

No. 17261

**UNITED STATES OF AMERICA
and
AFGHANISTAN**

**Project Agreement relating to basic health services. Signed
at Kabul on 28 September 1977**

Authentic text: English.

Registered by the United States of America on 24 November 1978.

**ÉTATS-UNIS D'AMÉRIQUE
et
AFGHANISTAN**

**Accord concernant un projet relatif aux services de santé de
base. Signé à Kaboul le 28 septembre 1977**

Texte authentique : anglais.

Enregistré par les États-Unis d'Amérique le 24 novembre 1978.

PROJECT AGREEMENT¹ BETWEEN THE DEPARTMENT OF STATE,
AGENCY FOR INTERNATIONAL DEVELOPMENT (AID), AN
AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF
AMERICA, AND THE MINISTRY OF PUBLIC HEALTH

AN AGENCY OF THE GOVERNMENT OF AFGHANISTAN

The above-named parties hereby mutually agree to carry out a project in accordance with the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:		1. Project/Activity No. 306-0144	
<input checked="" type="checkbox"/> PROJECT DESCRIPTION ANNEX A	<input type="checkbox"/> FOREIGN CURRENCY STANDARD PROVISIONS ANNEX	2. Agreement No. BHS #3	3. <input checked="" type="checkbox"/> Original or Revision No. _____
<input checked="" type="checkbox"/> STANDARD PROVISIONS ANNEX ²	<input type="checkbox"/> SPECIAL LOAN PROVISIONS ANNEX	4. Project/Activity Title BASIC HEALTH SERVICES	
This Project Agreement is further subject to the terms of the following agreement between the two governments, as modified and supplemented:		5. Project Description and Explanation (See Annex A attached)	
<input checked="" type="checkbox"/> GENERAL AGREEMENT FOR TECHNICAL COOPERATION	Date 2/7/1951 ³	6. AID Appropriation Symbol 72-11x1024	
<input checked="" type="checkbox"/> ECONOMIC COOPERATION AGREEMENT	Date 6/23/1956 ⁴		
<input checked="" type="checkbox"/> (other) TC Program Agreement as amended	Date 6/30/1953 ⁵		
7. AID Allotment Symbol 424-50-306-00-69-71			
8. AID Financing			
<input checked="" type="checkbox"/> DOLLARS	Previous total (A)	Increase (B)	Total to date (D)
<input type="checkbox"/> LOCAL CURRENCY			
(a) Total		1,079,230	1,079,230

¹ Came into force on 28 September 1977 by signature.

² United Nations, *Treaty Series*, vol. 1084, No. I-16587.

³ See "Point Four General Agreement for technical co-operation between the Royal Afghan Government and the Government of the United States of America", *ibid.*, vol. 132, p. 265.

⁴ See "Exchange of notes constituting an agreement between the United States of America and Afghanistan relating to economic development", *ibid.*, vol. 271, p. 295.

⁵ See "Program Agreement for technical co-operation between the Government of the United States of America and the Royal Afghan Government", *ibid.*, vol. 215, p. 3.

	<i>Previous total (A)</i>	<i>Increase (B)</i>	<i>Decrease (C)</i>	<i>Total to date (D)</i>
(b) Contract services		822,700		822,700
Participants				
(c) Commodities		146,619		146,619
(d) Other costs (FAR)		109,911		109,911

9. Cooperating

Agency

Financing—

Dollar

Equivalent

\$1.00 =

(a) Total

(b) Technical and
 Other Services

(c) Commodities

(d) Other Costs

10. Special Provisions (*Use Additional Continuation Sheets, if Necessary*)

11. Date of Original Agreement September 28, 1977	12. Date of this Revision	13. Estimated Final Contribution Date June 30, 1979
14. For the Cooperating Government or Agency [<i>Signed</i>] Signature: ALI AHMAD KHURRAM Date: 9/28/77 Title: Minister of Planning	15. For the Agency for International Development [<i>Signed</i>] Signature: CHARLES R. GRADER Date: 9/28/77 Title: Director, USAID/A, Kabul	

I. BACKGROUND AND SUMMARY

The Ministry of Public Health (MOPH), for a number of years, has been expanding its network of Basic Health Centers (BHC) in rural areas to provide access to health services to larger numbers of Afghanistan's population. Since 1973 USAID has assisted this effort by providing funds for local costs (including \$200,000 for the Kabul Auxiliary Nurse Midwife (ANM) training school construction, overseas training, commodities (vehicles and contraceptives), and the technical advisory services of two American contractors: Managements Sciences for Health Inc. (MSH), and the University of California, Santa Cruz (UC/SC). Concurrent with the expansion of services the MOPH is improving the efficiency and operational level of those BHCs which do not yet meet the standards set by the MOPH. The MOPH operates 106 BHC's; plus eight (8) urban health centers in Kabul and fifteen (15) combination health center/hospitals in the provinces.

In 1976 the MOPH requested USAID assistance in the expansion of the Basic Health Services (BHS) by supporting the construction of fifty new BHC's as well as continuing the assistance through the contract teams.

The Basic Health Services (BHS) project was initiated in 1976. Over a three-year period (FY 76–FY 79) USAID agreed to contribute a percentage of construction costs of fifty (50) new BHC's; assist in the development of at least two alternative Health Delivery Systems (AHDS); support necessary participant training; and continue the services of the two contract teams, MSH and UC/SC. The AHDS development was considered essential to reach into areas without health services that would always lie beyond the reach of BHC's.

II. PROGRAM GOAL

This project is designed to assist the Government of Afghanistan to improve the health of the Afghan people residing in rural areas. These are the persons, largely the rural families, whose residences are not within reach of effective health facilities and practitioners. It also attempts to focus on the women and children who are constrained by distance, poverty, and cultural practices from seeking health information and services. It is estimated that 85% of the Afghan population is rural, and of those, most have no access to MOPH health facilities.

III. PROJECT PURPOSE

The purposes of the Basic Health Services project are: (a) to provide access to basic health services, with emphasis on services for women and children, to 830,000 persons living in 50 Minor Civil Divisions (Woleswalis and Alaqadaries) of thirteen Provinces; and (b) to provide two or more Alternative Health Delivery Systems which, when widely replicated, will provide minimal health service for those persons who will not have reasonable access to a BHC.

Achievement of these project purposes involves the opening of fifty new BHCs, the staffing of these centers, the training of personnel, and the stocking of the centers with the required equipment, supplies and medicines. Identifying a suitable AHDS requires the design and field testing during this Phase I project of alternative methods for delivering health education and services to the more isolated members of the population.

In addition to the opening of fifty new centers and the testing of two or more Alternative Health Delivery Systems models (AHDS), the Government of Afghanistan will continue the current program of upgrading facilities and personnel in the existing one hundred and six (106) Basic Health Centers (BHC) and in other newly opened BHC's exclusive of the fifty planned under this project. This will be done (a) through the training and assigning of BHC personnel; (b) through improvements in training programs and management methods, and (c) by effecting improvements in logistic systems to insure the continued availability of medicines, family planning supplies, and equipment at the BHC's.

IV. PROGRESS TO DATE

Prior to the implementation of this project the Ministry of Public Health (MOPH) had been gaining experience in the delivery of health services in rural areas for some years. A study of these services was undertaken in 1974/75 by the MOPH with assistance from the USAID-financed MSH team.

A model program was conducted in six BHCs in Parwan Province. As a result of this demonstration, the MOPH has acquired more exact data and information on BHC costs, utilization of BHC personnel, training of personnel, drug supply requirements, and the needs of the BHC clients. The lessons learned in the Parwan model served as a basis for the design of this BHS Phase I project.

The MOPH had also recognized in the early 1970s that if female medical and paramedical personnel were not available at health facilities, attendance by women would be

scant due to cultural constraints. Accordingly, in 1971, the MOPH established an Auxiliary Nurse Midwife (ANM) training school in Kabul for women. USAID has been providing assistance to the ANM school since 1973. The students of the ANM school are recruited from rural areas, and following the completion of eighteen months of training they return to employment in the BHC nearest their family home. A new ANM school building was completed with USAID assistance in June 1976.

During the first year (1976–77) of implementation of the BHS project specific achievements have been:

- A. Thirteen (13) members of the faculty of the Kabul Auxiliary Nurse Midwife Training Faculty returned from nine (9) month training programs at the University of California at Santa Cruz.
- B. Nine (9) members of the ANM faculty began language studies to prepare for later studies at UC/SC.
- C. Two (2) officials of the MOPH completed training programs in the United States administered by MSH (“Management Team”).
- D. Five (5) officials of the MOPH began training programs in the United States administered by MSH.
- E. Seventeen (17) officials began language studies to prepare for later training programs in the United States.
- F. Three (3) officials began graduate level programs (Masters of Public Health) at the University of Michigan.
- G. As part of MSH assistance to the MOPH improvement of services in existing BHC’s training and procedure manuals were developed for each personnel category.
- H. Fifty-four (54) Basic Health Centers were visited at least one time by training teams, given instruction in the use of the procedure manuals and advised on the maintenance of their clinics, records, etc. (This activity is assisted by the personnel of the MSH team.)
- I. Two classes of students were admitted to the new National Nursing Training Center (a building complex used primarily for the National Auxiliary Nurse Midwife Training Program—ANM). One class began shortly after Ramazan 1355 (Sept. 1976). The other began in March 1977. A third class will begin studies after Ramazan 1356 and this will bring the school to full planned student body size. (This activity is assisted by the University of California Santa Cruz (UC/SC) contractor.)
- J. Fifty percent (50%) of the Regional Training Center at Grishk was completed.
- K. Construction was resumed on Basic Health Centers at Malestan, Nawa, and Baraki.
- L. Construction sites were selected, building designs and specifications agreed, and the contractor selected for nine new BHC’s in Helmand and Kandahar Provinces: For listing, see locations *a*) through *l*), Part V. B. 1. Construction is underway at all of these locations.
- M. Sixteen BHC sites were tentatively approved as meeting social and engineering criteria after joint visits by the MOPH and USAID.
- N. Two Alternative Health Delivery Systems models were designed, approved by the GOA, and implemented. One is the Village Health Worker model (VHW) being tested in Sarboi. Another VHW project, patterned upon the Sarboi model, is being developed in Jaghori. A second AHD model is the just completed Dai program in Grishk.
- O. Delivery of family planning supplies (oral contraceptives and condoms) to BHC’s was begun.

V. COURSE OF ACTION

A. *Training of Women to Insure Services for Women*

It was recognized belatedly that in many locations where new BHC's are to be constructed, there are no elementary schools to the sixth grade for females. Thus no females are likely to be qualified for attendance at the Kabul Auxiliary Nurse Midwife Training course. It is an assumption of this project that Afghan women will not be considered as having equal access to services unless these services are offered by qualified women with an agreed minimal training in female health care, maternal and child health care and family planning. During the forthcoming second year of this project, the MOPH and USAID will redesign the components of this project directly concerned with the project purpose of providing health education and services to women and children in proportion to their numbers in the population. Among alternatives to be considered by the MOPH and USAID are: (1) adding regional training program[s] for other categories of qualified females, the qualifications and training programs to be written and formally agreed between the MOPH and USAID; (2) adding MOPH and USAID agreed training programs at the BHC level for qualified females who could, after their training, provide minimal MCH and family planning services and information to the women within the catchment area of a BHC. The foregoing are alternatives to be considered; the listing is not intended to be comprehensive nor exclusive.

Within sixty (60) days after this agreement takes force Project Implementation Letter No. 1 will define the type of female personnel to be trained, agree on training content, and state the conditions of their employment.

B. *Construction Targets*

1. This Second Year agreement covers construction at twelve (12) basic health center sites. This includes new construction at:

		<i>Percent Completion</i> <i>(Sept. 10, 1977)</i>
a) Grishk	Rank I	60
b) Washair	Rank III	40
c) Sarban Qala	Rank II	8
d) Kajakai	Rank II	1.4
e) Shawalikot	Rank III	14.
f) Arghandab	Rank II	53
g) Naish	Rank III	1
h) Ghorak	Rank III	1
i) Shega	Rank III	53

as well as completion of three (3) partially built centers at:

j) Malistan	Rank II	60
k) Nawa	Rank II	80
l) Baraki	Rank II	68

The first year agreement obligated \$423,000 as USAID's reimbursement for these 12 centers. This agreement adds \$109,911 to make a total of \$537,911. On the basis of the agreement of BHC costs to be continued in Project Implementation Letter #2 USAID will reimburse the MOPH for 75% of the estimated reasonable costs of construction. Any shortfall in obligated funds will be met in subsequent years, subject to availability of funds.

2. In the localities of the sites enumerated in para (1) above the MOPH agrees to rent up to ten (10) buildings and open temporary health centers. The object is to provide basic health services while construction is underway. Such rentals will be terminated

upon completion of the new buildings and transfer of staff, equipment, and supplies. USAID agrees to pay 100 percent of rental costs of buildings, up to a maximum of Afs. 36,000 per year per building. Such payment will begin retroactively to date of lease signing upon joint inspection by MOPH and USAID and certification that an operational health center exists, but in no case more than sixty (60) days prior to certification. Project Implementation Letter No. 3, to be signed within sixty (60) days after this agreement takes force, will define the standards for certification which will not be as high as those for a permanent center.

3. USAID agrees to advance to the MOPH funds necessary for the renovation of the Grishk Hospital so that it may become an integral part of the Rank I BHC presently under construction. This advance will be deducted from the reimbursement funds identified in V(B).

4. Each new BHC construction site involving USAID funding will require joint inspection and approval by MOPH and USAID representatives and will take into consideration factors such as, population, accessibility of the center, suitability of site for building, contractor availability, girls' schools, and availability of existing medical services.

Upon completion of the health center building and installation of staff, equipment, and supplies a joint USAID/MOPH inspection will certify the completion to mutually agreed upon design and specifications and that the center is eligible for reimbursement. The definition of a health center eligible for reimbursement and the procedures for inspection and certification will be the subject of Project Implementation Letter No. 4 to be signed within thirty (30) days after receipt and agreement to the ministry's revised cost estimates.

5. Direct costs of construction of health centers will be mutually agreed to by MOPH and USAID in writing. The agreed costs will be the subject of Project Implementation Letter No. 2 to be signed within sixty (60) days of this agreement. The following types of centers will have established costs:

Basic Health Center	Rank I	Hot Climate
Basic Health Center	Rank I	Cold Climate
Basic Health Center	Rank II	Hot Climate
Basic Health Center	Rank II	Cold Climate
Basic Health Center	Rank III	Hot Climate
Basic Health Center	Rank III	Cold Climate

On the basis of these agreed upon costs USAID will undertake 75 percent reimbursement of direct costs upon joint certification of completion as defined in P.I.L. #4.

6. In order for USAID to adequately monitor construction progress of individual Basic Health Centers, the Engineering and Construction Directorate will furnish a monthly report by individual construction site identifying progress to date, construction problems or issues, contractor's performance, etc. The intent and format of such a report will be the subject of Project Implementation Letter No. 5.

C. *Targets (Second Year)*

1. Ten (10) operational health centers at selected sites listed in V-B (1) functioning in rented buildings. These rentals will be terminated when new construction is complete.
2. Completion of construction of the nine (9) new health centers as listed in V-B (1) by January 1, 1979.
3. Twelve MOPH personnel in training programs.
4. Continuing full enrollment at the ANM school (150 students).
5. Continuation of the AHD experiments. Such models as are of proven worth are to be expanded into the more peripheral areas.

6. Continued expansion of the coverage of the training/supervisory teams and their work with the BHC staffs.
7. Continued development of the MOPH supply systems to insure adequate supply to BHC's.
8. Development of a reporting system for BHC functions and the analysis and reporting of this data.

D. *Reimbursement Procedure (Fixed Amount Reimbursement—F.A.R.):*

Using the fixed amount reimbursement (FAR) method of financing, USAID's contribution will be made to the Ministry of Public Health within 30 days after the #4). USAID reimbursements will be made for the dollar amount fixed for the type of structure completed and operational. The dollar amount to be reimbursed for each completed BHC will be based on the free market exchange "buying" rate for U.S. dollar checks by the Da Afghanistan Bank on the date a Reimbursement Agreement is signed by the USAID Director. Checks will be delivered to the Ministry of Public Health for forwarding to the Ministry of Finance. If an event occurs which materially affects the implementation of the project construction or if the foreign exchange rate varies significantly from the rate extant when this agreement was signed, the fixed amount reimbursement amounts may be renegotiated if the signatories mutually agree.

VI. EVALUATION

A. The MOPH and MSH team will continue their ongoing cooperation in the evaluation of those existing operational health centers presently being upgraded by the training/supervisory teams. Results of these evaluations are being utilized by both MSH and MOPH to rectify faults in personnel training, supply, and management. It is anticipated that this function will continue to insure that the existing system is brought up to the MOPH standards.

B. In the last quarter of FY 78 a second in-depth evaluation of the BHS project will be undertaken jointly by USAID and the MOPH. The findings will be utilized in the design of future.

VII. INPUTS

A. Government of Afghanistan

1. *Financial*

a) The GOA agrees to provide from its budget a contribution of twenty-five percent (25%) of direct construction costs and the necessary additional amounts for the indirect BHC costs which include but are not limited to:

- BHC building sites (land),
- BHC furnishing.

b) The MOPH further agrees to provide from its ordinary budget in this and subsequent years sufficient funds for the recurring costs of operating the BHC's financed in this Phase I Project.

2. *Manpower*

The MOPH agrees:

- a) To assign and maintain with qualified staff the newly created positions as follows: (1) Presidency of Coordination and Planning: Two new Professional positions. (2) Engineering and Construction Directorate: (A) ten new positions, which will be

staffed by qualified engineer technicians of which 2 will be assigned as construction managers and be responsible for the supervision of construction of the 12 Basic Health Centers financed by this grant and (B) 12 technical supervisors who will be assigned to each of the above 12 Basic Health Centers and perform day-to-day inspection and reporting of construction progress. Alternatively the MOPH will submit, for AID approval, a detailed plan, staffing pattern and schedule for inspection of instruction progress which will provide weekly and key event coverage. (3) Basic Health Services General Directorate: Four new professional positions. (4) Presidency of Administration: Two new professional/technical positions. NOTE: Of the ten (10) engineering positions two are in place, four have been nominated and four remain unfilled. MOPH will take the necessary actions to ensure that these positions are filled prior to signing the next agreement.

- b) To provide administrative and teaching personnel of the ANM school in numbers ensuring a teacher-pupil ratio of one to ten when the school is operating at full planned strength.
- c) To nominate qualified MOPH employees for project training abroad, and ensure their release in sufficient time for training. (Salaries and other remuneration customary under the regulations of the GOA for fellowship participants shall be continued while the employees are abroad for training.)
- d) For those trainees going to English-speaking countries provide protected time for intensive English language study in Afghanistan.
- e) To assign professional and technical staff at the designated Rank BHC's and at the provincial Health offices to administer the expanded BHS program, provide training at the Rank I training facilities and to monitor each BHC.
- f) To establish an authorized position within each BHC for a trained ANM (graduate of the Kabul ANM school), with remuneration commensurate with experience and training and customary for this category under the rules and regulations of the GOA.
- g) To provide sufficient office space in the new Kabul ANM school for the two US advisors and local hire secretary.
- h) To provide sufficient office space in the Health Ministry for the five (5) advisors (MSH) and their secretarial/clerical staff.
- i) To provide sufficient office space in the Health Ministry for use of such USAID personnel as may be assigned to BHS.
- j) To insure adequate storage, control, distribution and access for all USAID commodities provided under this agreement.
- k) To insure the adequacy of contraceptives inventories at all BHC's.
- l) Trust Funds administered by USAID/Afghanistan are to cover participant travel costs on Ariana Afghan Airlines segments of international travel. Trust Funds will also be used to help finance costs of U.S. contractor support in Afghanistan, and other project activities cited herein.

B. US Government

1. *Basic Health Centers—(construction)*

\$109,911 is obligated by USAID through this agreement which, when added to the \$428,000 obligated by previous agreements, will increase USAID's contribution to the completion costs of three (3) BHC's presently under construction and the agreed upon fixed amount reimbursement for nine (9) new BHC's to seventy-five percent (75%) of the estimated direct costs of these health centers as enumerated in P.I.L. #2. (The provision of this money will be subject to conditions stated herein.)

2. Participant Training

a. USAID-Managed Training

(1)	For Presidency of Coordination and Planning Funds for the second year of two (2) participants now in the U.S. on two year programs, and additional funds for first year short-fall.	\$35,252
(2)	For the General Directorate of Basic Health Services Funds for the second year of one (1) participant now in the U.S. on a two year program, and additional funds for first year short-fall.	\$17,626
(3)	For the Presidency of Administration One 12 month non-degree academic program to begin before September 30, 1978. These funds cover short-fall in FY 77 funding.	\$1,341
(4)	Non-academic training in "third country". Six one (1) month programs for observation or practical courses for supply management, personnel supervision and financial management.	\$4,800
(5)	Two (2) 24 months M.P.H. courses in health administration, training, curriculum development. This agreement funds 24 man-months.	\$22,200
(6)	Two (2) 24 months masters in Education with a health focus and emphasis on Educational Administration, Planning and Training Technology. This agreement funds 24 man-months.	\$22,200
(7)	Two (2) six (6) months programs for sanitarians including training methodology, curriculum development, instructional techniques. This agreement funds (12) man-months.	\$21,000
(8)	One physician from Basic Health services to acquire M.A. in Health Communications and Health Education. This agreement funds 12 man-months.	\$11,100
(9)	One twenty-four (24) month MPH/MPA course for a physician in the Village Health Worker program in health education, administration, planning. This agreement funds 12 man-months.	\$11,100
	TOTAL	\$146,619

b. Participant Training—Contractors

- (1) Non-academic training in the U.S. for personnel from the Presidency of Administration in project related management skills, each program to be approximately four (4) man-months. Four (4) programs are financed by this agreement. (\$28,400—MSH contract).
- (2) Five (5) nurse-midwives for VHW program for six (6) months program in training methodology, curriculum development, instructional techniques. (\$36,500—MSH contract).
- (3) Twelve (12) nurse-midwives for ANM school—UC/SC contract
1st group 6 × 9MM—\$63,900
2nd group 6 × 4MM—\$32,400

3. *Advisory Services*

- a. Management Advisory Services for Rural Health \$588,700
 Five resident advisors and the contractor's project related expenses. One year of contractor services is provided by this agreement:
- (1) Chief of Party. Counterpart: President of Preventive Medicine.
 - (2) Management and Information Systems Advisor on planning, installation, and maintenance of management systems for the BHS rural health expansion and related activities of MOPH, e.g., information, logistics, client record systems, etc.
 - (3) Training and Manpower advisor for medical and paramedical personnel. Advisor to the MOPH on manpower requirements of expanded rural BHS program and Alternative Health Delivery System (AHDS) Program. Advisor on participant training requirements—USA, third country and in-country-in-service. Advisor on all health education.
 - (4 and
 - 5) Two advisors whose primary responsibility is to assist the MOPH in the design, testing and evaluation of alternative systems of health care delivery at the village level.
- b. Auxiliary Nurse Midwife (ANM) Training Project Advisors \$234,000
 Two resident advisors and the contractor's project related expenses. One Year of contractor services is provided by this agreement:
- (1) Public Health Nurse Education Advisor. Counterpart: Director of Kabul ANM School. Advises on curriculum for ANM students, on overseas and in-country training of ANM faculty and staff, on the establishment of institutional linkages and continuing in-service training for ANM graduates assigned to BHC's.
 - (2) Nurse-Midwife Educator
 Advisor on specific midwifery, MCH, and family planning education courses for the ANM students and faculty. Assists the public health nurse educator in her duties.
- Total FY 1977 US Government cost \$1,079,230

VIII. MISCELLANEOUS AND SPECIAL PROVISIONS

Vehicles. On page 17 of the Basic Health Services Project Agreement, BHS No. 1, 30 June 1976 is the following:

“1. *USAID Inputs*

“Prior Years: By prior Project Agreements, USAID has provided a total of 26 vehicles and various audio-visual and other teaching equipment and supplies.

“The teaching equipment/supplies are for the ANM activity, and some of these commodities have remained in the USAID warehouse pending agreement on utili-

zation. Of the twenty-six (26) vehicles, nineteen (19) were for the Basic Health Services General Directorate and seven (7) for the ANM activity. Present disposition of these vehicles and their utilization for the purposes of the Phase 1 project activity will be agreed between USAID and the MOPH by Letter of Understanding.”

An accounting of these vehicles has not been made to USAID by the MOPH. Until a complete accounting is made and officially agreed upon by the GOA and USAID, USAID will not disburse any funds under this agreement except as required to fulfill contractual obligations.

2. *Participant Training*

MOPH employees selected for training programs in the United States on completion of their training shall return to the same or higher positions in the MOPH Presidencies for which their training is being provided. They shall be assigned to these project-related positions for a period of not less than two years. Participants trained for the Kabul ANM school, on completion of their training in the US, shall return to full time faculty or administrative positions in the Kabul ANM school and should occupy these positions for not less than two years.

3. *Auxiliary Nurse Midwife Assignments*

Graduates of the Kabul ANM school, upon satisfactory completion of the full course, shall be assigned to BHC's for a period of not less than two years. The GOA agrees that the ANM personnel will receive payment and other remuneration on a regular basis under the GOA rules and regulations pertaining to this category of personnel.

4. *Expatriate Advisors (USAID Contract)*

The GOA shall provide assistance to the expatriate advisors of this project, as appropriate and commensurate with assistance normally provided by the GOA to foreign technicians, for procurement of GOA visas and all GOA documentation required for their residing and working in Afghanistan. Contract technicians (MSH) “Management Team” University of California, Santa Cruz (USCS) and others as may be employed will be provided, through the assistance of the presidency of Foreign Relations, MOPH, with multiple entry and exit visas, consistent with the privileges accorded by the GOA to all USAID direct hire and contract personnel.

5. *Project Related Travel*

The MOPH shall make all necessary arrangements within its own government to facilitate all project related field travel for USAID or contract personnel.

6. *USAID Identification*

Each BHC complex constructed with significant contribution from USAID shall be marked at its entry or other place readily visible to staff and clients by a permanent marker acknowledging the contribution of the American people. (NOTE: The marker used by the Ministry of Education reads as follows. “This Eight Class Primary School and Teachers Hostel has been built with mutual cooperation of the Republic of Afghanistan and the Agency for International Development of America in the year .” For MOPH buildings the marker may be similar, with modifications to indicate the type of buildings built.) Such markers shall be in Dari and English.

7. *Terminal Disbursement Date*

All funds committed under this agreement and under the 1976 agreement (Project Agreement No. 306-11-590-144, June 30, 1976 and Amendments) for construction of Basic Health Center buildings shall be expended (i.e., BHC construction complete, BHC certified operational, and reimbursement vouchers submitted to USAID) no later than

June 30, 1979. Funds remaining unexpended as of this date will be automatically deobligated by USAID and the MOPH will thereby assume sole responsibility for any costs related to incompleting construction.

8. *Condition Precedent to Future Construction*

It is anticipated that the MOPH will develop an effective engineering construction capacity during the course of building the twelve (12) Basic Health Centers already funded. Financing of additional Basic Health Centers by USAID will be subject to the MOPH demonstrating that it has the engineering and management capacity to construct effectively additional centers.
