AID 1025-1 (7-71) (FACE SHEET)
NONCAPITAL PROJECT PAPER (PROP)

PD-AAB-823-C1

6410068 - (3)

I. PROJECT IDENTIFICATION

1. PROJECT TITLE

Management of Rural Health Services

APPENDIX ATTACHED: [X] YES [ ] NO 1p.

2. PROJECT NO. (M.O. 1095.3) 641-11-590-068

3. RECIPIENT (specify)
[ ] COUNTRY Ghana
[ ] REGIONAL ____ [ ] INTERREGIONAL ____

4. LIFE OF PROJECT
BEGINS FY 75
ENDS FY 76

5. SUBMISSION
[ ] ORIGINAL ____ DATE
[X] REV. NO. ____ DATE
CONTR./PASA NO. ____

II. FUNDING ($000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. PASA/CONTR. (1) $	G. PASA/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US ____ (U.S. OWNED) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY												
2. OPUN FY 75	251.5	115.2	21	19.2	24	13.5	103.5	226.5	15			660.7
3. BUDGET FY 76	433.3	138.7	30	62.2	84	24.5	208.0	371.1	30			
4. BUDGET FY												
5. BUDGET FY												
6. BUDGET FY												
7. ALL SUBSEQ FY												
8. GRAND TOTAL	684.8	253.9	51	81.4	108	38.0	311.5	597.1	45			660.7

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
UNICEF	Local Currency	$5,500

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER G. Flores/J.S. Prince	TITLE HPN	DATE 6-4-75
2. CLEARANCE OFFICER E. Wilson / M. Kean / W. H. North	TITLE AD/M&F; AD/P Director	DATE 6-6-75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL This amendment modifies the terms of reference for Phase I operations aimed at developing in the MOH a system for planning low cost health service coverage for Ghana through (1) establishment of a Planning Unit, (2) functional planning and management training and (3) assistance in development of the Five Year Plan. One additional contract training associate will be provided by KFI and a series of management training seminars will be conducted to identify priority health issues and develop achievable objectives that will form the basis for the Health Plan for the country.

2. CLEARANCES

BUR/OFF	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE

3. APPROVAL AA/OR OFFICE DIRECTORS

SIGNATURE	DATE

TITLE

4. APPROVAL A/AID (See M.O. 1025.1 VI C)

SIGNATURE	DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT