

**No. 17258**

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**UNITED STATES OF AMERICA  
and  
AFGHANISTAN**

**Project Agreement relating to basic health services (with  
annex). Signed at Washington on 30 June 1976**

*Authentic text: English.*

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

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

**Accord relatif à un projet concernant des services de santé  
de base (avec annexe). Signé à Washington le 30 juin  
1976**

*Texte authentique : anglais.*

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

PROJECT AGREEMENT<sup>1</sup> 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 THE REPUBLIC 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. 306-11-590-144	
<input checked="" type="checkbox"/> PROJECT DESCRIPTION ANNEX A	<input type="checkbox"/> FOREIGN CURRENCY STANDARD PROVISIONS ANNEX	2. Agreement No. BHS #1	3. <input checked="" type="checkbox"/> ORIGINAL OR REVISION NO.____
<input checked="" type="checkbox"/> STANDARD PROVISIONS ANNEX <sup>2</sup>	<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 <sup>3</sup>		
<input checked="" type="checkbox"/> ECONOMIC COOPERATION AGREEMENT	Date 6/23/1956 <sup>4</sup>		
<input type="checkbox"/> (other) TC Program Agreement as amended	Date 6/30/1953 <sup>5</sup>	6. AID Appropriation Symbol 72-11x1024	7. AID Allotment Symbol 424-50-306-00-69-61 424-50-306-00-44-61*

<sup>1</sup> Came into force on 30 June 1976 by signature.

<sup>2</sup> Not published herein. For the text of this annex, see "Project Agreement relating to assistance to Kabul University" in United Nations, *Treaty Series*, vol. 1084, No. 1-16587.

<sup>3</sup> See "Point Four General Agreement for technical co-operation" in United Nations, *Treaty Series*, vol. 132, p. 265, and vol. 177, p. 341.

<sup>4</sup> See "Exchange of notes constituting an agreement relating to economic development" in United Nations, *Treaty Series*, vol. 271, p. 295.

<sup>5</sup> See "Program Agreement for technical co-operation" in United Nations, *Treaty Series*, vol. 215, p. 3, and vol. 1075, No. A-2908.

8. AID Financing	<i>Previous total</i>	<i>Increase</i>	<i>Decrease</i>	<i>Total to Date</i>
<input checked="" type="checkbox"/> DOLLARS <input type="checkbox"/> LOCAL CURRENCY	(A)	(B)	(C)	(D)
(a) Total .....		\$1,120,000		\$1,120,000
(b) Contract Services .....		604,000		604,000
(c) Commodities .....		*31,000		*31,000
Participants .....		80,000		80,000
(d) Other Costs .....		405,000		405,000

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 June 30, 1976	12. Date of this Revision	13. Estimated Final Contribution Date June 30, 1979
14. For the Cooperating Government or Agency: Republic of Afghanistan [ <i>Signed</i> ] <i>Signature:</i> ALI AHMAD KHURRAM <i>Date:</i> June 30, 1976 <i>Title:</i> Minister of Planning	15. For the Agency for International Development:  [ <i>Signed</i> ] <i>Signature:</i> DANIEL PARKER <i>Date:</i> June 30, 1976 <i>Title:</i> Administrator	

## ANNEX A

### I. BACKGROUND AND SUMMARY

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

The Basic Health Services (BHS) project is intended, subject to interim evaluations and the availability of funds, to be implemented during the period 1976 to 1979. It is

intended that during this period fifty (50) new health centers will be constructed and made operational and that Alternative Health Delivery Systems (AHDS) will be tested in pilot areas. The AHDS system is being developed in order to reach persons who will remain beyond the reach of the BHCs.

This Project Agreement provides US \$1.120 million for the U.S. contribution toward first-year project costs. Subject to the availability of funds, subsequent Project Agreements will be negotiated and adjustments, where necessary and mutually agreed, will be made based upon evaluations and implementation experience.

## II. PROGRAM GOAL

This project contributes to the Government of Afghanistan's goal of improving the health of the Afghan people. These are the persons, largely the rural families, whose residences are not within reach of modern and effective health facilities and practitioners, and the women and children and aged who are constrained by distance, poverty, and cultural practices from seeking health information and services. It is estimated 85% of the Afghan population is rural and, of those, most have no access to MOPH health facilities.

## III. PROJECT PURPOSE

This project, 1976-1979, is identified as Phase I of a joint USAID and Ministry of Public Health effort. Within this period, the project's purposes are: (a) To provide basic health services, with emphasis on services for women and children, to 830,000 persons living in 50 Minor Civil Divisions (Woleswalis and Alêquadaris) of thirteen Provinces; (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 access to a BHC.

Achievement of these project objectives requires 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 Phase I, of alternative methods for delivering medical education and services to the more isolated members of the population.

## IV. PROGRESS TO DATE

The Ministry of Public Health (MOPH) has had experience in the delivery of health services in rural areas for some years. A scientific analysis of this service by the MOPH was undertaken in 1974/75 with assistance from the USAID-financed Management (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 requirements, and the needs of the BHC clients. The lessons learned in the Parwan model have provided a basis for the design of this BHS Phase I project.

The MOPH recognized in the early 1970s that if female medical and para-medical personnel were not available at health facilities, attendance by women would be scant. Accordingly, in 1971, the MOPH established an Auxiliary Nurse Midwife (ANM) training school in Kabul for women. Since 1973 USAID has provided assistance to the ANM school. The students of the ANM school are recruited from rural areas. Following the completion of eighteen months of training, they return to employment in the BHC nearest their families' homes. A new ANM school has been completed in Kabul, and will admit its first ANM class before June 30, 1976.

Recognizing a need for continued training of rural health personnel, the MOPH developed training manuals with MSH assistance. Trainers from the Ministry are in the provinces administering training programs for the health personnel. This program will be improved and enlarged during this Phase I project.

## V. COURSE OF ACTION

This first-year agreement covers twelve (12) Basic Health Center sites. Three (3) BHCs are partially completed, and subject to joint USAID/MOPH certification, will be qualified for partial reimbursement of completion costs by USAID. These partially completed centers will be completed on/before March 31, 1977. Nine (9) new BHC sites are to be selected in the agreed Phase I project areas and the construction of these centers is to be completed on/before September 30, 1977. (NOTE: The MOPH may elect to begin construction of other Phase I BHCs, according to the implementation plan agreed in a Letter of Understanding, prior to September 30, 1977, to meet internal schedules, construction seasons, etc. When this is done, the monitoring arrangements described in this agreement will be followed. Reimbursement by USAID of agreed cost of these centers will be provided through subsequent Project Agreements, subject to the terms and conditions described herein.)

At sites in the Phase I area, the MOPH will, before March 31, 1977, rent, renovate, staff and supply up to ten (10) temporary BHCs. Before September 30, 1977, up to ten (10) additional BHCs will be rented and made operational. Rental sites will be selected in accordance with a mutually agreed implementation schedule. The purpose of these temporary rentals is to bring medical services and education to the people at the earliest possible date, and to establish the other components of the BHS systems, e.g., administration and training.

Each construction site will require similar work in site selection, design drawings and construction specifications, procurement, transportation, contractor selection and actual construction. Upon joint USAID/MOPH certification of completion of a BHC to agreed specifications, and certification the BHC meets the agreed operational standards, USAID will reimburse the Afghan Government a fixed amount for the BHC.

A single Fixed Cost will be determined by mutual consent for each of the following construction types:

- 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

These fixed costs will not be increased or decreased for such variables as transportation costs, availability of electric power, type of material used (stone or brick), or variation in the topography. Upon final determination of the fixed costs the financing formula shall be agreed, it being the intent of USAID to provide, within the overall total budgeted herein for construction, 75% of fixed, reimbursable costs. (Amounts are estimated in Section V, F, of this Agreement. Actual amounts will be agreed after all engineering and price factors have been mutually agreed and will be included within a Letter of Understanding.)

### A. Targets

Specific targets for this Agreement include:

1. Three (3) new, operational BHCs by March 31, 1977.
2. Nine additional, new BHCs operational by September 30, 1977.
3. Twenty (20) rented BHCs operational. (Rentals would be for a maximum of 18 months and be discontinued as new construction is completed.)
4. Twenty (20) MOPH employees in training programs in United States.
5. A continuing enrollment of 150 students in the Kabul Auxiliary Nurse Midwife Training School. (50 new students enrolled each semester for the three-semester course.)

6. The establishment of two or more Alternative Health Delivery Systems (AHDS) models in areas within the agreed Phase I project areas.
7. The design and implementation of in-service training programs in Afghanistan for all Basic Health Services personnel.
8. The design and implementation of supply and logistic systems to insure the adequacy of supplies, equipment, medicines at the BHCs.
9. The design and implementation of effective BHC supervisory and monitoring systems.
10. The design and implementation of an effective BHC client/health recording and reporting system.

B. *Field Organization:* (For the MOPH supervision and inspection of the BHC sites) USAID will assist by providing two USAID advisors, one engineering advisor and one public health advisor. The MOPH agrees to increase the staff of its Engineering and Construction Directorate (Presidency of Coordination and Planning) by ten (10) new qualified engineering technicians. (Secondary school graduates are qualified to inspect and supervise BHC construction. Qualifications are to be one or a combination of the following: formal education, special training, or engineering experience.) These USAID and MOPH employees will be responsible for field work such as site selection, construction specifications and evaluation of completion and operational readiness.

MOPH will arrange (from MOPH staff or through agreement with the community) for continuous, on-site monitoring throughout the construction term of each BHC.

C. *Site Selection:* Project construction will be within four areas. Specific site locations will be based on criteria agreed between the MOPH and USAID and described in a Letter of Understanding between MOPH and USAID. The overriding criterion will be service to as many people as possible, i.e., BHCs will be sited where services do not now exist and where populations accessible to the BHCs are large enough to insure both intensive benefits and cost/effective coverage on a per-capita basis.

D. *Construction Standards:* A Letter of Understanding will formalize MOPH-USAID agreement on drawings, specifications, and uniform standards of construction prior to joint agreement on fixed amounts to be reimbursed.

E. *Cost Estimates:* After agreement on construction standards, the MOPH and USAID will review bills of material, labor schedules and detailed construction cost estimates according to a jointly developed format. When this evaluation is completed and agreement reached on reasonableness of estimated costs, USAID and the MOPH will agree on fixed amounts to be reimbursed by USAID, by Letter of Understanding as described in F, below. (See also the third paragraph, Section V, of this Agreement.)

F. *Reimbursement Procedure:* Using the fixed amount reimbursement method of financing described hereunder, USAID will reimburse a maximum of 75% of estimated direct construction costs (i.e., building materials, direct labor and transportation) of each Basic Health Center. For planning purposes it is estimated that reimbursement would be about \$45,000 for each Rank I BHC, \$31,875 for each Rank II BHC, and \$22,500 for each Rank III BHC.\* In addition to the remaining 25% of direct costs, the MOPH will finance indirect costs of each BHC, including but not limited to, contractor overhead, furniture and equipment, and MOPH administration.

\$390,000 is obligated by this Agreement to finance the estimated USAID share of the direct costs of completing three (3) presently incomplete BHC structures and nine (9) new BHCs\*\*. (When final cost estimates are made, adjustments in the number of BHCs will, if necessary, be made to stay within the total funds obligated.)

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\* Rental and exact construction costs financed by this first year agreement will be confirmed in the Letter of Understanding and be according to procedures outlined in Part V, D and E, in this Agreement.

\*\* USAID's projected budget for Phase I (FY 1976-FY 1979) includes inflation and contingency factors of approximated 4% per annum.

These USAID funds will be provided to the GOA, by procedures agreed in Letters of Understanding, within thirty (30) days after the end of the month in which each BHC has been constructed and certified operational by the MOPH and USAID. The costs to be incurred to make a temporary, rented BHC operational include rental, renovation, painting, etc. Of these costs, USAID agrees to pay 100% of the rental and the MOPH agrees to pay other costs required to bring the facility to a minimum standard. USAID shall make its rental reimbursement following joint USAID/MOPH certification that the BHC meets the agreed standards. (A temporary, rented BHC need not meet the building specifications required of the all-new BHCs).

G. *Construction Observations*: USAID will be free to observe on-site construction, as required, at each site. If deviations from agreed upon specifications are noted which would preclude subsequent USAID reimbursement, immediate written notice must be sent to the MOPH. BHC structures with such deficiencies will not again become eligible for reimbursement until the noted deficiencies are corrected. USAID and MOPH personnel are expected to visit each construction site a minimum of four times.

H. *Construction Certification*: Upon completion of construction, MOPH and USAID representatives will jointly visit the BHC. A report in a jointly developed format will be prepared for each completed BHC. The report will form the basis for certification by MOPH and USAID that the BHC is completed and operational, and therefore eligible for USAID reimbursement. The elements of "completed and operational" are as follows:

1. BHC buildings constructed to specifications.
2. BHC medical and para-medical staff meets the minimal agreed standard.
3. The communities to be served by the BHC have been informed of the opening of the BHC and the services to be provided.
4. The BHC is adequately stocked with equipment, furnishings, supplies and medicines.
5. The BHC is supplied with adequate administrative materials (e.g., client/health recording and reporting forms) and one staff member is trained in the recording and reporting systems.

A "complete and operational" BHC will be described, in detail, in a Letter of Understanding dealing with this subject. Minimal staff, minimal training, quantities of equipment and supplies agreed by MOPH and USAID as adequate will be recorded in the Letter of Understanding.

I. *Financing Procedure*: USAID reimbursements will be made by U.S. dollar check to the Ministry of Public Health for the dollar amount fixed for the type of structure completed and operational, per Letter of Understanding described above, within 30 days after the end of the month in which the MOPH and USAID certify that the building is satisfactorily 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.

Unexpected events beyond control of the Governments may occur during project implementation which may justify renegotiations of the reimbursement amounts. Such events might include large changes in dollar to Afghan exchange rates and natural disasters. If an event occurs which materially affects the implementation of the project or if the exchange rate varies significantly from the rate extant when the Reimbursement Agreement is executed, the fixed amounts may be renegotiated if the signatories mutually agree.

## VI. PROGRESS REPORTING

The Ministry of Public Health will provide to USAID a quarterly report (no later than 30 days after the end of each reporting period) on the percentage of construction completed for each BHC.

## VII. EVALUATION OF OPERATING BHCs

The MOPH will systematically examine and report on the effectiveness of BHCs. Such reports will evaluate citizen awareness and utilization of health services, effectiveness of BHC personnel in such "outreach" services as health education and family planning motivation, effectiveness of services for women and children, staff training and motivation, changes in morbidity, mortality and infant/childhood malnutrition among the citizens having access to the BHC services.

Personnel of USAID and the USAID financed contractors will assist MOPH personnel with such project monitoring and evaluation. Formal, in-depth evaluation instruments will be designed and agreed by January 1, 1977, to provide a complete, first year, Phase I, evaluation which will be conducted in June 1977.

## VIII. INPUTS

### A. *Government of Afghanistan*

#### 1. *Financial*

- a) The GOA agrees to provide from its budgets the necessary money for its 25% share of direct construction and rental costs and the necessary additional amounts for the indirect BHC costs which include but are not limited to:
  - BHC building sites (land).
  - Contractor overhead costs.
  - MOPH administrative overhead costs.
  - BHC furnishing and equipment costs.
  - Cost of medical supplies, including drugs.
- b) The MOPH further agrees to provide from its ordinary budget in this and subsequent years sufficient funds for the recurring costs of operating at an agreed minimal level the BHCs financed in this Phase I project.

#### 2. *Manpower*

The MOPH agrees:

- a) To create eighteen new positions and assign qualified staff as follows: (1) Presidency of Coordination and Planning: two new professional positions. (2) Engineering and Construction Directorate: ten new positions, which will be staffed by qualified engineer technicians. (3) Basic Health Services General Directorate: four new professional positions. (4) Presidency of Administration: two new professional/technical positions. These eighteen (18) new positions are for the professional and technical personnel required to staff and support the expanded Basic Health Services project in Phase I and in subsequent phases. (US participant training programs are planned to qualify either current or newly recruited personnel of the above Presidencies and Directorates to implement and sustain the expanded BHS program.)
- b) To provide administrative and teaching personnel of the ANM school in numbers insuring a teacher-pupil ratio of one to ten when the school is again operating at full strength.
- c) To designate seven (7) officials qualified by education and experience to serve as counterparts to the USAID provided expatriate advisory personnel. Counterparts shall be identified by office title.
- d) To nominate qualified MOPH employees for project training abroad. (Salaries and other remuneration customary under the regulations of the GOA for fellowship participants shall be continued while the employees are abroad for training.)



- e) To assign professional and technical staff at the designated Rank I BHCs 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) US advisors and their secretarial/clerical staff.
- i) To provide sufficient office space in the Health Ministry for the part time use of the USAID provided Project Advisor and Project Engineer.
- j) To insure adequate storage and control of all USAID commodities provided under this Agreement.
- k) That 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.

#### B. 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 utilization. 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 I project activity will be agreed between USAID and the MOPH by Letter of Understanding.

#### *Phase I (First Year Under This Project Agreement)*

1. *Basic Health Centers* (rental and construction) \$405,000 is obligated by USAID by this Agreement for (a) contributions to the rental costs of up to twenty (20) temporary BHCs, (b) contribution to a portion of the completion costs of three (3) BHCs presently under construction; (c) the agreed upon fixed amount reimbursement for nine (9) new BHCs; and (d) Alternate Health Delivery Systems. (The provision of this money will be subject to Letter of Understanding, Part V above.)

#### 2. *Participant Training*

##### a) USAID-Managed Training

##### (1) For Presidency of Coordination and Planning:

Two, two-year Masters Public Health (or equivalent) degree programs in the USA to begin no later than September, 1976 ..... \$17,300

##### (2) For the General Directorate of Basic Health Services:

One, two year, Masters of Public Health (or equivalent) degree program in the USA to begin no later than September, 1976.

Financing by this Agreement covers the first year of training ..... \$8,650

##### (3) For the Presidency of Administration:

One graduate level, non-degree, academic program in the U.S. of approximately twelve (12) months to begin no later than September, 1976 ..... \$8,650

- (4) For the Directorate of Construction and Engineering (Presidency of Coordination and Planning):  
 Four short-term non-degree programs in the U.S., including both academic and non-academic training (Estimated six (6) man-months for each of four participants): Programs to be completed on/before September 30, 1977 ..... \$45,400
- b) Participant Training managed by USAID financed project contractors
- (1) Management Contractor  
 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.  
 Six (6) programs are financed by this Agreement ..... \$32,500
- (2) Auxiliary Nurse Midwife (ANM) Training Contractor  
 Training of faculty and full time professional/administrative personnel of the Kabul Auxiliary Nurse Midwife (ANM) Training School. Academic training of nine (9) months duration.  
 Six (6) programs are financed by this Agreement ..... \$51,500
3. *Advisory Services*
- a) Management Advisory Services for Rural Health  
 Five resident advisors and the contractor's project related expenses. One year by this Agreement ..... \$397,000
- (1) Chief of Party. Counterpart:  
 President of Preventive Medicine. Overall rural public health, family planning, and medical advisor, qualifications: M.D. and either formal education or extensive experience in rural public health.
- (2) Management and Information Systems Advisor:  
 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 para-medical 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.
- (4 and 5) Two advisors to assist in developing, designing, planning, monitoring and evaluating this project's AHDS pilot models.
- b) Auxiliary Nurse Midwife (ANM) Training Project Advisors  
 Two resident advisors and the contractor's project related expenses. One year by this Agreement ..... \$113,000
- (1) Public Health Nurse Education Advisor (Chief of Party). 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 BHCs.

## (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.

4. *Commodities*

—Direct USAID: Contraceptive supplies, i.e., intrauterine (IUD) devices, including the shipping charges of spermicidal jellies and foams from point of origin to ultimate destination . . . . .	\$31,000
—Contractors: Miscellaneous office and training supplies . . . . .	\$10,000

## IX. MISCELLANEOUS PROVISIONS

*Participant Training*

MOPH employees selected for training programs in the United States shall, on completion of their training, return to the same or higher positions in the MOPH Presidencies for which this 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 shall, on completion of their training in the US, return to full time faculty or administrative positions in the Kabul ANM school.

*Auxiliary Nurse Midwife Assignments*

Graduates of the Kabul ANM school shall, upon satisfactory completion of the full course, be assigned to BHCs 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.

*Expatriate Advisors (USAID contract)*

The GOA will provide assistance to the expatriate advisors to this project, as appropriate and commensurate with assistance normally provided by the GOA to foreign technicians, for procurement of GOA visas, documents, etc., necessary for their residing and working in Afghanistan.

*Special Provision*

The Cooperating Government Agency agrees to execute an assignment to A.I.D., upon request, of any cause of action which may accrue to the Cooperating Government Agency in connection with or arising out of the contractual performance or breach of performance by a party to a direct contract with A.I.D. financed in whole or in part out of funds provided by the United States Government under this Agreement.

*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.)