

PDBBI 454

Project Agreement Amendment

Combatting Childhood  
Communicable Diseases

AID project No.: 698-0421.60

Amendment Number 4, dated August 31, 1987 between the United States of America, acting through the Agency for International Development ("A.I.D.") and the Republic of Zaire, acting through the Department of Public Health and Social Affairs ("Grantee"):

WHEREAS, the Grantee and A.I.D. entered into a Project Grant Agreement dated August 31, 1982 ("Agreement"); and

WHEREAS, that Agreement was subsequently amended on May 23, 1983, July 8, 1985, and August 29, 1986; and

WHEREAS, the Grantee and A.I.D. desire to further amend the Agreement to: 1) reflect an increase of two hundred sixty three thousand United States ("US") dollars (\$263,000) in the financial obligation by A.I.D. to the Agreement; 2) to amend the definition of project and Amplified Project Description (Annex I) to include AIDS prevention and control activities; and, 3) to provide for local cost financing.

Now therefore, the parties hereto hereby agree that the Agreement and subsequent amendments thereto shall be amended as follows:

Amendement à l'Accord de Projet

Lutte Contre les Maladies  
Transmissibles de l'Enfance  
Projet 698-0421.60

AMENDEMENT numéro 4, du 31 août 1987, passé entre les ETATS UNIS D'AMERIQUE, agissant par l'intermédiaire de l'Agence pour le Développement International ("A.I.D."), et la REPUBLIQUE DU ZAIRE, agissant par l'intermédiaire du Département de la Santé Publique et Affaires Sociales ("Bénéficiaire"):

ATTENDU QUE, le Bénéficiaire et l'A.I.D. ont passé un Accord de Subvention pour Projet le 31 août 1982 ("Accord"); et

ATTENDU QUE, l'Accord a été par la suite amendé le 23 mai 1983, le 8 juillet 1985 et le 29 août 1986; et

ATTENDU QUE, le Bénéficiaire et l'A.I.D. souhaitent de nouveau amender l'Accord pour: 1) y faire figurer une augmentation de deux cent soixante-trois mille dollars des Etats-Unis (\$US 263.000) à l'engagement financier de l'A.I.D. aux termes de l'Accord; 2) amender la Description du Projet et la Description Elargie du Projet (Annexe I) pour inclure les activités de prévention et de lutte contre le SIDA; 3) et pourvoir au financement des coûts locaux.

EN CONSEQUENCE, les parties au présent accord conviennent par les présentes que l'Accord et les amendements y afférents seront à nouveau amendés de la façon suivante:

1. Article 2: Section 2.1. is deleted in its entirety and the following is substituted in lieu thereof:

**Section 2.1. Definition of Project.**  
The Project which is further defined in Annex I will consist of strengthening the Department of Public Health's institutional capacity to deliver basic health service components of childhood immunizations, treatment of acute diarrheal disease in children, treatment of malaria in children, malaria prophylaxis of pregnant women, and prevention and control of AIDS. Annex I, 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 I may be changed by written agreement of the authorized representatives of the Parties named in Section 7.2, without formal amendment of this Agreement.

2. Annex I and previous Amendments thereto are deleted in their entirety and the attached Annex I, Amplified Description of the Project, is substituted in lieu thereof.

3. Article 3: Section 3.1 is deleted in its entirety. The following is substituted in lieu thereof:

**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 not to exceed seven million one hundred and four thousand United States ("U.S.") dollars (\$7,104,000) ("Grant").

1. Article 2: La Section 2.1 est annulée intégralement et remplacée par ce qui suit,

**Section 2.1 Définition du Projet.**  
Le projet qui est défini plus en détail dans l'Annexe I consistera à renforcer la capacité institutionnelle du Département de la Santé Publique à dispenser les services de santé primaire qui comprennent l'immunisation infantile, le traitement de la diarrhée aiguë chez les enfants, le traitement de la malaria chez les enfants, la prophylaxie de la malaria chez les femmes enceintes et la prévention de la lutte contre le Sida. L'Annexe I, ci-jointe développe la définition du projet ci-dessus. Dans les limites de cette définition, les éléments de la description élargie mentionnée dans l'Annexe I peuvent être modifiés par accord écrit des représentants autorisés des Parties citées dans la Section 7.2. sans amendement formel du présent accord.

2. L'Annexe I et les Amendements précédents sont annulés entièrement et remplacés par l'Annexe I ci-jointe, intitulée Description Elargie du Projet.

3. Article 3: La section 3.1. est annulée intégralement et remplacé par ce qui suit:

**Section 3.1: La Subvention.** Pour aider le Bénéficiaire à financer les coûts de l'exécution du Projet, l'A.I.D., conformément à la loi de 1961 sur l'Aide aux Nations Etrangères, telle qu'amendée, accepte d'accorder au Bénéficiaire, aux termes du présent Accord, un montant qui ne dépassera pas sept millions cent quatre mille dollars des Etats-Unis (\$7.104.000) ("Subvention").

The Grant may be used to finance foreign exchange costs, as defined in Section 5.1 and local currency costs, as defined in Section 5.2.

4. The following section is hereby incorporated into the Agreement:

Section 5.2. Local Currency Costs. Disbursements pursuant to Section 6.2 will be used exclusively to finance the costs of goods and services required for the Project having their source and, except as A.I.D., in accordance with A.I.D. Handbook I (Supplement B, Chapter 18), has agreed or may otherwise agree in writing, their origin in the Republic of Zaire. ("Local Currency Costs")

5. The text of article 6 is deleted in its entirety and the following text is substituted in lieu thereof:

Article 6: Disbursement.

Section 6.1. Disbursement for Foreign Exchange Costs.

(a) 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, (i) requests for reimbursement for such goods or services, or (ii) requests for A.I.D. to procure commodities or services in the Grantee's behalf for the Project; or,

La subvention peut être utilisée pour à financer les coûts en Devises, comme spécifié dans la Section 5.1 et les coûts en monnaie nationale spécifiés à la section 5.2.

4. La section suivante est par les présentes incorporées dans l'Accord

Section 5.2. Coûts en Monnaie Nationale. Les décaissements effectués conformément à la Section 6.2. serviront uniquement à financer les coûts des biens et services requis pour l'exécution du Projet et ayant leur source et leur origine en République du Zaire ("Coûts en monnaie nationale") à moins que l'A.I.D., conformément au Manuel 1 de l'A.I.D. (Supplément B, Chapitre 18) n'en convienne autrement par écrit.

5. Le texte de l'article 6 est annulé dans son intégralité et remplacé par ce qui suit:

Article 6: Décaissement.

Section 6.1. Décaissement des Coûts en Devises.

(a) Le Bénéficiaire peut obtenir les décaissements des fonds au titre de la Subvention pour le financement des Coûts en Devises des biens et services nécessaires à l'exécution du Projet, conformément aux termes du présent Accord, par l'une des méthodes ci-après qui aura été convenue d'un commun accord:

(1) en présentant à l'A.I.D., accompagnées des pièces justificatives nécessaires comme le stipulent les Lettres de Mise à Exécution du Projet, (i) les demandes de remboursement de ces biens et services, ou (ii) les demandes d'acquisition par l'A.I.D. de marchandises ou de services au nom du Bénéficiaire pour l'exécution du Projet; ou,

(2) By requesting A.I.D. to issue Letters of Commitment for specified amounts (i) 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 (ii) directly to one or more contractors or suppliers, committing A.I.D., to pay such contractors or suppliers for such 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 pay such contractors or suppliers for such goods or services.

**Section 6.2. Disbursement for Local Currency Costs.** The local currency needed for such disbursements may be obtained: (a) by A.I.D. requesting the Grantee to make available the local currency for such costs; or (b) by acquisition by A.I.D. with U.S. Dollars by purchase.

**Section 6.3. Other Forms of Disbursement.** Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

(2) en demandant à l'A.I.D. d'émettre des Lettres d'Engagement pour des montants donnés (i) à une ou plusieurs banques des Etats-Unis, acceptable à l'A.I.D., engageant l'A.I.D. à rembourser à cette ou ces banques des paiements effectués par elles à des entrepreneurs ou fournisseurs, dans le cadre des Lettres de Crédit, pour acquérir ces biens ou services, ou (ii) directement à un ou plusieurs entrepreneurs ou fournisseurs engageant l'A.I.D. à payer ces entrepreneurs ou fournisseurs pour ces biens ou services.

(b) Les frais bancaires encourus par le Bénéficiaire relativement aux Lettres d'Engagement et aux Lettres de Crédit seront financés au titre du Don, à moins que le Bénéficiaire n'instruise l'A.I.D. de payer les entrepreneurs ou les fournisseurs pour leurs biens ou services.

**Section 6.2. Décaissement des Coûts en Monnaie Nationale.** La monnaie nationale nécessaire à de tels décaissements peut être obtenue (a) par la demande de l'A.I.D. au Bénéficiaire de mettre à disposition la monnaie nationale nécessaire pour couvrir de tels coûts; ou (b) par l'A.I.D. à l'aide de dollars des Etats-Unis.

**Section 6.3. Autres Formes de Décaissement.** Les décaissements du Don peuvent également s'effectuer par d'autres moyens dont les Parties peuvent convenir par écrit.

**Section 6.4. Rate of Exchange.**

Except as may be more specifically provided under Section 6.2, if funds provided under the Grant are introduced into Zaire 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 Zaire at the highest rate of exchange which, at the time conversion is made, is not unlawful in Zaire.

**Section 6.4. Taux de Change.**

Sauf indication spécifique prévue à la Section 6.2., si les fonds fournis dans le cadre de la subvention sont introduits au Zaire par l'A.I.D. ou par tout organisme privé ou public pour satisfaire aux engagements de l'A.I.D. au titre du présent Accord, le Bénéficiaire prendra les dispositions nécessaires pour s'assurer que ces fonds peuvent être convertis en la monnaie du Zaire au taux de change le plus élevé qui, lors de la conversion, ne soit pas illégal au Zaire.

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

EN FOI DE QUOI, le Bénéficiaire et les Etats-Unis d'Amérique, chacun agissant par l'intermédiaire de son représentant respectif dûment autorisé ont fait établir et signer le présent Accord en leur nom et l'ont fait remettre à la date et à l'année indiquées en tête des présentes.

UNITED STATES OF AMERICA

By: J. H. Bierke  
John H. Bierke

Acting Mission Director  
USAID/Zaire

Date: 8/31/87

Fiscal Data:  
Appropriation: 72-1171021.8  
Budget Plan Code: GDHA-87-21660-KG12

LA REPUBLIQUE DU ZAIRE

Par: \_\_\_\_\_  
Dr. Wandu-Kabeya

Titre: Commissaire d'Etat  
Département de la Santé  
Publique et Affaires Sociales

Date: 31 AOUT 1987

**A.I.D. Project Number**

**Amendment No. 4**

**Project Agreement Annex 1**

**Amplified Description of the Project**

## A. Background

Assessments of current health status in Africa clearly identify children under five to be at highest risk of morbidity and mortality. In Zaire, it is estimated that 35% of children die before their fifth birthday. Measles, diarrheal diseases and malaria were the three leading causes of death reported in 1977. In 1981, the Comité Central du Mouvement Populaire de la Révolution authorized primary health care (PHC) as the national health strategy to achieve the goal of health for all by the year 2000. A new National Health Plan 1982-86 was submitted to the President. This plan actively promotes primary health care and proposes a phased national implementation to be completed in 1990. About 60% of the population is to be covered by 1986, whereas only 20% is estimated covered at present. The plan proposes integration of existing EPI (Expanded Program in Immunization) services into the primary health care system. A preliminary plan has been developed to introduce diarrheal disease oral rehydration services into the primary health care system. A variety of anti-malaria activities are included in the National Health Plan; treatment of cases is part of this plan.

The primary health care system of Zaire is designed to comprise four tiers: reference hospital (responsible for all activities in the health zone), health centers, health posts and outreach services (local health education, "animateurs"). Systems for mixed public and private financing through fees for service are under consideration in order to more adequately finance expanded services.

This project will support the expansion of three major components of primary health care--immunizations, oral rehydration treatment for diarrhea, and treatment of suspected malaria cases and anti-malaria prophylaxis of pregnant women; and it will support efforts to combat acquired immune deficiency syndrome (AIDS).

## B. Goals and Objectives of the CCCD (Combatting Childhood Communicable Diseases) Project - Zaire

### Goals

1. To prevent diseases of childhood preventable by vaccination (measles, diphtheria-pertussis-tetanus (DPT), poliomyelitis, and tuberculosis);
2. To decrease mortality and morbidity caused by diarrhea;
3. To decrease mortality and morbidity caused by malaria, mainly in children;
4. To strengthen national capabilities to improve the health of children and to prevent AIDS through prevention and control activities;
5. And in so doing, to improve the overall health status of the community participating in the project and thereby promote more rapid national development.

## Objectives\*

1. Increase national immunization coverage to at least 90% for BCG, 80% for measles and 75% for DPT and OPV by the end of 1990.
2. Increase the national percentage of fixed facilities using oral rehydration as first line treatment for diarrhea and dehydration from less than 5% in 1982 to at least 89% by 1990.
3. Increase the percentage of the population with access to appropriate treatment for diarrhea and acute malaria from less than 20% in 1982 to more than 89% in project zones by 1990.
4. Increase the percentage of acute diarrhea cases that are treated correctly with oral rehydration therapy from less than 20% in 1982 to more than 75% in project zones by 1990.
5. Increase the percentage of pregnant women with access to malaria chemoprophylaxis, from less than 20% in 1982 to greater than 89% in project zones by 1990.
6. Increase the percentage of children receiving appropriate treatment for acute malaria from less than 20% in 1982 to more than 70% in project zones by 1990.
7. Increase the percentage of pregnant women using malaria chemoprophylaxis from less than 5% in 1982 to more than 62% in project zones by 1990.
8. Increase knowledge about AIDS through support of operations, behavioral and economic impact research and activities related to AIDS.

Table I gives coverage rate sub-objectives for the project.

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\*These objectives represent minimal figures which will be periodically revised during the life of the project. Evaluation will be based on follow-up surveys in areas where such studies have already been undertaken.

### C. Project Description

The CCCD Project-Zaire will work toward the goals and objectives outlined above using approaches that will increase the ability of the Government of Zaire to establish an integrated primary health care system by implementation and evaluation of 1) programs to expand vaccinations, diarrheal disease treatment and malaria treatment and malaria prophylaxis of pregnant women services to 124 rural zones and 17 urban areas during the period 1983-1986, and 2) programs to control and prevent AIDS.

EPI services will consist of vaccinating the target age group 0-2 years against diphtheria, pertussis, tetanus, polio, measles, and tuberculosis, and pregnant women against tetanus. Cold chain and vaccine supply systems will be established in the hospitals, health centers and health posts of the rural and urban health zones in order to assure an adequate and accessible supply of vaccine.

Diarrheal treatment services will consist initially of the introduction of oral rehydration therapy to all hospitals, health centers, and health posts in the primary health care zones. After experience and confidence is gained at the health center/health post level, oral rehydration therapy will be introduced at the village level through village health workers.

Presumptive malarial treatment of children and malaria prophylaxis of pregnant women (where cost effective to do so) will be given in hospitals, health centers and health posts in much the same way as oral rehydration therapy. It is expected that malaria presumptive treatment will also be expanded to the village level, but the decisions concerning feasibility, overall effectiveness, and preferred methods for delivering anti-malarials will be made following an initial two-year surveillance phase in an area with about 250,000 - 500,000 persons.

The expansion of these services will be supported by the following activities:

1. The project will train at least 895 personnel of the types essential to PHC system implementation. This includes senior level supervisors, mid-level supervisors, supply and maintenance personnel, and will also provide technical training for general health personnel in immunization, oral rehydration, malaria treatment and health education. By the end of the project, adequate numbers will have been trained to maintain services fully operational in 60% of the country.

2. Training materials will be developed and adapted as required to train the personnel categories listed above using existing national training resources and personnel to the extent possible.

3. Health education incorporating a mix of mass media, informal and formal person to person teaching and printed materials will be planned, developed, implemented, and evaluated. By the end of the project a fully operational system will exist.

4. A health information surveillance system will be designed, in concert with existing information systems, to gather, collate and present data necessary for program planning, implementation and evaluation. Emphasis will be placed on rapid identification and reporting of critical epidemiological data in order to insure a rapid response to the diseases addressed by this program and other priority project situations. This system will be fully operational by the end of the project.

5. Annual program evaluations will be undertaken.

6. An autofinancing system will be established in primary health care zones as a component for defraying the costs of the project.

7. The project will include substantial initial USAID support for procurement of measles vaccine, vaccination supplies, oral rehydration and anti-malarial medications, cold chain and transport equipment.

In addition to the USAID commodity support provided in this Agreement, the following support will be made available to the Government of Zaire through the CCCD Regional Project.

1. A resident advisor will be assigned to provide technical assistance to the CCCD Project-Zaire.

2. Short-term consultants will be provided as requested and within limits of personnel time available for operations research, training, health education, health information systems, program evaluation and technical problem solving.

3. Assistance in the development of operations research proposals, and in the funding of operations research, within funding limits.

4. Intercountry training of senior level management and certain other personnel as required.

#### Commitments During Life of Project

#### USAID

##### Long-term Technical Assistance

From 1983 to 1990 the CCCD Regional Project will provide (at no cost to the country-specific bilateral project) six person-years of resident-technical-officer expertise.

### Short-term Consultants

From 1983 to 1990 the CCCD Regional Project (at no cost to the country-specific bilateral project) will address specific operational research, training, and evaluation needs with 48 person-months of short-term-consultant expertise. With the exception of AIDS research, operational research will be funded primarily through counterpart funds. In the event that these funds are not sufficient or available, operational research may be funded from the dollar budget of the project following prior written approval by A.I.D..

### Participant Training

From 1983 to 1990 the CCCD Regional Project (at no cost to the country-specific bilateral project) will address certain project-specific training needs by providing 96 person-months of training outside Zaire to Zairian nationals working in the project. This training will take place in the U.S. or appropriate third countries. The training can include epidemiology, statistics, laboratory techniques, as well as sponsorship for relevant CDC or WHO courses.

### Commodities

From 1983 to 1990 the CCCD Project - Zaire will provide needles and syringes, vehicles, cold chain equipment, office equipment, communication equipment, laboratory equipment as well as funds for health education materials as detailed in the USAID proposed budget.

### AIDS Operations Research

In 1987 the CCCD-Zaire project will provide funds for AIDS operations research. In years 1988-1990, additional funds supporting research and prevention and control activities may be provided depending on availability of funds.

For GOZ inputs, see detailed GOZ Ordinary Budget.

## Planned Accomplishments for First Two Years

During the 1983-1986 four-year period of CCCD bilateral assistance, the GOZ intends to implement integrated PHC activities in 17 urban and 124 rural health zones, which will provide 60% of the population of Zaire access to such services. For purposes of this project, implementation of PHC in a health zone occurs when a zonal plan of operations has been completed, approved by the government and resources to provide the required infrastructure are identified and made available.

At the end of 1982, integrated PHC activities will already have been established in 13 urban and 14 rural health zones, serving 56% of Zaire's urban but only 3% of its rural population (serving approximately 25% of Zaire's total population).

By the end of 1983, all health zones that are to be created in Zaire will have been designated, complete with inventory of health resources already available in the health zones.

During 1983-1984 implementation is planned for seven urban and 50 rural health zones which will increase the proportion of Zaire's total population having access to integrated PHC activities to approximately 40%. Within the first year of implementation of PHC activities in individual health zones, baseline data for certain EPI diseases, diarrheal diseases and malaria will be developed so to enable development of zonal plans of action through 1986.

An EPI Plan of Operations for the period 1982-1986 was adopted by the GOZ in 1981. Implementation of this plan is proceeding on schedule. The Plan calls for integration of EPI activities into the PHC system as PHC activities are established in health zones.

A 1982-1986 CDD (control of diarrheal diseases) Plan of Operations is expected to be completed by September, 1982. CDD will be the responsibility of the current EPI leadership. CDD activities will be provided within the integrated PHC system. Implementation will begin more slowly than the integration of EPI activities, but will catch up with EPI by 1986.

A strategy for presumptive malaria treatment of children under five years of age, and malaria prophylaxis for pregnant women, is expected to be completed. This strategy will call for implementation of malaria prophylaxis and treatment as part of integrated PHC activities. Part of the malaria activities will include an operational research component in 2-4 rural health zones. Implementation of these malaria activities should be in service in all health zones having integrated PHC systems by that time. It is expected that CCCD-supported malaria activities will be the responsibility of the current EPI leadership. This should facilitate their integration into PHC activities.

Training was begun in 1981 for health personnel responsible for providing integrated PHC services in health zones. EPI training is already part of the curriculum. CDD training will be included in 1982 and malaria activities supported by CCCD will be included by 1983. CCCD will support the development of additional training materials and the training activities themselves. Personnel to be trained include regional and sub-regional medical inspectors, basic health service providers, medical officers in charge of health zones, chiefs of medical "cercles" and/or nurse trainers, and cold chain managers.

By the end of 1984, health zones that have been operational for four years should have achieved the vaccination coverage specified above under B. Goals, Objectives, and Sub-objectives of this project.

By the end of 1984, CDD activities should be part of integrated PHC services in 59% of established health zones.

By the end of 1983, project-supported malaria activities should be part of integrated PHC services in 50% of established health zones.

By the end of 1983, a feasibility study for a nationwide system of mass media health education will have been completed.

By the end of 1984, 50% of participating health zones will have functional health education programs.

The CCCD surveillance component of the national health information system will be designed by the end of 1983 and will be functional in 50% of the participating health zones by the end of 1984.

A cold chain to the reference hospital and health center level and vaccine, oral rehydration salts and anti-malarial drugs distribution system will be established in 84 urban and rural health zones by 1984.

A system of fees for service will be established in all 84 health zones by 1984. This system will include the means for assuring that a portion of fees collected for CCCD services can be used to defray recurrent costs for vaccines, vaccination supplies and medications. Recognizing that other USAID funded projects as well as those of other donors are already working in PHC in Zaire, the CCCD Project-Zaire will insure that its planned activities will reinforce and complement those PHC programs already in operation.

**Table I  
Coverage Rate Sub-objectives (%)**

Years	Original Sub-objectives			Revised Project Sub-objectives**				
	<u>1983 1st year</u>	<u>1984 2nd Year</u>	<u>1985 3rd year</u>	<u>1986 4th year</u>	<u>1987 5th year</u>	<u>1988 6th year</u>	<u>1989 7th year</u>	<u>1990 8th year</u>
<b><u>Sub-Objectives</u></b>								
BCG Coverage	70%	75%	80%	65%	70%	80%	85%	90%
Measles Coverage	40%	50%	60%	60%	60%	65%	70%	80%
DPT/OPV Coverage	25%	30%	40%	40%	60%	65%	70%	75%
Facilities using ORT	5%	-	-	45%	61%	71%	80%	89%
Population with access to malaria and OR treatment	20%	-	-	60%	61%	71%	80%	89%
Pregnant women using chemoprophylaxis	5%*	-	-	45%	36%	46%	54%	62%

\*After three years of implementation, it became evident that the original estimate of less than 20% was inaccurate. New evidence suggests that the percentage of women remaining on chemoprophylaxis at the start of the project was less than 5%.

\*\* After 3 years of project implementation initial estimates have been revised and the target group for vaccinations also changed from children 0-5 years to children 0-1 year old.

Planned Accomplishments  
(years 3 through 8)

<u>Year of Project</u>	<u>3</u> <u>1985</u>	<u>4</u> <u>1986</u>	<u>5</u> <u>1987</u>	<u>6</u> <u>1988</u>	<u>7</u> <u>1989</u>	<u>8</u> <u>1990</u>
<u>Tasks</u>						
Number of zonal medical officers Trained	40	40	40	40	40	40
Number of training sessions for peripheral health personnel 50	50	50	50	50	50	
Retraining Sessions for EPI/CCCD field supervisors	2	2	2	2	2	2
Cold chain courses	-	2	2	2	2	2
Long-term training (No. persons)	2	1	1	-	1	-
CCCD symposia	-	3	3	3	3	3
Number of zones receiving start-up assistance	20	30	30	30	15	15
Number of visits to CCCD field teams by central official staff	20	20	20	20	20	20
Number of zones supervised by EPI/CCCD field supervisors	80	100	100	100	110	110
Number of zones supervised by central office staff	30	30	30	30	30	30

Planned Accomplishments (Cont.)  
(years 3 through 8)

<u>Year of Project</u>	<u>3</u> <u>1985</u>	<u>4</u> <u>1986</u>	<u>5</u> <u>1987</u>	<u>6</u> <u>1988</u>	<u>7</u> <u>1989</u>	<u>8</u> <u>1990</u>
<u>Tasks</u>						
Creation of a national ORT training center	1	-	-	-	-	-
Creation of sentinel sites for monitoring chloroquine sensitivity		6	3	3	-	-
Integration of CCCD material into medical and nursing school curricula (number of schools)	5	15	15	15	15	15
Local production of 75ml ORS packets (in millions)	-	2	3	3	3.5	4
Informal project evaluations	-	1	1	-	1	-
Formal project evaluations	1	-	-	1	-	1
Vaccine coverage surveys (urban)	15	18	18	18	18	18
Urban KAP* survey	10	18	18	18	18	18
Rural Household surveys (100 households each)	10	30	50	70	70	70
Operational Research (No. of projects)	1	8	9	3	3	3
MUHS** studies (follow-up)	-	-	-	2	-	-

\* KAP- Knowledge, attitudes and practices

\*\* MUHS- Mortality and use of health services

Financial Plan

Estimated Budget for Life of Project

The Financial Plan is illustrative and changes may be made to the plan by representatives of the parties if such changes do not cause (1) USAID's contribution to exceed the amount specified in the Section 3.1. of the Agreement, or (2) the GOZ's contribution to be less than the amount specified in the Section 3.2. of the Agreement. USAID obligations are subject to the availability of funds and mutual agreement of the parties to proceed.

	(\$000)					
	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
USAID	1622*	1599	1,213	955	831	884
UNICEF/OXFAM/WHO	319	654	( TO BE DETERMINED )			
GOZ	86	393	471	518	622	746
Counterpart Funds (\$ equivalent)	214	275	373	326	238	221

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\*Cumulative total from 1983

Detailed USAID Proposed Budget

(in 000 dollars)

<u>Item</u>	<u>Previous Amount</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Vehicles	397	579	-	145	-	-
Motorcycles	150	300	200	100	110	117
Bicycles	70	190	150	125	131	145
Refrigerators	127	150	150	160	165	170
Syringes/needles	150	210	250	260	270	282
Radios	85	*	-	-	-	-
ORS	198	-	-	-	-	-
Chloroquine	*	*	-	-	-	-
Measles vaccine	103	-	-	-	-	-
Lab supply/equipment	-	*	20	10	10	-
Spare parts	*	*	50	*	*	*
Outboard motor	-	20	-	-	-	-
Cold chain equipment	*	*	30	30	30	30
Office equipment computers	*	*	50	50	25	25
AIDS Operations						
Research	-	-	263	-	-	-
Misc. purchases	<u>342</u>	<u>150</u>	<u>50</u>	<u>75</u>	<u>90</u>	<u>115</u>
Total	1,622	1,599	1,213	955	831	884
Cum. Total	1,622	3,221	4,434	5,389	6,220	7,104

\* = included in "misc. purchases" category

Counterpart Fund Budget. (000)

	<u>1986</u>		<u>1987</u>		<u>1988</u>		<u>1989</u>		<u>1990</u>	
	<u>Z</u>	<u>\$equiv</u>								
1. Supervision	4,000	71	3,000	53	2,500	45	2,000	36	1,500	26.7
2. Training	3,848	123	5,000	89	4,500	80	4,000	71	3,500	62.5
3. Health Education	800	14	800	14	800	14	800	14	800	14
4. Construction	2,050	12	500	8.9	500	8.9	100	1.7	100	1.7
5. Operational research	840	15	3,360	60	1,680	30	1,680	30	1,680	30
6. Shipment	2,000	36	2,000	36	2,000	36	2,000	36	2,000	36
7. Rental	150	2.6	150	2.6	150	2.6	-	-	-	-
8. Equipment	100	2	100	1.7	100	1.7	100	1.7	100	1.7
9. Incentive program	-	-	2,700	48	2,700	48	2,700	48	2,700	48
10. AIDS activity support	-	-	3,360	60	3,360	60	-	-	-	-
<b>Total</b>	<b>13,788</b>	<b>275.6</b>	<b>20,990</b>	<b>373</b>	<b>18,290</b>	<b>326.2</b>	<b>13,380</b>	<b>238</b>	<b>12,380</b>	<b>221</b>

DETAILED GOZ BUDGET 1983-1990  
(Z 000)

	1983	1984	1985	1986	1987	1988	1989	1990
01. Salaries and Allowances	3,036	4,000	3,322	7,069	8,482	9,330	11,196	13,435
02. Supervision (Official)		443	90	468	561	617	740	888
03. Office Supplies	914	130	187	1,581	1,898	2,087	2,504	3,005
04. Vehicle Maintenance	1,166	125	276	3,076	3,691	4,060	4,872	5,846
05. Fuel and Oil	1,386	662	445	6,461	7,753	8,528	10,233	12,279
06. Equipment	71	143	112	112	146	160	192	230
07. Transport and Shipping	260	171	101	600	720	792	950	1,140
08. Training	0	0	0	0	0	0	0	0
09. Miscellaneous (medical care, Housing, Vaccines)	134	362	281	2,623	3,147	3,461	4,153	4,983
	<u>6,967</u>	<u>6,036</u>	<u>4,814</u>	<u>21,990</u>	<u>26,398</u>	<u>29,035</u>	<u>34,840</u>	<u>41,806</u>

Recurring commodity costs including costs of ORS, antimalarials, and measles vaccine will be increasingly provided by the GOZ as part of the recurrent costs mentioned in Section 4.2 of this Agreement. The schedule for GOZ assumption of these costs will be 20% in 1987, 20% in 1988, 20% in 1989 and cumulatively 90% in 1990.

It is understood and agreed to that after 1985 counterpart funds will not be used to pay salaries or any other personnel recurrent costs. They will be used primarily to support supervision costs, training, local equipment or material procurement, transport of equipment into the interior, and other capital or investment costs.