic facilities			x	x	x	x
Set up additional ZNFPC clinics within public sector hospitals			x	x	x	x
NORPLANT$_R$ expansion			x	x	x	x
D. Research and Evaluation						
Assess service statistics	x	x				
Set up and maintain MIS to track clinical and CBD training	x	x	x	x	x	x
Design and implement acceptability study	x	x				

* In Years 4-6, materials will be produced and distributed with support from the FHP-II project of the MOH.

TABLE B

Implementation Plan

Activities	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Demographic and Health Survey				x	x	x
E. Contraceptive Commodities						
Procure pills	x	x	x	x	x	
NORPLANT$_R$			x	x	x	x
Logistics Management	x	x	x	x	x	x
II. Expansion of Private Sector						
A. Social Marketing						
Technical assistance	x	x	x	x	x	x
Provide commodities			x	x	x	
B. Employer-Provided Services						
Develop awareness presentation on C/B of family planning	x					
Develop action plan expand No. of companies	x					
Implement Action Plan		x	x	x	x	x
Sponsor meetings, seminars, workshops to present C/B analysis		x	x	x	x	x
Provide training, IEC, other follow-up assistance to businesses		x	x	x	x	x
C. Private Physicians						
Mobilize and train	x	x				
Provide services		x	x	x	x	x
D. Insurance reimbursement						
Provide IEC assistance/ materials to market benefits	x	x	x	x	x	
Follow-up/track revenues from beneficiaries	x	x	x	x	x	
E. Promote corporate support	x	x	x	x	x	x

TABLE B

Implementation Plan

Activities	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
III. Coordination and Sustainability						
A. ZNFPC Coordination	x	x	x	x	x	
B. Research and analysis						
Fee collection			x			
Cost Analysis			x			
Price elasticity				x		
Training analysis			x			
C. Diversify Contraceptive Sourcing						
Other donors	x	x	x	x	x	x
Govt. of Zimbabwe			x	x	x	x
IV. Other						
Project Management	x	x	x	x	x	x
Provide Vehicles	x	x	x	x	x	x
Evaluation and Audit			x	x	x	x

TABLE C

First-Year Implementation Plan and key issues for Management of Project

Year 1

1. Hire project manager

2. Procure initial group of vehicles for ZNFPC

3. Assist in World Bank's strategic planning exercise with ZNFPC (especially ensure participation of training/manpower analyst)

4. Set up local family planning donor coordinating group (World Bank, UNFPA and USAID, etc.) and schedule regular consultation meetings.

5. Set up first meeting of training CAs (AVSC, JHPIEGO, Pathfinder, SEATS) to define specific roles vis-a-vis USAID's Zimbabwe Family planning project and ZNFPC's new strategic plan (see 2 above.) Include in agenda, a plan for reviewing and completing all curricula relevant to ZNFPC's training program and project.

6. Ensure that study on role of CBDs under the operations research project (not funded under the bilateral) of Population Council gets off to timely start in September 1990. Results are key to redefining CBDs role as promoters.

7. Assist ZNFPC to assess clinic facilities and output with technical assistance from AVSC, JHPIEGO and SEATS (1st October FY 91).

8. Following above assessment, assist ZNFPC to refurbish and equip limited number of clinincs.

9. Monitor progress of NORPLANT$_R$ pre-introduction study.

10. Assist ZNFPC to assess service statistics and clinical reporting system including analysis and use of statistics for program management at Headquarters and at provincial centers.

11. With SEATS t.a., ensure that ERU and Training Units develop a management information system to track trainees.

12. Ensure that Population Council assists ERU in design of acceptability study with quick turnaround.

13. Plan for procurement of FY 91 and 92 (?) commodities for public program. No commodities will need to be procurred in year 1 for social marketing.

TABLE C

14. Arrange for consultant to work with ZNFPC's private sector coordinator and SEATS on an action plan and implementation schedule for activities in the private sector.

15. Arrange for Pathfinder and Population Council to set up project to train private physicians.

Year 2

1. Procure second year vehicles and commodities.

2. Assess government's position on partial funding of commodities (pills) in year 3 and review options described in PP as needed.

4. Review results on NORPLANT$_R$ pre-introduction study with government, and if acceptable, plan for wider training and distribution.

TABLE D: INTERNATIONAL TECHNICAL SERVICES, BY CONTRACTOR

Project Component	S&T/POP Cooperating Agency	Period	Estimated Amount
I. Diversification of Methods			
A. Promotion			
IEC materials	PCS	4 PM	
CBD refresher training	SEATS	1 PM	
MOH Seminars	PCS	3 PM	
B. Training	AVSC, JHPIEGO, SEATS	32 PM	
C. Service Delivery			
Clinic Assessment	JHPIEGO, SEATS*	2 PM	
Supervision Systems	SEATS	4 PM	
Clinics in MOH hospitals	SEATS	4 PM	
Sterilization Services	AVSC	4 PM	
IUD Support	JHPIEGO	3 PM	
NORPLANT$_R$ expansion	Population Council		$136,000
D. Evaluation and Research			
Assess Service Statistics	SEATS	3 PM	
Training Information	SEATS	1 PM	
General Purposes	Population Council, Pathfinder	18 PM	
Demog/Health Survey	Macro Systems	12.5 PM	
Acceptability Study	Population Council		$225,000
E. Contraceptive Logistics Management	FP Logistics Management	10 PM	
II. Private Sector			
A. Social Marketing	SOMARC	6 PM	
B. Employer Services	SEATS	2.75 PM	
C. Private Physicians	Pathfinder, POP. Council		$400,000
D. Insurance Reimbursement	SEATS	2.75 PM	
E. Corporate Contributions	POPTECH	2 PM	
III. Coordination/Sustainability			
B. Cost recovery studies	Population Council		$100,000
IV. Other			
A. Project Management	SEATS	66 PM	
B. Evaluation	POPTECH		$300,000

* Roles to be determined through strategic Planning exercise

TABLE E: Planned Donor Assistance in Population and Family Planning for 1990-1995 by Project Component

	Source of Funding			
	A. I. D.			
	Bilat.	A.I.D./W	UNFPA	FHP-II
I. Diversification of Methods				
A. Promotion/IEC				
- Decentralization of ZNFPC IEC Unit			x	x
- Develop, test and print prototype materials on method mix for providers, users, and males	x	x		x
- IEC support			x	
- Leadership seminars/workshops (senior MOH personnel, private sector)	x	x		x
- Population IEC thru Min. Info. Youth Ed.			x	
- Retrain CBDs to promote method mix	x	x		
- Youth Advisor Services			x	x
B. Training				
- Core support for ZNFPC training unit	x			
- Training of ZNFPC tutors and clinicians		x		
- Training of Ministry staff			x	x
- Training of TMs, VCWs			x	
- Evaulate impact of training	x	x		
C. Service Delivery				
- Upgrade and equip ZNFPC clinics		x		x
- Transport for CBD's & supervisors	x			x
- Upgrading of static clinics	x			x
- NORPLANT$_R$ introduction/expansion	x		x	
D. Evaluation and Research				
- Strategic planning for ZNFPC		x		x
- O.R. study of CBDs' role[1]		x		
- Assessment of service statistics		x		
- Acceptability study		x		

Footnote

1. Study being funded by Population Council's O.R. project.

TABLE E

	Source of Funding			
	A. I. D.			
	Bilat.	A.I.D./W	UNFPA	FHP-II
E. Contraceptive Commodities				
- Orals	x	x		
- Condoms			x[2]	
- Injectables			x	
- IUDs			x	
- NORPLANT$_R$		x	x[3]	
- Logistics management	x	x		
II. Private Sector				
A. Social marketing		x		
B. Employer Service		x		
C. Private Physicians		x		
D. Insurance & Reimbursement		x		
E. Corporate Contributions		x		
III. Coordination/Sustainability				
A. ZNFPC Coordination	x			
B. Cost recovery	x	x		
C. Diversification of Contraceptive Sourcing		x	x	x
IV Project Management		x		

Footnotes

2. Some support for condoms will be provided by WHO/GPA.
3. UNFPA funds cover NORPLANT$_R$ in years 1&2, thereafter USAID.

ZIMBABWE FAMILY PLANNING PROJECT
NO. 613-0230

ILLUSTRATIVE FINANCIAL PLAN
(US$ 000's)

PROJECT ELEMENT	FY 1990 OBLIGATION				PLANNED FUTURE YEAR OBLIGATIONS				LIFE-OF-PROJECT TOTAL			
	A.I.D.	Grantee	Other (A.I.D/W)	Total	A.I.D.	Grantee	Other (A.I.D/W)	Total	A.I.D.	Grantee	Other (A.I.D/W)	Total
I Method Diversification	1,145	622	670	2,437	5,333	4,045	2,801	12,179	6,478	4,667	3,471	14,616
II Private Sector	166	-	280	446	-	-	465	465	166	-	745	911
III Coordination/Sustainability	-	-	-	-	300	-	205	505	300	-	205	505
IV Project Administration	-	-	250	250	-	-	1,250	1,250	-	-	1,500	1,500
V Vehicles	300	-	-	300	900	-	-	900	1,200	-	-	1,200
VI Evaluation/Audit	-	95	-	95	210	476	-	686	210	571	-	781
VII Contingency/Inflation	15	-	68	83	1,031	-	323	1,354	1,046	-	391	1,437
TOTAL	1,626	717	1,268	3,611	7,774	4,521	5,044	17,339	9,400	5,238	6,312	20,950

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