

February 9, 1999

H.E. Tertius Zongo
Minister of Economy and Finance
Ministry of Economy and Finance
Ouagadougou, Burkina Faso

Excellency:

Credit No.2595 BUR (Health and Nutrition Development Project)
Amendment to Development Credit Agreement (Decentralization of Project
Financing)

We refer to the Development Credit Agreement (the Agreement), dated June 8, 1994, as amended, for the above-mentioned Project between Burkina Faso (the Borrower) and the International Development Association (the Association) and to your letter, dated October 28, 1998, in which you requested us to amend the Agreement, inter alia, to decentralize the project financing to the level of the health directorates in the districts and the regions.

We are pleased to inform you that the Association accedes to your request and agrees, accordingly, to amend the Agreement as follows (with changes indicated in bold):

1. Section 1.02. of this Agreement is amended as shown in the attached Annex A.
2. Schedules 1, 2, 3 and 4 to the Agreement are amended as shown in the attached amended Schedules.
3. Paragraphs 1 (a) and (c) of Schedule 5 to the Agreement are amended as follows:
 - (a) the term "eligible Categories" means Categories (1) through (9) and (11) set forth in the table in paragraph 1 of Schedule 1 to this Agreement;
 - (c) the term "Authorized Allocation" means an amount equivalent to CFAF 550,000,000 to be withdrawn from the Credit Account and deposited into the Special Account pursuant to paragraph 3 (a) of this Schedule.

All other provisions of the Agreement, except as amended herein, shall remain in full force and effect.

Please indicate your agreement with the foregoing amendment by signing and dating the confirmation form on the attached copy of this letter and returning it to us, while keeping the original for your records.

This amendment will become effective as of the date of confirmation of this letter.

Sincerely,

By /s/ Miquel J. Saponara
Acting Country Director for Burkina Faso
Africa Region

Attachment

AGREED:

BURKINA FASO

By /s/
Authorized Representative

Date: March 3, 1999

ANNEX A

"Section 1.02. Unless the context otherwise requires, the several terms defined in the General Conditions and in the Preamble to this Agreement have the following meanings:

- (a) "Special Account" means the account referred to in Section 2.02 Agreement;
- (b) "CFAF" means the currency of the Borrower;
- (c) "Faso Baara" means the Contract Managing Agency established pursuant to ARRETE No. 91/151/MAT/SG/DELPAJ of the Borrower, dated July 17, 1991;
- (d) "PCU" means the Project Coordination Unit established under the Development Credit Agreement between the Borrower and the Association dated June 17, 1985;
- (e) "CAMEG" means the Centrale d'Achats de Médicaments Essentiels Génériques et des Consommables Médicaux, the Borrower's procurement center for essential generic drugs, established by Decree 92-127/SAN-ASF dated May 21, 1992 as amended by Decree 94-070/PRES/SASF dated February 15, 1994;
- (f) "DMO" means the District Medical Officer (s);
- (g) "CSPS" means the Health and Social Development Center (s);
- (h) "MS" means the Ministry of Health of the Borrower;
- (i) "DAAF" means the Direction des Affaires Administratives et Financières, the Borrower's Administrative and Financial Affairs Office;
- (j) "DEP" means the Direction des Etudes et de la Planification, the Borrower's Directorate of Planning and Studies;
- (k) "DMP" means the Direction de la Médecine Préventive, the Borrower's Directorate of Preventive Medicine;
- (l) "DRS" means the Direction Régionale de la Santé, the Borrower's regional health directorates;
- (m) "CMA" means Centre Médical avec Antenne Chirurgicale, a medical center with a surgical unit;
- (n) "CM" means Centre Médical, a medical center;
- (o) "CHR" means Centre Hospitalier Régional, the Regional Hospital Center(s);
- (p) "CHN" means Centre Hospitalier National, the National Hospital Center;
- (q) "ENSP" means Ecole Nationale de Santé Publique, the National School of Public Health;

- (r) "DSPH" means Direction des Services Pharmaceutiques, the
Directorate for Pharmaceutical Services;
- (s) "WHO" means the World Health Organization;
- (t) "IEC" means Information, Education and Communication;
- (u) "EPI" means the Expanded Program of Immunization;
- (v) "DSF" means Direction de la Santé de la Famille, the Directorate
of Family Health;
- (w) "MCH" means Maternal and Child Health;
- (x) "CFDS" means Centre de Formation pour le Développement Sanitaire,
the Training Center for Health Development of ENSP;
- (y) "OST" means Office de Santé des Travailleurs, the Bureau of
Workers Health;
- (z) "DHT" means the District Health Team;
- (aa) "IGESS" means Inspection Générale des Etablissements et Services
de Santé, the Borrower's Inspectorate General of Health Facilities;
- (ab) "DFP" means Direction de la Formation Professionnelle, the
Directorate of Professional Training;
- (ac) "DEM" means Direction de l'Équipement et de la Maintenance, the
Directorate of Equipment and Maintenance;
- (ad) "CADSS" means Cellule d'Appui à la Décentralisation du Système de
Santé, the Health System decentralization Support Unit;
- (ae) "DGSP" means Direction Générale de Santé Publique, the General
Directorate of Public Health;
- (af) "CD" means Comité Directeur du Projet de Développement Santé et
Nutrition, the Steering Committee for the Health and Nutrition Development
Project, created by Arreté No. 98/194/MS/SG/PDSN of July 1, 1998;
- (ag) "DS" means District Sanitaire, the Borrower's health districts;
- (ah) "Work Program Agreements" mean the programs of health related
activities, to be carried out each Fiscal Year on the basis of signed
agreements, in form and substance satisfactory to the Association,
between, respectively: (i) the CD and the DRSs; and (ii) the CD and the
DSs;
- (ai) "Fiscal Year" means the period from January 1 to December 31; and
- (aj) "Procedures and Management Manual" means the manual referred to in
Paragraph 3 of Schedule 4 to this Agreement, setting out procedures,
guidelines, criteria and other arrangements, acceptable to the
Association for the preparation, selection, implementation and
evaluation of Work Program Agreements.

SCHEDULE 1

Withdrawal of the Proceeds of the Credit

1. The table below sets forth the Categories of items to be financed out of the proceeds of the Credit, the allocation of the amounts of the Credit to each Category and the percentage of expenditures for items so to be financed in each Category:

Amount of the Credit	% of
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Category	Allocated (Expressed in SDR Equivalent)	Expenditures to be Financed
(1) Works	9,040,000	100%
(2) Goods	4,350,000	100%
(3) Supplies and spare parts	420,000	100%
(4) Drugs	180,000	100%
(5) Vaccines and micronutrients	1,470,000	100%
(6) Consultants' services	580,000	100%
(7) Training	740,000	100%
(8) Media	220,000	100%
(9) Incremental operating costs	1,350,000	35%
(10) Unallocated	0	
(11) Work Program Agreements of the DSs and the DRSS	2,850,000	100%
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TOTAL	21,200,000 =====	

2. For the purposes of this Schedule:

(a) the term "Media" means all costs related to information, communication and education campaigns, inter alia: (A) radio and television features; (B) interviews; (C) posters; (D) pamphlets; and (E) seminars, workshops and meetings; and

(b) the term "Incremental operating costs" means: (i) \$200,000 each in years one and two of the Project for CAMEG's operating costs; (ii) costs of DMO's supervision of CSPSS; (iii) salaries, benefits and travel allowances for local PCU staff; and (iv) operating and maintenance costs for items under Categories (1) and (2) of the table set forth in paragraph 1 of this Schedule.

3. Notwithstanding the provisions of paragraph 1 above, no withdrawals shall be made in respect of payments made for expenditures prior to the date of this Agreement, except that withdrawals: (i) in an aggregate amount not exceeding the equivalent of SDR 80,000 may be made in respect of Category 7 on account of payments made before that date but after November 1, 1998; (ii) in an aggregate amount not exceeding the equivalent of SDR 395,000 may be made in respect of Category 11 on account of payments made before that date but after January 1, 1999.

4. The Association may require withdrawals from the Credit Account to be made on the basis of statements of expenditure for expenditures: (a) under contracts for goods and works not exceeding \$200,000 equivalent; (b) under contracts for the employment of consulting firms not exceeding \$100,000; (c) under contracts for the employment of individual consultants not exceeding \$50,000 equivalent; and (d) under all Work Program Agreements not exceeding \$100,000 equivalent, all under such terms and conditions as the Association shall specify by notice to the Borrower.

SCHEDULE 2

Description of the Project

The objectives of the Project are to assist the Borrower in its efforts to: (a) improve significantly the quality, coverage and utilization of basic health services; (b) enhance the nutritional status of the population; and (c) develop a national capacity for achieving sustainable control of endemic parasitic diseases.

The Project consists of the following parts, subject to such modifications thereof as the Borrower and the Association may agree upon from time to time to achieve such objectives:

Part A: Institutional Development and Decentralization of the Public Health System

1. Strengthening the Capacity of MS to decentralize the Public Health System by providing support to:

(a) DAAF through: (i) the establishment of a comprehensive asset inventory; (ii) management training; and (iii) the supply of information technology equipment;

(b) DEP's coordination and evaluation efforts through: (i) the carrying out of a survey of ongoing external financing for the health sector; (ii) the establishment of a consolidated mechanism for the coordination, monitoring and evaluation of public health programs; and (iii) the implementation of a mechanism to strengthen the collection, analysis and utilization of national health information, including the purchase of equipment and material.

(c) DMP's capacity to combat tropical diseases through: (i) construction of offices; (ii) supply of equipment and vehicles; and (iii) training of professional and support staff;

(d) "IGESS" to strengthen its capacity to: (i) advise MS on organization, human resources management, the applicability of legal and regulatory texts and monitoring methodology; and (ii) monitor and inspect the infrastructure of the health facilities as well as the quality of medical services offered;

(e) "DEM" to strengthen its capacity to establish preventative maintenance for facilities and equipment for health services; and

(f) the carrying out of a study of the hospital sector to define the respective roles of the CHR and CHN in the context of the decentralized national health system.

2. Strengthening the institutional training capacity of the decentralized health system by:

(a) supporting DFP in the development and implementation of a human resources plan for health development;

(b) financing of fellowships for specialization in the disciplines of general surgery, obstetrics and gynecology, health inspection, pediatrics, and public health; and

(c) supporting continuing education for (i) district medical officers and other key staff at the district level in emergency surgery; (ii) key members of district health teams in health services management and in primary health care training, promotion and outreach; and (iii) CHR technicians and CMA laboratory assistants.

3. Decentralizing of the Borrower's public health system and strengthening its peripheral services by:

(a) supporting the redeployment of health service personnel;

(b) carrying out of a study on the workloads of health service personnel and the implementation of the recommendations proposed under such study;

(c) supporting the establishment of selected DSs and DRs and strengthening the capacities of such DSs and DRs to decentralize strategic sector management and

carry out priority programs and activities included in their development plans;

(d) supporting the upgrading and extension of health infrastructure at the operational level through: (i) transformation of about 15 CMs into CMAs; (ii) the construction of physicians' living quarters at two existing CMAs; (iii) rehabilitation and staffing of about 30 CSPSSs; (iv) construction of about 30 additional rural and about 15 urban CSPSSs; (v) construction of living quarters for nurses at about 35 CSPSSs; and (vi) acquisition of vehicles for district health teams for the supervision of CSPSSs;

(e) strengthening the organization and continued operation of the Comités de Gestion to manage CMAs and CSPSSs and to implement cost recovery plans; and

(f) rehabilitation of one CAMEG warehouse and provision of storage and office equipment for said warehouse.

Part B: Essential Drug Distribution Program

Strengthen the Borrower's capacity to distribute quality generic drugs to the population by:

1. Supporting the operational capacities of the national health system, including:

(a) provision of construction and equipment of storage sheds within the premises of approximately 400 CSPSSs;

(b) acquisition of a one-year stock of essential generic drugs for about 45 CSPSSs constructed under the Project and CMAs to serve as initial capital for a drug cost recovery fund; and

(c) training health personnel in: (i) the management of drug stocks; (ii) in management techniques for cost recovery; and (iii) budgeting;

2. Supporting the DSPH in its efforts to ensure the implementation of the national pharmaceutical policy, including:

(a) the acquisition and the promotion of the use of essential generic drugs;

(b) the implementation of a viable system for the distribution of essential generic drugs;

(c) the support of quality control improvement through (i) the carrying out of a feasibility study related to the introduction of a quality control pharmaceutical laboratory; and (ii) the systematic control of the quality of pharmaceutical products.

Part C: Endemic Disease Control Program

1. Treatment of endemic parasitic diseases by providing support to DMP to:

(a) detect, report and treat cases of: (i) onchocerciasis; (ii) trypanosomiasis; and (iii) dracunculiasis;

(b) strengthen local mobile health teams and the national coordination team; and

(c) implement the ongoing dracunculiasis eradication program through: (i) distribution of water filters, and (ii) execution and review of a national prevalence survey.

2. Educating the affected population through IEC campaigns organized by DMP.

3. Preventing the outbreak of EPI targeted diseases by providing support to DSF: (a) to provide yellow fever vaccines; (b) establish a functioning cold-chain network; and (c) organize mobile vaccination teams under the supervision of DHTs.

Part D: Micronutrient Supply Program

1. A short-term strategy to end micronutrient deficiencies by:

- (a) support to DSF in:
 - (i) micronutrient delivery to the population, in particular, distribution of micronutrients within the prenatal and curative care programs and the EPI delivery system; and
 - (ii) execution of epidemiological surveys to detect micronutrient deficiencies and evaluate their impact; and
- (b) providing training for health care staff at all levels.

2. Carrying out a strategy for food fortification and dietary modification through:
(a) execution of a feasibility study aimed at promoting importation of iodized salt consistent with WHO standards and implementation of the recommendations of such study;
(b) implementation of a monitoring system to gauge the iodine content of imported salt; and (c) supporting IEC campaigns aimed at heightening the population's awareness of the importance of a diet rich in micronutrients.

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The Project is expected to be completed by June 30, 2000.

SCHEDULE 3

Procurement

Section I. Procurement of Goods and Works

Part A: International Competitive Bidding

1. Except as provided in part D hereof, goods and works shall be procured under contracts awarded in accordance with procedures consistent with those set forth in Sections I and II of the "Guidelines for Procurement under IBRD Loans and IDA credits" published by the Bank in May 1992 (the Guidelines)

(a) For fixed-price contracts, the invitation to bid referred to in paragraph 2.13 of the Guidelines shall provide that, when contract award is delayed beyond the original bid validity period, the successful bidder's bid price will be increased for each week of delay by two predisclosed correction factors acceptable to the Association, one to be applied to all foreign currency components and the other to the local currency component of the bid price. Such an increase shall not be taken into account in the bid evaluation.

(b) In the procurement of goods and works in accordance with this Part A, the Borrower shall use the relevant standard bidding documents issued by the Bank, and with such modifications thereto as the Association shall have agreed to be necessary for the purposes of the Project. For the procurement of drugs, the Borrower shall use the Bank's sample bidding document "Procurement for Drugs and Vaccines" published in September 1993. Where no relevant standard bidding documents have been issued by the Bank, the Borrower shall use bidding documents based on other internationally recognized standard forms agreed with the Association.

(c) To the extent practicable, contracts for works related to the execution of boreholes and the procurement of goods shall be grouped into bid packages estimated to cost the equivalent of \$200,000 or more.

Part B: Preference for Domestic Manufacturers

In the procurement of goods in accordance with the procedures described in part A hereof, goods manufactured in Burkina Faso may be granted a margin of preference in accordance with, and subject to, the provisions of paragraphs 2.55 and 2.56 of the Guidelines and paragraphs 1 through 4 of Appendix 2 thereto.

Part C: Preference for Domestic Contractors

In the procurement of works in accordance with the procedures described in

Part A thereof, the Borrower may grant a margin of preference to domestic contractors in accordance with, and subject to, the provisions of paragraphs 2.55 and 2.56 of the Guidelines and paragraph 5 of Appendix 2 thereto.

Part D: Other Procurement Procedures

1. (a) Works, estimated to cost the equivalent of \$200,000 or less per contract, up to an aggregate amount equivalent to \$10,400,000; and

(b) goods, supplies and spare parts, estimated to cost the equivalent of \$200,000 or less per contract, up to an aggregate amount equivalent to \$300,000, may be procured under contracts awarded on the basis of competitive bidding, advertised locally, in accordance with procedures satisfactory to the Association.

2. Goods, supplies and spare parts estimated to cost the equivalent of \$50,000 or less per contract, up to an aggregate amount equivalent to \$1,600,000, may be procured under contracts awarded on the basis of comparison of price quotations obtained from at least three suppliers eligible under the Guidelines in accordance with procedures acceptable to the Association.

3. Medical equipment and micronutrients may be procured directly from United Nations specialized agencies.

4. Vaccines and vaccination material may, with the Association's prior approval, be procured directly in accordance with the provisions of paragraph 3.7 of the Guidelines.

5. Drugs may be procured directly from CAMEG in accordance with the provisions of paragraph 3.10 of the Guidelines.

Part E: Review by the Association of Procurement Decisions

1. Review of invitations to bid and of proposed awards and final contracts:

(a) With respect to each contract for works and goods estimated to cost the equivalent of \$200,000 or more, the procedures set forth in paragraphs 2 and 4 of Appendix 1 to the Guidelines shall apply. Where payments for such contract are to be made out of the Special Account, such procedures shall be modified to ensure that the two conformed copies of the contract required to be furnished to the Association pursuant to said paragraph 2 (d) shall be furnished to the Association prior to the making of the first payment out of the Special Account in respect of such contract.

(b) With respect of each contract not governed by the preceding paragraph, the procedures set forth in paragraphs 3 and 4 of Appendix 1 to the Guidelines shall apply. Where payments for such contract are to be made out of the Special Account, such procedures shall be modified to ensure that the two conformed copies of the contract, together with the other information required to be furnished to the Association pursuant to said paragraph 3, shall be furnished to the Association as part of the evidence to be furnished pursuant to paragraph 4 of Schedule 5 to this Agreement.

(c) The provisions of the preceding subparagraph (b) shall not apply to contracts on account of which withdrawals from the Credit Account are to be made on the basis of statements of expenditure.

2. The figure of 15% is hereby specified for purposes of paragraph 4 of Appendix 1 to the Guidelines.

Section II. Employment of Consultants

1. In order to assist the Borrower in carrying out (a) Parts A (1) (c); (3) (b), (c), and (f), the Borrower shall employ Faso Baara for construction work; and (b) other parts of the Project, the Borrower shall employ consultants whose qualifications, experience and terms and conditions of employment shall be satisfactory to the Association. Such consultants shall be selected in accordance with principles and procedures satisfactory to the Association on the basis of the "Guidelines for the Use of Consultants by World Bank Borrowers and by the World Bank

as Executing Agency" published by the Bank in August 1981 (the Consultant Guidelines). For complex, time-based assignments, the Borrower shall employ such consultants under contracts using the standard form of contract for consultants' services issued by the Bank, with such modifications as shall have been agreed by the Association. Where no relevant standard contract documents have been issued by the Bank, the Borrower shall use other standard forms agreed with the Association.

2. Notwithstanding the provisions of paragraph 1 of this Section, the provisions of the Consultant Guidelines requiring prior Association review or approval of budgets, short lists, selection procedures, letters of invitation, proposals, evaluation reports and contracts shall not apply to: (a) contracts for the employment of consulting firms estimated to cost less than \$100,000 equivalent each; or (b) contracts for the employment of individuals estimated to cost less than \$50,000 equivalent each. However, said exceptions to prior Bank review shall not apply to: (a) the terms of reference for such contracts; (b) single-source selection of consulting firms; (c) assignments of a critical nature, as reasonably determined by the Bank; (d) amendments to contract for the employment of consultants firms raising the contracts value to \$100,000 equivalent or above; or (e) amendments to contracts for the employment of individual consultants raising the contract value to \$50,000 equivalent or above.

SCHEDULE 4

Implementation Program

The Borrower shall:

1. during the execution of the Project, maintain PCU in adequate offices with adequate equipment, attached to the Secretary General of Health at MS, under the management of a Director, to be assisted by: (i) a Chief Administrative Officer and financial expert; (ii) an accountant responsible for the Project's accounts; (iii) a Monitoring and Evaluation Officer; and (iv) support staff. The officer referred to under paragraph (ii) of this section shall be recruited in accordance with the provisions of Section II of Schedule 3 to this Agreement; all said positions to remain staffed by suitably qualified and experienced persons acceptable to the Association at all times. Said PCU shall (i) operate under terms of reference acceptable to the Association; (ii) be in charge of the administration and coordination of Project activities and supervision of Project implementation and progress; and (iii) support the activities of the CD;
2. ensure that the CD, chaired by the Secretary General of Health, will (i) review and adopt Work Program Agreements of the DSs and DRSS; (ii) ensure appropriate allocation of financial resources in support of these Work Program Agreements; and (iii) monitor the progress in the DS's and the DRS's implementation of their respective Work Program Agreements in accordance with key performance indicators, satisfactory to the Association;
3. not later than January 31, 1999, adopt, or cause to be adopted, a Procedure and Management Manual, satisfactory to the Association;
4. recruit, in accordance with the provisions of Section II of Schedule 3 to this Agreement, a qualified accounting firm experienced in working according to the International Accounting Standards, acceptable to the Association, to assist in the establishment of an accounting system for the Project and give periodic support to the Project accountant;
5. provide a detailed implementation plan for the first year of activities under Part D of the Project prior to the Project launch workshop;
6. conduct, prior to the Project launch workshop, a feasibility study, under terms of reference satisfactory to the Association, concerning accelerated importation of iodized salt consistent with WHO standards; thereafter, through transmission of a copy of such study, invite the Association to a review meeting to decide on an action plan based upon the recommendations of such study and implement such action plan prior to March 31, 1996;
7. integrate, prior to the Project launch workshop, micronutrients in the

algorithms, supervision manuals, training curricula for the health district teams, patient cards, and ongoing training sessions of MCH and EPI;

8. ensure that the Work Program Agreements of the DSs: (i) are prepared annually and reviewed quarterly by district health teams in a fully decentralized and participatory manner; (ii) are fully reflective of national health sector policy and priorities; (iii) are prepared in accordance with key performance indicators for health districts; (iv) are implemented in accordance with the same indicators; (v) include an itemized budget and financing plan; and that (vi) the implementation of these Work Program Agreements is supported and supervised quarterly by the DRSS;

9. ensure that the Work Program Agreements of the DRSS: (i) are prepared annually and reviewed quarterly by regional health teams in a fully decentralized and participatory manner; (ii) are fully reflective of national health sector policy and priorities; (iii) are fully reflective of national health sector policy and priorities; (iv) are implemented in accordance with key performance indicators for regional health directorates; (v) include an itemized budget and financing plan; and that (vi) the implementation of these Work Program Agreements is supported and supervised semi-annually by the CD;

10. ensure financial support to the implementation of the Work Program Agreements of the DSs and DRSS through the decentralization of financing and financial management in accordance with the Procedures and Management Manual and the Work Program Agreements of the DS and the DRSS, satisfactory to the Association;

11. hold, annually in November, beginning November 1995, a Project implementation review meeting with the Association, based on a report, submitted one month prior to such meeting by PCU, of Project implementation in the year past and a proposed budget for Project implementation in the following year; such meeting to assess Project progress against monitoring indicators agreed upon by the Borrower and the Association, attached to the Program; and to agree on Project activities for the following year;

12. initiate a study, analyzing the hospital sector under terms of reference agreed upon by the Association, to improve: (i) the management and the effective use of services offered, and of financial resources; (ii) the planning of technical equipment required, based upon geographic coverage of hospital facilities; and (iii) the effective use of manpower resources; the actions to be recommended by such study to be suitable to strengthen the tertiary level of the national health system; such study to be completed by June 30, 1995; invite the Association to a review meeting of such study to comment and approve its recommendations;

13. execute base line epidemiological surveys and periodic rapid surveys to detect micronutrient deficiencies; evaluate their impact on the population and report such conclusions to the Association;

14. prepare, by June 30, 1995, a national plan of redeployment, recruitment and training of CHN, CHR and OST staff, acceptable to the Association; such plan to take into account: (i) the newly established personnel norms for DPS, CMAs, CMs and CSPSS according to Decision No 93-304/SASF/SG dated October 18, 1993, and (ii) the recommendations pertaining to human resources, approved by the Association, of the study referred to under paragraph (7) of this Schedule, and implement such plan prior to March 31, 1997;

15. conduct, by July 31, 1995, a national prevalence survey on dracunculiasis and, at the latest prior to the mid-term review referred to in paragraph (a) of Section 3.02 of this Agreement, invite the Association to a review meeting to recommend revisions of the National Plan for Eradication of Dracunculiasis taking account of such survey; and implement such National Plan;

16. conduct, by July 31, 1995, under the supervision of DEP, a national survey of ongoing external financial aid in the health sector, devise a plan, satisfactory to the Association, to monitor and coordinate such aid and implement said plan by July 31, 1996;

17. ensure that CAMEG management meets at all times the performance criteria agreed upon by the Borrower and the Association as reflected in an Attachment to the Program;

18. ensure, in accordance with a timetable attached to the Program, that in all Health Districts: (i) the CMAs and the CSPSSs to be constructed or to become operational under the Project are staffed with the minimum personnel as defined in Decision No.93-304/SASF/SG dated October 18, 1993; (ii) the DHTs are working according to a district health development plan established for the district concerned; (iii) the DHT and the CSPS staff are regularly trained and supervised; (iv) a financial accounting system for each CMA and its respective CSPSSs involving the stocking and selling generic drugs is established; and (v) the community management committees for the CMA concerned and each of its CSPSSs are duly registered;

19. maintain the Training Unit of CFDS to train the DHTs; and

20. not repeal nor substantially modify, without prior consent of the Association: (i) Decree No. 93-001/PRES/MFPL/SASF/MAT dated January 28, 1993 and Arrete No. 93-015/SASF/MFP/MAT dated February 4, 1993, providing for increased autonomy of the CMAs and CSPS; (ii) Decree No. 92-127/SAN-ASF dated May 21, 1992, and No. 94-070/PRES/SASF dated February 15, 1994, establishing and regulating CAMEG; and (iii) Decision No. 93-304/SASF/SG dated October 18, 1993, establishing minimum personnel requirements for DPS, CMAs, CMs and CSPSSs.

