



U.S. ECONOMIC ASSISTANCE PROGRAM IN EGYPT

"Certified to be a true copy of the original document signed by John Groarke, Acting USAID Director, and Fayza Abounaga, Minister of International Cooperation."

"This Assistance Agreement grants \$44,378,000 to the Government of Egypt for Healthier, Planned Families."


John Cardenas
Legal Advisor

USAID Assistance Agreement No.263-0287

FIFTH AMENDMENT

TO

ASSISTANCE AGREEMENT

BETWEEN THE

ARAB REPUBLIC OF EGYPT

AND THE

UNITED STATES OF AMERICA

FOR

HEALTHIER, PLANNED FAMILIES

Dated: 30 SEP 2007

263-pa-263-ES-07/08-A047

263-PA-263-CD-07/08-A050

263-PA-263-ES-06/07C.OVER-A051

263-PA-263-ES-07/08-A051

263-PA-263-ES-07/08-A052

263-PA-263-ES-07/08-A053

FUNDS RESERVED / DECOMMITTED	
SO#: <u>ALL</u>	Activity # <u>A047/A050/A051/A05</u>
Amount: <u>\$44,378,000</u>	<u>A053</u>
EACC: <u>4100100</u>	BY: <u>06/07 ES-263-07</u> <u>07/08 ES-263</u> <u>07/08 CD-AI-SUP</u>
Oblig. Start Date: <u>09/30/07</u>	Oblig. End Date: <u>09/30/2011</u>
By: <u>Nader Phoenix: Nader</u> Date: <u>09/30/07</u>	

Fifth Amendment, dated 30 SEP 2007 , 2007 to the Strategic Objective Grant Agreement (now known as the "Assistance Agreement"), dated September 30, 2002, between the Arab Republic of Egypt ("A.R.E." or "Grantee") and the United States of America, acting through the United States Agency for International Development ("USAID")(collectively, the "Parties") for Healthier, Planned Families.

SECTION 1. The Agreement is hereby amended as follows:

A. The title of the Agreement is amended in its entirety to read "Assistance Agreement between the Arab Republic of Egypt and the United States of America for Healthier, Planned Families."

B. Article 2 of the Agreement is amended in its entirety to read as follows:

Article 2: Objective, Program Areas and Program Elements.

Section 2.1. Objective, Program Areas. In order to further the foreign assistance objective of Investing in People, the Parties hereto agree to work together by focusing on activities in the areas of Health (the "Program Area," and, together with the Objective, the "Objective").

Section 2.2. Program Elements. In order to achieve the Objective, the Parties agree to work together to achieve results in HIV/AIDS, Avian

Influenza, Other Public Health Threats, Maternal and Child Health and Family Planning and Reproductive Health. Within the limits of the definition of the Objective in Section 2.1, this Section 2.2 may be changed by written agreement of the authorized representatives of USAID and the Ministry of International Cooperation without formal amendment of this Agreement.

Section 2.3. Annex 1, Amplified Description. Annex 1 amplifies the above Objective and describes the Program Elements, Program Sub-Elements and Indicators that will be used to measure the progress and achievement in each of the Program Areas. Within the limits of the definition of the Objective set forth in Section 2.1, Annex 1 may be changed by written agreement of the authorized representatives of the Parties without formal amendment of this Agreement.

C. Article 3, 4 and 7 are amended to substitute the term "Objective" for "Strategic Objective and Result."

D. Article 3, Section 3.1(a) is amended by deleting "One Hundred Sixty Three Million Three Hundred Sixty Three Thousand Three Hundred Thirty One United States ("U.S.") Dollars (\$163,363,331)" and substituting "Two Hundred Seven

Million Seven Hundred Forty One Thousand Three Hundred Thirty One United States (“U.S.”) Dollars (\$207,741,331)” therefor.

E. Article 3, Section 3.1(b) is amended by deleting “Two Hundred Twenty Two Million Five Hundred Twenty Nine Thousand Three Hundred Thirty One United States (“U.S.”) Dollars (\$222,529,331)” and substituting “Two Hundred Fifty Million Seven Hundred Seventeen Thousand Three Hundred Thirty One United States (“U.S.”) Dollars (\$250,717,331)” therefor.

F. Article 3, Section 3.2(b) is amended by deleting “Six Hundred Seventy Eight Million Six Hundred Thousand Egyptian Pounds (L.E. 678,600,000)” and substituting “Six Hundred Forty One Million, One Hundred Ten Thousand Egyptian Pounds (L.E. 641,110,000)” therefor.

G. Article 7, Section 7.1, is amended by deleting “Ministry of Higher Education, 101 El Kasr El Aini Street, Cairo, Egypt” and adding “Ministry of Agriculture and Land Reclamation, Shooting Club Street, Dokki, Cairo, Egypt” therefor.

H. Annex I of the Grant Agreement is deleted in its entirety and replaced by the Annex I attached hereto.

SECTION 2. Language of Amendment. This Amendment is prepared in both English and Arabic. In the event of ambiguity or conflict between the two versions, the English language version will prevail.

SECTION 3. Except as specifically amended or modified herein, the Agreement shall remain in full force and effect in accordance with all of its terms.

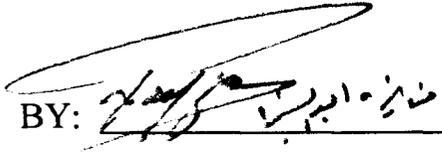
SECTION 4. Ratification. The A.R.E. will take all necessary action to complete all legal procedures necessary for ratification of this Fifth Amendment and will notify USAID of such ratification.

SECTION 5. Effectiveness. This Fifth Amendment shall enter into force when signed by both parties hereto.

IN WITNESS WHEREOF, the Grantee and the United States of America, each acting through its duly authorized representative, have caused this Fifth Amendment to be signed in their names and delivered in Cairo on September 30, 2007.

ARAB REPUBLIC OF EGYPT

UNITED STATES OF AMERICA

BY: 

BY: 

NAME: Fayza Abounaga

NAME: John Groarke

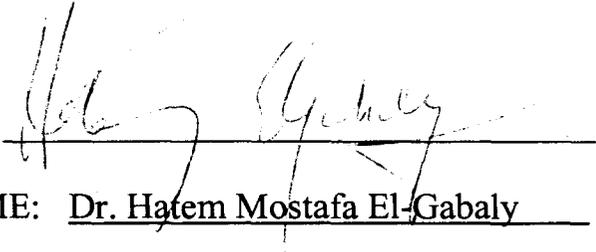
TITLE: Minister of International
Cooperation

TITLE: Acting Director,
USAID/Egypt

Implementing Organization

In acknowledgement of the foregoing Agreement, the following representative of the implementing organization has subscribed his name:

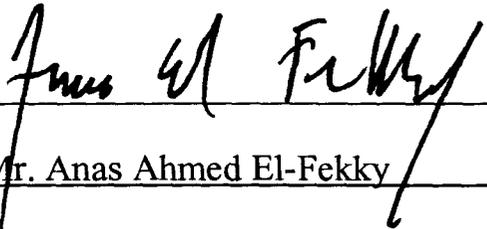
BY:


NAME: Dr. Hatem Mostafa El-Gabaly

TITLE: Minister of Health and Population

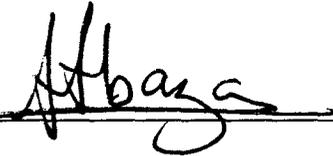
Implementing Organization

In acknowledgement of the foregoing Agreement, the following representative of the implementing organization has subscribed his name:

BY: 
NAME: Mr. Anas Ahmed El-Fekky
TITLE: Minister of Information

Implementing Organization

In acknowledgement of the foregoing Agreement, the following representative of the implementing organization has subscribed his name:

BY: 

NAME: Mr. Amin Ahmed Abaza

TITLE: Minister of Agriculture and Land Reclamation

ANNEX I

AMPLIFIED DESCRIPTION FOR HEALTHIER, PLANNED FAMILIES ASSISTANCE AGREEMENT NO. 263-0287

I. INTRODUCTION

This Annex I describes the activities to be undertaken and the results to be achieved with the funds obligated under this Agreement. Nothing in this Annex I shall be construed as amending any of the definitions or terms of the Agreement. This Annex I may be amended by the authorized representatives of the Parties through Implementation Letters (ILs) as provided under Article A, Section A.2 of the Standard Provisions Annex (Annex II) to this Agreement, without formal amendment, provided that the definitions of the Objective as set forth in Article 2.1 of this Agreement are not altered thereby.

II. BACKGROUND

A. Problem

Obstacles and challenges facing Egypt's health sector include disparities in health status, especially affecting vulnerable groups in the population, and inefficient systems to ensure effective health care programs and services. Continuous population growth, untreated or poorly treated infectious or chronic diseases, and a limited capacity to respond to acute and emergency medical needs, contribute to lower length and quality of life and ultimately hamper Egypt's prospects for economic growth. Some of the major problems causing shortened lives and poor health status are noted below:

- A higher than desired fertility rate of 3.1 births per woman, coupled with expected trends in fertility, will result in continued increases in the population of Egypt.
- Regional inequities in health and other service delivery.
- Inadequate infectious disease surveillance and response leads to unnecessary illness and deaths.
- The emergence of Avian Influenza (AI) has led to negative health and economic impacts. Veterinary surveillance and control systems require improvement to eliminate AI from backyard flocks and prevent human cases.
- Unhealthy behaviors result in disease and disability.
- Inadequate education and training systems for health care workers reduces the quality of health care services.
- Personnel have limited competencies to deliver high-quality care and inadequate Continuing Medical Education to provide state-of-the-art services.
- Weak management and inappropriate resource allocations reduce the effectiveness of public health programs.

The health program is based on partnerships between the United States Agency for International Development (USAID), the Ministry of Health and Population (MOHP), the Ministry of Agriculture and Land Reclamation (MALR), and the Ministry of Information (MOI). Under this program, the USAID, MOHP, MALR, and MOI plan strategies for addressing national health and population requirements, and support the implementation of this program in the form of technical assistance and other support, as articulated in this Annex.

B. Transition Period

USAID and other donors, such as the World Bank and the European Union, have on-going programs to support Egypt's development process. The A.R.E. continues to take greater responsibility within the Egyptian-United States development partnership. As a result, USAID is adapting its development efforts to better support the A.R.E.'s sustainable development agenda.

This health and population program focuses on the achievement of mutually agreed upon results within a sectoral assistance framework. USAID will provide its

assistance through this Agreement which establishes that framework and emphasizes a hierarchy of achievements, results and activities.

Significant funding to the health and population sector was previously obligated under individual project and/or program agreements. For purposes of achieving the mutually agreed results, the funds remaining under such agreements are available; however, accounting and programming such funds will continue to be governed by the terms of their respective agreements. After the signing of this SOAG in September 2002, no additional funds were added to the older grant agreements.

III. OBJECTIVE: INVESTING IN PEOPLE

Program Area: Health

The Investing in People objective, Health Program area, focuses on improving the quality, availability, and use of key services in family planning/reproductive health (FP/RH), child survival, infectious diseases and other health areas in Egypt, with cross-cutting activities to ensure sustainability through communications and behavior change and sector reform.

USAID will work closely with the Government of Egypt to ensure the capacity of the health sector and to sustain the impressive gains made with USAID assistance. The USAID program will increase health and family planning knowledge and practice, encourage healthy behaviors and strengthen MOHP management competencies. Further improvements will be made in the areas of infectious diseases, including Hepatitis C, HIV/AIDS and Avian Influenza. To strengthen the impact of these service delivery efforts, USAID will provide assistance in health communication and data collection.

Progress toward the achievement of this objective and program area will be a major factor in allocating funding for this program. Three indicators of achievement, with baselines and targets established, will be monitored to determine progress towards the accomplishment of this area (Health) under the Investing in People Objective. The indicators of achievement are:

- Decrease of Total Fertility Rate from 3.5 in 2000, to 2.9 by 2011;

- Decrease of Under Five Mortality Rate from 54/1000 live births in 2000, to 36/1000 live births by 2011;
- Decrease in Maternal Mortality Ratio from 84 per 100,000 live births in 2000, to 49 per 100,000 live births by 2011.

IV. RESULTS

USAID assistance under this Agreement will focus on three intermediate results that contribute to the achievement of the Investing in People Objective, Health Program Area. They are: (1) increased use of family planning services; (2) increased use of maternal and child health services; (3) strengthened infectious disease surveillance and response.

Result 1. Increased Use of Family Planning Services.

- This result measures success in improving the delivery of family planning and reproductive health care, and particularly focuses on strengthening the MOHP and its national program's sustainability. Achievement of this result will be measured by the following indicators:
- Percentage of married women using modern contraceptive methods, from 54% in 2000, to 64% by 2011.
- Percentage of births spaced more than 35 months, from 46% in 2000, to 60% by 2011.

Result 2. Increased Use of Maternal and Child Health Services.

This result measures improvements in maternal and child health care. Activities in this area will be evaluated based on the following results indicators:

- Neonatal Mortality Rate (a disaggregated indicator of "Under-Five Mortality Rate") from 24 deaths per 1000 live births in 2000, to 19 per 1000 live births in 2011.
- Percentage of births attended by a skilled provider, from 61% in 2000, to 77% in 2011.
- Percentage of births whose mothers made four or more visits for antenatal care, from 37% in 2000, to 75% in 2011.

- Number of districts implementing the Integrated Management of Childhood Illness (IMCI) program from 10 in 2000, to 256 in 2008.

Result 3. Strengthened Infectious Disease Surveillance and Response.

This result measures improvements in infectious disease surveillance and response. Measurement of achievement in the area of disease surveillance and response will be based on the following indicators:

- Number of health facilities upgraded to fully implement the National Infection Control Program from 215 in 2006, to 343 hospitals and 4,850 Primary Healthcare Units in 2011.
- Number of health workers trained on National Infection Control Program from 15,000 in 2006, to 52,520 in 2011.
- Number of people trained in Avian and Pandemic Influenza-related knowledge and skills from 319 in 2006, to 2,000 in 2011.

Additional program element indicators are detailed in section V below.

V. PROGRAM ELEMENTS AND INDICATORS

Program Elements: 3.1.1 HIV/AIDS

The first Egyptian HIV/AIDS case was diagnosed in 1986. Egypt remains a low prevalence country (less than 0.01%), and according to the latest Ministry of Health and Population (MOHP) report in July 2006, 2,483 cases have been detected, but according to the UNAIDS/World Health Organization (WHO), 5,300 cases were estimated to exist in the country as of 2005. Response to HIV/AIDS began in Egypt in 1987 with the establishment of the National AIDS Program (NAP). USAID is a major donor partner to NAP and has supported activities in the areas of blood safety, NAP staff capacity building, establishing and promoting Voluntary Counseling and Testing (VCT), enhancing disease surveillance, and development of national infection control guidelines. USAID funded the first National Biological Behavioral Surveillance Survey (Bio-BSS) in the country, which targeted the four Most-At-Risk Populations (MARPs); namely: men who have sex with men (MSM), street children, female sex workers, and injecting drug

users. Results of the study in December 2006 identified a concentrated epidemic among the MSM community.

Technical assistance will be provided to the NAP/MOHP to maintain the low prevalence of HIV/AIDS in the country through activities focusing on the MARPs with an emphasis on MSMs and street children. The program will include work with MARPs, promoting safer sexual behavior especially among youth and MARPs, increasing awareness about HIV/AIDS among healthcare providers, and strengthening the HIV surveillance system.

Program Element Indicators/Targets

1. Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful to reach 300 by 2008
2. Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful to reach 50 by 2008
3. Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment to reach 50 by 2008

3.1.3 Avian Influenza

On February 17, 2006, Egypt confirmed its first Avian Influenza (AI) case in domestic poultry, and on March 17, 2006, its first human case. As of August 4, 2007, there has been a total of 38 infected human cases with 15 fatalities, ranking Egypt fifth in the world for the number of confirmed human cases.

High population density, popular dependence on poultry for income and diet, limited slaughter-house capacity, and large numbers of persons keeping poultry in their backyards intensify this major public health and economic challenge for Egypt. The overall government response to the outbreak has been swift in spite of limited resources. Despite all the efforts, Egypt remains at high risk of continuing outbreaks. For this reason, the A.R.E. is developing a long-term program to improve poultry farming practices, reduce the risk of AI in humans – while also preparing to respond to a potential influenza pandemic. The Ministry of Health

and Population has been appointed to lead the inter-ministerial national AI committee on these efforts.

In early 2006, USAID was one of the first donors to assist the A.R.E. with its immediate surveillance and response plan of action, and with the launching of the country's first national AI campaign. Resources will continue to be provided to strengthen the capacity of the MOHP as well as to support fulfilling the country's AI communication objectives. Commencing with this amendment to the grant, resources will be provided to the Ministry of Agriculture and Land Reclamation (MARL) to develop and maintain AI surveillance and response priorities.

The activities supported under this element will focus on the human disease surveillance, response to disease outbreak, and commodity stockpile sub-elements. USAID's main government counterparts for the health program area are the MOHP and MARL. USAID has been supporting the capacity of the MOHP in developing and maintaining AI surveillance and response priorities since the fall of 2005. The health program will continue working closely with the MOHP enhancing the human surveillance and response at the central, governorate, and district levels in order to rapidly detect suspected AI cases in humans and trigger immediate response by the appropriate health authorities. Provision of needed commodities to help achieve the planned objectives is another focus area under this element.

Program Element Indicators/Targets

1. Number of people trained in Avian and Pandemic Influenza-related knowledge and skills from 319 in 2006, to 2,000 in 2011.
2. Number of people who have seen or heard a USG-funded Avian Influenza and/or Pandemic Influenza-related message from 32 million in 2006 to 36 million by 2011.

3.1.4 Other Public Health Threats

Egypt has the highest Hepatitis C prevalence worldwide (12.8%), and the Ministry of Health and Population (MOHP) has made its prevention and control one of its main priorities. It is widely presumed that Hepatitis C transmission occurs

primarily through unsafe medical injection practices, particularly in medical settings. For Hepatitis C prevention, USAID began support of MOHP's National Infection Control Program (ICP) in 2000; USAID will help the MOHP expand the ICP. USAID will continue supporting the implementation of Phase II Demographic and Health Surveys (DHS) with the addition of a linked DHS-linked nationwide Hepatitis C survey.

USAID will also support the A.R.E.'s vision for health sector reform, which is based on the President's call for health insurance for all. Egypt's national health strategy is focused on extending insurance coverage to new population groups with the goal of achieving universality. The planned new activities will most likely focus on increasing protection for families from health care financing related shocks through a reorganized health care payee.

Program Element Indicators/Targets

1. Number of health workers trained on the National Infection Control Program from 15,000 in 2006, to 52,520 in 2011.
2. Number of health facilities upgraded to fully implement the National Infection Control Program from 215 in 2006, to 343 hospitals and 4,850 clinics in 2011.

3.1.6 Maternal & Child Health

In the short-term, the A.R.E.'s goals are to improve the quality of, and access to, MCH services and information; ensure that women are empowered to achieve improved health; and foster the sustainability of the national MCH program. To reach these goals, USAID works with the A.R.E. to implement an integrated Family Planning/Reproductive Health and MCH program. Within this program, USAID will use MCH resources to implement activities to improve facility-based services (including newborn care, care for women during pregnancy, delivery and postpartum, immunizations including polio, and treatment of childhood illness); enhance emergency referrals between clinics and hospitals; encourage improved MCH knowledge and healthier behaviors; mobilize communities around MCH; build capacity; and ensure sustainability of MCH services including leveraging private sector resources in support of MCH.

Program Element Indicators/Targets

1. Number of people trained in maternal and/or newborn health and nutrition care through USG-supported health area program to reach 33,905 by 2011
2. Number of health facilities rehabilitated to reach 112 by 2011

3.1.7 Family Planning & Reproductive Health

In the short-term, the A.R.E.'s goals are to improve the quality of and access to FP/RH services and information; ensure that women are empowered to achieve their desired family size; and foster the sustainability of the national FP/RH program. To reach these goals, USAID works with the A.R.E. to implement an integrated FP/Maternal Child Health program. Within this program, USAID will apply resources to implement activities to improve facility-based services (including FP service delivery, post-partum FP, and post-miscarriage care); encourage improved FP/RH knowledge and healthier behaviors; mobilize communities around FP/RH; build capacity; and ensure the sustainability of the supply of contraceptive commodities and FP/RH services, including leveraging private sector resources in support of FP/RH.

Program Element Indicators/Targets

1. Number of people trained in family Planning/reproductive health to reach 35,065
2. Number of health facilities rehabilitated to reach 113
3. Amount of in-country public and private financial resources leveraged for family planning/reproductive health to reach \$3,465,000
4. Number of people trained in research with USG assistance to reach 1,200 by 2011.

VI. BENEFICIARIES

The ultimate beneficiaries of this program will be the Egyptian population at large and particularly the poor and vulnerable groups such as women and children. It is envisioned that, as a result of the activities to be undertaken under this Agreement, Egyptians using health services will benefit from positive changes in the sector.

VII. PROJECTS AND ACTIVITIES

Activities must meet essential criteria. These include demonstrated conformity with the Investing in People Objective, and Health Program Area, a clear relationship with the intended result, the measurability of results and distinct identity of the activity, and proposed costs that are commensurate with anticipated benefits.

The planned level of assistance shown in Attachment 1.1 for each activity is subject to the achievement of satisfactory joint progress reviews, the availability of USAID funds for this purpose, and the mutual agreement of the Parties to proceed at the time each increment is provided.

Under this Health Program Area, there are four projects that will support three Results and five program elements as indicated above. The Focus on Family Health Project ended on December 31, 2005, and the Health Workforce Development Project ended on June 30, 2006. A description of the four activities and their end dates are described below.

A. Integrated Reproductive Health Services (Takamol)[Ends in 2011]

This integrated activity contributes to two Program Elements, Maternal and Child Health and Family Planning and Reproductive Health and combines the activities previously implemented under the Healthy Mother/Healthy Child and TAHSEEN Family Planning Projects.

The activity will enhance the supply and demand for family planning and reproductive health services by strengthening service delivery through clinic upgrades, training and community mobilization, and by focusing on priority groups including youth, newlyweds, low parity couples, postpartum patients, couples living in geographically underserved areas, and unempowered women. Most mass media and large scale communication activities will be carried out through the "Communication for Healthy Living (CHL)" cross cutting activity. Close collaboration on demand creation and communication for FP/RH will be required to achieve maximum benefit. The Project will strengthen NGO capacity for advocacy, education and outreach, and reinforce clinical and referral services in the

population and family planning sector. It will also strengthen the MOHP's capacity to oversee and improve the quality of services and make sure that demographic trends are well understood by key policy makers.

The Project will also continue to work towards reducing national maternal and child mortality through improving essential maternal and child health services. This activity will strengthen and expand access to essential maternal, prenatal and child health services; and, in coordination with the Communication for Healthy Living Project, increase people's awareness of maternal and neonatal risk factors. It is anticipated that clinic and hospital maternal/neonatal unit upgrades will occur in 25 districts in Lower Egypt and urban slum areas. At the national level, support will continue to the polio eradication efforts of the MOHP, and to the Integrated Management of Childhood Illness (IMCI) program to assist the MOHP in expanding this program nationwide in collaboration with WHO and UNICEF. USAID assistance will strengthen already established neonatal centers.

The counterpart Ministry for this activity is the Ministry of Health and Population.

B. Infectious Disease Surveillance and Response (IDSR) [Ends in 2011]

This activity contributes to two program elements HIV/AIDS and Other Public Health Threats. The activity will focus on reducing the spread of blood-borne pathogens, especially Hepatitis C and HIV/AIDS, through promotion of safe injections and better infection control practices in health care settings. It also seeks to improve surveillance systems to monitor major infectious diseases and to improve the MOHP response to outbreaks. The project will provide technical assistance to the National AIDS Program in the MOHP to support work with Most-At-Risk Populations. Through this project, USAID provided funds to improve tuberculosis surveillance and response through September 2005.

With the first outbreak of Avian Influenza (AI) in Egypt in February 2006, and the first human case in March 2006, the IDSR project plans to intensify its focus on AI control and preparedness. With the Integrated National Plan for Avian and Human Influenza 2007-2008 as a roadmap, the project will support early detection and management of human cases by strengthening surveillance networks, rapid response teams and infection control systems. Similarly, AI viral load reduction in backyard flocks and in traditional hatcheries will require effective

veterinary services to conduct surveillance and outbreak response, and implement infection control measures. Successful implementation of these activities requires, in addition, adequate laboratory capacity, equipment and supplies, technical assistance, and a strong awareness and communication strategy, which is supported through the CHL project.

The counterpart Ministries for IDSR activities are the Ministry of Health and Population (MOHP) and the Ministry of Agriculture and Land Reclamation (MALR).

C. Communication for Healthy Living (CHL) [Ends in 2011]

CHL is a cross cutting activity and contributes to Avian Influenza, Maternal and Child Health, Other Public Health Threats, and Family Planning and Reproductive Health program elements

This activity will ensure effective information, education and communication to the Egyptian public in support of all activities under the Investing in People Objective, Health Program Area. It will work to increase awareness and increase contraceptive use, birth spacing, safe pregnancy, neonatal care, safe injections, Avian Influenza control and preparedness, Hepatitis C infection prevention behaviors, and healthy life styles. This activity will support the institutionalization of sustained capacity in the Ministry of Information/State Information Service (SIS) to develop and implement behavior change programs on a variety of key health topics, building on its current capacity in family planning, population, and maternal and child health. The activity will assist local health managers and workers to operationalize selected national public health policies at the community level. Additionally, the activity will seek to increase demand for quality health services, empower clients, and to increase awareness about the right to quality services.

The counterpart Ministries for this activity are the Ministry of Information (MOI) and the Ministry of Health and Population (MOHP) and the Ministry of Agriculture and Land Reclamation. The MOHP will be responsible for the strategic direction and the technical content of the public information messages and the MOI will oversee the production and the broadcasting of the various communication messages.

D. Health Sector Reform [Ends in 2011]:

This activity contributes to the program element of Other Public Health Threats. The Ministry of Health and Population has a vision to reform Egypt's entire health care system. For the past year the Ministry has embarked upon a study to identify the system-wide strengths and weaknesses of the health sector to improve delivery of quality services throughout the country. Results of the diagnostic identified significant challenges that require transformational change. Infectious diseases are being replaced by more costly chronic diseases such as diabetes; the medical safety net needs to expand to provide insurance coverage for the entire population; the availability of facilities must be maintained with emphasis on the quality of services and facilities; the enormous infrastructure must develop sustainable, continuous financing; and, all medical, administrative and managerial staff must be linked to work performance standards, competency and skills development.

The purpose of this activity is to support the Ministry of Health and Population in its effort to implement these reforms, which will demonstrate commitment to a program intended to increase the government's responsiveness to citizens' need for quality health services while decreasing the poor's out-of-pocket expenditures on health services. Through a mix of technical assistance and training for the MOHP, USAID will partner with the MOHP to further the pace and impact of its reforms by improving the quality of the inputs and linking health financing to health system performance. This activity capitalizes on USAID's prior investments in a facility accreditation system, performance-based health financing, recent progress to introduce social health insurance and the First Wave of MOHP MBA candidates in US universities. The counterpart Ministry for this activity is the Ministry of Health and Population.

VIII. ROLES AND RESPONSIBILITIES OF THE PARTIES

Each counterpart ministry identified in Section VII above will be responsible for conducting, on behalf of the A.R.E., overall implementation of their respective activity.

USAID and the Ministry of International Cooperation (MIC), Department for Economic Cooperation with USA will manage this agreement jointly, in particular

signing and amending the overall agreement and approval of budget reallocations between the activities set forth in Section VII.

Implementation of activities funded under this Agreement may be carried out by the A.R.E and a combination of U.S., international and local organizations working under grants, cooperative agreements and contracts in support of the Objective. USAID will enter into such grants, cooperative agreements and contracts only after consultation with the relevant A.R.E. implementing partner.

A. Grantee: A.R.E.

The Ministry of Health and Population is the principal A.R.E. entity responsible for implementation of the following activities: 1) Integrated Reproductive Health Services Project (Takamol); 2) Infectious Disease Surveillance and Response (IDSR), and 3) Health Sector Reform. The Ministry of Health and Population and the Ministry of Information/State Information Service are the principal A.R.E. entities responsible for implementation of the Communication for Healthy Living (CHL) activity. The Ministry of Health and Population and the Ministry of Agriculture and Land Reclamation (MALR) are the entities responsible for implementation of Avian Influenza Control and Preparedness activities. Where deemed feasible and necessary, MOHP and MALR will integrate their efforts and carry out joint activities. The Ministry of Higher Education was the principal A.R.E. entity responsible for implementation of the Health Workforce Development (HWD) Project.

B. USAID

USAID is responsible for executing contracts and grants to implement approved activities needed to achieve the results described in this Agreement.

IX. MONITORING AND EVALUATION

The indicators specified in Sections IV and V above will be used to measure progress toward achievement of the Program Area and Program Element of this Agreement, and may influence the allocation of financial resources. These indicators will also help to monitor performance of specific project and activity

level results and accomplishments. The A.R.E.'s management information systems, complemented by activity reports, will provide the basis for annual assessments of overall progress toward program goals and objectives. Therefore, all activities funded under this Agreement will include reporting requirements to help USAID and the A.R.E. monitor achievement of activity results and performance targets. In addition, USAID in consultation with the appropriate A.R.E. partner institution will use performance data as the basis for recommending adjustments in targets, indicators and activities.

Measures of performance will be based on several sources, including the A.R.E., USAID and other donor financed studies, and partner activity reports. Periodic Demographic and Health Surveys (DHS) and a Service Provision Assessment (SPA) study will also provide data on performance measures.

Further in depth evaluations may be conducted, under this 9-year program, with agreement between USAID and the host partners. These evaluations will examine the extent to which activities have achieved their intended results, estimate the overall development impact of USAID-financed activities in the sector, and recommend any activity modifications needed to improve performance. In addition to this formal evaluation, activity specific and ad hoc evaluations and assessments may also be conducted to answer specific program design and implementation questions.

X. FINANCIAL PLAN

The illustrative financial plan for this Agreement is included in this Annex as attachments 1.1 and 1.2. Changes may be made to the financial plan by representatives of the parties without formal amendment to the Agreement.

**Assistance Agreement for Healthier, Planned Families
Illustrative Financial Plan
USAID Contribution (\$)
(263-0287)**

Description	Previous Obligations	Change	FY 07 Obligations	Cumulative Obligations to Date	Future Planned Obligation	Revised USAID Total Planned Contribution
Healthy Mother/Healthy Child	16,290,884		0	16,290,884	0	16,290,884
TAHSEEN	46,786,743		0	46,786,743	0	46,786,743
Integrated FP/HMHC	39,334,220		0	39,334,220	0	39,334,220
Technical Assistance	22,295,720		0	22,295,720	0	22,295,720
Contraceptive Commodities	8,540,000		0	8,540,000	0	8,540,000
Local Support	8,498,500		0	8,498,500	0	8,498,500
Infectious Disease Surveillance/Response	24,146,320	-2,000,000	0	22,146,320	0	22,146,320
Technical Assistance	15,945,000	-2,000,000	0	13,945,000	0	13,945,000
Avian Flu (AFLU)	1,500,000		0	1,500,000	0	1,500,000
Local Support	2,799,500		0	2,799,500	0	2,799,500
Training	3,805,500		0	3,805,500	0	3,805,500
Evaluation & Assessment	96,320		0	96,320	0	96,320
Focus on Family Health	6,933,285		0	6,933,285	0	6,933,285
Communication for Healthy Living	20,088,153	2,000,000	0	22,088,153	0	22,088,153
Technical Assistance	13,616,040	2,000,000	0	15,616,040	0	15,616,040
Training	500,000		0	500,000	0	500,000
Local Support	5,623,130		0	5,623,130	0	5,623,130
Evaluation & Assessment	348,983		0	348,983	0	348,983
Health Workforce Development	5,637,100		0	5,637,100	0	5,637,100
SO20 Program Management	4,146,626		0	4,146,626	0	4,146,626
3.1.1 HIV/AIDS	0		1,488,000	1,488,000	0	1,488,000
3.1.4 Avian Influenza			5,200,000	5,200,000	10,000,000	15,200,000
3.1.5 Other Public Health Threats			11,529,000	11,529,000	3,050,000	14,579,000
3.1.6 Maternal and Child Health			13,144,000	13,144,000	14,588,000	27,732,000
3.1.7 Family Planning and Reproductive Health			13,017,000	13,017,000	10,208,000	23,225,000
Program Design/Personnel					5,130,000	5,130,000
TOTAL	163,363,331		44,378,000	207,741,331	42,976,000	250,717,331

**Assistance Agreement For Healthier, Planned Families
Illustrative GOE Contribution Financial Plan (L.E. 000)
(263-0287)**

Activities	Previous Obligations			FY 07 Obligation			Cumulative Obligations			FObligations			A.R.E.
	FT800	GOE cash	In -Kind	FT800	GOE cash	In -Kind	FT800	GOE cash	In -Kind	0	GOE Cash	In -Kind	Total
Healthy Mother / Healthy Child	240	45,000 *		0	0	0	240	45,000	0	0		0	45,240
TAHSEEN	240	82,550 *		0	0	0	240	82,550	0	0		0	82,790
Integrated MCH/FP/RH	480	76,600 *			0	0	480	76,600	0	0	0	0	77,080
Infectious Disease Surveillance and Response	480	10,000 *			0	0	480	10,000	0	0	0	0	10,480
Focus on Family Health	280	14,000 *		0	0	0	280	14,000	0	0		0	14,280
Communication for Healthy Living	480	10,830	256,560		0	0	480	10,830	256,560	0	0	0	267,870
Health Workforce Development	360	9,000 *		0	0	0	360	9,000	0	0		0	9,360
Program Management	120	0	0		0	0	120	0	0	0	0	0	120
3.1.1 HIV/AIDS				67			67			0	241	0	308
3.1.4 Avian Influenzal				176	0	7,046	176	0	7,046	253	0	14,185	21,660
3.1.5 Other Public Health Threats				193			193			0	493	0	686
3.1.6 Maternal and Child Health				193		26,085	193		26,085	655	0	28,685	55,618
3.1.7 Family Planning/Reproductive Health				193		26,085	193		26,085	655	0	28,685	55,618
Total A.R.E. Contribution	2,680	247,980	256,560	822	0	59,216	3,502	247,980	315,776	197	0	71,555	641,110

** Except as required by regulations for Avian Influenza (AI) funding and as necessary to achieve the objectives of the CHL program with the Ministry of Information wquires in-kind (air-time) contribution, all future A.R.E obligations will be accounted for in physical terms, and include office space , staff time, equipment, supplies and storage/warehouse facilities. This change is made to improve the administration and management of the host country contribution. FT-800 Contributions will not be affected by this change.

Previous Program Management (07 and future obligations LE 21,000 & LE 19,000) were distributed evenly across the five program elements