

UNCLASSIFIED

PD-AAT-778
ISD = 43912

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D.C. 20523

DOMINICAN REPUBLIC

PROJECT PAPER

FAMILY PLANNING SERVICES EXPANSION

AID/LAC/P-326

Project Number: 517-0229

UNCLASSIFIED

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

DOCUMENT CODE

3

COUNTRY/ENTITY

Dominican Republic

3. PROJECT NUMBER

517-0229

4. BUREAU/OFFICE

Latin America and the Caribbean (LAC)

5. PROJECT TITLE (maximum 40 characters)

Family Planning Services Expansion

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
 019 19 91

7. ESTIMATED DATE OF OBLIGATION
 (Under "B." below, enter 1, 2, 3, or 4)

A. Initial FY 86 B. Quarter 4 C. Final FY 88

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 87			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(1,073)	(364)	(1,600)	(2,570)	(2,430)	(5,000)
(Loan)	()	()	()	()	()	()
Other						
U.S.						
Host Country		338			1,700	1,700
Other Donor(s)						
TOTALS	1,073	702	1,600	2,570	4,130	6,700

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) POP	440-B	440		-	-	1,600	-	5,000	-
(2)									
(3)									
(4)									
TOTALS				-	-	1,600	-	5,000	-

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

420 450 460

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code BWW BR BU RPOP DEL PVON PVOU
 B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To improve and expand the National Family Planning Program over the next five years in order to meet the demand for voluntary family planning services by low-income persons and couples.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
 019 88 017 91

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

Approval of Methods of Financing and Implementation:

Thomas Bebout, CONTROLLER

17. APPROVED BY

Signature: *John H. Bassford*
 Title: Henry H. Bassford for
 Mission Director, USAID/DR

Date Signed MM DD YY
 019 08 06

18. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY
 110 15 86

PROJECT AUTHORIZATION

NAME OF ENTITY:	Secretariat of State for Public Health and Social Assistance
NAME OF COUNTRY:	Dominican Republic
NAME OF PROJECT:	Family Planning Services Expansion
NUMBER OF PROJECT:	517-0229

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Family Planning Services Expansion Project for the Dominican Republic involving planned obligations of not to exceed Five Million United States Dollars (US\$5,000,000) in grant funds over three years from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project. The planned life of the project is five years from the date of initial obligation.
2. The project consists of technical and commodity assistance to the National Council for Population and the Family (CONAPOFA) and the Dominican Association for Family Welfare (PROFAMILIA) to enhance the organizations' capabilities to deliver voluntary family planning services to an expanded number of clients through both clinical and community-based delivery systems.
3. The Project Agreement which may be negotiated and executed by the Officers to whom such authority is delegated in accordance with A.I.D.

regulations and Delegations of Authority shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

a. Source and Origin of Commodities, Nationality of Services

Commodities or services financed by A.I.D. under the Project shall have their source and origin in the United States or the Dominican Republic, except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services shall have the United States or the Dominican Republic as their place of nationality, except as A.I.D. may otherwise agree in writing.

Ocean shipping, financed by A.I.D. under the Project, shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent to Disbursement

Prior to the disbursement of any funds under the Project, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee shall, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

(1) An opinion of the legal advisor to the Grantee that the Agreement has been duly authorized and executed on behalf of the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms;

(2) A statement of the name of the person who will represent the Grantee, and of any additional representatives, together with a specimen signature of each person specified in such statement;

(3) Evidence that SESPAS has established an Executive Committee that will oversee the implementation of the project;

(4) Evidence that the Executive Committee has designated a Project Coordinator;

(5) Evidence that CONAPOFA, ONAPLAN and PROFAMILIA have entered into Agreement that delineate their respective roles, responsibilities and contributes in the execution of the project; and

(6) Evidence that CONAPOFA, PROFAMILIA and ONAPLAN have adequate system of financial management and control to properly account for and safeguard project funds.

c. Covenants

The Grantee shall covenant that, except as A.I.D. may otherwise agree in writing, it will maintain at least the current level of funding to CONAPOFA's family planning program, and that it will seek to implement methods of cost recovery and/or alternative methods of financing for family planning programs.

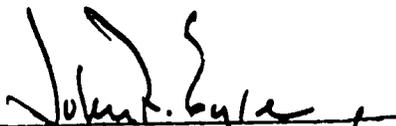

Henry H. Bassford
Director
USAID/Dominican Republic
2/8/86
Date

TABLE OF CONTENTS

	<u>Page</u>
I. <u>PROJECT BACKGROUND AND RATIONALE</u>	
A. Demographic Trends	1
B. Family Planning in the Dominican Republic	1
C. Constraints to Expanded Delivery of Services	5
D. GODR Policies Regarding Population Growth and Family Planning	6
E. International Donor Assistance	7
F. Relation to USAID Strategy and Project Rationale	8
II. <u>PROJECT DESCRIPTION</u>	
A. Project Goal and Purpose	9
B. End of Project Status	10
C. Project Strategy	10
D. Project Components	11
1. Expansion of Voluntary Family Planning Services	12
2. Institutional Strengthening	17
III. <u>PROJECT IMPLEMENTATION</u>	
A. Implementation Responsibilities and Administrative Arrangements	21
B. Schedule of Principal Events	22
C. Project Monitoring	24
D. Evaluation	24
E. Conditions, Covenants and Negotiating Status	25
IV. <u>PROJECT ANALYSES</u>	
A. Technical Analysis	27
B. Institutional Analysis	30
C. Social Soundness Analysis	31
D. Financial Analysis	31
E. Economic Analysis	39

ANNEXES

1. PID Approval Message
2. Log Frame Matrix
3. Statutory Checklist
4. Grantee Requests for Assistance
5. Institutional Analysis
6. Inventory of Population Projects
 in the Dominican Republic
7. Elements of an Unmet Needs Assessment
8. Technical Assistance Plan
9. Training Plan
10. Procurement Plan

14

I. PROJECT BACKGROUND AND RATIONALE

A. Demographic Trends

Recent demographic data on the Dominican Republic (DR) show that substantial progress has been made in reducing the rate of population growth. The rate of natural population increase of the Dominican Republic declined from 3.4% in 1960 to 2.5% in 1985. With assistance from this project, the natural population increase is expected to continue declining reaching 2.0% by 1991 and 1.3% by 2000. Assuming this occurs, the DR will be one of the first countries in the Caribbean to reach a replacement level of population growth and thus be able to devote its resources to improving the quality and standard of living of its people rather than just holding the line against the current level of poverty and unemployment. In many respects, the DR is an excellent example of a country in the final stages of the so-called "demographic transition," whereby reduced mortality rates, mainly due to improved public health interventions, gave rise to rapid population growth, which later declined because of improved living standards and education, economic development, better employment opportunities for women and the availability of family planning services. During the twenty five year period from 1960 to 1985, the DR has exhibited the following demographic changes:

	<u>1960</u>	<u>1985</u>
Population (in millions)	3.2	6.4
Total fertility rate (No. of children per woman)	7.4	3.97
Infant mortality rate (per 1000 births)	125.0	69.7
General mortality rate (per 1000 inhabitants)	16.0	7.0
Natural population increase	3.4%	2.5%
Life expectancy	52 yrs.	65 yrs.
Women as % of labor force	9.3	35.0
% of population without schooling	43.7	24.8
Mean level of education	2.1 yrs.	3.9 yrs. (1980)
% of urban population	30.5	54.7

Fertility in the DR has declined steadily since the mid-1960s, due to the combined effects of family planning programs, and such aspects of modernization as rapid urbanization, increased literacy, and lower death rates among children. Nevertheless, much remains to be done for the DR to reach a replacement level of population growth.

B. Family Planning in the Dominican Republic

The advances made in the organized delivery of voluntary family planning services in the DR are attributed to the work of the National Family

Planning Program (NFPP). The Government of the Dominican Republic (GODR) established the NFPP in the late 60s under the leadership of the National Council for Population and the Family (CONAPOFA), in collaboration with the Dominican Association for Family Welfare (PROFAMILIA).

CONAPOFA was established by Presidential Decree No. 2091 in 1968 as a semi-autonomous organization associated with the Secretariat of State for Public Health and Social Assistance (SESPAS). Since that time, CONAPOFA's role has expanded gradually and it is now responsible for coordinating the entire NFPP. At one time, it was envisioned that CONAPOFA's activities would eventually be integrated into the Maternal and Child Health Division of SESPAS and CONAPOFA itself would cease to exist as a separate entity. Instead, responsibility for maternal and child health within SESPAS has increasingly been borne by CONAPOFA.

CONAPOFA is presently involved in three major areas of activity: delivery of voluntary family planning services; family planning promotion, training, supervision and logistical support; and research and evaluation. CONAPOFA offers a variety of family planning methods (mainly pills, intrauterine devices and voluntary surgical contraception) in rural and urban health centers belonging to SESPAS, the Dominican Social Security Institute (IDSS), and the Armed Forces and National Police. In addition, CONAPOFA distributes temporary contraceptive methods nationwide through SESPAS community-based distribution (CBD) outlets. In the last three years, CONAPOFA has provided natural family planning assistance to over 10,000 women. By the end of 1985, CONAPOFA had approximately 240,000 active acceptors using various contraceptive methods.

CONAPOFA's principal collaborator is PROFAMILIA, a private, not-for-profit institution incorporated in 1966 to provide voluntary family planning services and education. During the same year, PROFAMILIA became an affiliate of the International Planned Parenthood Federation (IPPF) and, since 1968, has been the private sector component of the NFPP.

PROFAMILIA's major action areas are: delivery of voluntary family planning services; family planning information, education and training; pilot programs incorporating family planning into other development activities; influencing public opinion in favor of family planning; and institution building including the establishment of regional offices. By the end of 1985, PROFAMILIA had approximately 65,000 active users of various contraceptive methods, 75% located in marginal urban neighborhoods and 25% in rural areas.

Abortions are illegal in the DR and neither CONAPOFA nor PROFAMILIA are involved in abortion-related activities.

Table 1 shows the evolution of the NFPP's service delivery outlets between 1968 and 1985. Table 2 details the current types of family planning services by provider.

TABLE 1 - NATIONAL FAMILY PLANNING PROGRAM - FAMILY PLANNING SERVICES
OUTLETS, BY SECTOR AND PROVIDER (1968-1986)

Year	Public Sector - CONAPOFA			Private Sector - PROFAMILIA	
	CBD Promoters	Clinics	Services For Men	CBD Promoters	Clinics
1968		9			1
1969		15			1
1970		34			1
1971		47			1
1972		57			1
1973		60			1
1974		105			1
1975		140			1
1976		251			1
1977	*	262		105	1
1978	*	248		104	1
1979	4,133	258		108	1
1980	5,183	285		140	1
1981	5,207	310		135	1
1982		340		143	1
1983	*	393		157	1
1984	3,605	458	61	164	2
1985	3,425	493	98	174	2
1986	4,700	493	*	310	2

* Information not available.
Source: CONAPOFA

TABLE 2 - PROFILE OF CURRENT TYPES OF FAMILY PLANNING SERVICES, BY PROVIDER

Type of Service	CONAPOFA	PROFAMILIA
Community-Based Distribution	Some 4,700 rural community-based promoters, remunerated by SESPAS, provide family planning services, including orientation and distribution of temporary methods (pills, foams and condoms). They also make referrals to rural clinics and other health centers for IUD insertions and for physical exams to first-time pill users.	A network of 310 community-based promoters and distributors provide pills, foams and condoms in small rural communities and periurban "barrios" nationwide. Referrals are made to health centers and/or doctors for IUD insertions, medical exams and VSC services.
Clinical Services (other than VSC)	Pills, foams and condoms are provided by CONAPOFA through 493 public health centers ranging from major hospitals to rural clinics. Out of these 493 centers, 476 belong to SESPAS, 14 to IDSS and 3 to the Armed Forces and National Police. 4 major public hospitals conduct insertions of MORPLANT implants. CONAPOFA has recently started to provide natural family planning assistance to women.	PROFAMILIA's clinic in Santiago distributes pills, foams and condoms. It also performs IUD insertions.
Voluntary Surgical Contraception	Female VSC is provided by CONAPOFA utilizing a network of 45 public hospitals and clinics. AVSC provides technical assistance supervision and training to CONAPOFA's VSC program. Users pay a low fee-for-service which is supplemented by a payment by AVSC to the hospital/clinic.	Female VSC and vasectomies are provided by PROFAMILIA utilizing a network of 33 private physicians or clinics in 20 cities and towns throughout the country. AVSC provides technical assistance, training and follow-up to local staff. Users pay a fee-for-service which is supplemented by a payment by AVSC.
Contraceptive Social Marketing		PROFAMILIA has recently undertaken a CSM project seeking to complement the other NFPP service delivery components. The project takes advantage of the well-established pharmaceutical product outlets in the DR. The Futures Group, through its SOMARC project, sponsors this new activity.

Data provided by the national fertility surveys of 1975 and 1980, the female contraceptive prevalence survey of 1983, and the male contraceptive prevalence survey of 1984, all show that the potential demand for voluntary family planning services continues to grow. For example, the 1975 and 1980 surveys point out that the average number of children among respondents was 5.1 and 4.4 respectively. In 1975, 57% of the unmarried women stated that the "ideal" family size was 2 to 3 children; in comparison, 75% gave the same response in the 1980 study. These data indicate that Dominican women will, in the future, want smaller families than has been the case in the past. Nevertheless, by the end of 1985, only some 300,000 women, or about 19% of the approximately 1.6 million women of reproductive age (15-49 years), were receiving services provided by the NFPP. This shows that there is a substantial amount of unsatisfied demand for family planning services from women who are either not currently participating in the NFPP or are not being served by private pharmacies and physicians.

C. Constraints to Expanded Delivery of Services

Despite the progress attained during the past years, CONAPOFA and PROFAMILIA face several constraints which, unless corrective action is taken, will prevent them from meeting the current and future demand for services. The three major constraints are: lack of a service delivery capacity which assures access to services to all women and men who want them; inadequate central program management; and lack of effective mass communication and patient education to inform potential users of the contribution family planning can make to their welfare.

1. Lack of a Service Delivery Capacity

CONAPOFA and PROFAMILIA need to take certain basic steps to improve the NFPP service delivery capacity. First, and of utmost importance, is the need to train or retrain CBD promoters, to imbue them with a sense of duty, impart sufficient knowledge so they can counsel their clients and explain the importance of family planning, not only in terms of improved health for the mother and infant, but also of the economic benefits it brings to the whole family. Second, the supervisory personnel must be retrained, so that they can improve their performance and provide reinforcement to the promoters in dealing with potential acceptors. Third, in order to be efficient, the NFPP promoters must have access to adequate family planning supplies -- oral contraceptives, condoms, foams and tablets -- as well as literature, and be able to refer clients to clinics for IUD insertions or VSC procedures.

2. Inadequate Central Program Management and Coordination

Recent management assessments have shown that, although CONAPOFA and PROFAMILIA's basic administrative structures are sound, the size of their current programs are straining their institutional capacity. Both institutions need administrative restructuring (e.g. delegation of authority,

automated records, more efficient management information and other support systems) if they are to grow and develop their capability to deliver services to a greater number of beneficiaries. They lack a timely management information system (MIS) as well as adequate controls over program commodities. CONAPOFA and PROFAMILIA need micro-computers and related software to record the acceptors, trace the distribution of supplies, maintain proper inventory controls, and provide accurate data for analysis and evaluation. Finally, neither CONAPOFA nor PROFAMILIA have instituted far-reaching cost recovery schemes and both institutions are overly dependent on international donors.

Although CONAPOFA and PROFAMILIA have formalized their relationship in an agreement signed on April 15, 1986, whereby both parties agreed to work in certain geographic areas of the country, the NFPP today is fragmented into a series of independent projects often responding to their own individual objectives and the stipulations of their funding agencies. The sum of these activities, unfortunately, does not constitute a coherent and comprehensive service delivery strategy, which assures access to family planning services for all Dominican men and women who seek them.

3. Lack of Mass Communication and Patient Education

Despite the free exchange of information that surrounds the delivery of voluntary family planning services in the DR, the major source of information is word of mouth. Current providers of family planning services and experts on user motivation in the DR believe that the low utilization of oral contraceptives and IUDs is due to misunderstanding about the side effects of these methods. Typically, many women seem to refrain from using temporary methods of contraception during their early reproductive years and opt for voluntary surgical contraception in their thirties once they have had more children than they had planned for. This practice does not take advantage of the overall health benefits of using a reliable temporary family planning method for birth spacing during the couple's younger years. There is also a strong consensus among providers that future users of family planning may not be aware of the variety of services that are available through the NFPP.

To overcome this problem, CONAPOFA and PROFAMILIA need to improve their mass communication through the distribution of pamphlets, posters, calendars, spot radio and TV announcements, and special programs to increase public awareness of the necessity and importance of family planning. Such a program must be reinforced through promoter training.

D. GODR Policies Regarding Population Growth and Family Planning

Family planning services in the DR have evolved in a context of wide popular support and no formal opposition from any sector. Although the GODR does not have an explicit population policy, it has supported population stabilization in general and family planning programs in particular, to lower the rate of population growth. The absence of a specific population policy is

not seen as a constraint to developing a more effective family planning program. However, the National Planning Office (ONAPLAN) recognizes that it needs to improve its population analysis capability to assure that national development plans and the allocation of resources in the national budget take into account the country's current and future demographic trends.

The GODR is concerned with the current rate of demographic growth because of its negative effects upon socio-economic development and has repeatedly expressed its desire to achieve a much lower growth rate. In its official statement to the U.N. World Population Conference held in Mexico City in August 1984, the GODR stated its support for the NFPP as follows:

"Realizing how important the demographic variable is for the country's present stage of development, the Dominican Government has been implementing, since 1968, population programs through CONAPOFA and other public institutions, as well as supporting private sector agencies, placing special emphasis on family planning services as part of maternal/child health care programs... Following the recommendations of the Bucharest World Population Conference of 1974, our country has carried out demographic and other related studies which have enriched our understanding of population and contributed to the implementation of programs relevant to the country's socio-economic development."

More recently, the Dominican Government joined 39 other nations in signing the "Statement on Population Stabilization" presented to the U.N. Secretary General on October 25, 1985.

The GODR understands the effects of demographic factors on national development, believes that trends in fertility, mortality and migration should be considered during socio-economic planning, and has relied primarily on increasing access to voluntary family planning services to lower the fertility rate, in keeping with the desires of individuals and families.

E. International Donor Assistance

Since their beginning in the late 60s, CONAPOFA and PROFAMILIA have received financial and technical support from a variety of bilateral and multilateral donor agencies. International funds are currently being provided by the U.N. Fund for Population Activities (UNFPA), IPPF, USAID/DR, as well as by several AID intermediary agencies and centrally-funded projects.

Since 1973, UNFPA has provided approximately \$8.8 million to CONAPOFA in population assistance. Most of this support has been allocated to family planning service delivery and program development. UNFPA also supports several major research activities and the integration of the effects of population growth on national development into school curricula.

In the late 1960s and early 70s, AID provided direct support for voluntary family planning in the Dominican Republic through a bilateral program. More recently, however, AID's support to family planning activities has been largely indirect, through intermediary agencies and centrally-funded projects. In the absence of a significant bilateral population assistance program, these activities have played an important role in the development of the NFPP during the last decade. AID intermediary agencies currently supporting CONAPOFA and/or PROFAMILIA include: the Association for Voluntary Surgical Contraception (AVSC), the Pathfinder Fund, Development Associates, Family Planning International Assistance (FPIA), the Population Council, and Family Health International (FHI). Other than AID, the International Planned Parenthood Federation (IPPF) has been PROFAMILIA's main source of assistance, both financial and technical. In 1986, IPPF granted over \$368,000 to its Dominican affiliate.

Ongoing AID centrally-funded projects support the following types of activities in the DR: programs to enhance population analyses; contraceptive social marketing; high quality VSC services; training in natural family planning methods; personnel training; provision of contraceptive commodities; information, education and communication programs; and biomedical and demographic research. (Annex 6 provides an inventory of current population activities in the Dominican Republic.)

While each of the above activities are meritorious in themselves, some appear to be duplicative; for example, two projects basically have the same purpose, a centrally-funded grant through the Pathfinder Fund to the Secretariat of Education to extend sex education in public secondary schools, and a UNFPA project to support the Secretariat of Education to integrate population education into primary and secondary schools. The point is that these centrally-funded and international donor projects are being carried out without the benefit of a structured, coherent strategy. Also none of these donors are addressing the constraints described earlier in this paper. This project, therefore, will become the vehicle to address those constraints, as well as to coordinate these various overlapping activities, eliminate inefficiencies and streamline the NFPP delivery system.

F. Relation to USAID Strategy and Project Rationale

The main thrust of the USAID FY 1987-1991 Country Development Strategy is to support the DR's economic recovery and growth through a private sector led expansion and diversification of the country's economic base. The specific objectives are: continued progress in implementing the ongoing economic stabilization program; expanded private investment in the industrial and agricultural sectors and the development of a broader base of non-traditional exports; rapid diversification of the agricultural sector into non-traditional crops with foreign exchange earning potential; and improved access to needed health care and voluntary family planning services by reinforcing the private sector's capacity to meet these needs.

In economic terms, family planning is important to the Dominican Republic because high past population growth, and the inability of the economy to absorb a relatively large labor force, have resulted in high unemployment and underemployment. Unskilled labor is relatively abundant, compared to needed complements of skilled labor and capital. As a consequence, the country has a higher population than it can productively employ, and average levels of consumption are falling. Unchecked population growth can be expected to reduce average consumption further as additional labor contributes less output than previous workers, and so pulls down average product per person. The country cannot afford to provide subsidies to marginal workers whose contribution to output is less than their consumption.

This project intends to contribute to the reduction of the total fertility rate by means of increased voluntary contraceptive use. This will lower population growth to rates more compatible with the ability of the economy to adequately provide basic necessities and assurance of productive employment to future generations. The Economic Analysis provides illustrative calculations of the magnitude of the Economic impact of the project in terms of gains that can be expected in personal consumption, and accelerated economic growth. (See Section IV.E.)

The rationale for undertaking family planning activities is also socially motivated. Family planning facilitates and promotes birth spacing, thereby permitting families to have the number of children that they want and can adequately care for. Furthermore, it will reduce the level of effort and investment required by the GODR to provide education, health services and housing to an ever increasing population.

II. PROJECT DESCRIPTION

A. Project Goal and Purpose

The goal of this project is to improve the quality of life of Dominican families by increasing their access to voluntary family planning services, which will allow them to lengthen birth intervals and reduce family size. The project will contribute indirectly to supporting the NFPP's projections of a reduced rate of natural population increase from 2.5% in 1985 to 2.0% in 1991 and to 1.3% by the year 2000.

The purpose of the project is to improve and expand the NFPP over the next five years in order to meet the demand for voluntary family planning services by low income persons and couples. To this end, the project will strengthen the management and service delivery capacity of the NFPP's principal providers, CONAPOFA and PROFAMILIA. Access to these services will be increased by 300,000 additional users to a total of 600,000 users by 1991.

A secondary objective of the project is to assist CONAPOFA and PROFAMILIA to reduce the recurrent costs of their programs and introduce alternative cost recovery mechanisms to sustain services once financial assistance from AID is terminated.

B. End of Project Status

The following conditions are expected to exist when the project concludes in 1991:

1. Increased coverage of the NFPP from about 300,000 women (19% of WRA) in 1985 to about 600,000 (33% of WRA) by 1991.^{1/}
2. A network of public and private clinics and private physicians will provide voluntary family planning services in rural areas and low-income urban neighborhoods.
3. A nationwide public and private CBD network will be operating efficiently.
4. Systematic high-quality family planning information and education activities will be performed through mass media.
5. Relevant demographic data and analyses will be fully available to the GODR's socio-economic planning process.
6. The providers of voluntary family planning services will be adequately staffed with trained and supervised personnel using effective management systems.
7. CONAPOFA and PROFAMILIA will recover between 15% and 25% of their operating costs from various forms of users fees.

C. Project Strategy

To meet the project's objectives, the project will support increased accessibility to a wide range of voluntary family planning methods and promote voluntarism and informed choice in the selection and use of

^{1/} The 33% of women of reproductive age (WRA) to be served by this project are generally of the lowest socio-economic level who depend on CONAPOFA and PROFAMILIA for their services. Of those women of reproductive age not to be covered by this project, it is estimated that 15% are able to purchase services independently through private physicians and/or pharmacies. Another 5% obtain services from the medical or social programs of state-owned corporations, such as the Dominican Electrical Corporation and the State Sugar Council. Of the remaining balance of 47%, approximately 35% do not practice family planning either because they are pregnant or wish to become pregnant, are not sexually active or have chosen not to use a method. Finally, it is estimated that approximately 12% of the women of reproductive age live in remote locations of the country where, due to distance and terrain, no services are available and, for the time being, it is not economically feasible to deliver services in those areas.

methods. Family planning will be promoted as a way for families to space the births of their children and have the number of children they desire. Several alternatives were considered to find the most effective mechanism to increase the number of active users of voluntary family planning.

1) Alternative One: Reliance Only on Centrally-Funded Projects. Under this alternative, the USAID would continue to encourage centrally-funded projects to support local counterpart organizations and would provide limited funds to selected activities. The disadvantage of this alternative is that, in order to achieve the project goals, it would be necessary to orchestrate a large number of centrally-funded projects, which often operate according to their own limited objectives. The USAID believes that it would be difficult, if not impossible, to establish a coherent, integrated program under these circumstances.

2) Alternative Two: Fund Only Private Sector Organizations This approach would be in line with the USAID's private sector promotion strategy and would permit significant experimentation with alternative forms of cost recovery; however, PROFAMILIA the main private sector provider, has too limited an infrastructure to carry-out a nation-wide program. Moreover, unlike many Latin American countries, the bulk of family planning services in the DR are provided by the public sector, utilizing the extensive SESPAS network of promoters, clinics and hospitals. Therefore, the USAID feels that a private sector-only strategy would not adequately utilize existing national resources, and would not achieve the desired nation-wide impact.

3) Alternative Three: Fund Only a Public Sector Delivery System CONAPOFA, operating through SESPAS, has the largest family planning network; nevertheless, it is relatively inefficient and has very low rates of acceptors per worker. Also, Dominican public sector policy does not presently permit cost recovery. Also, CONAPOFA family planning program is at risk of being cut back if international donor contributions are discontinued. The USAID does not consider it advisable to work exclusively with CONAPOFA under these circumstances.

4) Selected Project Strategy: A Mixed Public/Private Sector Family Planning Delivery Program The USAID has agreed that a public/private sector approach is the most effective way to achieve the goals and objectives of this project because it will build upon the existing expertise and infrastructure of each provider. To complement their capabilities, technical assistance (TA) will be provided and selected centrally-funded projects will continue to participate in the projects's objectives. This approach will permit various project activities to be integrated into a single, coherent and cohesive system. Therefore, CONAPOFA and PROFAMILIA, as the main providers of voluntary family planning services in the DR, will be the principal executing agencies under this project.

D. Project Components

The project will have two components: (1) expansion of voluntary family planning services, through CBD and clinical services including VSC, and

cancer screening laboratories; and (2) institutional strengthening, which will focus on improving logistical systems, MIS, and operations research and population analyses.

1. Expansion of Voluntary Family Planning Services

In the DR, contraceptive methods are delivered to the public through four types of service delivery mechanisms: CBD for dispensing oral contraceptives, condoms and foams; clinical services for distributing pills, foams, condoms and IUDs; VSC both for men and women delivered from a clinic or hospital facility; and contraceptive social marketing (CSM) delivered through pharmacies in the private sector. Activities to be undertaken by the project are described below. The project will not concern itself with CSM.

a. Community-Based Delivery of Services (CBD)

Both CONAPOFA and PROFAMILIA operate CBD programs in the DR. CONAPOFA has access to the vast SESPAS service infrastructure, including its rural health promoters. These SESPAS promoters represent the greatest potential for service expansion, but their performance must be improved. Despite the approximately 4,700 promoters participating in the CBD program, they provide family planning services to fewer than 20% of SESPAS clients. Improvement of CONAPOFA's CBD program will entail the training of newly recruited SESPAS promoters and their supervisors, as well as previously hired promoters who have not yet attended a formal family planning course. Training courses will instruct promoters and supervisors in the correct use of family planning methods, improving user relations and strengthening program administration. The numbers of promoters and supervisors to be trained are as follows:

<u>Course</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>	<u>Total</u>
Basic Training	500	1,500	1,500	500	500	4,500
Refresher Course	<u>100</u> 600	<u>200</u> 1,700	<u>200</u> 1,700	<u>300</u> 800	<u>200</u> 700	<u>1,000</u> 5,500

CONAPOFA, with TA from this project, will upgrade its supervisory system by developing and publishing a manual for supervisors explaining their responsibilities in detail. The manual will be utilized in the CBD training program. To facilitate promoter supervision, CONAPOFA/SESPAS supervisors in the most populated regions will be provided with motorcycles.

PROFAMILIA is in the process of increasing its CBD network by 220 new promoters to a total of 530 promoters. PROFAMILIA promoters will work mainly in the urban areas and selected rural communities. Assistance for this CBD program already is provided by the Pathfinder Fund, which expects to provide partial financial assistance for its expansion during

the LOP. The project will provide assistance to PROFAMILIA to improve the program's MIS, logistical support system, and supervision using the same TA resources that will be working with CONAPOFA. In addition, commodities such as storage cabinets and educational materials will be procured. The result of this effort will be a uniform reporting and logistical system adopted by both organizations.

b. Clinical Family Planning Services

i. Clinics

Clinic-based services perform a dual function in the NFPP. Since clinics are staffed with medical personnel, including nurses and physicians, they can insert IUDs, provide VSC for men and women, and prescribe other temporary family planning methods. Clinics also provide a backstop for the CBD network, as well as for the referral of clients for cancer screening and medical examinations.

CONAPOFA provides clinical services through more than 493 facilities operated by SESPAS, the IDSS and the Armed Forces. The project does not plan to assist CONAPOFA in opening, staffing and equipping new clinical facilities, which would create an additional recurrent cost burden on SESPAS. However, the project will seek to improve the services provided through a selected number of interventions. For instance, as no fees are currently charged, funding schemes will be developed by the TA team. The project will also assist CONAPOFA to relocate lesser utilized clinics into geographic areas that are known to have a high demand for services and to adjust clinic schedules so that they may provide greater access during the evening hours. The project will also assist in training 1,000 clinic staff in temporary family planning methods, patient education, and the requirements of the MIS and logistical systems.

CONAPOFA operates three major clinics, located in marginal neighborhoods of Santo Domingo along with three other clinics that operate during the evening hours (5-9 pm). These clinics increase access to persons who are currently under-served or who work and are not available during the regular SESPAS clinic hours. The services of these six clinics were funded by AID in FY-86 as a pilot project and have received considerable acceptance. The project will fund the operating costs of these important clinics for one additional year. AID support will then be phased out after which the GODR will fund the clinics.

PROFAMILIA directly operates two clinics in highly populated areas of Santo Domingo and Santiago. The Dr. Rosa Cisneros Clinic was established in 1984 to serve the estimated 8,000 female workers who work in Santiago's industrial park and free trade zone. The clinic offers a full range of family planning services, gynecological examinations, Pap and other laboratory testing services during a seven hour span, from 2 pm until 9 pm, arranged to accommodate the schedule of working women. The Pathfinder Fund has

provided financial and commodity support for this clinic since its establishment and is expected to continue limited assistance through the LOP. Clinic staff have experimented with changing limited operating hours and promotional strategies with marked success: services delivery doubled between 1984 and 1986.

PROFAMILIA will further expand services in the Dr. Rosa Cisneros Clinic with project assistance by extending operating hours (8 am to 9 pm); adding new services for women, such as IUD insertion, VSC and NORPLANT implant; and introducing a "men's services" component which will offer vasectomy, fertility counseling and venereal diseases control. The clinic will offer men their own entrance and hours of service. Promotional activities will be expanded to include increased emphasis on promotion of IUDs by area CBD promoters, talks to women's groups in mothers' clubs and factories. Training, monitoring and supply for these services will be contributed by AVSC and the Population Council.

PROFAMILIA also has operated the Dr. Evangelina Rodríguez Clinic, in collaboration with CONAPOFA, since 1966. Located in the Dr. Moscoso Puello Hospital, in a densely populated zone of Santo Domingo, the clinic has functioned as a model service delivery program, providing all temporary contraceptive methods with special emphasis on the IUD and NORPLANT implants. As a pioneer testing site for the NORPLANT technology, the clinic now trains physicians from the DR and other countries in this new technique. In 1985, Dr. Evangelina Rodríguez Clinic served almost 7,500 users.

The project will assist PROFAMILIA in moving this service into a larger facility, on the grounds of the Dr. Moscoso Puello Hospital. The project will provide equipment and supplies. A fee-for-service plan will be developed for all clinic services. The clinic will continue to provide temporary contraceptives to new and continuing users; provide maternal and child health, and laboratory (Pap tests) services; and introduce male services, including family planning counseling, venereal disease and infertility treatment and vasectomy. The clinic's contraceptive research and NORPLANT program will continue to be financed by the Population Council. In the first project year, the clinic expects to generate sufficient income from service delivery to contribute 45% of the total projected budget. By the fifth year of the project, the clinic's share will have grown to 67% of the budget.

As part of PROFAMILIA's efforts to expand access to temporary contraceptive methods and to provide more complete medical backstopping to their CBD network, PROFAMILIA will sign agreements with private clinics in areas where their CBD program operates. Under this affiliated clinic program, participating clinics will be equipped and supplied to offer temporary contraceptives and Pap testing services, and clinic nurses will receive training in family planning, contraceptive methodology, service delivery, patient education techniques and client relations. The clinics will also offer breast cancer screening services. The number of clinics will increase from 33 in 1986 to approximately 100 by the end of 1991. The clinics

will be located in the health regions of Santo Domingo, Santiago, and San Francisco. In the first year, most of the clinics to receive project interventions will be those that are already associated with PROFAMILIA through the AVSC-supported voluntary sterilization program.

Agreements will be signed between the clinics and PROFAMILIA to formalize relations and establish a scope of work to assure that the clinics provide services according to explicit requirements, particularly by accepting all CBD referrals and charging reasonable prices. In return for the additional services offered, each clinic will be provided access to a full range of temporary contraceptives and to clinic supplies necessary for taking Pap smears and inserting IUDs. All technical matters will be monitored by the PROFAMILIA medical supervisors, based on the established requirements set forth in the agreements. Administrative supervision and TA would be provided by the PROFAMILIA regional supervisors.

Clinic services will be promoted by signs identifying it as a PROFAMILIA family planning center and by distributing posters in the area surrounding each facility. Clinics in cities with radio stations will fund their own radio spots and PROFAMILIA will provide promotion through its regular radio announcements.

ii. Voluntary Surgical Contraception

Both CONAPOFA and PROFAMILIA offer VSC through their clinical networks. AVSC has provided and will continue to provide TA, materials and equipment, training and quality control for this activity. With AVSC's participation, both providers have developed a uniform set of standards and procedures that are adapted to the level of medical training and facilities available in the DR. During the LOP, AVSC will increase the number of CONAPOFA clinics and hospitals offering VSC from 45 to 65. Likewise, PROFAMILIA will offer VSC services in 33 sites under their associated clinics program. To support the VSC activities, the project will provide funds directly to AVSC by means of a buy-in to their centrally-funded project. The funds provided to AVSC will support such activities as in-country training and payment of physician fees.

iii. Laboratory Services

To further support both the CBD and clinical services offered by CONAPOFA and PROFAMILIA, the project will finance the establishment of three new regional laboratories to complement two labs that already operate in Santiago and Santo Domingo. Currently, less than 8% of the women participating in NFPP programs receive Pap testing; over the course of the project, with the additional laboratories there will be an eight-fold increase in the annual number of Pap tests performed. As a result of this activity, CONAPOFA will be able to conduct Pap testing in five of the seven SESPAS health regions.

Of the two labs that currently conduct Pap testing, the National Laboratory in Santo Domingo is the best equipped. The smaller laboratory in Santiago sends all smears that manifest possible pathological signs to the National Laboratory which then conducts more complex work-ups on these smears. The new labs that will be created under the project will have the same functions as the Santiago lab; they will act as regional screening points to detect potential cervical and uterine cancer at early stages and send smears that exhibit potential pathological signs to the National Laboratory for more sophisticated analysis.

The new laboratories will be established during the first year of the project. CONAPOFA will finance the salaries of the lab staff and AID funds will be used to procure laboratory equipment and supplies. The project will provide TA to assist in the development of funding schemes that will ensure the continued financing of cancer screening activities. Fee-for-service and the sale of services to such private sector institutions as hospitals and health insurance programs will be explored. If proper cost recovery policies are adopted, it is likely that this activity will be self-financing in the near term. Therefore, the Project will only support this activity for three years.

c. Inputs (AID - \$2,978,000; HC - \$960,000)

A technical assistance team consisting of long-term advisor for 54 p/m and 18 p/m of short-term assistance will be provided under the project. The long-term advisor will spend approximately one-half of his/her time devoted to improving the delivery of services and training promoters. In addition, 9 months of short-term TA will be financed under this component consisting of assistance to improve training curricula for CONAPOFA and PROFAMILIA promoters, supervisors and clinic staff. Training will orient new program staff to modern contraceptive methods, as well as program operations including the requirements of the MIS and logistical systems. TA for this component totals \$1,100,000.

The sum of \$539,000 is provided under this component for the implementation of training programs of which \$343,000 represents a host country contribution, in-kind and in cash, to cover the salaries of the training staff and the value attributed to the training facilities used for the duration of this project. AID's contribution to training of promoters and supervisors will be used to cover the developmental costs of new curricula and user educational materials as well as to cover the per diem and transportation of trainees. This training will be conducted in-country through short-term courses and seminars.

The commodities to be procured for this component amount to \$764,000 from AID resources, the majority of which will go to PROFAMILIA to equip their newly expanded urban clinics in Santiago and Santo Domingo with waiting room furniture, examining room equipment including tables, supply cabinets, instruments, and gowns and sheets. A limited amount of office equipment (desks, chairs, file cabinets) will be provided. For the affiliated

clinic program, a basic set of instruments will be provided to each physician to establish uniformity in the service they provide to the public. Laboratory supplies will be provided to CONAPOFA's network of cancer screening centers and, CONAPOFA will also receive a basic set of video equipment (camera, VCRs and monitors) to develop training videos in their central office for use in the regional training centers. Finally, motorcycles will be provided for CONAPOFA promoters in outlying areas.

Lastly, the sum of \$1,535,000 is allocated to budget support costs related to the expansion of services component. Of this sum the host country contribution is \$617,000 which primarily supports salaries. AID's contribution is \$918,000 of which \$700,000 has been designated as a "buy-in" to an AVSC project to continue providing voluntary surgical sterilization. AVSC will use project funds to cover physician fees, commodities training and program quality control to CONAPOFA and PROFAMILIA medical staffs. Table 6 of the Financial Analysis, (page 37) provides an illustrative budget showing the relationship between the use of funds by component and the input by source of funds.

2. Institutional Strengthening

While the administrative capacities of CONAPOFA and PROFAMILIA are basically sound, several management improvements must be made in order to serve an expanded user population of 600,000 persons by 1991.

a. CONAPOFA

The project will improve CONAPOFA's capabilities in the areas of program management and project planning. TA will be provided to improve CONAPOFA's organization, logistics management, personnel management, micro-computer applications and management information systems.

CONAPOFA's staff will be strengthened through short-term training courses, workshops and seminars in a variety of areas related to program management and planning. Senior staff will acquire skills related to project design, implementation and evaluation, and will become familiar with the operation of the MIS. Special emphasis will be placed on women in supervisory roles who will receive training in family planning program administration.

Technical assistance will be provided to analyze and revise CONAPOFA's administrative structure, achieve broader delegation of authority and responsibility, revise personnel manuals to reflect the restructuring and update the grade/step salary schedule. At the same time, a formal personnel evaluation system will be established.

CONAPOFA will also receive TA in logistics management, to develop a system that will enable it to track supplies in stock and in the pipeline at any given time. This information is crucial for estimating current and future commodity requirements. In addition, TA in financial management will be provided to CONAPOFA to review and revise the accounting

system and financial controls. In particular, TA will assist in modifying the system to facilitate calculation of cost per couple-years of protection.

The amount of management, financial and programmatic data processing, commodity control and reporting to be undertaken by CONAPOFA warrants the purchase and installation of a micro-computer equipped with appropriate software and peripherals. TA will be provided to set up the system, redesign CONAPOFA's data base, and allow the analysis of program and financial information by program, project, funding source, geographical area and method. A workshop will be conducted to train CONAPOFA managers to put data into the MIS (including user statistics, logistics, financial and personnel data) and use the information generated to plan and evaluate the NFPP. Selected staff of CONAPOFA's Administrative Department will be trained to operate the system.

In addition, the functioning of discrete departments in CONAPOFA will be strengthened. For instance, the Information and Education Department will receive assistance in mass media and teaching techniques, to improve the effectiveness of training provided to CBD and SESPAS staff. Also, the Medical Services Department will be assisted to improve the administrative skills of the supervisory staff of the Maternal/Child Health Program.

b. PROFAMILIA

The expansion of PROFAMILIA's activities in recent years has not been accompanied by a comparable strengthening of its ability to manage its increasing responsibilities. PROFAMILIA's administrative structure cannot handle its present rate of growth. In order to improve the ability to undertake both current and proposed project activities, PROFAMILIA will focus institutional strengthening activities in two areas: administrative reorganization and management information systems.

In terms of administrative reorganization, authority must be delegated more effectively and lines of authority more clearly defined. An additional level of management is needed to reduce the heavy load that top management is currently experiencing. TA will be required to redesign the institution's administrative structure, update job descriptions, and oversee the implementation of these changes.

PROFAMILIA will also receive short-term training and TA to improve the institution's use of financial and programmatic information for management decision-making. A data processing system will be installed to store, analyze and distribute MIS data. A micro-computer system will be developed that helps to track commodity flows, monitors the performance of the clinics, designs and modifies budgets, creates data bases, carries out mass mailings and has a capacity for word processing for proposal preparation. Project funds and TA will be provided to PROFAMILIA to assist in selecting and purchasing an appropriate system, customizing and installing the software, and training PROFAMILIA computer operators and staff in the operation and application of the system.

c. Studies and Operations Research

During the first two years of the project, AID funds will be utilized to cover the operating costs of the Institute for the Study of Population and Development (IEPD), which is operated by PROFAMILIA. Project funding for the Institute will be gradually reduced during that period. The IEPD presently conducts research into the dynamics of population growth and its consequences on different aspects of Dominican society. Between 1986 and 1990, the IEPD proposes to research and publish the following studies:

- Population and the Condition of Women.
- Population and Education.
- Population, Migration and Rural/Urban Development.
- Population and Ecology.
- The Potential of Employment Generation and Food Production of the Agrarian Reform.
- Changes in the Levels and Distribution of Income, 1960-1985.
- Impact of Tourism on the Socio-Economic Conditions of the Country.
- Effect of Export-Oriented Agroindustries on Demographic Changes and Employment.

The findings obtained in these studies will be disseminated to such institutions as ONAPLAN, the National Statistics Office, CONAPOFA, the universities, and to national leaders, including prominent businesspersons and political leaders, to acquaint them with the implications of population growth on the economic and social development of the country.

The project will also assist ONAPLAN to strengthen its Population Analysis Unit. This unit will incorporate demographic information into the GODR's socio-economic planning process, thereby assisting the Dominican Government in allocating its resources.

The project will also provide assistance to both CONAPOFA and PROFAMILIA to conduct at least three operations research studies. Operations research is seen as an important management tool to provide information for decision-makers in areas that will make the delivery services more efficient. The topics to be studied include:

- The main causes for user discontinuation and suggested ways to improve program retention rates.

- Selection and testing the application of cost recovery mechanisms in the public sector as applied to CBD and clinic services.
- Improved clinic scheduling and staff behavior toward clinic users as a means of increasing program retention rates.

A series of Unmet Needs Assessment surveys will be undertaken to provide PROFAMILIA and CONAPOFA with updated information related to demand for services on a geographically disaggregated basis. This information will be utilized to determine where to locate new services and relocate existing ones. The survey scope of work is briefly described in Annex 7. Finally, CONPOFA's Research Department will be provided assistance to conduct a contraceptive prevalence survey in 1990.

d. Inputs (AID - \$1,802,000; HC - \$740,000)

In this component, \$1,100,000 of AID resources is provided for TA, which amounts to approximately 50% of the long and short-term TA. The long-term advisor will work with the management of PROFAMILIA and CONAPOFA to improve the MIS which will supply program managers with information on the program's performance in relation to the expenditure of program funds. Short-term TA will be provided to improve logistics management, personnel management and microcomputer applications as it relates to all aspects of program administration. In the area of research, TA will be provided to the IEPD and the Population Analysis Unit of ONAPLAN to carry out their research and population analyses activities.

The sum of \$140,000, from AID resources, will be allocated to training in support of institutional strengthening. CONAPOFA and PROFAMILIA's senior staff will receive instruction in project design, implementation and evaluation, and the utilization of MIS combining financial data with service delivery statistics. At the operational level, administrative staff will receive training in the use of micro-computers to support the logistical system and provide input to the MIS. The staff from IEPD and ONAPLAN's Population Analysis Unit will receive computer instruction for research applications.

The commodities to be provided to implement this component amount to \$143,000 of AID funds and consist primarily of computer equipment. Also, the required data entry forms for the MIS and supply distribution system as well as user educational materials will be printed by the private sector in sufficient quantities so as to make them available throughout the program.

The total of \$1,159,000 has been allocated to budget support costs under this component. \$740,000 corresponds to the host country cash and in-kind contribution largely for salary support for the administration of the current programs. AID's contribution will support the

operating costs associated with the IEPD for an additional three years and for the implementation costs associated with the operations research activities consisting of payment to field workers for transportation and lodging, data analysis, and publication of the findings. (See Table 6 of the Financial Analysis for detailed cost estimates by component.)

III. PROJECT IMPLEMENTATION

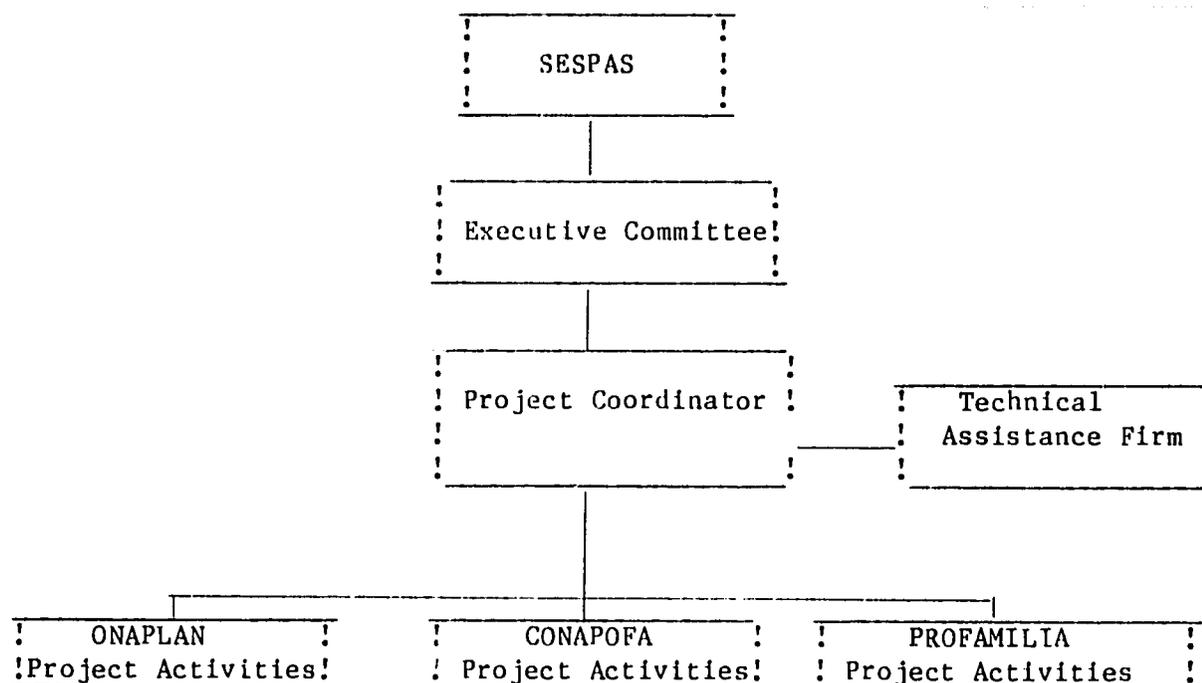
A. Implementation Responsibilities and Administrative Arrangements

The Project Agreement will be signed by SESPAS, which will, in turn, designate CONAPOFA as the principal representative of the GODR. However, as an initial condition precedent, SESPAS will establish an Executive Committee to oversee the implementation of the project. The Committee will be composed of the Directors of CONAPOFA and PROFAMILIA, a representative of the Population Analysis Unit of ONAPLAN and the AID Project Officer as an ex-officio member. The role of the Committee will be to define policy and adopt a standardized service delivery strategy. The Committee will ensure that the project is executed in accordance with planned goals and objectives. It will review and approve the implementation and work plans of the participating entities. The Committee will also resolve any conflicts that may arise during implementation.

The Executive Committee will designate a Project Coordinator. This individual will be responsible for coordinating the implementation schedules and will guarantee that the planned activities are carried out in a timely manner and in accordance with the approved plan. The coordinator will report to the Executive Committee. The Coordinator will prepare quarterly reports that will present the status of each project activity and a summary of accomplishments during the quarter. The project will attempt to simplify reporting to the AID/W centrally-funded projects so that a single quarterly report will satisfy the reporting needs of all donors.

To assist with the execution of the planned activities, a private voluntary organization (PVO), consulting firm or educational institution will be contracted to provide technical assistance. The technical assistance institution will have demonstrated experience in the administration of family planning programs in Latin America and capable consultants in the major technical areas of the project. The technical assistance firm will be requested to provide one long-term advisor for approximately 54 months. The long-term advisor, who will be a specialist in the management of family planning programs, will also serve as Chief of Party. He/She will be responsible for coordinating the short-term technical assistance team (approximately 18 p/m) with expertise in program financing, management information systems, logistical support, training, supervision, and operations research. In addition, the contractor shall provide two local-hire resident specialists in the fields of MIS and financial management to provide continuity of assistance in these areas to their counterparts at CONAPOFA and PROFAMILIA.

The following diagram shows the relationship among the participating agencies:



B. Schedule of Principal Events

Project activities are scheduled to take place over a period of 5 years (60 months). After the initial 6 months during which the TA firm will be contracted, funds will be disbursed evenly over the remaining 4.5 years of the LOP.

The project's estimated implementation schedule, divided into major implementation phases, is presented below.

Phase I - Start Jp - (Months 0-6)

- | | | |
|-----|---|--------------------|
| 1. | Project Authorization signed | September 2, 1986 |
| 2. | Project Agreement signed by SESPAS | September 10, 1986 |
| 3. | Issue CBD Notice | September 12, 1986 |
| 4. | Issue RFP in AID/W | October 1, 1986 |
| 5. | Meet Project CPs | October, 1986 |
| 6. | Establish Advisory Committee | October, 1986 |
| 7. | USAID/DR to fund IEPD | October, 1986 |
| 8. | USAID/DR to contract Population Advisor | October, 1986 |
| 9. | Provide CDC TA in logistics | October, 1986 |
| 10. | USAID/DR to complete grant to AVSC
for VSC | October, 1986 |
| 11. | Establish disbursement procedure for
counterpart funds | November, 1986 |
| 12. | Deadline to receive TA proposals in DR | November 17, 1986 |

- | | | |
|-----|---|-------------------|
| 13. | Select TA contractor | December 1, 1986 |
| 14. | Negotiate and contract TA Firm | December 19, 1986 |
| 15. | Long-term Advisor arrives in DR | January 12, 1987 |
| 16. | Set up local TA Firm office
and hire staff | January, 1987 |

Phase II - Initial Implementation - (Months 7-12)

- | | | |
|-----|--|---------------------|
| 1. | NFPP presents user census | March, 1987 |
| 2. | Present up-dated plans for TA,
Training and Procurement | March, 1987 |
| 3. | Issue procurement no. 1 | March, 1987 |
| 4. | Conduct Unmet Needs Assessment in
National District | March-April, 1987 |
| 5. | Conduct Unmet Needs Assessment in
Santiago | May-June, 1987 |
| 6. | TA to develop MIS | April, 1987 |
| 7. | Develop MIS | April-June, 1987 |
| 8. | Implement MIS | LOP |
| 9. | TA for Training Program | April, 1987 |
| 10. | Develop Training Program | April-June, 1987 |
| 11. | Implement Training Program | LOP |
| 12. | Revise CONAPOFA's CBD supervisory
system | March-May, 1987 |
| 13. | TA for CONAPOFA's I&E materials | March, 1987 |
| 14. | Develop I&E materials | April-June, 1987 |
| 15. | Conduct operations research studies | May, 1987 and LOP |
| 16. | Issue procurement no. 2 | June, 1987 |
| 17. | TA to CONAPOFA on reorganization | April, 1987 |
| 18. | TA to PROFAMILIA on reorganization | April, 1987 |
| 19. | Present quarterly report | March, 1987 and LOP |
| 20. | Up-date Inventory of Centrally-
Funded Projects | March, 1987 |
| 21. | Support to delivery of services | LOP |

Phase III - Project Implementation - (Months 13-60)

- | | | |
|----|--|--------------------------|
| 1. | Ongoing TA per TA Plan | LOP |
| 2. | Ongoing training per Training Plan | LOP |
| 3. | Conduct Unmet Needs Assessment in
remainder of country, starting
with most populated health regions
(years 2 and 3) | July, 1987 - March, 1988 |
| 4. | Ongoing delivery of services | LOP |
| 5. | Ongoing operations research
per plan | LOP |
| 6. | Ongoing project procurement | LOP |
| 7. | Continued institutional strengthening | LOP |
| 8. | Quarterly reports as scheduled | LOP |

- | | | |
|-----|------------------------------------|----------------------|
| 9. | Evaluation | |
| | a. Mid-term | February-March, 1988 |
| | b. Contraceptive prevalence survey | January-June, 1991 |
| | c. Final evaluation | June-July, 1991 |
| 10. | PACD | September, 1991 |

Detailed implementation plans for technical assistance, training and procurement are contained in Annexes 8,9 and 10, respectively.

C. Project Monitoring

Primary USAID/DR monitoring responsibility for the project will rest with the PSC Population Advisor located in the Health and Population Division. He will be supervised by the Division Chief. The Advisor will be assisted by a Project Implementation Team composed of representatives from the Program, Capital Development, Management, and Controller's Offices. The functions of the Project Implementation Team are specified in Mission Order No. 11-3 of March 17, 1986.

The Project Implementation Team meets twice monthly to review the status of each project in the Health and Population Division portfolio. Corrective steps are taken, as needed, to improve project execution according to the implementation plan of each project. Finally, the USAID/DR Director and Deputy Director will meet with the project staff quarterly to review overall project progress and disbursements. Twice yearly this information is then compiled in the Mission's semester report which is sent to AID/W.

Project statistics generated by CONAPOFA and PROFAMILIA's MIS will be used to monitor project performance. Financial performance will be reviewed using the USAID/DR Controller's Office MACS financial reporting system, which monitors disbursements per project line item. Lastly, quarterly reports provided by the technical assistance firm will inform USAID/DR on the performance of long and short-term TA, as well as the performance of PROFAMILIA and CONAPOFA in carrying out project-funded activities.

D. Evaluation

Information gathered by the MIS, periodic evaluations, and contraceptive prevalence surveys will be utilized to measure project progress and determine if modifications must be made.

1. Management Information System

Both CONAPOFA and PROFAMILIA already have management information systems that will be improved under the project. The information gathered by these systems will be used for evaluation purposes. Programmatic and financial data will be collected by both institutions, allowing project officials to compare actual versus planned performance. It is anticipated that the proposed changes in the collection of data and generation of statistics will make the MIS a powerful tool for continuous project evaluation.

2. Periodic Evaluations and Contraceptive Prevalence Surveys

Two external evaluations will be conducted during the five-year period. The mid-term evaluation will be conducted during February-March, 1988 and the final evaluation, scheduled for June-July 1991 will utilize AID/W and external consultants, including experts in family planning management, service delivery, information and education, training, research and policy. The USAID/DR Project Officer and the Evaluation Officer will select the team and develop scopes of work.

The mid-term evaluation, will assess the performance of the participating institutions through visits and a review of project documents to determine the adequacy of performance of each institution in implementing the project's activities. It will also measure progress toward achievement of the purpose.

The evaluation will also assess: 1) progress in achieving planned project outputs; 2) the performance of the technical assistance firm, including its role in implementing and coordinating project components and providing TA to the implementing institutions; and 3) the performance of CONAPOFA and PROFAMILIA. Findings from the mid-term evaluation will allow USAID/DR sufficient time before the PACD to make program adjustments if needed.

The final evaluation will be carried out shortly after the results of the 1990 contraceptive prevalence survey are available. In addition to factors assessed in the mid-term evaluation, the final evaluation will measure overall program achievements and the long-term impact of the project. Findings from this evaluation will also be used to develop a follow-on population and family planning strategy for the mid-90s.

Data from two contraceptive prevalence surveys will also be used to evaluate the project. The ongoing 1986 Demographic and Health Survey will provide baseline data to be used for comparison with data from the proposed 1990 survey. Results of the latter survey will be available for the final project evaluation scheduled for 1991. Survey data will be used to correct service statistics, estimate progress achieved in the increase in prevalence, reduction of the birth rate and rate of population growth in the country, estimate the number of women who are still in need of family planning services, measure change in contraceptive use for each of the family planning methods, and evaluate information and education activities and the CBD and CSM activities.

E. Conditions Precedent, Covenants and Negotiating Status

1. Conditions Precedent

In addition to the standard conditions precedent to disbursement including legal opinion and designation of representatives, the following additional conditions precedent will also be included:

- a) evidence that SESPAS has established an Executive Committee that will oversee implementation of the project;
- b) evidence that the Executive Committee has designated a Project Coordinator;
- c) evidence that CONAPOFA, ONAPLAN and PROFAMILIA have entered into Agreements that delineate their respective roles, responsibilities and contributions in the execution of the projects; and
- d) evidence that CONAPOFA, PROFAMILIA and ONAPLAN have adequate systems of financial management and control to properly account for and safeguard project funds.

2. Covenants

Two covenants will be included in the project Agreement:

- a. Prohibition on Abortion Related Activities. None of the funds made available under this grant may be used to finance any costs relating to the (1) performance of abortion as a method of family planning, (2) motivation or coercion of any person to undergo abortion, (3) undertaking of biomedical research which relates, in whole or in part, to methods of, or the performance of, abortion as a method of family planning, or (4) active promotion of abortion as a method of family planning.
- b. Funding for Family Planning Services. The GODR shall, except as AID may otherwise agree in writing, covenant that it will maintain at least the current level of funding to CONAPOFA's family planning program and that it will seek to implement methods of cost recovery and/or alternative methods of financing for family planning programs.

3. Negotiating Status

This project has been developed in collaboration with CONAPOFA and PROFAMILIA, who are the main implementers and institutional beneficiaries of the project. Also, more than ten representatives from AID centrally-funded projects and intermediary organizations have been consulted in the development of the project so as to encourage their continued support for future family planning endeavors in the DR. AID/W has assured the USAID that every effort will be made to ensure that sufficient levels of centrally-funded resources are allocated throughout the LOP. (See Annex 1).

The Grant Agreement will be signed with the Secretariat of State for Public Health and Social Assistance (SESPAS). SESPAS will designate CONAPOFA as the official representative of the GODR. To ensure PROFAMILIA's and ONAPLAN's participation sub-grant agreements will be prepared as an initial condition precedent. SESPAS is in agreement with this approach.

IV. PROJECT ANALYSES

A. Technical Analysis

The technical analysis of this project addresses the demand for family planning services, the contraceptive technology to be utilized, the feasibility of the methodology to be used with regard to information and education activities, the types of family planning service delivery systems and the feasibility of increasing accessibility to the most commonly used family planning methods.

1. Demand for Family Planning Services

There is a high level of acceptance of family planning services in the DR as evidenced by the information collected in recent fertility and prevalence surveys. It has been established that the potential demand for contraception is at least partially related to the proportion of women who say that they do not want to have any more children. Among women who were married or in consensual union in the sample of the 1983 female contraceptive prevalence survey, 67% stated that they did not want to continue bearing children. This proportion varied greatly according to the number of surviving children, but hardly at all according to rural or urban residence.

The question asked in the 1980 national fertility survey differed from that included in the 1983 prevalence survey in that it referred to the outcome of the current pregnancy, if any, as well as to the children yet to be conceived. By this standard, 49.6% of the women in union wanted no additional children in 1980, which represented an increase over the 44.7% who did not want more children in the 1975 national fertility survey.

The surveys also indicate that a large proportion of the population agrees with the notion of family planning. Of the women who were married or in a consensual union in the 1983 prevalence survey sample, only 12.2% said that they disagreed with family planning. Furthermore, in the 1984 male contraceptive prevalence survey, just 5.2% of the men disagreed with the idea of a woman using family planning methods.

As stated before, by the end of 1985, the NFPP was serving only 300,000 women or about 19% of the approximately 1.6 million women of reproductive age. Thus, currently there is a substantial unmet demand for family planning services in the country. In order to improve access to family planning services, the project will develop a service delivery and cost recovery strategy that will enhance the expansion and sustainability of the NFPP.

2. Contraceptive Technology

This project will rely on the standard variety of permanent and temporary methods of family planning: pills, IUDs, condoms, vaginal methods, natural methods and male and female VSC. These methods are well beyond the experimental stages and their effectiveness under a variety of conditions is well known.

The DR has become an international center for training physicians in the NORPLANT implant contraceptive technology through a research grant that PROFAMILIA receives from the Population Council. If and when the NORPLANT implant method receives FDA approval and AID is allowed to include it into AID-supported family planning programs, the project will have the flexibility to include this method as one more contraceptive alternative.

The relative safety and effectiveness of the various methods depend on the ability of the acceptors to use the method correctly. To ensure the effective delivery of family planning services under the project, special attention will be given to training, supervision, information, education and communication activities.

3. Information, Education and Communication Activities

Communications techniques to be used in the project such as mass media, person-to-person counselling, workshops, and educational materials for users and leaders are all proven techniques being used by family planning programs throughout the Latin American and the Caribbean region. The project will ensure that the most up-to-date technology in the communication and education fields will be used by both implementing institutions.

4. Service Delivery Systems

Each of the service delivery systems supported under this project has been previously tried, tested, and proven effective in the Dominican Republic and elsewhere in Latin America. Clinical service systems have been under study the longest and proven to be excellent. Clinics normally provide a full range of contraceptive supplies and are administered by trained health professionals such as doctors, nurses and paramedical personnel.

CBD systems are almost 20 years old and have proven to be effective systems to reach the lower income, "hard to reach" urban or rural populations. This mode of delivery is characterized by a network of CBD promoters/distributors who carry out the program through community motivation, contraceptive supply and medical referral for reproductive health associated problems.

Tables 3 and 4 show the feasibility of increasing access to family planning methods, by provider, over the LOP. Table 3 shows the projected number of VSC procedures to be performed annually by CONAPOFA and PROFAMILIA, between 1986 and 1991, at a constant 5% annual rate of increase to reach 155,000 by 1991. Table 4 shows the projected number of active users of temporary methods that CONAPOFA and PROFAMILIA will have according to those variable annual rates of increase they expect to achieve over the LOP. By 1991, the increase in the number of active users will reach about 140,000.

Thus, the combined increase in active users and sterilization will be about 300,000, the objective of the project.

TABLE 3
PROJECTED INCREASE IN NUMBER OF VSC PROCEDURES, BY PROVIDER AND YEAR

Year	Annual % of Increase	CONAPOFA	PROFAMILIA	TOTAL
<u>1985 baseline</u>	<u>-</u>	<u>10,500</u>	<u>11,200</u>	<u>21,700</u>
1986	5	11,025	11,775	22,800
1987	5	11,575	12,350	23,925
1988	5	12,150	12,975	25,125
1989	5	12,775	13,600	26,375
1990	5	13,400	14,300	27,700
<u>1991</u>	<u>5</u>	<u>14,075</u>	<u>15,000</u>	<u>29,075</u>
TOTAL				
1986-1991	-	75,000	80,000	155,000

TABLE 4
PROJECTED INCREASE IN NUMBER OF ACTIVE USERS OF TEMPORARY FAMILY PLANNING METHODS, BY PROVIDER AND YEAR

Year	Annual % of Increase	CONAPOFA Net Increase	Annual % of Increase	PROFAMILIA Net Increase	TOTAL Net Increase
<u>1985 baseline</u>	<u>-</u>	<u>156,000</u>	<u>-</u>	<u>26,400</u>	<u>182,400</u>
1986	5	7,800	5	1,325	9,125
1987	6	9,825	10	2,775	12,600
1988	7	12,150	15	4,575	16,725
1989	9	16,725	20	7,000	23,725
1990	11	22,275	25	10,525	32,800
1991	13	29,225	30	15,775	45,000
TOTAL NET INCREASE		98,000		41,975	139,975

In summary, all technical aspects of the project are sound and have been tested and proven effective in the country and elsewhere. It is expected that the project will provide access to cost-effective services to all socio-economic classes to satisfy the unmet demand for family planning that exists in the DR. Thus, the project development committee believes that the project is technically feasible.

B. Institutional Analysis

PROFAMILIA and CONAPOFA are currently the two largest family planning institutions in the DR. PROFAMILIA, a private not-for-profit organization and a member of IPPF was founded in 1966. CONAPOFA, an independent semi-autonomous organization, was established by Presidential Decree in 1968. Both organizations have experienced rapid growth in recent years, and further expansion at this time will require administrative changes within both organizations.

PROFAMILIA's administrative structure is horizontal and flat, a remnant of earlier days when PROFAMILIA was smaller. An administrative reorganization is required and a new structure, inserting another level of management, has been recommended by outside consultants. Additional administrative personnel will also be required to support an expanded program. Office space is severely limited at PROFAMILIA headquarters; and new office space is required. A larger warehouse that meets the temperature, humidity, ventilation and security requirements for storing contraceptives will also be needed.

CONAPOFA's administrative structure also needs to be improved with a view towards increasing the delegation of authority and improving communications between departments. Job descriptions also need to be revised and a grade/step salary classification scale must be created to hire and promote employees. CONAPOFA's inventory management and control system is inadequate beyond the regional office level; adequate controls must be extended to all storage, distribution and service delivery points within the system. External technical assistance is needed to address these deficiencies and additional administrative and logistics personnel will be required. On the positive side, CONAPOFA has undertaken major revisions in its accounting system to improve accounting procedures and financial controls.

Both organizations will require revisions in their respective MIS to permit a common measure for monitoring progress and comparing results. The cost per couple-years of protection is recommended; external TA will be required to assist in the design and implementation of the necessary modifications. Micro-computer systems are also recommended.

In summary, the considerable experience that both organizations already bring, combined with the additional support indicated, will provide a solid institutional base upon which to expand the NFPP. For more information on the Institutional Analysis, see Annex 5.

C. Social Soundness Analysis

As in most family planning programs in the Third World, the direct beneficiaries of this project will be women of reproductive age and their male partners belonging to the lower and lower-middle classes of society. The project will have nation-wide coverage and its beneficiaries will be located in rural areas and towns as well as in marginal neighborhoods ("barrios") of major urban centers.

The project expects to have the socio-economic impact typical of successful family planning programs, namely: reduced population growth, facilitating an increase in per capita income; delayed and spaced pregnancies, leading to improved maternal and child health; broader opportunities for women in education and employment as a result of freedom from early and continuous child-bearing and child care responsibilities; and reduced pressure of new entrants into the labor force. No Dominican social group will be adversely affected by this project.

In general, Dominicans favor family planning. The female contraceptive prevalence survey of 1983 and the male contraceptive prevalence survey of 1984 indicated overall prevalence rates of 27.8% and 22.2% respectively, and showed that positive sentiment toward family planning in the DR is growing.

The evolution of the NFPP in the DR has occurred with wide popular support and no sector--religious, social or political-- has expressed opposition to it in the recent past. The Roman Catholic Church does not oppose nor denounce CONAPOFA and PROFAMILIA's activities. Moreover, the Church has collaborated with CONAPOFA for the last three years in implementing a small-scale natural family planning program. The Dominican political left changed its previous negative stand and now supports family planning as a woman's basic right. One recent indicator of the degree of political support enjoyed by family planning in the country has been the establishment of the Commission on Population and Family Development in the Chamber of Deputies of the National Congress. Given this positive scenario, the project development committee believes the proposed project is socio-culturally feasible.

D. Financial Analysis

1. Financial Plan

The basic financial plan of the project is illustrated in Tables 5 through 8. The project will cost an estimated \$6,700,00 over a five year period. Funds will come from an AID grant to SESPAS of \$5,000,000, counterpart cash contributions, in RD pesos, equivalent to approximately \$535,000 from the GODR, and in-kind contributions, in RD pesos, from both CONAPOFA and PROFAMILIA amounting to an equivalent of about \$1,165,000. These contributions are summarized from Table 5, as follows:

<u>Input</u>	<u>Total Amount (\$000 of US\$)</u>	<u>% of Total</u>	<u>% Provided by</u>	
			<u>AID</u>	<u>GODR</u>
Technical Assistance	\$2,200	33	33	0
Training	679	10	5	5
Commodities	907	14	14	0
Budget Support	2,694	40	20	20
Eval/Audit and Contingencies	<u>220</u>	<u>3</u>	<u>3</u>	<u>-</u>
TOTALS	\$6,700 =====	100% =====	75% =====	25% =====

AID's major contributions will be in technical assistance, budget support and commodities. The technical assistance, which is composed of one long-term advisor for 54 months and 18 months of short-term assistance plus two local hire specialists (also for 54 months), has been calculated using standard rates for contracted assistance for the LOP. The commodities represent largely a one-time start-up cost and contribute to the equipping of PROFAMILIA clinics so that they may perform new services and begin charging user fees as a means of cost recovery. The budget support costs represent two kinds of expenditures: \$700,000 in foreign exchange (US\$) is allocated to buy-ins to the Association for Voluntary Surgical Contraception (AVSC) who have traditionally provided technical assistance, equipment, supplies and budget support costs related to the voluntary sterilization services offered by CONAPOFA and PROFAMILIA. The AVSC costs could be disaggregated into their corresponding inputs; however, in the interest of simplicity, the total amount has been allocated only to general program budget support. The remaining \$637,000 of AID budget support will be provided in LC and divided between CONAPOFA (about \$123,00) and PROFAMILIA (about \$514,000). Assistance to CONAPOFA will concentrate in the Unmet Needs Assessment, Instruction and Educational Materials and Operations Research Activities. Budget support assistance to PROFAMILIA will provide funds for operating expenses of the Santo Domingo and Santiago clinics, and the Institute for Studies in Population and Development (IEPD), Management Improvement activities; as well as the salary of the Project Coordinator.

Table 6 shows the breakdown of inputs by project component. Total project costs will be distributed approximately as follows:

<u>Project Component</u>	<u>000's of \$</u>	<u>%</u>	<u>% Provided By</u>	
			<u>AID</u>	<u>HC</u>
Expansion of Delivery Systems	\$3,938	59%	45%	14%
Institutional Strengthening	2,542	38	27	11
Eval/Audit, Conting.	<u>220</u>	<u>3</u>	<u>3</u>	<u>-</u>
	<u>\$6,700</u>	<u>100%</u>	<u>75%</u>	<u>25%</u>
	<u>=====</u>	<u>=====</u>	<u>=====</u>	<u>=====</u>

With respect to timing of project inputs, Table 8 shows that about 29% of AID's share will be provided in year one while GODR contributions will be approximately 20% the first year. AID's contribution is the heaviest during the first two years of the project due to the pattern of commodity and training expenditures.

Conclusion: The financial plan appears to be reasonable and adequate to accomplish the stated project objectives. Each participating entity should be able to meet its contributory obligations in a timely basis. It is recommended, however, that there be a Condition Precedent to the first disbursement requiring the signing of an Agreement between CONAPOFA and PROFAMILIA, approved by USAID, which will specify their working relationships, the tasks to be carried out by whom, and financial arrangements. In addition, it is recommended that CONAPOFA, with assistance from USAID and the Oficina Técnica de la Presidencia, document the procedure through which the host country local currency contributions will be distributed and accounted for, including the rate of exchange used.

2. Methods of Implementation and Financing

Table 8 illustrates the methods of implementation and financing for the AID-funded portion of the project. The methods of financing are preferred methods of financing under the Administrator's Payment Verification Policy Guidance and represent no deviation from the Mission's general assessment of financing policy and procedures. Therefore, no further justification of the methods of financing is required.

To implement this project, USAID will select the most qualified, reputable and experienced firm possible. The TA firm (contractor) will also be responsible for all procurement actions and training activities not handled directly by AID (see Table 8). On-site continuous management of procurement and other implementation actions will be the responsibility of the full-time Contract Chief of Party and his/her project office staff. The evaluation and audit related actions will be implemented directly by the Mission through AID-direct contracts. The provision for a USAID PSC Project Officer will give USAID the capacity required to handle its assigned implementation and normal monitoring responsibilities.

3. Internal Control Vulnerability and Audit Coverage

The principal implementing entity of this project will be a qualified and experienced Technical Assistance Contractor selected by USAID. The Technical Assistance Team will also provide a local hire financial manager who, together with the long-term advisor and USAID Project Officer will monitor the flow of funds to the participating organizations and the counterpart contributions from PL-480/ESF local currency, and contributions from CONAPOFA and PROFAMILIA. USAID/DR participates actively together with the GODR in the management of the local currency funds generated by the PL-480 program and ESF. No problems are anticipated in the prompt contribution of these resources by the GODR.

Nevertheless, CONAPOFA and PROFAMILIA will receive funds directly from the technical assistance contractor for operating and local training costs. An independent institutional analysis report in February 1986 concluded that "PROFAMILIA's financial management systems and fiscal controls are appropriate"...and are adequate for further expansion." The report further states that a complete audit is performed on PROFAMILIA every year in addition to several separate external project audits. As of the analysis date, auditors have not noted any major exceptions to their conclusions. Therefore, the committee finds that PROFAMILIA's financial management and accounting systems are adequate and that no additional audit coverage is required. However, with respect to CONAPOFA, the report states that there are some doubts regarding the adequacy of their manual accounting system. In addition, the last general external audit of CONAPOFA was performed in 1982 and there were notable problems reported by the auditors. It is recommended that certification of the adequacy of CONAPOFA's financial management and accounting system, by an independent CPA firm acceptable to USAID, be made a condition precedent to disbursement of funds to CONAPOFA. Annual independent audits of CONAPOFA will also be required and have been included as a line item in the project budget.

4. Recurring Costs

Recurring costs will increase considerably under the project as a result of the increase in the number and types of services provided and the number of beneficiaries reached. To the extent possible, the project has been designed to help offset these increased costs through cost recovery/user fee schemes. An expected EOP condition is that CONAPOFA and PROFAMILIA will be recovering between 15% and 25% of their operating costs. Nevertheless, recurring costs will continue to be a problem as it is with family planning activities all over the world. Continued success of family planning activities in the D.R. will continue to depend on the ability of involved agencies to attract an adequate level of donor support.

It is important to note that PROFAMILIA already has adopted a cost recovery policy and charges a fee for all the services they provide to the public; thus, each element of the PROFAMILIA service delivery program has a cost recovery component. For example, in the case of the Santo Domingo

clinic, PROFAMILIA expects to reach 70-80% of self-sufficiency by the PACD. Through appropriate technical assistance, the project plans to increase the average percentage of self-sufficiency to at least 25% and reach 100% in the major activities of the PROFAMILIA program (i.e., CBD).

On the other hand, CONAPOFA has instituted a fee schedule for only its voluntary surgical contraceptive program. As a government program, CONAPOFA has followed the SESPAS policy of not charging for services; however, there is reason to believe that this policy may be changed by the newly appointed Secretary of Health. A covenant has been included in the Agreement to encourage the application of a fee for service policy.

TABLE 5
SUMMARY FINANCIAL PLAN
By Source and Use (Inputs) of Funds
(In 000's of US\$)

<u>Use (Input) of Funds</u>	<u>Source of Funds</u>			<u>HC*</u>	<u>TOTAL</u>
	<u>A</u>	<u>I</u>	<u>D</u>		
	<u>FX</u>	<u>LC</u>	<u>TOTAL</u>		
Technical Assistance	\$1,897	\$ 303	\$2,200	\$ -	\$2,200
Training	89	247	336	343	679
Commodities	657	250	907	-	907
Budget Support	700	637	1,337	1,357	2,694
Evaluation/Audit	150	-	150	-	150
Contingencies	<u>70</u>	<u>-</u>	<u>70</u>	<u>-</u>	<u>70</u>
TOTALS	<u>\$3,563</u>	<u>\$1,437</u>	<u>\$5,000</u>	<u>\$1,700</u>	<u>\$6,700</u>
PERCENT OF TOTAL			75%	25%	

*) Based upon RD\$2.80 = US\$1.00

TABLE 6

SUMMARY FINANCIAL PLAN
By Project Component
(In 000's of US\$)

<u>Project Component</u>	<u>Source of Funds</u>			<u>HC *</u>	<u>Project</u>
	<u>A</u>	<u>I</u>	<u>D</u>		
	<u>FX</u>	<u>LC</u>	<u>TOTAL</u>		
<u>Expansion of Delivery of Services</u>					
Technical Assistance	\$949	\$151	\$1,100	\$-	\$1,100
Training	1	195	196	343	539
Commodities	572	192	764	-	764
Support Costs	700	218	918	617	1,535
Subtotals	<u>\$2,222</u>	<u>\$756</u>	<u>\$2,978</u>	<u>\$960</u>	<u>\$3,938</u>
<u>Institutional Strengthening</u>					
Technical Assistance	\$949	\$151	\$1,100	\$ -	\$1,100
Training	88	52	140	-	140
Commodities	84	59	143	-	143
Support Costs	-	419	419	740	1,159
Subtotals	<u>\$1,121</u>	<u>\$681</u>	<u>\$1,802</u>	<u>\$740</u>	<u>\$2,542</u>
Evaluation/Audit	<u>\$150</u>	<u>\$ -</u>	<u>\$150</u>	<u>\$ -</u>	<u>\$150</u>
Contingencies	<u>\$ 70</u>	<u>\$ -</u>	<u>\$ 70</u>	<u>\$ -</u>	<u>70</u>
TOTALS	<u>\$3,563</u> =====	<u>\$1,437</u> =====	<u>\$5,000</u> =====	<u>\$1,700</u> =====	<u>6,700</u> =====

* Computed at RD\$2.80 = US\$1.00

TABLE 7
PROJECTED DISBURSEMENTS BY YEAR
(In 000's of US\$)

<u>INPUT</u>	<u>Year 1</u>		<u>Year 2</u>		<u>Year 3</u>		<u>Year 4</u>		<u>Year 5</u>		<u>Total</u>	
	<u>AID</u>	<u>HC*</u>	<u>AID</u>	<u>HC*</u>	<u>AID</u>	<u>HC*</u>	<u>AID</u>	<u>HC*</u>	<u>AID</u>	<u>HC*</u>	<u>AID</u>	<u>HC*</u>
TA	\$413	\$ -	\$442	\$-	\$428	\$ -	\$448	\$ -	\$469	\$ -	\$2,200	\$ -
TRNG	85	42	125	75	64	80	33	80	29	66	336	343
COMMD	619	-	120	-	77	-	49	-	42	-	907	-
BUD SPT	290	296	324	290	321	287	260	286	142	198	1,337	1,357
EVAL/AUD	10	-	8	-	59	-	61	-	12	-	150	-
CONT	<u>20</u>	<u>-</u>	<u>22</u>	<u>-</u>	<u>11</u>	<u>-</u>	<u>9</u>	<u>-</u>	<u>8</u>	<u>-</u>	<u>70</u>	<u>-</u>
TOTALS:	\$1,437	\$338	\$1,041	\$365	\$960	\$367	\$860	\$366	\$702	\$264	\$5,000	\$1,700
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

CUMULATIVE
PERCENT OF TOTAL:

AID	29%	50%	69%	86%	100%
HC	20%	41%	63%	85%	100%

* Computed at RD\$2.80 = US\$1.00

TABLE 8
IMPLEMENTATION AND FINANCING METHODS

<u>Type of Assistance</u>	<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Amount (000's of \$)</u>
<u>Technical Assistance Services</u>			
Project Officer	PSC	Direct Pay	\$ 232
Long and Short-Term TA	Non-Profit Contractor	Direct Pay	<u>1,968</u> <u>\$2,200</u>
<u>Training</u>			
Short-term Participants	S&T/IT Direct	Direct Pay	\$ 65
Observational Study Tours	Non-Profit Contractor	Direct Pay	24
In-country Training	Non-Profit Contractor	Direct Pay	247 <u>\$ 336</u>
<u>Commodities</u>			
Project Assistance-all	Non-Profit Contractor	Direct Pay	<u>\$ 907</u>
<u>Budget Support</u>			
AVSC-Dollar Cost	Direct PIO/T Buy-In	Direct Pay	\$ 700
Local	Implementing Agencies	Direct Pay	<u>\$ 637</u> <u>\$1,337</u>
<u>Evaluation/Audit</u>			
Mid-project and Final	Non-Profit/Profit Contractor	Direct Pay	<u>\$ 150</u>
<u>Contingencies</u>			
Various	Various	Various	<u>\$ 70</u>
TOTAL AID CONTRIBUTION			<u>\$5,000</u> =====

E. Economic Analysis

The project is economically viable if the expected economic benefits are greater than the costs of implementing the project. The analysis does not analyze all benefits and costs, but presents sufficient detail to demonstrate economic viability.

1. Macro-Economic Context

The Dominican Republic is characterized by high structural unemployment of unskilled labor. In recent years, new entrants to the labor force have been much more numerous than the capacity of the economy to efficiently absorb them. Per capita income declined by 4% in 1985, and is expected to decline an additional 2-3% in 1986. Unemployment in 1986 is expected to average some 28% of the labor force, compared to an average 26.8% in 1985.

Indicative of the gravity of the problem is the prospect that the labor force will grow at an average annual 3-3.2% over the next 15 years, even if total population growth were reduced to zero for each year of the period. Assuming no change in productivity, GDP will need to double in order to absorb enough new workers to reduce unemployment to 10% of the labor force by 2001. A medium-term target of 20% unemployment by 1991 will require sustained average annual GDP growth of more than 5%. A targeted unemployment rate of 15% will require annual GDP growth of the order of 6.5%.

The overall dependency ratio is, at present, about 0.75; that is, every employed worker supports three persons who do not work. Reducing unemployment to 10% of the labor force would result in lowering the dependency ratio to a still high 0.69. Children under age 15 constitute 42% of the total population and 56% of total dependents.

High rates of population growth and high dependency ratios are burdensome and constrain the ability of the economy to grow and improve per capita consumption levels and the overall quality of life. The present size and rate of growth of the population and labor force are larger than can be efficiently accommodated by currently feasible combinations of labor and other factors of production.

Gross domestic investment fell to 18% of GDP in 1985, roughly equivalent to replacement investment. Achievement of even a modest 5% average annual GDP growth rate will require at least a return to the investment levels of 1979-1981, when gross domestic investment averaged 25% of GDP. Lower population growth can contribute to this objective by freeing resources for more immediately productive investment, including targeted improvements in the existing stock of human capital.

2. Project Output and Costs

The high dependency ratio of the population can be reduced by increased absorption of job seekers into the employed labor force, and by

reducing the total fertility rate so as to reduce the high child dependency ratio. The principal output of this project is births averted as a result of contraceptive protection.

Life of project costs are expected to total \$6.7 million, of which AID's contribution is \$5.0 million. The cost of project components and funding sources are detailed in the Financial Analysis.

The life of project is estimated to be about five years, from end-1986 to end-1991. Yearly cost outlays are expected to be as follows:

	1987	1988	1989	1990	1991	Total
Outlay	\$1,775	1,406	1,327	1,176	1,016	6,700
AID Comp.	1,437	1,041	960	810	752	5,000

Current contraceptive distribution is expected to continue over the life of the project, and reach 600,000 users by 1991. An additional 300,000 users are expected to be reached as the direct result of implementation of this project, resulting in a total fertility rate of TFR=3.04, compared to a forecast TFR = 3.45 without the project.)

The total number of births averted over the five-year life of the project would then be 83,880, at an average cost of \$80.00. AID's contribution per birth averted amounts to \$60.00. The expected yearly distribution of births averted over the life of the project is as follows:

	1986	1987	1988	1989	1990	1991	Total
Births							
Averted	4,280	8,270	12,425	16,755	20,560	21,590	83,880

3. Illustrative Cost Effectiveness Analysis

The project is cost effective if the only benefit is the savings in pre-natal and delivery costs. Substantial additional savings will accrue from reduced future demand for government health, education, and welfare services. The bulk of these savings will occur after the project has ended.

The near-term reduction in the dependency ratio has direct consequences for higher personal consumption, frees resources for immediately productive capital investment, and accelerates GDP growth. This analysis will investigate the macro-economic benefits of averting 83,880 births over the life of the project in terms of increased per capita income growth, increased consumption, investment, and GDP.

Consumption Savings

The magnitude of actual consumption savings will depend on sizes of family and family incomes of the targeted user population. This information is not available. Total final consumption per capita in 1985 has been estimated at \$703. Young children will typically require significantly less expenditure for consumption than adults, and additional children in large families less than additional children in small families. For purposes of this illustrative analysis, 43% of per capita consumption has been assumed as the marginal cost of consumption of a typical child in families targeted by the project.

These consumption savings are equivalent to increased real income to affected families, compared to such families' expected situation without the project, and so can be treated as available for use just as income from any other source, namely for consumption and savings. The national income accounts suggest that the aggregate marginal propensity to consume is of the order of 90% of aggregate income. Accordingly, it is assumed that 90% of consumption savings from births averted will, in fact, be used for increased consumption by affected families, and 10% will be saved. These savings will be available for increased capital investment. The following table indicates the expected level of annual consumption savings from births averted and the final use of these savings.

ANNUAL CONSUMPTION SAVINGS AND USES

(Thousands of US\$)

Year	Consumption Savings	U S E S	
		Increased Personal Consumption	Investment
1986	501	451	50
1987	1,972	1,775	197
1988	4,397	3,957	440
1989	7,816	7,035	781
1990	12,188	10,969	1,219
1991	17,126	15,413	1,713
TOTAL	44,000	39,600	4,400

Although the project will obtain a permanent reduction in the total fertility rate, this analysis does not consider the permanent future impact of the project other than future investment and increases in GDP resulting from consumption savings actually realized during the limited life of the project. With no further births averted than the 83,880 that will

occur during the life of the project, annual consumption savings for each of the subsequent ten years are estimated at \$19,655,000, of which \$17,690,000 will be used for increased personal consumption, and \$1,965,000 will be invested.

Per Capita Income Gain

An alternative way of calculating the macro-economic impact of the project is to measure the difference in per capita income growth rates with and without the project. The results for future increased personal consumption and investment are similar.

The per capita income growth rate can be calculated as:

$$y = 1 - \frac{1 + y}{1 + p}$$

Where y is the per capita income growth rate, y is the total income growth rate, and p is the population growth rate. If the total income growth rate is constrained to $y = 0$, then the change in per capita income reduces to

$$y = 1 - \frac{1}{1 + p}$$

The difference between per capita income growth rates, with the project and without the project, multiplied by the 1985 per capita income of \$774 yields a gain analogous to the consumption savings presented above, when both are aggregated.

Impact on GDP and Employment

The investment that occurs from consumption savings from births averted, which is the source of per capita income gains, will generate output and employment that would not otherwise occur.

Assuming an incremental capital output ratio of $ICOR = 7$, and limiting the life of the average investment project to 10 years, or the year 2001, whichever is smaller, the following table indicates approximate values for annual investment, additions to GDP, and new employment resulting only from the gains realized during the limited life of project period.

INVESTMENT, OUTPUT, AND EMPLOYMENT GAINS

(Thousands of US\$)

Year	CONSUMPTION SAVINGS METHODOLOGY			PER CAPITA INCOME GAIN METHODOLOGY		
	Investment	Output	Additional Employment (No. Persons)	Investment	Output	Additional Employment (No. Persons)
1986	50	-	-	33	-	-
1987	198	7	1	102	5	1
1988	444	35	3	374	19	1
1989	791	98	7	767	72	6
1990	1,240	211	13	1,240	182	14
1991	1,751	389	20	1,854	361	19
SUB- TOTAL	4,474	740	44	4,370	639	41
1992- 2001	606	6,051	32	609	6,059	34
TOTAL	5,080	6,791	76	4,979	6,698	75

NOTE: Dollar values are constant 1985 dollars.

Discounting the stream of output values by 14% (reciprocal of ICOR = 7) yields a present value of additional output of \$1.81 million using the consumption savings methodology and \$1.74 million using the per capita income gain methodology. It should be noted that these values are a small proportion of actual expected macro-economic benefits to be expected from the project, since no account is taken of any births averted after 1991, nor have the consumption savings or per capita income gains from births averted during the life of the project that occur after 1991 been included.

(12) ACTION: AID-9
 INFO: AMB DCM AC CHRON
 VZCZCDG0895
 OO RUEHDC
 DE RUEHC #9761 1090009
 ZNR UUUUU 7ZH
 O 190009Z APR 86
 FM SECSTATE WASHDC
 TO AMEMBASSY SANTO DOMINGO IMMEDIATE 0995
 BT
 UNCLAS STATE 119761

LOC: 040 474
 19 APR 86 0010
 CN: 09227
 CHR3: AID
 DIST: AID

CHRON COPY

ACTION:	
HPD	
D. Tr. Due	
DIR	==
DD	==
PDO	==
PRG	==
CON	==
MGT	==
HRO	==
HPO	==
PSO	==
AID	==
CHRON	==
RF	==

AIDAC

E.O. 12356: N/A
 TAGS:

SUBJECT: FAMILY PLANNING SERVICES PID 517-0229

REF.: (A) 1985 STATE 170954, B) SANTO DOMINGO 4307

1. AID/W APPRECIATES MISSION'S CABLE, REF. B, REQUESTING REVIEW AND APPROVAL OF THREE ELEMENTS OF THE FAMILY PLANNING SERVICES PID PREVIOUSLY IDENTIFIED IN REF. A AS NEEDING AID/W CLEARANCE.

2. SUMMARY DISCUSSION GIVEN IN REF. A OF PORTIONS OF THE PID DEALING WITH VOLUNTARY STERILIZATION, EXPECTED NUMBER OF BENEFICIARIES AND BASIS FOR THAT NUMBER AS WELL AS POLICY ISSUES, ALLOW AID/W TO APPROVE THOSE THREE ELEMENTS, THUS ENABLING THE MISSION DIRECTOR TO GO AHEAD WITH A FINAL REVIEW OF THE PID. HOWEVER, IT IS IMPORTANT THAT THE PID CLEARLY STATES THAT THE MISSION SUPPORTS BUT DOES NOT IMPOSE NATIONAL POPULATION GOALS.

THE PP SHOULD MAKE CLEAR THAT AID'S OBJECTIVE FOR THE FUTURE IN POPULATION IS STATED IN TERMS OF ACC SS

TO VOLUNTARY FAMILY PLANNING SERVICES BY XX PERCENT OF COUPLES BY 1990. THE MEASURE OF ACCESS TO FAMILY PLANNING SERVICES IS PERCENTAGE INCREASE IN CONTRACEPTIVE PREVALENCE. THE PROJECT LEVEL DATA USED BY THE MISSION CAN BE DERIVED FROM ONGOING DOMINICAN REPUBLIC JOINT PUBLIC-PRIVATE SECTOR EFFORTS TO QUANTIFY THEIR NATIONAL SERVICE DELIVERY STRATEGY.

3. REGARDING MISSION'S CONCERN OVER CONTINUED SUPPORT FROM CENTRALLY-FUNDED PROJECTS, LAC/DR/P WILL SEEK AND TRY TO ENSURE THAT SUFFICIENT LEVEL OF CENTRAL RESOURCES ARE ALLOCATED THROUGH THE LIFE OF THE PROJECT. SPIERS

BT #9761

NNNN

(12) ACTION: AID-3
 INFO: AMB DCM AC CHRON
 VZCZCDG0895
 OO RUEHDG
 DE RUEHC #9761 1090009
 ZNR UUUUU ZZH
 O 190008Z APR 86
 FM SECSTATE WASHDC
 TO AMEMBASSY SANTO DOMINGO IMMEDIATE 0995
 BT
 UNCLAS STATE 119761

LOC: 040 474
 19 APR 86 0010
 CN: 09227
 CHR3: AID
 DIST: AID

CHRON COPY

ACTION: HPD	
DATE DUE	
DIR	///
DD	///
PDO	///
PRG	///
CON	///
MGT	///
HRO	///
HPO	///
PSO	///
AID	///
CHRON	///
RF	///

AIDAC

F.O. 12356: N/A

TAGS:

SUBJECT: FAMILY PLANNING SERVICES PID 517-0229

REF.: (A) 1985 STATE 170954, B) SANTO DOMINGO 4307

1. AID/W APPRECIATES MISSION'S CABLE, REF. B, REQUESTING REVIEW AND APPROVAL OF THREE ELEMENTS OF THE FAMILY PLANNING SERVICES PID PREVIOUSLY IDENTIFIED IN REF. A AS NEEDING AID/W CLEARANCE.

2. SUMMARY DISCUSSION GIVEN IN REF. A OF PORTIONS OF THE PID DEALING WITH VOLUNTARY STERILIZATION, EXPECTED NUMBER OF BENEFICIARIES AND BASIS FOR THAT NUMBER AS WELL AS POLICY ISSUES, ALLOW AID/W TO APPROVE THOSE THREE ELEMENTS, THUS ENABLING THE MISSION DIRECTOR TO GO AHEAD WITH A FINAL REVIEW OF THE PID. HOWEVER, IT IS IMPORTANT THAT THE PID CLEARLY STATES THAT THE MISSION SUPPORTS BUT DOES NOT IMPOSE NATIONAL POPULATION GOALS.

THE PP SHOULD MAKE CLEAR THAT AID'S OBJECTIVE FOR THE FUTURE IN POPULATION IS STATED IN TERMS OF ACCESS

TO VOLUNTARY FAMILY PLANNING SERVICES BY XX PERCENT OF COUPLES BY 1990. THE MEASURE OF ACCESS TO FAMILY PLANNING SERVICES IS PERCENTAGE INCREASE IN CONTRACEPTIVE PREVALENCE. THE PROJECT LEVEL DATA USED BY THE MISSION CAN BE DERIVED FROM ONGOING DOMINICAN REPUBLIC JOINT PUBLIC-PRIVATE SECTOR EFFORTS TO QUANTIFY THEIR NATIONAL SERVICE DELIVERY STRATEGY.

3. REGARDING MISSION'S CONCERN OVER CONTINUED SUPPORT FROM CENTRALLY-FUNDED PROJECTS, IAC/DR/P WILL SEEK AND TRY TO ENSURE THAT SUFFICIENT LEVEL OF CENTRAL RESOURCES ARE ALLOCATED THROUGH THE LIFE OF THE PROJECT. SPIERS

BT
 #9761

NNNN

45

LOG FRAME MATRIX

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>Program or Sector Goal:</u>	(Measures of goal achievement)		(For achieving goal targets)
<p>- To promote economic development, improve maternal and child health, and increase opportunities for women, the project will contribute to the GODRs goal of reducing the population's rate of natural increase from 2.5% in 1985 to 1.3% by the year 2000.</p>	<p>(1) Birth rate from 32 per 1000 in 1985 to 18.6 per 1000 by the year 2000.</p> <p>(2) Death rate from 7 per 1000 in 1985 to 5.5 per 1000 by the year 2000.</p> <p>(3) Total fertility rate from 3.97 to 2.1 by the year 2000.</p>	<p>(1) Census.</p> <p>(2) Contraceptive prevalence surveys and other national statistics.</p>	<p>(1) GODR continues to support voluntary family planning.</p> <p>(2) Continuation of domestic stability.</p> <p>(3) Continued economic development in the DR.</p> <p>(4) National disasters do not affect population program.</p>
<p><u>Project Purpose:</u></p>	(E O P S)		(For achieving purpose)
<p>-To improve and expand the NFPP over the next five years in order to meet the demand for voluntary family planning services by low-income persons and couples.</p>	<p>(1) To double the coverage of the NFPP from about 300,000 women (19% of WRA) in 1985 to about 600,000 (33%) by 1991.</p>	<p>(1) Contraceptive prevalence surveys.</p> <p>(2) Service statistics.</p>	<p>(1) PROFAMILIA continues taking steps toward self-sufficiency.</p> <p>(2) CONAPOFA amenable to increased cost/efficiency.</p> <p>(3) Other fertility determinants continue to play a positive role.</p> <p>(4) Other international donors continue to support FP activities in DR.</p> <p>(5) No successful attacks to FP program from Roman Catholic church and/or political opposition.</p>

Outputs:

(For achieving outputs).

- | | | | |
|---|--|---|--|
| (1) Strengthened network of CONAPOFA clinics in marginal neighborhoods of major urban centers. | (1) 500 CONAPOFA/SESPAS clinical facilities operating efficiently throughout the country. | (1) GODR/PROFAMILIA records and budgets. | (1) Continued collaboration between CONAPOFA and PROFAMILIA. |
| (2) Network of private urban clinics and/or physicians under PROFAMILIA contract and supervision. | (2) 100 private clinics and/or physicians in cities under PROFAMILIA contract and supervision. | (2) Service statistics. | (2) Private clinics and physicians willing to offer family planning. |
| (3) All male PROFAMILIA clinics in major urban centers. | (3) 2 all male PROFAMILIA clinics in Santo Domingo and Santiago. | (3) Field observation. | (3) ONAPLAN interested in integration of demographic data and analyses into socio-economic planning. |
| (4) Strengthened rural CONAPOFA/SESPAS CBD network. | (4) CONAPOFA/SESPAS CBD network of 5,500 trained promoters operating throughout rural areas. | (4) Process and summative evaluations. | |
| (5) Expanded urban/rural PROFAMILIA CBD network. | (5) PROFAMILIA CBD network of 530 trained promoters operating throughout the country. | (5) Produced training materials. | |
| (6) Collection of user fees to cover operating costs. | | (6) Produced inf/educ. materials. | |
| (7) Training of CONAPOFA/PROFAMILIA staffs (contraceptive services, management, information and education, evaluation...). | (7) Providers recuperating between 15 and 25% of operating costs from user fees. | (7) Records of inf./education activities carried out. | |
| (8) Systematic, high-quality family planning information and motivation activities through mass media by CONAPOFA and PROFAMILIA. | | (8) Content analysis of press coverage given to family planning and population. | |
| | | (9) IEPD publications. | |
| | | (10) Records of dissemination activities carried out among leaders. | |
| | | (11) ONAPLAN documents and publications. | |

47

- | | |
|---|--|
| (9) IEPD population/development analyses and dissemination of information to national leadership. | (7) CONAPOFA/PROFAMILIA staffs trained (contraceptive services, management, information and education, evaluation...). |
| (10) Strengthening of population analysis capability in ONAPLAN. | (8) Information and education activities through mass media (TV, radio, press) by CONAPOFA and PROFAMILIA. |
| | (9) Analyses produced and dissemination activities among leaders conducted by IEPD. |
| | (10) Analyses and policy papers produced by ONAPLAN. |

Inputs:

- (1) USAID/DR funding:
- a. Technical assistance.
 - b. Commodities.
 - d. Studies and research.
 - e. Support to Family Planning programs and services.
- (2) Counterpart funding (GODR/PROFAMILIA).

(Type and Quantity)

- (1) AID budget: US\$5,000,000.
- (2) Counterpart budget (GODR/PROFAMILIA): US\$1,700,000.

(For providing inputs)

- (1) Funds available from AID.
- (2) Continued GODR/PROFAMILIA/ support and complementary assistance by AID intermediary agencies.

- Grant Agreement

~~Drafted by:
HPD:Montega:fg
8/26/86 - ID-0715H~~

5(C) PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only:
B.1. applies to all projects funded with Development Assistance loans, and
B.3. applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 1986 Continuing Resolution Sec. 525; FAA Sec. 634A.

A Congressional Notification was submitted on 06/06/86 per SD 7377

Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

N/A

4. FAA Sec. 611(b); FY 1986 N/A
Continuing Resolution Sec.
501. If for water or
water-related land resource
construction, has project met
the principles, standards, and
procedures established pursuant
to the Water Resources Planning
Act (42 U.S.C. 1962, et seq.)?
(See AID Handbook 3 for new
guidelines.)
5. FAA Sec. 611(e). If project is N/A
capital assistance (e.g.,
construction), and all U.S.
assistance for it will exceed
\$1 million, has Mission
Director certified and Regional
Assistant Administrator taken
into consideration the
country's capability
effectively to maintain and
utilize the project?
6. FAA Sec. 209. Is project N/A
susceptible to execution as
part of regional or
multilateral project? If so,
why is project not so
executed? Information and
conclusion whether assistance
will encourage regional
development programs.
7. FAA Sec. 601(a). Information N/A
and conclusions whether
projects will encourage efforts
of the country to: (a) increase
the flow of international
trade; (b) foster private
initiative and competition; and
(c) encourage development and
use of cooperatives, and credit
unions, and savings and loan
associations; (d) discourage
monopolistic practices; (e)
improve technical efficiency of
industry, agriculture and
commerce; and (f) strengthen
free labor unions.

8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprises).
- The project will encourage private US participation by US based PVOs and family planning agencies in the implementation of project activities.
9. FAA Sec. 612(b), 636(h); FY 1986 Continuing Resolution Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.
- The country is contributing 25% of total project costs.
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?
- No
11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?
- Yes
12. FY 1986 Continuing Resolution Sec. 522. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?
- N/A

13. FAA 118(c) and (d). Does the project comply with the environmental procedures set forth in AID Regulation 16? Does the project or program take into consideration the problem of the destruction of tropical forests? Yes
14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)? N/A
15. FY 1986 Continuing Resolution Sec. 536. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution? No
16. ISDCA of 1986 Sec. 310. For development assistance projects, how much of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)? A competitively selected contractor, which could be a private voluntary organization, will provide technical assistance to the implementing agencies. The control of such PVO or private contractor cannot be determined at this time, but participation by socially disadvantaged enterprises on a sub-contracting basis will be encouraged.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance project Criteria
- a. FAA Sec. 102(a), 111, 113, 281(a). Extent to which activity will (a)

effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; (e) utilize and encourage regional cooperation by developing countries?

- b. FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used?
- c. FAA Sec. 107. Is emphasis on use of appropriate technology (relatively smaller, cost-saving,

The project is designed to assist the National Family Planning Program in improving and expanding family planning services in both rural and urban areas. The beneficiaries are the poor, who will also receive improved health services. The project will be implemented by the National Council of Family Planning, a government agency, and by a private, non profit organization, PROFAMILIA. Women will be the primary beneficiaries. By planning their families and spacing births, women's health will be safeguarded and the women will be able to become more productive citizens and help in the nation's economic development.

Yes. Section 104(b)

N/A

labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

- d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a relatively least developed country)? Yes
- e. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth? Yes
- f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority? Yes
- g. FAA Sec. 381(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people Both CONAPOFA and PROFAMILIA are national institutions staffed by Dominicans and are receiving assistance and training from US and other international assistance organizations.

of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

2. Development Assistance Project
Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan, at a reasonable rate of interest. N/A

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan? N/A

3. Economic Support Fund Project
Criteria N/A

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of part I of the FAA?

b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities?

- c. ISDCA of 1985 Sec. 207. Will ESF funds be used to finance the construction of, or the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified that such country is a party to the Treaty on the Non-Proliferation of Nuclear Weapons or the Treaty for the Prohibition of Nuclear Weapons in Latin America (in the "Treaty of Tlatelolco"), cooperates fully with the IAEA, and pursues nonproliferation policies consistent with those of the United States?
- d. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

depo/7/23/86
M. Castañeda



Asociación Dominicana Pro Bienestar de la Familia, Inc.

FUNDADA EL 14 DE MARZO DE 1966

Socorro Sánchez No. 64 • Zona 1 • Apartado Postal 1053 • Santo Domingo, D.N.,
República Dominicana • Cable: DOMBIEFA • Teléfonos: 682-9611 y 689-2723

RECEIVED

ACTIONS	
HPO	
DATE DUE	
—	
DIR	
DD	
PDO	
PRG	
CON	—
MGT	
HRO	
HPO	
PSO	
ARD	
CHRON	—

22 de julio de 1986

0440

Sr. Henry Bassford
Director US AID
Misión para República Dominicana
César Nicolás Penson
Ciudad.-

Estimado Sr. Bassford:

Por la presente queremos expresar nuestro interés en el proyecto "APOYO A LA EXPANSION DE LOS SERVICIOS DE PLANIFICACION FAMILIAR EN REPUBLICA DOMINICANA 1986-1991", ya que entendemos que contribuirá a mejorar el conocimiento, la aceptabilidad y el uso de la planificación familiar en la República Dominicana; así como también dar a conocer la relación que existe entre población y los diversos componentes del desarrollo socio-económico.

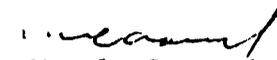
Con esta perspectiva, la ayuda que la Agencia Internacional para el Desarrollo dará a las agencias locales, será de gran valor para el Mejoramiento del Programa Nacional de Planificación Familiar, permitiendo que el mismo pueda cumplir con las metas y objetivos propuestos desde su fundación.

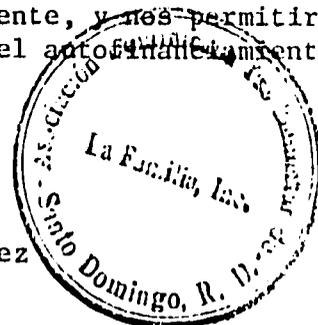
La necesidad y conveniencia de este proyecto quedó claramente evidenciada en el "Seminario Taller para el Proyecto de Expansión de Servicios de Planificación Familiar en República Dominicana 1986-1991", que se celebró el 24 y 25 de abril de este año en el Hotel Lina de esta ciudad, con la coordinación directa de AID /CONAPOFA/PROFAMILIA, y que contó con la participación de agencias locales e internacionales.

En el mismo se analizó detenidamente la lista de acciones específicas que se realizarían, y se solicitó asesoría técnica a las agencias internacionales.

En el caso específico de PROFAMILIA, este proyecto contribuirá a mejorar su capacitación gerencial, hacerla una empresa más eficiente, y nos permitirá empezar a cumplir las pautas que nos hemos trazado para el auto-financiamiento de los programas, meta a la cual aspiramos.

Atentamente,


Lic. Magaly Caram de Alvarez
Directora Ejecutiva



MCA/gac

51

- 7/23

Secretariado Técnico de la Presidencia
Oficina Nacional de Planificación

Santo Domingo, D. N.

0517

" AÑO INTERNACIONAL DE LA PAZ. " JUL. 1986

Señor
Henry Bassford
Director Agencia Internacional
para el Desarrollo (AID)
Ciudad.

Distinguido señor Bassford:

Cortésmente, le manifestamos nuestro interés de recibir apoyo financiero y técnico de esa Agencia Internacional de Desarrollo (AID) para contribuir a desarrollar la labor de la Unidad de Población que desde noviembre de 1984 funciona en esta Oficina Nacional de Planificación (ONAPLAN). Esta solicitud la hacemos al tenor de las conversaciones sostenidas con el Dr. Lee Hougen de la División de Salud y Población de esa MISION por la Lic. Ana Teresa Oliver, Encargada de la División de Planificación Social de esta ONAPLAN. En dichas conversaciones se puntualizó que dicho apoyo financiero se aplicará dentro del "Proyecto de 5 años de apoyo a la expansión de los servicios de Planificación Familiar de República Dominicana" No. 517-0229.

Atentamente

[Signature]
ng. Tomasina Cabral de Del Rosario
DIRECTORA

ACTION:	
HPD	
DATE DUE	
7-30-86	
DIR	—
DD	—
PDO	—
PRG	—
CON	—
MGT	—
HRO	—
HPO	—
PSO	—
AID	—
CHKON	—

M. Ortega, H/D
03/10/86
P.M.



SECRETARIA DE ESTADO DE SALUD PUBLICA Y ASISTENCIA SOCIAL
CONSEJO NACIONAL DE POBLACION Y FAMILIA

APARTADO POSTAL 1803 - SANTO DOMINGO, R. D.

CNPF # 000575

Señor
Henry H. Bassford
Director,
USAID/Rep. Dom.
Su Despacho
Ciudad.-

Distinguido Sr. Bassford:

El Consejo Nacional de Población y Familia (CONAPOFA) se siente muy complacido e interesado en que se desarrolle el Proyecto de apoyo a la Expansión de los Servicios de Planificación Familiar en República Dominicana, 1986-1991, en beneficio de la familia dominicana, para lo cual le solicitamos asistencia técnica y financiera.

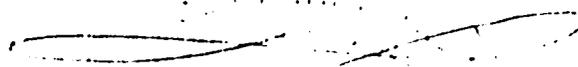
Le expresamos nuestra satisfacción por la decisión tomada por la Agencia Internacional para el Desarrollo de intensificar su ayuda al Programa Nacional de Planificación Familiar, mediante el citado Proyecto y consideramos que el mismo constituirá una ayuda sustancial al Programa Nacional, para que éste pueda cumplir con sus metas en bien del país.

En el Taller para el Apoyo del Proyecto de Expansión de los Servicios de Planificación Familiar, celebrado del 24 al 25 de abril de los corrientes, presentamos a la Agencia Internacional para el Desarrollo un listado de propuestas y actividades específicas, para las cuales deseamos recibir el apoyo del Proyecto.

Finalmente, le reiteramos que CONAPOFA está en la mejor disposición de colaborar para que se logren los objetivos del Proyecto, mediante el cumplimiento de las condiciones y obligaciones de contrapartida que se estipularán en el mismo.

Con sentimientos de consideración y estima, le saluda,

Atentamente,


Dr. Ramón Portes Carrasco
Secretario Ejecutivo

RPC/rb

ACTION:	
HPD	
DATE DUE	
7-25-86	
DIR	—
DD	—
PDO	—
PRG	—
CON	—
MGT	—
HRD	—
HPO	—
PSD	—
AFD	—
CHKON	—

(Excerpts from)

CONSULTANTS' REPORT

An Institutional Analysis
of
PROFAMILIA and CONAPOFA

Prepared by

Darryl N. Pedersen

and

David F. Skipp

For

The United States Agency for International Development

(USAID/DR)

February, 1986

PROFAMILIA
Summary of Conclusions and Recommendations

Several recommendations in this section do not appear in previous sections of the report: a recommendation, for example, for new office space for the additional administrative personnel required to support an expanded program did not fit neatly into any previous section. Furthermore, several recommendations that do appear earlier overlap with others. Microcomputer systems, for example, were recommended separately in the sections on logistics, management information and accounting; implementation would suggest the installation of a single, integrated multi-user system. For these reasons, the recommendations in the previous sections of the report should be viewed only as background for and the recommendations in this section

PROFAMILIA is a well-run institution. Personnel are highly qualified, motivated and dedicated. The management systems and administrative procedures already in place have served them well in the past and form a solid basis for expansion. The recommendations in this section build on those strengths.

1. PROFAMILIA's decision to adopt the cost per couple-year of protection measure (C/CYP) should be supported. At a minimum, the C/CYP should be calculated globally for the entire institution. It may also be desirable to disaggregate the C/CYP by program, project, funding source, geographical area and/or method. Training and technical assistance will be required to determine the appropriate level of disaggregation, to identify additional data collection and analysis requirements, to modify the existing management information system accordingly, and to train management personnel in the use of the information.
2. An expandable, multiuser, micro- or mini-computer system that supports the MS-DOS and Unix or Xenix operating systems should be purchased and installed to support the new, integrated management information system. The volume of accounting transactions alone justifies the purchase and installation of such a system. Technical assistance will be required to assist in the selection of an appropriate system, in the customization and installation of applications software, and in the training of computer operators.
3. PROFAMILIA's recognition of the need to reorganize their administrative and supervisory structures should be supported, particularly with regard to inserting another level of management. Technical assistance will be required to complete the revision of job descriptions, to oversee the transition, and to provide an orientation to all administrative and supervisory personnel regarding the new structure and the changes in procedures and in their roles and responsibilities that will result.
4. The additional administrative staff needed to support an

expanded program will require more office space at PROFAMILIA headquarters.

5. A larger, single, central warehouse that meets the temperature, humidity, ventilation and security requirements for such storage facilities is recommended.

6. The hiring and training of additional service-delivery and administrative support personnel, including training staff, will be required to expand the program.

7. Overhead rates should be determined each year for the previous year and provisional rates established for the current year.

8. International donors should be encouraged to:

- o review PROFAMILIA's accounting system with a view towards eliminating requirements to maintain separate checking accounts;

- o consider the effects of recurring delays in payments to PROFAMILIA and to revise their revolving advance levels accordingly;

- o consider participating in a single, annual consolidate audit; and

- o recognize a proportionate share of PROFAMILIA's overhead expenses.

9. In preparation for modifications to PROFAMILIA's management information system, PROFAMILIA's desire to provide training to key personnel in Project Management Systems, including management by objectives and management information systems, should be supported. Following the implementation of changes in the MIS, management should be trained to make better use of the information generated for planning and replanning purposes, not only at the project level, but at the institutional level as well. Is PROFAMILIA greater than the sum its parts? Where is the institution now? Where has it been? and where is it going?

10. Technical assistance is recommended to determine proper pricing levels for commodities and services and to further develop cost-recovery strategies designed to increase PROFAMILIA's level of self-sufficiency.

PROFAMILIA
Special Concerns

Several concerns regarding the proposed AID/DR-supported expansion were expressed in conversations with PROFAMILIA management and are presented below. These concerns should be viewed as additional evidence of the strength of PROFAMILIA management. Consideration of and sensitivity to these concerns will further strengthen not only the proposed project, but the institution as a whole.

1. Technical assistance and training should be accompanied by follow-up. PROFAMILIA has benefited greatly from the technical assistance and training they have received in the past. On the other hand, they do not have the resources needed to implement many of the recommendations contained in this report (or in the many other studies that have been undertaken) without external support. Follow-up, as defined by PROFAMILIA management, means more than coming back at some point in time in the future, after technical assistance and/or training have been provided, to see if the recommendations have been properly implemented; it means continuing to work together with PROFAMILIA staff, shoulder to shoulder, to actually implement the recommendations.
2. Technical assistance and training with regard to management of service delivery activities in general should be directed towards strengthening PROFAMILIA as an institution--not merely any single project.
3. The need to restructure the organization administratively, of which the insertion of another level of management is but one feature, is a high-priority item for PROFAMILIA, with or without the proposed project. PROFAMILIA fears that the administrative structure is very vulnerable at present and that such changes will be necessary, with or without the proposed expansion.
4. The additional office space that will be needed by new administrative personnel to support an expanded program is not available at PROFAMILIA's present location. A move to a larger location will be sought.
5. PROFAMILIA has become increasingly more concerned about finding ways to continue their activities after external donor support ends. To that end, they have sought to increase their level of self-sufficiency by (1) experimenting with a number of income generating and cost-recovery activities, and (2) seeking support from a variety of donors. To the extent to which the proposed expansion contributes to their ability to continue after funding ends, the better; for PROFAMILIA management, the converse is also true.

CONAPOFA
Summary of Conclusions and Recommendations

CONAPOFA personnel are highly qualified, motivated and dedicated, as are their counterparts in PROFAMILIA; in fact, many of the people not working at PROFAMILIA worked previously at CONAPOFA. There are important differences between the two organizations, however. PROFAMILIA has received and benefited from great deal of technical assistance and training--particularly in management; CONAPOFA has received very little. With the same "care and feeding" that PROFAMILIA has received, CONAPOFA management can also be strengthened. A summary of the recommendations from earlier sections appear below.

1. Personnel Management

1.1 Additional administrative and supervisory personnel will be required to support an expanded program.

1.2 Technical assistance is recommended to revise CONAPOFA's administrative structure, paying particular attention to the delegation of authority and responsibility. Job descriptions should also be revised accordingly, and the grade/step salary schedule updated and used.

1.3 A evaluation schedule should be established and used regularly to evaluate employee performance.

2. Training

2.1 More CONAPOFA trainers will be required to increase the number of trained community-based Promoters.

2.2 The training curriculum should be revised such that Promoters are better able to recognize adverse side effects and identify contraindications for pill users. Only those pill users with contraindications and adverse side effects should be referred to clinics for physical examinations. Furthermore, sexually active "young adults" should not be discouraged from using the pill.

3. Logistics

3.1 Technical assistance and training will be required to extend adequate controls from the regional office level to all storage and distribution points within the system. Closer, on-site verification of reported data must take place, and independent physical inventory counts undertaken periodically. SESFAS personnel will also require training in how to record and report data under the new system.

3.2 CONAPOFA's desire to assume responsibility for distribution of all SESPAS MCH-related commodities should be supported, provided that SESPAS provides the resources required.

3.3 Logistics data should be integrated into CONAPOFA's management information system.

3.4 A microcomputer should be provided to store and analyze commodity-related data and to prepare periodic reports on commodities in the pipeline and on-hand at all storage and distribution points, and the numbers and types of commodities distributed to users.

4. Management Information System

4.1 CONAPOFA should be encouraged to adopt the cost per couple-year of protection (C/CYP) for monitoring progress and measuring results. Particular attention should be given to generating information for comparative purposes--by program, project, funding source, geographical area and method.

4.2 Technical assistance will be required to redesign the data base and to train CONAPOFA and SESPAS personnel to properly record and report the data. In so doing, family planning user statistics should be recorded separately, apart from clinical histories.

4.3 CONAPOFA management should be trained to use the information generated by the MIS for planning and replanning purposes, and for better allocation of resources, i.e., not just for comparing actual vs. planned performance.

5. Financial Management:

5.1 CONAPOFA's desire should be supported for an independent auditor to review their current accounting system, including the financial controls now in place.

5.2 Revisions should be made in the accounting system to permit calculating the cost per couple-year of protection.

5.3 The volume of accounting transactions justifies the purchase and installation of a microcomputer equipped with appropriate software and peripherals and is recommended.

5.4 Additional accounting personnel are required.

ANNEX 6

INVENTORY OF CURRENT POPULATION PROJECTS AND ACTIVITIES IN THE DOMINICAN REPUBLIC, FUNDED BY USAID/DR, AID/W AND OTHER DONORS

(March, 1986)

A) USAID/DR funded project/activities:

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u>	<u>RECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(1) Institute for Population and Development Studies (IEPD)	Institutional grant to enable PROFAMILIA's IEPD to conduct research and analyses on the interrelationship between population and socioeconomic development and to disseminate that information to DR national leadership.	517-0161	PROFAMILIA	2/17/82 to 4/30/86	407.0 (OPG)
(2) Evening Family Planning Services	Grant to enable comprehensive family planning services to be offered between 5 and 9:30 p.m. in 3 major CONAPOFA/SESPAS health centers in Santo Domingo, for working women without access to normal operating hours of SESPAS health care facilities.	517-0224	CONAPOFA	10/1/84 to 4/30/86	30.7 (PD&S grant)

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u>	<u>RECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(3) Pilot Project for Expansion of Family Planning Services	This project consists of the following components: (a) publishing of the proceedings of the 1983 Conference on Population and Society; (b) a national survey on attitudes of the general public and leaders toward family planning; (c) training of about 1,500 CBD rural promoters; (d) remodelling of surgical area of N. Sra. de la Altagracia Maternity Hospital; (e) three new family planning clinics in marginal neighborhoods in Santo Domingo.	517-0000	CONAPOFA	9/1/85 to 8/31/86	115.0 (PD&S grant)
(4) Family Planning Program Development	The project's 4 components are: (a) Conference on Population Strategy for the DR, to assist USAID in developing its Project 0229; (b) workshop on cost recovery methods for family planning services; (c) collection of demographic data needed to assist USAID in developing Project 0229; (d) 3 seminars in furtherance of population policies and improved family planning services.	517-0000	PROFAMILIA	9/11/85 to 8/31/86	14.8 (PD&S grant)

67

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u>	<u>RECIPIENT</u>	<u>DURATION</u>	<u>FUNDING (In US \$000)</u>
(5) Technical Assistance and "Hands-on" Training for IEPD	This is a buy-in of the RTI/INPLAN project. Technical assistance will aid IEPD to use its new micro-computer to prepare two studies during the second and third quarters of 1986. INPLAN's TA will also help in developing a labor force projection model.	PIO/T 517-0000-3-60038	Research Triangle Institute(INPLAN) for PROFAMILIA/IEPD	04/14/86 to 12/31/86	21.5 (PD&S grant)
(6) Technical Assistance to Increase CONAPOFA's Capability to Use its Micro-Computers (In development)			Westinghouse Health Systems (DDD) for CONAPOFA		

6/3

B) AID/W funded projects/activities:

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(1) Voluntary Surgical Contraception (VSC) Program at SESPAS Hospitals	The subagreement enables CONAPOFA to increase availability of VSC services ensuring their quality and safety; train and retrain personnel in VSC techniques; establish a safety monitoring system; develop and distribute brochures and posters on both female and male VSC; and conduct vasectomy demonstration activities in SESPAS hospitals.	932-0968 + DOM-C8-SV-1-A	AVSC + CONAPOFA	1/1/86 to 12/31/86	182.9
(2) VSC Program	The subagreement enables PROFAMILIA to meet demand for VSC services; improve educational and counseling activities; and assure quality and safety of its female and male VSC services.	932-0968 + DOM-03-SV-5-A	AVSC + PROFAMILIA	3/1/86 to 2/28/87	198.6
(3) Workshop on Supervision in Multiple-site VSC Programs Project	The purpose of the workshop is to provide VSC program managers and supervisors from Latin America with a definition of the skills required for adequate supervision as well as guidelines to determine what supervision should consist of in the context of multi-site VSC programs.	932-0968 + SAM-02-PE-1-A	AVSC + CONAPOFA	2/1/86 to 7/31/86	28.2

70

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(4) Contraceptive Social Marketing (SOMARC)	Under the sponsorship of PROFAMILIA, this project will develop and implement a CSM program using existing commercial resources (including distribution, advertising, market research, and packaging/printing firms) in the DR, in order to expand contraceptive prevalence among current non-users and to ensure that affordable contraceptives (pills, condoms, foams) are available to current users.	936-3028 + JSA-0087-4	John Short & Associates (The Futures Group) + PROFAMILIA	3/17/86 to 3/16/88	838.5
(5) Workshop on Qualitative Evaluation Methods and Publications of Proceedings	This project supports planning and implementation of a workshop on qualitative evaluation methods for 20 heads of departments and projects in PROFAMILIA and 4 officials from CONAPOFA and the IEPD. The project also provides for the writing, publication and distribution by Pathfinder of the workshop proceedings.	936-3042 + DR-PIN 007-1	The Pathfinder Fund + PROFAMILIA	10/1/85 to 9/30/86	58.8

7/1

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(6) Nation-wide Expansion of CBD Program	This project supports CBD activities of PROFAMILIA in rural and periurban areas of the DR in 22 provinces and the National District. The number of distribution posts will increase from 175 to 317. In approximately half of these posts, family planning services and information will be added to the activities of other organizations with ongoing community development programs.	936-3042 + DR-PIN 003-8	The Pathfinder Fund + PROFAMILIA	1/1/86 to 12/31/86	100.3
(7) Family Planning and Clinical Services to Women in Santiago ("Dra. Rosa Cisneros" Clinic).	This project has two general objectives (a) offer maternal/child health services including family planning (with emphasis on IUDs), as well as laboratory services to women workers in Santiago and nearby areas; (b) by changing fees, contribute to making the clinic increasingly self-financed. This approach has a potential "model effect" for GODR health facilities.	936-3042 + DR-PIN 008-2	The Pathfinder Fund + PROFAMILIA	5/1/86 to 4/30/87	16.0 (cash) + 2.5 (com- modities)
(8) Sex Education to Adolescents in Public Secondary Schools	This project would extend sex education in public secondary schools in 3 regions. Sex education is currently being taught in the National District.	936-3042 +	The Pathfinder Fund + PROFAMILIA/SEEBAC		12.0
(Money reserved by Pathfinder for this project)					

72

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(9) Education, Information and Training to Increase Family Planning Coverage at the Rural Level	The objectives of this project are: (a) train medical and paramedical personnel in IUD insertion and removal; (b) provide IUD services in rural public health clinics; (c) information and education activities to orient rural clients in family planning, nutrition, mother/child health and hygiene; (d) carry out vasectomy workshops and seminars for public health medical and paramedical staff.	932-0955 + DR-04, Mod.3	FPIA + CONAPOFA	9/1/85 to 12/31/86	63.3 (cash) + 7.2 (commodities)
(10) Commodity Assistance	This grant provides commodity assistance consisting of: IUDs, orals, foams, condoms, gloves and Pap glasses.	932-0955 + 503808-DO-COM, ARF03034	FPIA + CONAPOFA	The current supply was requested from FPIA in 1984 and received by CONAPOFA in 1985.	408.8

13

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(11) Family Planning Training for Leaders of Community Organizations	A five-day course in family planning training is being provided to leaders of community organizations from rural and marginal urban areas. Each leader will then offer sixty community presentations of eight hours each.	932-3031 + DR-03	Development Associates + PROFAMILIA	6/1/85 to 6/1/86	7.1
(12) Training to CBD Promoters and Distributors; Follow-up on Nursing Curriculum Development; and Natural Family Planning Training for Core Staff	Provides training to CBD personnel who work in the SESPAS rural health program. Also, this project provides certification training in natural family planning to 16 nurses. Finally, the project provides follow-up of family planning materials incorporated into regular nursing curricula.	932-3031 + DR-02	Development Associates + CONAPOFA	3/15/85 to 2/28/86	13.7

74

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(13) Female Sterilization Study	This study evaluates effectiveness and acceptability of the Filshie clip vs. the Wolf clip utilizing a minilaparotomy approach. 300 cases will be studied with follow-ups at 1, 6 and 12 months afterwards.	936-3041 + 8044-6266	Family Health International + Dr. Milton Cordero		14.1
(14) Comparative IUD Study	This study compares Copper T 200 with strings vs. Cooper T 200 without strings, in order to evaluate pelvic inflammatory disease rate associated with the use of IUDs with or without strings during the first twelve months after insertion. 300 cases will be studied with follow ups at 1, 6 and 12 months afterwards.	936-3041 + 853-530	Family Health International + Dr. Frank Alvarez Sánchez		29.0
(15) Comparative Oral Contraceptive Study	This study compares a triphasic oral contraceptive (Triquilar) with a low-dose oral contraceptive (Lofemenai), in order to evaluate effectiveness and acceptability of triphasic oral contraceptives. 300 cases to be studied with follow-ups at 1, 4, 8 and 12 months afterwards.	936-3041 + 8057-8840	Family Health International + Dr. Vinicio Calventi		16.8

45

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(16) Evaluation of NORPLANT Implants	This study conducts a preintroduction trial of the NORPLANT implant method. It will be the last phase before getting GODR approval of this new contraceptive method. It will consist of: (a) training of doctors and nurses on implant techniques; (b) servicing of 1,000 cases with follow-ups at 1, 2, 5 and 9 month afterwards. The project takes place in 3 public hospitals.	936-3005 + 184.18A	The Population Council + CONAPOFA	9/1/84 to 8/31/87	26.2
(17) Development of IUD Technology (About to be extended)	The purpose of this study is to compare the use-effectiveness and safety of 2 types of IUDs: Levonorgestrel and TCU 360 Ag. Some 1,100 cases will be studied at 3 sites.	936-3005 + CB85.18A/ICCR	The Population Council + PROFAMILIA	3/1/85 to 2/28/86	21.0
(18) International Center for NORPLANT Training	The purpose of this grant is to establish PROFAMILIA's Centro de Investigaciones y Servicios en Reproducción Humana y Anticoncepción (CINSERHA) as an international center for training physicians in the NORPLANT contraceptive methodology.	936-3005 + 185.17U	The Population Council + PROFAMILIA	6/15/86 to 6/30/86	7.0

76

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(19) Laboratory and Clinical Studies on Subdermal Implants	Grant enabling CINSERHA to have a laboratory and conduct clinical studies on subdermal implants.	936-3005 + CB85.45A/ICCR	The Population Council + PROFAMILIA	11/1/85 to 10/31/86	39.2
(20) Refrigerated Centrifuge for CINSERHA's Laboratory	Donation to CINSERHA's laboratory of a refrigerated centrifuge to be used in its studies of subdermal contraceptive implants.	936-3005 + B85.46X/ICCR	The Population Council + PROFAMILIA	12/1/85 to 6/30/86	8.0
(21) Update and Dissemination of RAPID Model in the DR	This project has the following objectives: (a) establish an interministerial review panel to assess effectiveness of presentations and discuss issues dealing with the formulation and implementation of a national population policy; (b) no less than 12 major presentations of the model RAPID/DR; (c) no less than 5 meetings of the interministerial panel; (d) an updated text of the model.	936.3017 + 5337.207	The Futures Group Group (RAPID II) + CONAPOFA	4/30/85 to 4/14/86	5.3

77

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u> + <u>SUBAGREEMENT No.</u>	<u>RECIPIENT</u> + <u>SUBRECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> (In US \$000)
(22) Family Health and Demographic Survey	This project will design and implement a nation-wide survey to collect relevant data to evaluate family planning and health programs and further assess the demographic situation of the DR. It also supports dissemination and utilization of the results in planning and managing the health and family planning programs. A long-term objective of this project is to institutionalize CONAPOFA's capability to carry out surveys, analyze data and use the results so that in the future less external support is required.	936-3023 + WGO 47559	Westinghouse Public Applied Systems (DHS) + CONAPOFA	4/1/86 to 9/30/87	210.3

Best Available Document

78

C) Projects/activities funded by Other International Donors:

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u>	<u>DONOR + RECIPIENT</u>	<u>DURATION</u>	<u>FUNDING (In Thousands)</u>
(1) Integration of National Family Planning Program with Maternal/Child Health Services	This grant includes funds for: (a) salaries for the technical personnel offering clinical services in SESPAS's 8 regions; (b) training; (c) family planning supplies and equipment. Its objective is to contribute to bringing the TFR down to 3.0 by 1990 by increasing the number of current family planning acceptors to 25% of WRA by 1987 and 28% by 1990.	DOM/83/P04	UNFPA (through PAHO/WHO) + CONAPOFA	1/1/84 to 12/31/87	US\$ 1,388.9 (84 :\$444.1 85: \$481.8 86: \$250.0 87: \$213.0)
(2) Annual Core Funding	IPPF provides PROFAMILIA, its Dominican affiliate, with a basic annual subsidy consisting of both an "in cash" grant and commodities.	Asociación de República Dominicana, 1986	International Planned Parenthood Federation (IPPF) + PROFAMILIA	1/1/86 to 12/31/86	US\$ 358.5 (cash) + US\$ 9.4 (commodities)
(3) Dominican Branch of DOCPAL	This grant enables PROFAMILIA to establish a national branch of DOCPAL's Latin American and Caribbean computerized documentation network on population and family planning.	3-P-82-0234	International Development Research Centre (IDRC) + PROFAMILIA	9/1/82 to 3/31/86	Canadian \$51.8

69

<u>TITLE</u>	<u>DESCRIPTION</u>	<u>PROJECT No.</u>	<u>DONOR</u> <u>+</u> <u>RECIPIENT</u>	<u>DURATION</u>	<u>FUNDING</u> <u>(In Thousands)</u>
(4) Population Education in Primary and Secondary Schools	This project provides support to SEEBAC in integrating population education into the primary and secondary schools curricula through curriculum revision, development of materials and training of teaching staff.	DOM/83/PO2	UNFPA(through UNESCO) + SEEBAC	9/1/83 to 12/31/86	US\$ 132.5

CP

ELEMENTS OF AN UNMET NEEDS ASSESSMENT

An Unmet Needs Assessment is understood to be a systematic way of assuring that the majority of men and women who wish to use a variety of family planning methods will have access to them. It would be developed by following these major steps:

- Identify the total number of women (and men) of reproductive age in a given geographic area.
- Using recent data from female and male contraceptive prevalence surveys, project the number of potential users of a voluntary family planning program.
- Classify the number of potential users according to their socio-economic status, thus differentiating between the number of potential users who would utilize the services of the NFPP and those that would seek service outside that system. Also, the number of women who would not seek family planning services, for whatever reason, would be factored out at this time.
- Based on data from the prevalence surveys, identify the mix of family planning methods that would be required to serve the new users and quantify the volume of new and current users by method.
- Ascertain the current delivery locations of the NFPP providers and the mix of family planning methods offered at those locations.
- Match the current capacity of delivery locations and methods offered with the number of current users and projected number of new users.
- If necessary, propose the relocation of existing points of delivery and/or changes in the mix of methods offered in current locations so as to accommodate new users. Propose alternate delivery methods based on cost/benefit analysis and other analyses that would permit the NFPP to reach the largest number of users at the lowest cost, thus promoting continuity of services over time.

Based on this information, a preliminary detailed delivery strategy will be prepared. The strategy will first focus on the National District in which the capital city of Santo Domingo is located and which contains over one quarter of the Dominican population. Once the methodology has been tested, applied, and validated in the National District, a strategy will then be developed for the city of Santiago de los Caballeros and subsequently for the other more populated regions until a national family planning service delivery strategy emerges.

81

TECHNICAL ASSISTANCE PLAN

<u>WHO RECEIVES TA</u>	<u>TYPE OF TA</u>	<u>AMOUNT OF TIME</u> (Months)	<u>DATES</u>	<u>PROVIDER</u>
1. CONAPOFA (Administration)	To review and update logistics system.	0.5	Y1: October, 1986	AID/W; CDC (RSSA).
	Follow-up to previous TA to logistics system.	0.5	Y2: October, 1987	AID/W; CDC (RSSA).
2. CONAPOFA and PROFAMILIA (Evaluations Depts.)	To develop methodology for the Unmet Needs Assessment.	0.5	Y1: February, 1987	TA Firm.
3. CONAPOFA and PROFAMILIA (Evaluation Depts.)	To establish a uniform reporting system for both institutions.	1	Y1: March, 1987	"
	Follow-up to previous TA to establish a uniform reporting system.	0.5	Y2: June, 1988	"
4. CONAPOFA (I+E Dept.)	To assess CBD training system; assist in designing new training materials and field-testing them; and assist in designing training system at regional level.	1	Y1: March, 1987	"
	Follow-up to previous TA to CBD training system.	0.5	Y2: March, 1988	"
5. CONAPOFA (I+E Dept.)	To review current I+E materials; and develop appropriate ones, using social marketing techniques.	1	Y1: March, 1987	"
6. CONAPOFA (I+E Dept.)	To review CBD supervisory system; recommend improvements; document system; and prepare manual.	1	Y1: March, 1987	"
7. CONAPOFA and PROFAMILIA (Administration)	To look into appropriate cost recovery mechanisms for the various programs, projects and activities of each institution.	0.5	Y1: April, 1987	"
	Follow-up to previous TA to develop cost recovery mechanisms.	1	Y2: October, 1987	"
8. PROFAMILIA (IEPD)	To assist with topics to be developed.	1	Y1: May, 1987	"

<u>WHO RECEIVES TA</u>	<u>TYPE OF TA</u>	<u>AMOUNT OF TIME (Months)</u>	<u>DATES</u>	<u>PROVIDER</u>
9. CONAPOFA (Administration)	To assist in strengthening CONAPOFA managerial capability:			
	a) To design a new organizational structure that will increase delegation of authority and more clearly define lines of command; to update the grade/step salary schedule; to review the accounting system and financial controls; and to determine a standard overhead rate.	1.5	Y1: June-July, 1987	TA Firm
	b) To redesign their data base to integrate all programmatic and financial data into one MIS.	1.5	Y1: July-Aug., 1987	"
	c) To design and install a computer system and customize the appropriate off-the-shelf software to support new MIS and word processing needs.	1	Y2: Sept., 1987	"
10. PROFAMILIA (Administration)	To assist in strengthening PROFAMILIA managerial capability:			
	a) To design a new organizational structure, increasing delegation of authority and establishing more clearly defined lines of command.	1	Y1: June, 1987	"
	b) To redesign their data base to integrate programmatic and financial data into one MIS.	1.5	Y1: July-Aug., 1987	"
	c) To design and install a computer system and customize the appropriate off-the-shelf software to support the new MIS and word processing needs.	1	Y2: Sept., 1987	"
11. ONAPLAN (Population Analysis Unit)	To help Unit to define their scope of work and devise ways of integrating demographic data and analyses into GODR's socio-economic planning process.	0.5	Y1: March, 1987	"
12. PROFAMILIA (IEPD)	To assist with topics under study.	1	Y2: May, 1988	"
13. NFPP	Mid-term evaluation.	2	Y2: Feb.-Mar., 1988	External Consultant

<u>WHO RECEIVES TA</u>	<u>TYPE OF TA</u>	<u>AMOUNT OF TIME</u> (Months)	<u>DATES</u>	<u>PROVIDER</u>
14. NFPP	Final evaluation.	2	Y5: June-July 1991	External Consultant
15. To be determined.	To be determined.	1	Y2: To be determined	TA Firm

TRAINING PLAN

<u>TRAINING FOR:</u>	<u>DESCRIPTION</u>	<u>LOCATION - PROVIDER</u>																												
1. CONAPOFA (CBD field personnel).	<p>Four Regional Training Centers will be developed with assistance from CONAPOFA Central Office. Through the regional offices basic introductory training will be offered to 4,500 CBD Promoters and Supervisors, and 1,000 refresher courses for the same type of personnel who have prior experience. Basic course lasts 4 days; refresher course is 3 days long. Per following schedule:</p> <table border="1"> <thead> <tr> <th>Course</th> <th>Year 1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Basic</td> <td>500</td> <td>1,500</td> <td>1,500</td> <td>500</td> <td>500</td> <td>4,500</td> </tr> <tr> <td>Refresher</td> <td>100</td> <td>200</td> <td>200</td> <td>300</td> <td>200</td> <td>1,000</td> </tr> <tr> <td>Total</td> <td>600</td> <td>1,700</td> <td>1,700</td> <td>800</td> <td>700</td> <td>5,500</td> </tr> </tbody> </table> <p>In year one, TA will be provided to central level staff to modify and improve current curricula. The central staff will in turn orient regional trainers. Content of these courses covers: FP methods; MIS and logistical systems; program administration; I+E and client relations.</p>	Course	Year 1	2	3	4	5	Total	Basic	500	1,500	1,500	500	500	4,500	Refresher	100	200	200	300	200	1,000	Total	600	1,700	1,700	800	700	5,500	In-Country; regional training centers.
Course	Year 1	2	3	4	5	Total																								
Basic	500	1,500	1,500	500	500	4,500																								
Refresher	100	200	200	300	200	1,000																								
Total	600	1,700	1,700	800	700	5,500																								
2. CONAPOFA (Clinic staff training).	<p>The 4 Regional Training Centers will be used to train clinic staff, using the same training format (i.e. 4 day program) as for CBD field personnel. 1,050 clinic staff will be trained during LOP per following schedule.:</p> <table border="1"> <thead> <tr> <th></th> <th>Year 1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>100</td> <td>200</td> <td>250</td> <td>250</td> <td>500</td> <td>1,050</td> </tr> </tbody> </table> <p>Content: ss No. 1.</p>		Year 1	2	3	4	5	Total		100	200	250	250	500	1,050	In-Country; regional training centers.														
	Year 1	2	3	4	5	Total																								
	100	200	250	250	500	1,050																								

TRAINING FOR:	DESCRIPTION	LOCATION - PROVIDER												
3. PROFAMILIA (100 clinic nurse promoters in Associated Clinic Program).	A five day training course will be offered in family planning methods, use of I+E materials, and program administration according to below schedule. PROFAMILIA training staff will serve as trainers: <table border="1" data-bbox="555 452 1367 505"> <thead> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>33</td> <td>22</td> <td>25</td> <td>20</td> <td>100</td> </tr> </tbody> </table> Content: as No. 1.	Year	1	2	3	4	Total		33	22	25	20	100	In-Country; in PROFAMILIA central office.
Year	1	2	3	4	Total									
	33	22	25	20	100									
4. CONAPOFA (Administration).	ST participant training in FP logistics, (computer-based): 1 month course Y1: 1 person Y2: 1 person	U.S. or 3d-C.												
5. CONAPOFA (Administration).	Training CONAPOFA core staff in computer use for logistic systems: Y1: 2 week course for 12 persons	In-Country.												
6. CONAPOFA (Administration).	ST participant training in FP MIS: 1 month Y2: 1 person (MIS Director).	U.S. (Univ. of Chicago).												
7. CONAPOFA (Administration).	Course in micro-computer operation and software applications in MIS - (MIS core tech. staff & business office staff). Y2: 20 days x 10 person.	In-Country (Local computer training firm).												
8. CONAPOFA (Staff: Central and Regional).	Orientation course to MIS (for 40 Central Office staff + 20 staff x 8 Regions). Y2: 10 two day courses x 20 participants each.	In-Country (Offered by CONAPOFA MIS staff).												
9. CONAPOFA (Medical Dept.).	ST participant training for Nurse Supervisors on "Women in Management: Planning and Administrations of FP Programs "(1 month). Y1: National Nurse Supervisor. Y2: 2 Regional Nurse Supervisors.	U.S. (CEDPA).												

20

<u>TRAINING FOR:</u>	<u>DESCRIPTION</u>	<u>LOCATION - PROVIDER</u>
10. CONAPOFA (Medical Dept.).	Course in administration of FP/MCH programs for Regional Medical and Nurse Supervisors; 5 day course: Y1: 16 persons. Y2: 16 persons.	In-Country.
11. CONAPOFA (Staff).	Course on project design, implementation and evaluation, 10 days. Y2: 20 persons.	In-Country.
12. CONAPOFA (Staff).	Workshop on cost recovery actions in Oct. 1987. 2 day event for 5 regional representatives for each Region (=40) 10 from central office (tied to TA on cost recovery in Oct., 1987). recovery in Oct. 1987).	In-Country
13. PROFAMILIA (Administration).	ST participant training in FP MIS: 1 month Y2: 1 person (MIS Director).	U.S. (Univ. of Chicago).
14. PROFAMILIA (Administration).	Course in micro-computer operation and software applications in MIS (MIS core staff & business office staff) Y2: 20 days x 10 persons.	In-Country (Local computer training firm).
15. PROFAMILIA (Staff: S.D. and Santiago).	Orientation course to MIS, 2 day course Y2: 20 S.D. staff + 5 Santiago staff.	In-Country (Offered by PROFAMILIA MIS staff).
16. PROFAMILIA (Staff: S.D. and Santiago).	Staff retreat/workshop on results of reorganization; 3 day (in an out-of-town hotel). Y2: 25 S.D. staff + 5 Santiago staff.	In-Country (Offered by Training Dept. PROFAMILIA).
17. PROFAMILIA (IEPD).	ST participant training in data processing and analysis for demographic research. Y1: 1 month for 1 person.	U.S. (Univ. of Chicago).

107

<u>TRAINING FOR:</u>	<u>DESCRIPTION</u>	<u>LOCATION - PROVIDER</u>
18. PROFAMILIA (IEPD).	ST participant training in demography/policy analysis Y2: 1 month for 2 persons.	U.S. or 3d-C.
19. PROFAMILIA (IEPD).	ST participant training in demography/policy analysis Y3: 1 month for 1 person.	U.S. or 3d-C.
20. ONAPLAN (Population Unit).	2 observational trips to LA/Caribbean countries with similar Units Y1: 3 persons x 7 days, each trip.	3d-C.
21. ONAPLAN (Population Unit).	2 ST participant training at CELADE/C. Rica, to attend courses on population vs. developmen analysis + statistical methods Y1: (1 person x 5 days, each course).	3d-C.
22. ONAPLAN (Staff).	3 one-day information and motivation sessions (for ONAPLAN technical staff) on role of the Unit Y1: (15 persons per session).	In-Country.
23. ONAPLAN (Population Unit).	Introductory course to micro-computer operation and software applications Y1: (20 days, to Unit tech. staff = 4 persons).	In-Country (Local computer training firm).
24. ONAPLAN (4 Sectorial Offices).	Course on how to integrate demographic data with soc./ec. planning Y2: (5 days; to 12 staff members of 4 Sectorial Offices).	In-Country (Offered by IEPD).
25. ONAPLAN (Population Unit).	Funds reserved for miscellaneous ST participant training for Unit staff during remainder of LOP. Y3-Y5: 1 person each year.	U.S. or 3d-C.

DB

ILLUSTRATIVE PROCUREMENT PLAN

<u>FOR WHOM</u>	<u>WHAT</u>	<u>SOURCE OF ITEMS</u>	<u>WHEN</u>
1. IA Team	1 Vehicle, 4x2.	U.S.	Procurement No. 1 (Mar. 87)
2. CONAPOFA	60 motorcycles (100cc) and helmets for CBD Supervisors.	Japanese	" No. 2 (June 87)
3. CONAPOFA	AV equipment for CBD training.	Japanese	" No. 1 (Mar. 87)
4. CONAPOFA	Cancer screening laboratory supplies, first shipment.	U.S.	" No. 2 (Jun. 87)
5. CONAPOFA	Cancer screening laboratory supplies, second shipment.	U.S.	" No. 3 (Jan. 88)
6. CONAPOFA	Cancer screening laboratory supplies, third shipment.	U.S.	" No. 4 (Jan. 89)
7. PROFAMILIA	Clinic supplies and equipment for associated clinics program.	U.S.	" No. 2 (June 87)
8. PROFAMILIA	Storage cabinets for CBD Promoters.	Local	" No. 2 (June 87)
9. PROFAMILIA	Laboratory equipment for Santo Domingo and Santiago clinics.	U.S.	" No. 1 (Mar. 87)
10. PROFAMILIA	Basic furniture and equipment for examination areas of Santo Domingo and Santiago clinics.	U.S.	" No. 2 (June 87)
11. PROFAMILIA	Furniture and equipment for surgical areas of Santo Domingo and Santiago clinics.	U.S.	" No. 2 (June 87)
12. PROFAMILIA	Office Computer System	U.S.	" No. 3 (Jan. 88)
13. PROFAMILIA (IEPD)	Data processing Equipment	U.S.	" No. 1 (Mar. 87)
14. ONAPLAN (Population Analysis Unit)	Data processing hardware and software	U.S.	" No. 1 (Mar. 87)

N.B. The TA Firm will act as procurement agency for these commodities.

99