

I. PROJECT IDENTIFICATION

1. PROJECT TITLE <p style="text-align: center; font-size: 1.2em;">Colombia Health Delivery System</p>		APPENDIX ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <hr/> 2. PROJECT NO. (M.O. 1095.2) 931-11-580-055
3. RECIPIENT (specify) <input type="checkbox"/> COUNTRY _____ <input type="checkbox"/> REGIONAL _____ <input checked="" type="checkbox"/> INTERREGIONAL <u>TAB</u>	4. LIFE OF PROJECT BEGINS FY <u>75</u> ENDS FY <u>77</u>	5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. <u>1</u> DATE <u>10/29/75</u> CONTR./PASA NO. <u>ta-C-112</u>

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMOD- ITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)			
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN		(2) COOP COUNTRY	
										(A) JOINT	(B) BUDGET	(A) JOINT	(B) BUDGET
1. PRIOR THRU ACTUAL FY													
2. OPRN FY <u>75</u>	394	361	297			6	27					387	
3. BUDGET FY <u>76</u>	605	605	556			-	-					386	
4. BUDGET +1 FY <u>77</u>	25	-	-			-	25					193	
5. BUDGET +2 FY													
6. BUDGET +3 FY													
7. ALL SUBQ. FY													
8. GRAND TOTAL	1024	966	853			6	52					966	

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

(III) ORIGINATING OFFICE CLEARANCE

1. DRAFTER TA/H: A. Worthington M. M. Shutt, M.D.	TITLE Health Advisor Senior Health Advisor	DATE 10/29/75
2. CLEARANCE OFFICER TA/H, E. Irons, M.D. TA/H, D. Newman	TITLE Deputy Director Chief, Program & Management	DATE 10/29/75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

This PROP amendment authorizes an increase of \$81,000 in total project cost. \$52,000 for independent evaluations of project activity and \$29,000 to fund additions to the implementing contractor's scope of work resulting from the initial evaluation. The plan for Phase II deadline is extended to the end of 11 months. The obligation life of the project is extended to FY 77 to fund the final evaluation.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE
TA/PPU	Lovha Wakefield	11/6/75	PHA/POP/LA	L. Gardella (cleared by phone)	11/3/75
LA/DR	N. Parker (cleared by phone)	11/3/75	PHA/POP	V. Scott (cleared by phone)	11/3/75
LA/NC	M. Kranz (cleared by phone)	11/3/75	TA/PPU	J. Gunning	11/19/75

3. APPROVAL AAS OR OFFICE DIRECTORS SIGNATURE: <i>Kenneth A. Levick</i> DATE: 11/11/75 Assistant Administrator, TA Bureau	4. APPROVAL A/AID (See M.O. 1025.1 VI C) SIGNATURE: _____ DATE: _____ ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT
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I. PROJECT IDENTIFICATION

1. PROJECT TITLE Colombia Health Delivery System		APPENDIX ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
3. RECIPIENT (specify) <input type="checkbox"/> COUNTRY _____ <input type="checkbox"/> REGIONAL _____ <input checked="" type="checkbox"/> INTERREGIONAL TAB		4. LIFE OF PROJECT BEGINS FY 75 ENDS FY 78	5. SUBMISSION Nov. 4, 1974 <input checked="" type="checkbox"/> ORIGINAL _____ DATE _____ <input type="checkbox"/> REV. NO. _____ DATE _____ CONTR. / PASA NO. _____
2. PROJECT NO. (M.O. 1095.2) 931-11-580-055-			

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMOD- ITIES \$	F. OTHER COSTS \$ MM	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE \$/US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET (CY)	
1. PRIOR THRU ACTUAL FY												
2. OPRN FY 75	360	303	130			6	51	167				387
3. BUDGE FY 76	583	463	257			4	116	485				386
4. BUDGET +1 FY												193
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBJ. FY												
8. GRAND TOTAL	943	766	387			10	167	652				966

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER TA/H: W. Evans/D. Newman TA/PM: E. C. McLeod	TITLE Health Advisor/Program Co-ordinator Program Analyst	DATE 11/13/74
2. CLEARANCE OFFICER TA/H: L. Florio, M. D.	TITLE Senior Health Advisor	DATE 11/13/74

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL The project is approved for three years with first year funding for Phase I activities provided at this time. Additional funding is contingent upon: (1) a favorable A.I.D. review and evaluation of the results of Phase I and the plan for Phase II which is to be submitted at the end of eight months of project activities; & (2) confirmation by the GOC of the availability of funds for the PRIMOPS project from the Health Sector Loan or other source. The total cost of this project must not exceed the budget limitation as set forth in this PROP.

2. CLEARANCES

BUR OFF	SIGNATURE	DATE	BUR OFF	SIGNATURE	DATE
AA/PHA	J. Kieffer (by phone)	11/11/74	TA/PM	E. C. McLeod	11/13/74
LA/DR	J. Breen/M. Brackett (memo)	10/15/74	TA/PM	J. Gunning	11/14/74
PPC/DRR	J. Welty (draft)	10/15/74	TA/PM	C. Fritz	11/14/74

3. APPROVAL AAS OR OFFICE DIRECTOR SIGNATURE Curtis Farrar	DATE 11/15/74	4. APPROVAL AID (See M.O. 1025.1) SIGNATURE [Signature]	DATE [Date]
TITLE Acting Assistant Administrator, AA/TA		ADMINISTRATOR AGENCY OR INTERNATIONAL DEVELOPMENT	

Introduction

Through its mandate, Congress has recognized the need to extend health coverage to the majority of the people in LDCs, and has set in motion mechanisms designed to help governments in LDCs provide a service that has receptive accessibility to at least two-thirds of the population, particularly to mothers and infants and children under five years of age, at a cost that is affordable to the government. Developing countries are confronted with the complex problem of improving the quality of life in the face of rapidly expanding population size. Although death rates have been reduced because of a variety of non-health developmental efforts (e.g. more and better food, improved education, etc.) supportive health institutions with their socio-economic base have not been adequately developed to continue this trend.

LDC governments have begun to recognize that their traditional health delivery systems, with essentially urban and town based hospitals/health center facilities, utilizing to a great degree professionally trained health personnel, have failed to meet the needs of the majority of the people - the rural inhabitants which in many countries comprise 80% to 90% of the total population. These governments have also come to realize that even in cities, health coverage is minimal and quality care, represented by preventive care and health promotion activities which contribute to an improved quality of life, are unavailable to the economically deprived. Thus low-cost health delivery systems utilizing

trained non-professional workers, assigned to health posts in villages and economically depressed areas of the city is considered by planners as one of the means of providing broader health coverage. Such systems place greater emphasis on the preventive aspects of health; and services are directed toward key target groups in which the rate of morbidity and mortality remains high - women in their child-bearing years, and infants and children under five years of age. It has also been repeatedly stated by LDCs themselves that integration of maternal and child health with family planning and nutrition and environmental sanitation is the most acceptable approach to the problem of reaching a majority of the population. Colombia, the country in which the proposed project is to be implemented, has already made efforts to expand health coverage to these target groups but present accessibility continues to remain low and unequally distributed among the rural and urban dwellers alike. MCH/FP services are generally made available through hospitals, out-patient clinics, and rudimentary health posts. Service is of unequal quality. One of the reasons for this is the lack of standardization in training protocols for auxiliary health workers.

The Colombian Ministry of Health has for years placed high priority on improvements in the distribution of health services in the country and has supported a number of field

operations of health models in experimental areas, most of which have been under the leadership of selected Colombian universities, and the Colombian Association of Medical Schools.

One of the model programs is that of the Research Program in Health Delivery Prototype Services (PRIMOPS), a research unit in the Health Division of the Universidad del Valle. PRIMOPS was created to develop, implement and evaluate a health delivery system model providing wide coverage of services, including family planning, at a cost within the financial capability of the Ministry of Health, the State of Valle, the Health District of Cali. The methodology developed by PRIMOPS will be utilized by the Ministry in improving health services in other parts of the country.

The sites for the development of the model are five barrios in the area of Cali known as the Union de Vivienda Popular which was created by a rapid influx of people of low socio-economic status from outlying areas whose attitudes, values and practices remain essentially rural. In this community the PRIMOPS health delivery system model will be tested.

Since it is anticipated by the Government of Colombia (GOC) that two-thirds of the population will be urban in 1980, the need to test the model to determine cost-effectiveness, efficiency and quality control¹ of the performance of the health workers is crucial. The proposed project seeks, therefore, to address this health delivery system model.

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Reference: Attachment A

I. The Project Goal

A. Statement of Goal

To improve the health status of the Colombian population by broadening the coverage of health services with priority attention to Maternal and Child Health/Family Planning/Nutrition and increased emphasis on preventive medicine.

B. Measurement of Goal Achievement

1. An expanded health personnel training program which includes nurse auxiliaries and promotoras, and quality control of these workers.
2. A strengthened operational and applied bio-social research program and development of systems analysis methodologies.
3. Improved mechanisms of intra and inter-sectoral condition related to MCH/FP, Nutrition, and Health Education.
4. Broadened coverage of services to the population at a cost affordable to the GOC.

C. Means of Verification

1. Numbers and categories of health personnel carrying out expanded functions in the integrated health delivery system.

2. Number and types of research studies in progress or completed that are directly related to health services.
3. Coordinating mechanisms set up by the GOC relating to Nutrition, MCH/FP and Health Education.
4. Capital Assistance Paper.
5. Colombia Health Sector Analysis.
6. Continual project evaluation and review of records and reports.

D. Basic Assumptions of Goal Achievement

1. Improved training and supervision methods, and definition of functions will increase the effectiveness of all categories of health personnel.
2. Research efforts in operational and behavioral aspects of public health will enable the GOC to provide a health delivery system that is accessible, acceptable, and replicable.
(See page 5a).

II. Project Purpose

A. Statement of Purpose

To establish a model of a low-cost health delivery system in the Union de Vivienda Popular area of Cali, emphasizing an integrated approach to health (MCH/Nutrition and Family Planning) which is replicable throughout Colombia.

Continuation of Basic Assumptions of Goal Achievement

3. An effective mechanism to coordinate intra and intersectoral activities relating to Nutrition, MCH/FP, Health Education will be maintained by the GOC.

B. Conditions Expected at the End of Project

- A low-cost integrated health delivery system, responsive to the needs of the population, has been established in Cali coordinated around the Human Resource Development (HRD), Health Services, Management/Administration, and Evaluation components of the PRIMOPS model.
2. PRIMOPS group is trained to operate the program without external foreign assistance.
 3. The PRIMOPS model is replicable to other urban settings and will contain elements which can be generalized directly to rural areas: (1) the training of nurse auxiliaries and promotoras; (2) the practice of simplified preventive and medical care; (3) community participation; and (4) linkage with traditional practitioners. (Logistical support and referral systems would necessarily be adapted to local conditions).

C. Basic Assumptions About Achievement of Purpose

1. The "regionalization" concept of the Ministry of Health is an effective system for activities directed toward prevention and the promotion of health in the community as well as for curative medicine.

2. The GOC will continue to provide the funds to cover health services delivery costs.
3. The cost of the project will prove to be affordable to the GOC and therefore replicable to other areas in Colombia.
4. PRIMOPS will act as resource to the GOC for replication.

D. Means of Verification

1. Surveys and clinic records reveal that at least two-thirds of the target population in the project area have been reached for preventive as well as curative services.
2. The final documentation of the total evaluation scheme.
3. The effectiveness of PRIMOPS in carrying out evaluation research through its participation in joint project reviews and research publications.
4. Financial reports on cost-effectiveness of the PRIMOPS model.
5. Results of socio-anthropological and epidemiological research studies which provide the basis for replication of the PRIMOPS model.

III. Project Outputs

A. A model health delivery system.

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B. Evaluation System

Output Indicators

1. Full implementation of the model.

- a. establishment of 4 additional barrio health posts in the U.V.P. area of Cali by March 1975.

2. Phase I - Plan and Design.

- a. analysis of internal evaluation scheme by January 1975.
- b. methodology for socio-anthropological (1a, b) and epidemiological studies, vital data and other relevant investigations (Appendix A, 2a, b, c, d, e) by August 1975.
- c. preliminary field surveys and final selection of studies by December 1975.

Output Indicators

- B. Evaluation System (Cont'd.)
3. Phase II - Implementation
 - a. Socio-Anthropological studies
 - (1) baseline data collected and tabulated and follow-up completed by November 1975.
 - (2) second survey and follow-up completed by August 1976
 - (3) third survey completed by February 1977.
 - b. Epidemiological studies:
(Appendix A, Studies 2a through 2e.
 - (1) baseline data collected and tabulated and follow-up completed for 2c by February 1976.
 - (2) preliminary survey and analysis completed for 2a by June 1975; 2b by October 1975, 2d by December 1975; and 2e by February 1976.

Output Indicators

B. Evaluation System (Cont'd.)

- (3) second survey and follow-up completed for 2c by July 1976; 2d by August 1976; and 2e by July 1976.
- (4) third survey and follow-up completed for 2c by May 1977; 2d by May 1977; 2e by October 1976.
- (5) overall analysis and publication of methodology, results and recommendations on six research studies completed by November 1977.

C. Reports

4. Preparation and submission of reports.
 - a. semi-annual progress reports to AID/W.
 - b. quarterly technical and financial reports.
 - c. written methodology for six studies by December 1975.
 - d. report on total evaluation scheme by August 1975.

Output Indicators

C. Reports (Cont'd.)

- e. report on control group by November 1975.
- f. overall analysis and publication of results on HRD (2e) by November 1976.
- g. publication of methodology results, recommendations for Simplified Health Statistical System (2e) by February 1977.
- h. overall analysis and publication of results of 1a, 1b, 2c, 2d by November 1977.
- i. Draft of final report for Project Review by September 1977.
- j. Final project report completed by end of December 1977.

D. Trained Personnel

- d(1) PRIMOPS staff trained in evaluation methodology by November 1977.
 - 1) Long term training
 - (a) 3 Professional evaluators trained on site
 - 2) Short term training
 - (a) 15 members of PRIMOPS senior staff (field visits to other LCHDS in L.A.)

E. Means of Verification

1. Assessment of ongoing PRIMOPS project.
2. Basic documents for management/administration.
3. On-site visits.
4. PRIMOPS activity reports on program operations.
(internal evaluation).
5. U.S. Contractor Output:
 - a. Three technical reports on analysis and recommendations for updating of basic documents.
 - b. A technical report on analysis and recommendations concerning data collection, data processing, record system and cost analysis.
 - c. A technical report on analysis and recommendations concerning internal evaluation studies.
 - d. Research reports covering the topics proposed for external evaluation studies.

F. Basic Assumptions About Production of Outputs

1. Basic documents in the areas of model design, standards, techniques and procedures, and HRD are available.
2. Technical assistance staff will have access to PRIMOPS field operations and PRIMOPS relevant collected data.
3. General evaluation plan and basic documents on cost analysis data processing and data collection system are available.
4. Technical assistance personnel will have access to PRIMOPS data files and related documents.

5. Contractor will be able to identify appropriate technical assistance resources mutually accepted by both parties.
6. Availability of local PRIMOPS researchers able to collaborate in the development of the research protocols.
7. Access to data files and other relevant publications and procedures of public and private health agencies.
8. Financial resources can be made available to implement the internal and external evaluation studies agreed upon by PRIMOPS and the U.S. contractor.
9. Clearances from official health agencies and community organizations to collect the necessary information.
10. Key professional personnel will be available for the required amount of time to conduct the joint research of the senior technical advisor and PRIMOPS.

IV. Project Inputs ** - on an accrued expenditure basis.

<u>Input</u>	<u>Phase I</u>		<u>Phase II</u>	
	<u>FY 75/76</u>	<u>FY 76/77</u>	<u>FY 77/78</u>	
A. U.S. Budget vs 942,970	Dec. 74-Dec. 75 \$359,902	[Dec. 76-Dec 77] \$313,021	Dec. 77-Dec 78 \$270,047	
1. <u>Personnel Resources</u> (86.5 mye) *	250,039 24.7 mye	225,162 33.3 mye	198,523 28.5 mye	

* Man Years of Effort

** See cover sheet of PROP for obligations by fiscal year.

1. <u>Personnel Resources (cont'd.)</u>	<u>FY 75/76</u>	<u>FY 76/77</u>	<u>FY 77/78</u>
a. Professional tech. assistance specialist 11.2 mye	3.8 mye 125,426	3.7 mye 82,644	3.7 mye 55,662
b. Short term consultants 135 man days	45 md 8,000	45 md 8,000	45 md 8,000
c. Core Prof. staff 4.5 mye	1.5 mye 46,558	1.5 mye 53,210	1.5 mye 55,871
d. Support personnel on core staff 7.5 mye	2.5 mye 18,819	2.5 mye 21,540	2.5 mye 22,622
e. Colombia Research Personnel - 9 mye	3 mye 27,527	3 mye 30,000	3 mye 30,000
f. Colombia Support staff for field research 54.3 mye (including equipment travel, supplies)	13.9 mye 23,709	22.6 mye 29,768	17.8 mye 26,368
2. <u>Other Direct Costs</u>	\$58,005	\$44,830	\$34,760
a. Rental for office space	6,000	6,000	6,000
b. Travel	41,120	23,380	17,760
c. Supplies & Equip.	5,835	2,450	2,050
d. Telephone	1,550	1,200	850
e. Computer	3,500	8,900	8,000
3. <u>Indirect Costs</u>	\$51,850	\$43,029	\$36,764
B. Government of Colombia (Health Sector Loan)			
TOTAL BUDGET - U.S. \$966,370	322,123	322,123	322,123
1. Budget Service	65 mye	65 mye	65 mye
Operations & Personnel Support	\$210,666	\$210,666	\$210,666
2. Direct Support to PRIMOPS for program development, adm. and evaluation - 61 mye	20 mye \$111,457	20 mye \$111,457	20 mye \$111,457

Total U.S. and GOC inputs = 343 mye, totaling U.S. \$1,906,240
(See attached Summary Budget - Exhibit #3)

C. Means of Verification

1. GOC expenditure of funds in support of the project.
2. Contractor records.

D. Assumptions for Providing Inputs

1. The GOC can meet its commitments to PRIMOPS as well as to the service and personnel support operations in the project area.
2. PRIMOPS staff will remain stable throughout the life of the project.
3. The Colombian staff hired under the sub-contract are technically qualified and are available to collaborate on the total evaluation scheme.

V. Rationale

The Government of Colombia has placed a high priority on the expansion of health services to the majority of people residing in the urban and rural areas of the country. Field operations of health models in experimental areas carried out by the Ministry of Health in collaboration with Colombian Universities revealed the need for extensive use of para-medical personnel within the health system, the importance of the use of simplified medical care, and the delegation of functions to duly supervised auxiliary personnel.

One of the health models, generally considered as a successful program, was developed by the Department of Social Medicine,

University Del Valle in the semi-rural county of Candelaria, near Cali. Unfortunately, since this program was mainly designed to serve as field experience for medical students, little attention was given to the evaluation methodology. As a result the program was not able to be easily replicated elsewhere.

Nevertheless, the Candelaria methodology was considered by the local authorities in Cali to represent a valuable experience. Thus an agreement was reached between the City Health District of the City of Cali and PRIMOPS of the University del Valle to plan and develop a similar health program in one of the poorest neighborhoods of the city of Cali, which is characterized by a heavy influx of rural immigrants.

Foreign financial and technical assistance was considered necessary, and an agreement was negotiated between the University del Valle and the International Program of the Family Health Foundation in February 1972. For almost two years PHF worked in cooperation with PRIMOPS and identified technical assistance needs in the areas of management/administration, human resource development, services and evaluation.

The program was officially started in October 1973 with the initiation of integrated services in the Mariano Ramos barrio Health Post. It is anticipated that services to the project

area will be fully implemented by March 1975 at which time the program in the Union De Vivienda Popular Area (U.V.P.) will be operating in conjunction with the four additional barrios health posts located within the U.V.P. area, and functionally related to the Antonio Narino Health Center and the Carlos Carmona peripheral hospital. Patients requiring more specialized treatment will be referred to the University Hospital located within easy access of the project site. Every home within the area will be located at less than one mile from a health post. The model will cover a population of approximately 90,000 inhabitants living in a peri-urban area, characterized by rapid growth and poverty. The PRIMOPS model was developed as the result of data collected in this community. The health status of the population was assessed, and level of health services was ascertained. Baseline data was obtained through census information, knowledge, attitudes and practices (K.A.P.) surveys on health and fertility, vital statistics records, and a study of the morbidity characteristics.

The PRIMOPS model incorporates the concepts of the regionalization system of the Ministry of Health. As a result health promotion in the home is combined with simple preventive medicine, medical care, and rehabilitative activities for the mother, child, couple, family and community.

The regionalization system refers to the stratified organization of the level of medical service, in ascending order as regards size, complexity of services offered, degree of administrative, supervision, teaching and research responsibilities. In addition to these levels of health services, the program has included systematic home visiting as a preliminary step.

1. At the home level, some simple medical services will be provided to families with children under five years of age by duly supervised auxiliary personnel-promotoras, auxiliary nurses, and indigenous midwives.
2. At the health post level, integrated services will be provided to a barrio, where population ranges from 10,000 to 20,000 inhabitants, by auxiliaries and promotoras.
3. At the health center level, services will cover at least 100,000 inhabitants and be provided by M.D.s, dentists, nurse-technicians and auxiliaries.
4. At the peripheral hospital level, services are designed to cover 250,000 inhabitants.
5. At the Regional (University) Hospital it is projected 4 times as many inhabitants can be covered, utilizing specialists in the health fields. (This

Hospital will serve the population of two adjoining states, eventually reaching 2 million inhabitants).

PRIMOPS has made progress in all component parts of the model except external evaluation. Internal evaluation has been in progress since the first day of operation. It is the aim of PRIMOPS to carry out an impact assessment of its health delivery system model on the target population. Participation in development of evaluation methodology and implementation of selected studies will be of utmost importance in improving the capability of the PRIMOPS group in carrying out a total evaluation scheme. This will be critical for replicating the project in other areas.

Replication is of concern to A.I.D. as the project fits into the concept of K.P.A. #11, Health Delivery Systems, and to the new Ministry of Health officials who have placed high priority on the Development of LCHDS in five other major cities. At this time, PRIMOPS does not have the expertise in evaluation methodology that would contribute to the project being adapted to other sites within Colombia. Thus there is the need for U.S. technical assistance to collaborate with PRIMOPS on this component. Because of A.I.D. interests in the areas of Health Planning/Health Delivery Systems, the Agency has been requested to provide support.

The Colombian Health Sector Analysis, prepared by USAID in 1974, emphasizes the critical need for a more effective health delivery system. In addition, a loan has already been negotiated between the U.S. and Colombian Government for the purposes of health sector development. A portion of these funds will be used to support the PRIMOPS project.

In order to provide the required technical advisory assistance to PRIMOPS, it will be necessary to utilize a U.S. institution that has the capability in the needed areas. In collaboration with the University contractor, PRIMOPS will be able to develop the evaluation design and to implement the research. By utilizing consultants in evaluation methodology from other prestigious U.S. and Latin American institutions, the contracting University will be able to provide PRIMOPS with a wide range of talent. PRIMOPS staff capability in evaluation methodology will be further developed through a sub-contract between the U.S. University and the University del Valle, in Cali, which allows for the hiring of three junior Colombian researchers who will work in a counterpart relationship with the various members of the U.S. technical assistance team. In this manner, the project purpose will be accomplished, enabling replication, for the Colombian researchers will have collaborated on the total evaluation scheme - internal and external. The internal

PRIMOPS will be done. These will be based on socio-anthropological and epidemiological research. A methodology for carrying out these studies, vital data and other relevant investigations, will be developed.

Phase II - Implementation (28 months)

A. Socio-anthropological Studies

Baseline data on socio-anthropological studies (1a and 1b) will be collected and tabulated and follow-up initiated. Re-surveys will be done at approximately five to six month intervals with the final survey being completed by the end of the twenty-six month of project activity.

B. Epidemiological Studies

Baseline data on epidemiological studies (2c) will be collected and tabulated and the follow-up initiated. Preliminary surveys and analysis will be completed for studies (2a) by the end of six months; for (2b) by end of ten months; for (2d) by end of twelve months; and for (2e) by end of fourteen months. Re-surveys on studies (2c), (2d) and (2e) will be done at four to six months intervals with the final survey being completed for (2c) and (2d) twenty-nine months after the start of project activity; and (2e) after thirty-four months.

An overall analysis and publication of methodology, results and recommendations on the six proposed studies will be completed. All reports dealing with the analysis and results and the recommendations will be prepared for submission to PRIMOPS and A.I.D.

G. Project Review Sessions

Regular project review sessions will be scheduled as an integral part of the project. Such sessions should be held after the first eight months and annually thereafter. The session after the first eight months of project activity will be held by A.I.D. to review Phase I, the plans for Phase II, and to determine continuation of funding for the duration of the project.

VII. Management Considerations

The Colombia Health Delivery System project will be monitored by the Office of Health in the Technical Assistance Bureau. It is anticipated that the American Public Health Association (APHA) extensive list of consultants would be made available to the contractor.

It is anticipated that the contractor will also make use of recommendations, insofar as practicable, on evaluation guidelines which have been developed by the A.I.R. (American Institute of Research) in collaboration with APHA, or other organizations with similar capabilities is PARAMS, PAHO. The A.I.R. Evaluation Methodology would be only one of the methods to be explored for adaptation to the Cali site. It is understood that evaluation undertaken by any participating group will be directed primarily toward the impact of the technical advisory services on PRIMOPS.

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In keeping with A.I.D. objectives, every effort will be made to facilitate the transfer of knowledge gained and lessons learned from the proposed experiment to other countries, particularly in Latin America, through interaction with the various consultants; through short-term participant training for senior PRIMOPS staff (field visits to other low-cost health delivery systems sites in Latin America); through conferences and seminars, and through official publications and reports.

The USAID Mission project support officer will provide technical review of the overall PRIMOPS project, assist in the preparation of PIO/Ts for participant training, provide feed back and participate in project reviews as requested by AID/W.

Evaluation

One of the crucial components of the PRIMOPS model is evaluation. Therefore, a definition of some basic concepts involved in the methodology, procedures and techniques must be stated in order to maintain a clear perspective of the evaluation parameters and their scope.

To evaluate is essentially to assign a value to the use of a resource and/or to the effect of using a resource for the purpose of making decisions. Evaluation is the process of "determining the results achieved by an activity designed to attain a goal or objective."

The values proposed for evaluating the PRIMOPS model are:

- a. **Effectiveness:** The actual proportion of effects produced by activities performed in order to attain objectives.
- b. **Cost-Effectiveness:** The amount of money expended in attaining the effect produced by activities performed in order to attain objectives.
- c. **Efficiency:** The number of resources utilized and/or activities performed per unit of time in order to attain objectives.
- d. **Cost-Efficiency:** The amount of money expended in performing a number of activities needed to attain objectives.

The above definitions are the frame of reference to be considered in developing parameters for measuring program operation (internal evaluation) and the outcomes (external evaluation) of the model.

The following are a number of measurements proposed for evaluating the effectiveness and efficiency of the model:

Effectiveness:

- a. Incidence and prevalence of malnutrition

- b. Incidence of mortality
- c. Incidence and prevalence of morbidity
- d. Incidence and prevalence of disability
- e. Fertility indicators:
 - Age-parity grids
 - Age-specific fertility rates
- f. Life expectancy at birth
- g. Average life expectancy
- h. Incidence of prematurity
- i. Consumer satisfaction with services received

Efficiency:

The following measurements must be compared by type of health activity, type of service, health worker and unit of time:

- a. Percentage of population coverage
- b. Percentage of referrals
- c. Number of visits
- d. Average time per visit
- e. Percentage of hospitalization
- f. Retardation rates

It is evident that every indicator of efficiency must consider the three basic components of the health services structure: services, personnel, administration. In this way, the levels of efficiency attained can be related to the different components of the system.

Another important concept in evaluation is quality control, which is defined as compliance with norms and standards in terms of quantity, content and adequacy of activities performed to attain specific objectives. Quality control differs from efficiency in that it is not affected by time variables. The following are some examples of measurements used in quality control:

- Number of planned activities by service and health worker vs. number of activities done.
- Completeness of tasks per activity by type of service and health worker.
- Adequacy of activity performance by type of service and health worker.

The above evaluation measurements will be expressed in specific rates percentages, etc., and will be included in a manual designed for evaluation methods and techniques. The numerator and denominator for each one of these specific measurements will be obtained from the data collected systematically through home visits, clinical records, censuses, special surveys, and monthly statistical forms required by the City Health Department. Special information which is not included in the above source, will be collected in specific standardized forms designed for specific situations.

PROPOSED RESEARCH SCHEDULE

Output Indicators	FY 75/76 Dec. 1, 1974	FY 76/77 quarters	FY 77/78	FY 78/79 Dec. 1, 1977
Evaluation System				
A. Plan and Design				
1. Synthesis of background material and analysis of Internal Evaluation Plan (2a)		8 mos.		
2. Development of the methodology for research studies (1a, 1b, 2c, 2d, 2e)		8 mos.		
3. Preliminary field surveys and Final selection of studies		12 mos.		
4. Identification of Control Group (2b)		6 mos.		
B. Implementation				
1. Socio-anthropological studies (1a, 1b)				
a. Baseline Data collected, tabulated, follow-up.		12 mos.		
b. Second survey and Follow-up		18 mos.		
c. Third survey completed				
2. Epidemiological studies (2a, b, c, d, e)				
a. Baseline data collected, tabulated, follow-up.		26 mos.		
b. Preliminary survey & analysis (2a)		20 mos.		
Preliminary survey & analysis (2b)		12 mos.		
Preliminary survey & analysis (2b)		16 mos.		

27a

Output Indicators	FY 75/76	FY 76/77	FY 77/78	FY 78/79
	Dec. 1, 1974	quarters		Dec. 1, 1977
Preliminary survey analysis (2d)		18 mos.		
Preliminary survey analysis (2e)		14 mos.		
c. Second survey and follow-up (2c)		19 mos.		
Second survey and follow-up (2d)		20 mos.		
Second survey and follow-up (2e)		19 mos.		
d. third survey and follow-up (2c)		29 mos.		
Third survey and follow-up (2d)		24 mos.		
Third survey and follow-up (2e)		22 mos.		
3. Overall analysis and publication of methodology, results, recommendations on six studies.		6 mos.		

27b

MINISTERIO DE SALUD
DEPARTAMENTO DE SALUD PÚBLICA
CALLE 16 No. 7-39
Cable "MINSALUD"

Division: Maternal and Child Care
Section: Chief Office

Bogota, August 22, 1974

Doctor
Alfredo Aguirre
Chief "PRIMOPS" Program
Cali

Dear Dr. Aguirre:

I wish hereby to express my complete concurrence with the terms of the Agreement to be negotiated between Universidad del Valle and Tulane University in New Orleans, U.S.A.

Cordially,

(signed)

NORBERTO MARTINEZ C.
Chief, Maternal and Child Health Division

cc: Mr. David Denman, A.I.D.

Through the Project, scientific and technical assistance will be provided to PRIMOPS in such areas where foreign technical assistance is considered indispensable. The purpose of such activities will primarily be to facilitate the evaluation of the PRIMOPS model now functioning in the area of Unión de Vivienda Popular of the city of Cali and especially the activities related to the external evaluation of such a model.

VI. Responsibilities of Tulane University

Tulane University hereby agrees to coordinate, develop and provide to PRIMOPS, in accordance with the financial resources available to the project, the following assistance:

1. Technical assistance to carry out research studies which requires the participation of short and medium term international consultants (See Appendix A), and
2. Financial assistance through a sub-contract later to be negotiated with Division of Health, Universidad del Valle, for research activities to be accomplished by local groups in accordance with the present Agreement (See Appendices B & C):

Paragraphs

- a. The amount of time contracted with medium-term consultants will be equivalent to the effort of 140 man/months during the term of the present Agreement (See Appendices B & C).
- b. The short-term consultants will be contracted for a total of 45 man/days during the term of the present Agreement (See Appendix B).
- c. Approximately 25% of the consulting time will be dedicated to the planning phase and 75% to the implementation of each of the proposed research studies (See Appendix C).
- d. Salaries, travel and per diem of the consultants will be covered by the Project.
- e. The sub-contract with the Universidad del Valle will include the salary of three (3) professionals preferably Colombians, who will act as principal investigators of the proposed research studies, working closely with the international consultants (See Appendix B).
- f. The total amount of the sub-contract with Universidad del Valle is estimated to be US\$167,372 during the duration of the present Agreement. Both budget categories and budget items are detailed in Appendix B.

- g. A specific protocol will be developed for each research study including the budget for the following program phases: planning, implementation, data processing, data analysis, and publication of results. Appendix C shows an estimation of the total budget by type of research.

VII. Selection of International Consultants

International consultants will be jointly selected by the PRIMOPS Directorate and the Technical Assistance Project Director through the application of a scoring system. In those cases where there is disagreement about the qualification of the candidates, the judgment will be done by a Committee of Arbitration. These procedures will be detailed in a Procedural Manual to be developed jointly by the participating parties.

VIII. Source of the International Consultants

The candidates to be hired as international consultants to the Project could come from any prestigious institution of the Americas, but priority will be given to professionals from Tulane University whenever they are part of a group with equivalent selection scores. Once the selection is made, it will be advised to the interested parties.

IX. Contracts of International Consultants

The selected international consultants will be contracted by Tulane University for the periods of time required by the research study, taking into consideration the resources available to the specific projects. The plans for the selection of the consultants must be presented with due anticipation.

X. Institutional Location of the International Consultants

The consultants, hired through the procedures above described, will be considered faculty of the School of Public Health and Tropical Medicine of Tulane University during the consulting period. They will distribute their time between their base institution, Universidad del Valle and/or Tulane University as determined by the specific activities within the project.

While at Universidad del Valle, they will be under the direct supervision of the PRIMOPS Directorate, but they will be contractually responsible to Tulane University for the activities they have agreed upon by signing their contract with the latter.

XI. Selection of Local Researchers

The three candidates proposed for filling the positions of local researchers for the Project (See Appendix B), will be preferably of Colombian nationality and their selection will be made entirely by the PRIMOPS Directorate. When such selection is made, it will be advised to the Dean of the Division of Health, Universidad del Valle, and to the Dean of the School of Public Health and Tropical Medicine of Tulane University. The necessary mechanisms for the supervision of such personnel will be established following the

rules and regulations of Universidad del Valle.

XII. Fiscal Responsibility of Universidad del Valle

Universidad del Valle will be fiscally responsible to Tulane University for the expenditures made against the special Account for the Project and it will allow the auditing of relevant accounting books, according to the provisions set forth in the abovementioned sub-contract.

XIII. Reports to Tulane University

The PRIMOPS Directorate will prepare and submit to Tulane University (Technical Assistance Project) Quarterly Reports, both narrative and financial, and a Summary Annual Report of the activities carried out during each fiscal year.

Three months after the termination of the activities set forth by this Agreement, the PRIMOPS Directorate will submit to Tulane University a Final Report analyzing the results obtained by the Technical Assistance Project.

XIV. Regulation of this Agreement

The present Agreement will be regulated by an ad hoc Procedural Manual to be developed jointly by PRIMOPS and the Technical Assistance Project Director and approved by the two contracting parties. This Manual will rule on the following aspects:

1. Technical committees for organization and evaluation of the Technical Assistance activities
2. Selection of International Consultants
3. Committee of Arbitration
4. Regulation of Publications

XV. Duration of the Agreement

The present Agreement will begin as soon as the funds for the Technical Assistance Project are made available by Tulane University and will continue until the 30th of June of 1977 according to the availability of funds for the Project.

This Agreement could be extended if deemed necessary by the two contracting parties at the end of the presently proposed activities. It can be terminated partially or in total by either party by written communication to the other party 60 days prior to the proposed cessation of activities.

In accordance with the terms reached under the present Agreement, this document is signed by the authorized representatives of the contracting parties on this 24th day of August, 1974 in the city of Cali, Colombia.

(signed)

ALBERTO LEON BETANCOURT
President
Universidad del Valle

(signed)

CARLOS E. CLIMENT
Acting Dean
Division of Health
Universidad del Valle

(signed)

JOHN J. WALSH
Chancellor of Medical
Center
Tulane University

(signed)

FRANK L. MOORE
Acting Dean
School of Public Health
and Tropical Medicine
Tulane University

Type of Activities

The International Program of the Institute for Health Services Research of the School of Public Health and Tropical Medicine of Tulane University will coordinate the Technical Assistance Project to carry out the research activities shown below which have been agreed to be provided to PRIMOPS in compliance with the present Agreement:

1. Socio-anthropological Research

- a. Measurement of the degree of community acceptance and/or refusal of the PRIMOPS program, and identification of changes in time of knowledge, attitudes and practices regarding health; disease and utilization of health services.
- b. Measurement of the degree of acceptance and/or refusal of field health personnel working in the UVP area vis a vis type of services being offered by PRIMOPS, its methodology and the type of interpersonal relationships created by the program.
- c. Other relevant investigations as agreed by the PRIMOPS Directorate.

Epidemiological Research Related to the External Evaluation of PRIMOPS Program

- a. Analysis of the overall evaluation scheme proposed by PRIMOPS. old I
- b. Identification of the most appropriate methodology able to pinpoint a "comparison group" which would be the equivalent of a control group, in order to facilitate the evaluation of the PRIMOPS program's results.
- c. Measurement of the effectiveness achieved by PRIMOPS in terms of morbidity, mortality and fertility indicators by site of service delivery (Home, Health Post, Health Center, University Hospital) and type of activities carried out.
- d. Study of the effectiveness and efficacy of the health activities delegated to the Auxiliary Nurse and Urban Health Promoters compared with the similar effects achieved through the traditional approaches.
- e. Other relevant investigations as agreed by the PRIMOPS Directorate.

BY PROJECT DEVELOPMENT PHASES AND
TYPE OF RESEARCH
(in American dollars)

34.

TYPE OF RESEARCH	Planning Phase		Implementation Phase		Grand Total	
	Int'l Consultants (MME)	Uni. del Valle Sub-Contract	Int'l Consultants (MME)	Uni. del Valle Sub-Contract	Int'l Consultants (MME)	Uni. del Valle Sub-Contract
<p>Socio-Anthropological Studies</p> <p>1. Measurement of the degree of community & health personnel acceptance or refusal of PRIMOPS program and study of the personal relationships created by the program.</p> <p>2. Other relevant research studies.</p>	(12)	6.680	(42)	43.300	(54)	49.980
<p>Epidemiological Studies Related to External Evaluation</p> <p>1. Global analysis of the evaluation scheme proposed by PRIMOPS</p> <p>2. Identification of the most appropriate methodology able to pinpoint a "comparison group" functioning as a control group for the program</p>	(24)	19.656	(62)	97.736	(86)	117.392
Total (US\$)	(36)	26.336	(104)	141.036	(140)	167.372

BY PROJECT DEVELOPMENT PHASES AND
 TYPE OF RESEARCH
 (in American dollars)

TYPE OF RESEARCH	Planning Phase		Implementation Phase		Grand Total	
	Int'l Consultants (MME)	Uni. del Valle Sub-Contract	Int'l Consultants (MME)	Uni. del Valle Sub-Contract	Int'l Consultants (MME)	Uni. del Valle Sub-Contract
3. Study of the effectiveness of PRIMOPS regarding morbidity, mortality and fertility indicators, quality control of the services, etc., by site of service delivery and type of activity.						
4. Study of the effectiveness and efficacy of the health activities which have been delegated to the Auxiliary Nurse and the Promotora, and its relationship with similar activities being performed through the traditional approach.						
5. Other research studies relevant to the program.						

OF THE SUB-CONTRACT WITH UNIVERSIDAD DEL VALLE
 BY YEAR AND BUDGET ITEMS
 (in US dollars)

BUDGET ITEMS	SEPTEMBER 1, 1974 to JUNE 30, 1975	JULY 1, 1975 to JUNE 30, 1976	JULY 1, 1976 to JUNE 30, 1977	GRAND TOTAL
A. PERSONNEL				
a. Colombian Local Re- searchers in PRIMOPS (3)	27.527	30.000	30.000	87.527
b. Supportive Personnel	7.000	8.000	7.500	22.500
c. Interviewers	4.689	10.378	8.378	23.445
B. LOCAL TRANSPORTATION	600	1.500	1.300	3.400
C. EQUIPMENT	2.000	-	-	2.000
D. SUPPLIES	900	850	650	2.400
E. GENERAL EXPENSES	1.000	1.000	1.000	3.000
F. DATA PROCESSING AND PUBLICATION	7.520	8.040	7.540	23.100
TOTAL U.S. \$	51.236	59.768	56.368	167.372
Medium-term international consultants expressed in men/months/equivalent (MME)	(44)	(48)	(48)	(140)
Short-term international consultant activities expressed in men/days/ equivalent (MDE)	(15)	(15)	(15)	(45)

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY _____ to FY _____
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: Colombia Health Delivery System

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																
<p>Program or Sector Goal: The broader objective to which this project contributes: To improve the health status of the Colombian population by broadening the coverage of health services with priority attention to Maternal and Child Health/Family Planning/Nutrition and increased emphasis on preventive medicine.</p>	<p>Measures of Goal Achievement: 1. An expanded health personnel training program which includes nurse auxiliaries and promotoras, and quality control of these workers. 2. A strengthened operational and applied bio-social research program and development of systems analysis methodologies. 3. Improved mechanisms of intra and inter-sectoral condition related to MCH/FP, Nutrition, and Health Education. (See continuation sheet)</p>	<p>1. Numbers and categories of health personnel carrying out expanded functions in the integrated health delivery system. 2. Number and types if research studies in progress or completed that are directly related to health services. 3. Coordinating mechanisms set up by the GOC relating to Nutrition, MCH/FP and Health Education. 4. Capital Assistance Paper. 5. Colombia Health Sector Analysis. (see continuation sheet)</p>	<p>Assumptions for achieving goal targets: 1. Improved training and supervision methods and definition of functions will increase the effectiveness of all categories of health personnel. 2. Research efforts in operational and behavioral aspects of public health will enable the GOC to provide a health delivery system that is accessible, acceptable, and replicable. 3. (See page 5a).</p>																
<p>Project Purpose: To establish a model of a low-cost health delivery system in the Union de Vivienda Popular area of Cali, emphasizing an integrated approach to health (MCH/Nutrition and Family Planning) which is replicable throughout Colombia.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status. 1. A low-cost integrated health delivery system, responsive to the needs of the population, has been established in Cali coordinated around the Human Resources Development, Health Services Management/Administration, and Evaluation components of the PRIMOPS model. 2. PRIMOPS group is trained to operate the program without external foreign assistance. (See continuation sheet)</p>	<p>1. Surveys and clinic records reveal that at least two-thirds of the target population in the project area have been reached for preventive as well as curative services. 2. The final documentation of the total evaluation scheme. 3. The effectiveness of PRIMOPS in carrying out evaluation research through its participation in joint project reviews and research publications. 4. Financial reports on cost-effectiveness of the PRIMOPS model. (see cont'd)</p>	<p>Assumptions for achieving purpose: 1. The "regionalization" concept of the Ministry of Health is an effective system for activities directed toward prevention and the promotion of health in the community as well as for curative medicine. 2. The GOC will continue to provide the funds to cover health services delivery costs. 3. The cost of the project will prove to be affordable to the GOC and therefore replicable to other areas in Colombia. 4. PRIMOPS will act as resource to the GOC. (See continuation sheet)</p>																
<p>Outputs: A. <u>A model health delivery system.</u> 2 B. <u>Evaluation System</u></p>	<p>Magnitude of Outputs: 1. Full implementation of the model. a. establishment of 4 additional barrios health posts in the U.V.P. area of Cali by March 1975. 2. Phase I - Plan and Design. a. analysis of internal evaluation scheme by January 1975. (see continuation sheet)</p>	<p>1. Assessment of ongoing PRIMOPS project. 2. Basic documents for management/administration. 3. On-site visits. 4. PRIMOPS activity reports on program operations. (internal evaluation). 5. U.S. Contractor Output: a. Three technical reports on analysis and recommendations for updating of basis documents. b. A technical report on analysis and recommendations concerning data collection. (see continuation sheet)</p>	<p>Assumptions for achieving outputs: 1. Basic documents in the areas of model design standards, techniques and procedures and HRD are available. 2. Technical assistance staff will have access to PRIMOPS field operations and PRIMOPS relevant collected data. 3. General evaluation plan and basic documents on cost analysis data processing and data collection system are available. 4. Technical assistance personnel will have access to PRIMOPS data files and related documents. (see continuation sheet)</p>																
<p>Inputs: A. U.S. Budget vs 942,970 1. <u>Personnel Resources</u> (86.5 mye) *</p>	<table border="1"> <thead> <tr> <th>Implementation Target (Type and Quantity)</th> <th>FY 75/76</th> <th>FY 76/77</th> <th>FY 77/78</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ 359,902</td> <td>\$313,021</td> <td>\$270,047</td> </tr> <tr> <td></td> <td>250,039</td> <td>225,162</td> <td>198,523</td> </tr> <tr> <td></td> <td>24.7 mye</td> <td>33.3 mye</td> <td>28.5 mye</td> </tr> </tbody> </table> <p>**On an accrued expenditure basis. (See Continuation Sheet 1)</p>	Implementation Target (Type and Quantity)	FY 75/76	FY 76/77	FY 77/78		\$ 359,902	\$313,021	\$270,047		250,039	225,162	198,523		24.7 mye	33.3 mye	28.5 mye	<p>(see continuation sheet) 1. GOC expenditure of funds in support of the project. 2. Contractor records.</p>	<p>Assumptions for providing inputs: 1. The GOC can meet its commitments to PRIMOPS as well as to the service and personnel support operations in the project area. 2. PRIMOPS staff will remain stable throughout the life of the project. 3. The Colombian staff hired under the sub-contract are technically qualified and are available to collaborate on the total evaluation scheme.</p>
Implementation Target (Type and Quantity)	FY 75/76	FY 76/77	FY 77/78																
	\$ 359,902	\$313,021	\$270,047																
	250,039	225,162	198,523																
	24.7 mye	33.3 mye	28.5 mye																

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY _____ to FY _____
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: Continuation Sheet No. 1

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																				
<p>Program or Sector Goal: The broader objective to which this project contributes:</p>	<p>Measures of Goal Achievement:</p> <p>4. Broadened coverage of services to the population at a cost affordable to the GOC.</p>	<p>6. Continual project evaluation and review of records and reports.</p>	<p>Assumptions for achieving goal targets:</p> <p>An effective mechanism to coordinate intra and intersectoral activities relating to Nutrition, MCH/FP, Health Education will be maintained by the GOC.</p>																																				
<p>Project Purpose:</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>3. The PRIMOPS model is replicable to other urban settings and will contain elements which can be generalized directly to rural areas: (1) the training of nurse auxiliaries and promotoras; (2) the practice of simplified preventive and medical care; (3) community participation; and (4) linkage with traditional practitioners. (Logistical support and referral systems would necessarily be adapted to local conditions).</p>	<p>5. Results of socio-anthropological and epidemiological research studies which provide the basis for replication of the PRIMOPS model.</p>	<p>Assumptions for achieving purpose: for replication.</p>																																				
<p>Outputs:</p>	<p><u>Magnitude of Outputs:</u></p> <p>b. methodology for socio-anthropological (1a, b) and epidemiological studies, vital data and other relevant investigations (Appendix A, 2a, b, c, d, e) by August 1975.</p> <p>c. preliminary field surveys and final selection of studies by December 1975.</p> <p>(See continuation sheet 2)</p>	<p>data processing, record system and cost analysis.</p> <p>c. A technical report on analysis and recommendations concerning internal evaluation studies.</p> <p>d. Research reports covering the topics proposed for external evaluation studies.</p>	<p>Assumptions for achieving outputs:</p> <p>5. Contractor will be able to identify appropriate technical assistance resources mutually accepted by both parties.</p> <p>6. Availability of local PRIMOPS researchers able to collaborate in the development of research protocols.</p> <p>7. Access to data files and other relevant publications and procedures of public and private agencies.</p> <p>8. Financial resources can be made available to implement the internal and external evaluation. (see continuation sheet 2)</p>																																				
<p>Input:</p> <p>Professional tech. assistance specialist 11.2 mye</p> <p>Short term consultants 135 man days</p> <p>Core Prof. staff 4.5 mye</p> <p>Support personnel on core staff 7.5 mye</p> <p>(See Continuation Sheet 2)</p>	<table border="1"> <thead> <tr> <th>Implementation Target (Type and Quantity)</th> <th>FY 75/76</th> <th>FY 76/77</th> <th>FY 77/78</th> </tr> </thead> <tbody> <tr> <td>Professional tech. assistance specialist</td> <td>3.8 mye</td> <td>3.7 mye</td> <td>3.7 mye</td> </tr> <tr> <td>Short term consultants</td> <td>125,426</td> <td>82,644</td> <td>55,662</td> </tr> <tr> <td>Core Prof. staff</td> <td>45 md</td> <td>45 md</td> <td>45 md</td> </tr> <tr> <td>Support personnel on core staff</td> <td>8,000</td> <td>8,000</td> <td>8,000</td> </tr> <tr> <td>Professional tech. assistance specialist</td> <td>1.5 mye</td> <td>1.5 mye</td> <td>1.5 mye</td> </tr> <tr> <td>Short term consultants</td> <td>46,558</td> <td>53,210</td> <td>55,871</td> </tr> <tr> <td>Core Prof. staff</td> <td>2.5 mye</td> <td>2.5 mye</td> <td>2.5 mye</td> </tr> <tr> <td>Support personnel on core staff</td> <td>18,819</td> <td>21,540</td> <td>22,622</td> </tr> </tbody> </table> <p>(See continuation sheet 2)</p>	Implementation Target (Type and Quantity)	FY 75/76	FY 76/77	FY 77/78	Professional tech. assistance specialist	3.8 mye	3.7 mye	3.7 mye	Short term consultants	125,426	82,644	55,662	Core Prof. staff	45 md	45 md	45 md	Support personnel on core staff	8,000	8,000	8,000	Professional tech. assistance specialist	1.5 mye	1.5 mye	1.5 mye	Short term consultants	46,558	53,210	55,871	Core Prof. staff	2.5 mye	2.5 mye	2.5 mye	Support personnel on core staff	18,819	21,540	22,622		<p>Assumptions for providing inputs:</p>
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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY _____ to FY _____
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: Continuation Sheet No 2

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																								
<p>Program or Sector Goal: The broader objective to which this project contributes:</p>	<p>Measures of Goal Achievement:</p>		<p>Assumptions for achieving goal targets:</p>																																								
<p>Project Purpose:</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p>		<p>Assumptions for achieving purpose:</p>																																								
<p>Outputs: B. Evaluation System</p>	<p>Magnitude of Outputs: 3. Phase II - Implementation a. Socio-Anthropological studies (1) baseline data collected and tabulated and follow-up completed by November 1975. (2) second survey and follow-up completed by August 1976 (3) third survey completed by February 1977. b. Epidemiological studies: (Appendix A, Studies 2a through 2e. (See Continuation Sheet 3))</p>		<p>Assumptions for achieving outputs: uation studies agreed upon by PRIMOPS and the U.S. contractor. 9. Clearances from official health agencies and community organizations to collect the necessary information. 10. Key professional personnel will be available for the required amount of time to conduct the joint research of the senior technical advisor and PRIMOPS.</p>																																								
<p>Inputs: e. Colombia Research Personnel - 9 mye f. Colombia Support staff for field research 54.3 mye (including equipment travel, supplies) 2. Other Direct Costs a. Rental for office space b. Travel c. Supplies & Equipment d. Telephone e. Computer</p>	<p>Implementation Target (Type and Quantity)</p> <table border="1"> <tr> <td></td> <td>3 mye</td> <td>3 mye</td> <td>3 mye</td> </tr> <tr> <td></td> <td>27,527</td> <td>30,000</td> <td>30,000</td> </tr> <tr> <td></td> <td>13.9 mye</td> <td>22.6 mye</td> <td>17.8 mye</td> </tr> <tr> <td></td> <td>23,709</td> <td>29,768</td> <td>26,368</td> </tr> <tr> <td></td> <td>\$58,005</td> <td>\$44,830</td> <td>\$34,760</td> </tr> <tr> <td></td> <td>6,000</td> <td>6,000</td> <td>6,000</td> </tr> <tr> <td></td> <td>41,120</td> <td>23,380</td> <td>17,760</td> </tr> <tr> <td></td> <td>5,835</td> <td>2,450</td> <td>2,050</td> </tr> <tr> <td></td> <td>1,550</td> <td>1,200</td> <td>850</td> </tr> <tr> <td></td> <td>3,500</td> <td>8,900</td> <td>8,000</td> </tr> </table>		3 mye	3 mye	3 mye		27,527	30,000	30,000		13.9 mye	22.6 mye	17.8 mye		23,709	29,768	26,368		\$58,005	\$44,830	\$34,760		6,000	6,000	6,000		41,120	23,380	17,760		5,835	2,450	2,050		1,550	1,200	850		3,500	8,900	8,000		<p>Assumptions for providing inputs:</p>
	3 mye	3 mye	3 mye																																								
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(See continuation sheet 3)

(See continuation sheet 3)

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY _____ to FY _____
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: _____ Continuation Sheet No 3

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																								
<p>Program or Sector Goal: The broader objective to which this project contributes:</p>	<p>Measures of Goal Achievement:</p>		<p>Assumptions for achieving goal targets:</p>																								
<p>Project Purpose:</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p>		<p>Assumptions for achieving purpose:</p>																								
<p>Outputs: Evaluation System (Cont'd)</p>	<p>Magnitude of Outputs: (1) baseline data collected and tabulated and follow-up completed for 2c by February 1976. (2) preliminary survey and analysis completed for 2a by June 1975; 2b by October 1975; 2d by December 1975; and 2e by February 1976. (3) second survey and follow-up completed for 2c by July 1976; 2d by August 1976; and 2e by July 1976. (4) third survey and follow-up completed for 2c (See continuation sheet 4)</p>		<p>Assumptions for achieving outputs:</p>																								
<p>Inputs: 3. Indirect Costs B. Government of Colombia (Health Sector Loan) TOTAL BUDGET - U.S. \$966,370 1. Budget Service Operations & Personnel Support 2. Direct Support to PRIMOPS for program development, adm. and evaluation - 61 mye</p>	<p>Implementation Target (Type and Quantity)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">\$51,850</td> <td style="width: 33%; text-align: center;">\$43,029</td> <td style="width: 33%; text-align: center;">\$36,123</td> </tr> <tr> <td></td> <td style="text-align: center;">322,123</td> <td style="text-align: center;">322,123</td> <td style="text-align: center;">322,123</td> </tr> <tr> <td></td> <td style="text-align: center;">65 mye</td> <td style="text-align: center;">65 mye</td> <td style="text-align: center;">65 mye</td> </tr> <tr> <td></td> <td style="text-align: center;">\$210,666</td> <td style="text-align: center;">\$210,666</td> <td style="text-align: center;">\$210,666</td> </tr> <tr> <td></td> <td style="text-align: center;">20 mye</td> <td style="text-align: center;">20 mye</td> <td style="text-align: center;">20 mye</td> </tr> <tr> <td></td> <td style="text-align: center;">\$111,457</td> <td style="text-align: center;">\$111,457</td> <td style="text-align: center;">\$111,457</td> </tr> </table>		\$51,850	\$43,029	\$36,123		322,123	322,123	322,123		65 mye	65 mye	65 mye		\$210,666	\$210,666	\$210,666		20 mye	20 mye	20 mye		\$111,457	\$111,457	\$111,457		<p>Assumptions for providing inputs:</p>
	\$51,850	\$43,029	\$36,123																								
	322,123	322,123	322,123																								
	65 mye	65 mye	65 mye																								
	\$210,666	\$210,666	\$210,666																								
	20 mye	20 mye	20 mye																								
	\$111,457	\$111,457	\$111,457																								
<p>Total U.S. and GOC inputs = 343 mye, totaling U.S. \$1,906,240 (See attached Summary Budget - Exhibit #3)</p>																											

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: _____
From FY _____ to FY _____
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: _____ Continuation Sheet No. 4

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p>	<p>Measures of Goal Achievement:</p>		<p>Assumptions for achieving goal targets:</p>
<p>Project Purpose:</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p>		<p>Assumptions for achieving purpose:</p>
<p>Outputs:</p>	<p>Magnitude of Outputs: by May 1977; 2d by May 1977; 2e by Oct. 1976. (5) overall analysis and publication of methodology, results and recommendations on six research studies completed by November 1977. 4. Preparation and submission of reports. a. semi-annual progress reports to AID/W. b. quarterly technical and financial reports. c. written methodology for six studies by December 1975. d. report on total evaluation scheme by August 1975. e. report on control group by Nov. 1975 f. overall analysis and publication of results on HRD (2e) by Nov. 1976 g. publication of methodology results, recommendations for Simplified Health Statistical system (2e) by Feb. 1977. h. overall analysis and publication of results of 1a, 1b, 2c, 2d by Nov. 1977.</p>		<p>Assumptions for achieving outputs:</p>
<p>Reports</p>	<p>(See Continuation Sheet 5)</p>		<p>Assumptions for providing inputs:</p>

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY _____ to FY _____
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: _____ Continuation Sheet No. 5

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p>	<p>Measures of Goal Achievement:</p>		<p>Assumptions for achieving goal targets:</p>
<p>Project Purpose:</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p>		<p>Assumptions for achieving purpose:</p>
<p>Outputs: Reports (Con't)</p> <p>D. Trained Personnel</p>	<p>Magnitude of Outputs:</p> <p>i. Draft of final report for <u>Project Review</u> by September 1977.</p> <p>j. Final project report completed by end of December 1977.</p> <p>d (1) PRIMOPS staff trained in evaluation methodology by November 1977.</p> <p>(1) Long term training (a) 3 Professional evaluators trained on site</p> <p>(2) Short term training (a) 15 members of PRIMOPS senior staff (field visits to other LCHDS in L.A.)</p>		<p>Assumptions for achieving outputs:</p>
			<p>Assumptions for providing inputs:</p>

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