

PID - ABG - 733
84304

GRANT AGREEMENT

Between

**United States Agency for International
Development**

and

Liga Dominicana Contra el Cancer



**USAID/DOMINICAN REPUBLIC
GOVERNMENT OF THE UNITED STATES**

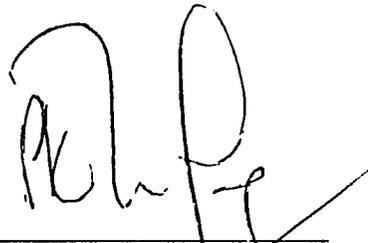


August 1993

GRANT NO. 517-0247-G-00-3187-00
LIGA DOMINICANA CONTRA EL CANCER (LDCC)



RAYMOND F. RIFENBURG
DIRECTOR
U.S. AGENCY FOR
INTERNATIONAL DEVELOPMENT



LIC. MIGUEL SANS BEN
TECHNICAL SECRETARY OF THE
PRESIDENCY



ROSA ALVAREZ DE TAVAREZ
PRESIDENT
LIGA DOMINICANA CONTRA EL
CANCER (LDCC)

DATE: 13 AGO. 1993

U. S. AID MISSION TO DOMINICAN REPUBLIC

AMERICAN EMBASSY, P. O. Box 22201
SANTO DOMINGO, DOMINICAN REPUBLIC

FOR U.S. CORRESPONDENTS:
U.S. AID MISSION
APO MIAMI 34041-0008

August 3, 1993

Mrs. Rosa Sánchez de Tavares
Bernardo Correa y Cidrón No. 1
Ciudad Colonial
Santo Domingo, D.R.

Subject: Grant No. 517-0247-G-00-3187-00

Dear Mrs. Alvarez:

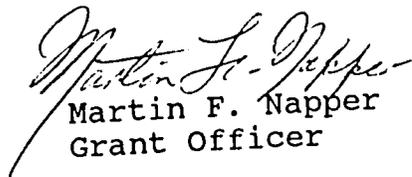
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to the Liga Dominicana Contra el Cancer (hereby referred to as LDCC or "Recipient") the sum of RD\$4,261,492 to prevent breast and cervical cancers in women living in the poorest neighborhoods of Santo Domingo, as more fully described in the Schedule of this grant and the Attachment 2, entitled "Program Description."

This Agreement is effective and obligation is made as of the date of this letter, and shall apply to commitments made by the Grantee in furtherance of program objectives during the period beginning on August 3, 1993 and ending August 4, 1996.

This Agreement is made to the Grantee on the condition that the funds will be administered in accordance with the terms and conditions as set forth in this Cover Letter, in Attachment 1 entitled "Schedule", Attachment 2 entitled "Program Description", and Attachment 3 entitled "Mandatory Standard Provisions for Non-U.S., NonGovernmental Grantees"; Attachment 4 entitled "Required as Applicable for Non-U.S., NonGovernmental Grantees", and Attachment 5 entitled "Special Provisions".

Please sign the Statement of Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs, the Clause 52.223-5, Certification Regarding A Drug-Free Workplace, enclosed herein, and all copies of this letter to acknowledge your receipt and acceptance of the conditions under which these funds have been granted and return all but one copy to A.I.D.

Sincerely,

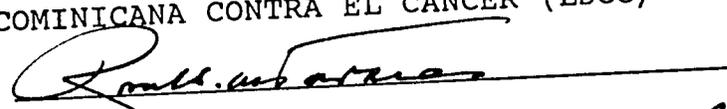

Martin F. Napper
Grant Officer

Attachments:

1. Schedule
2. Program Description
3. Mandatory Standard Provisions for Non-U.S., Nongovernmental Grantees, dated March 30, 1989
4. Required as applicable for Non-US, Non-Governmental Grantees, January 1, 1987
5. Special Provisions (includes Assurance of Compliance and Drug Free Workplace Certifications)

ACKNOWLEDGED:

LIGA COMINICANA CONTRA EL CANCER (LDCC)

BY: 

TITLE: President-Liga Dominicana contra el Cancer. Inc.

DATE: 15.3 AGO. 1988

H.

ATTACHMENT 1

SCHEDULE

A. PURPOSE OF THE GRANT

The purpose of the project is to reduce and/or prevent the incidence, mortality and morbidity from gynecological cancer among the economically disadvantaged female population of Santo Domingo by a promotional and health education program for detection, diagnosis and early treatment of cervical and breast cancer.

B. PERIOD OF THE GRANT

1. The effective date of this Grant is August 3, 1993. The completion date of the Grant is August 4, 1996. This Grant will expire on that date unless the PACD is extended for an additional four months. A no cost amendment would then be issued to extend the Grant by four months.

C. AMOUNT OF THE GRANT AND PAYMENT

1. A.I.D. hereby obligates the amount of Four Million Two Hundred Sixty One Thousand and Four Hundred Ninety Two Dominican Pesos (RD\$4,261,492) for the purpose of this grant.

2. Payment shall be made to the Recipient in accordance with procedures set forth in Attachment 4 "Required as Applicable Standard Provisions for Non-U.S., Nongovernmental Grantees, Payment - Periodic Advance."

D. FINANCIAL PLAN

The following is the grant Budget. Revisions to this budget shall be made in accordance with the Standard Provisions of this Grant entitled "Revision of Grant Budget."

The Grantee may make adjustments between line items of up to 15% of any line item without the prior written approval of the Grant Officer. Approval beyond 15%, if given, will be via formal amendment to the Grant. In no event may the Grantee exceed the total estimated cost of the Grant nor the total estimated cost for any given year without the prior written approval of the Grant Officer.

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LIGA DOMINICANA CONTRA EL CANCER, INC.
 CANCER PREVENTION PROJECT
 GENERAL BUDGET
 VALUES IN US\$

COMPONENTS AND LINE ITEMS	ANNEX	YEAR 1			YEAR 2			YEAR 3			TOTAL		
		AID	LDCC	BENEF	AID	LDCC	BENEF	AID	LDCC	BENEF	AID	LDCC	BENEF
ADMINISTRATIVE COSTS													
1- PERSONNEL	A												
2- MATERIALS	B												
3- EQUIPMENTS	C												
4- FUEL AND MAINTENANCE	B												
5- COMMUNICATIONS	B												
PRIMARY PREVENTION													
1- PERSONNEL	D												
2- TRAINING	E												
3- EDUCATIONAL MATERIALS	F												
4- EQUIPMENTS	G												
5- MASS COMMUNICATION CAMPAIGN	H												
SECONDARY PREVENTION													
1- PERSONNEL	I												
2- TRAINING	J												
3- EQUIPMENT*	K												
4- MATERIALS AND REAGENTS	L												
5- FUEL AND MAINTENANCE	M												
6- FACILITIES	M												
EVALUATION													
1- INITIAL EVALUATION	N												
2- AUDITS	N												
3- MID AND FINAL EVALUATION	N												
TOTALS		24,790.00										24,790.00	

Dollars required to purchase Mobile and generator in the United States.

LIGA DOMINICANA CONTRA EL CANCER, INC.
 CANCER PREVENTION PROJECT
 PESO CASH FLOW (A.I.D. Funds)
 VALUES IN RD\$

COMPONENTES Y REGLONES DE GASTOS	TOTAL	FIRST YEAR (MONTHS)													
		1	2	3	4	5	6	7	8	9	10	11	12		
ADMINISTRATIVE COSTS															
1- PERSONNEL	61,665	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	16,345
2- MATERIALS	76,800	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400	6,400
3- EQUIPMENTS	67,015		32,550	34,465											1,500
4- FUEL AND MAINTENANCE	28,100	1,500	2,350	1,500	2,350	2,200	1,500	7,500	2,350	1,500	2,350	1,500	2,350	1,500	1,500
5- COMMUNICATIONS	3,600	300	300	300	300	300	300	300	300	300	300	300	300	300	300
PRIMARY PREVENTION															
1- PERSONNEL	308,325	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	81,725
2- TRAINING	40,883	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110	5,110
3- EDUCATIONAL MATERIALS	587,500	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542	68,542
4- EQUIPMENT	34,950	34,950													
5- MASS COMMUNICATION CAMPAIGN	161,550					18,960	20,370	20,370	20,370	20,370	20,370	20,370	20,370	20,370	20,370
SECONDARY PREVENTION															
1- PERSONNEL	298,076	18,427	18,427	18,427	18,427	18,427	18,427	18,427	18,427	18,427	18,427	18,427	18,427	18,427	95,379
2- TRAINING															
3- EQUIPMENT*	341,558	341,558													
4- MATERIALS AND REAGENTS	255,000					31,875	31,875	31,875	31,875	31,875	31,875	31,875	31,875	31,875	31,875
5- FUEL AND MAINTENANCE	29,900	2,200	2,383	2,200	2,383	2,200	4,785	2,200	2,383	2,200	2,383	2,200	2,383	2,200	2,383
6- FACILITIES															
EVALUATION															
1- INITIAL EVALUATION	20,000	20,000													
2- MID AND FINAL EDUCATION															
AUDITS	62,500	62,500													
TOTALS	2,377,422	586,207	160,782	161,664	128,232	178,734	182,029	146,277	141,310	135,167	136,200	135,167	285,652		
* Minus Cost of items to be purchased in Dollars	309,880	309,880													
TOTAL RD\$ COST	2,067,542	276,327	160,782	161,664	128,232	178,734	182,029	146,277	141,310	135,167	136,200	135,167	285,652		

LIGA DOMINICANA CONTRA EL CANCER. INC.
 CANCER PREVENTION PROJECT
 GENERAL BUDGET
 PESO COST (RD\$)

COMPONENTS AND LINE ITEMS	ANNEX	YEAR 1			YEAR 2			YEAR 3			TOTAL		
		AID	LDCC	BENEF	AID	LDCC	BENEF	AID	LDCC	BENEF	AID	LDCC	BENEF
ADMINISTRATIVE COSTS													
1- PERSONNEL	A	61,665.00	269,743.03		65,982.00	267,224.49		70,600.17	285,930.71		198,247.17	822,898.23	
2- MATERIALS	B	76,800.00			21,400.00			22,898.00			121,098.00		
3- EQUIPMENTS	C	67,015.00	196,170.00		36,067.00			32,034.00			67,015.00	196,170.00	
4- FUEL AND MAINTENANCE	B	28,100.00			3,852.00			4,121.64			96,201.00		
5- COMMUNICATIONS	B	3,600.00									11,573.64		
PRIMARY PREVENTION													
1- PERSONNEL	D	308,324.63			263,925.89	65,981.47	71,903.08	92,662.73	260,338.14	76,936.29	664,913.25	326,319.61	216,038.37
2- TRAINING	E	40,883.44	4,880.23	67,199.00	43,400.12			46,438.13			130,721.69	4,880.23	
3- EDUCATIONAL MATERIALS	F	587,500.00									587,500.00		
4- EQUIPMENT	G	34,950.00			89,189.99	18,030.00		95,433.29	19,292.10		34,950.00	79,472.10	
5- MASS COMMUNICATION CAMPAIGN	H	161,550.00	42,150.00								346,173.28		
SECONDARY PREVENTION													
1- PERSONNEL	I	298,075.94	61,664.93		244,712.10	140,210.63		123,550.31	288,317.01		666,338.35	490,192.57	
2- TRAINING	J		867.13			927.83			992.78			2,787.74	
3- EQUIPMENT *	K	341,558.00	20,800.00		191,752.30	54,167.57		204,824.96	57,959.30		341,558.00	20,800.00	
4- MATERIALS AND REAGENTS	L	254,999.86	50,623.90		31,993.00			34,232.51			651,577.12	162,750.77	
5- FUEL AND MAINTENANCE	M	29,900.00	18,000.00			19,260.00			20,608.20		96,125.51	57,868.20	
6- FACILITIES	M												
EVALUATION													
1- INITIAL EVALUATION	N	20,000.00			20,000.00			20,000.00			20,000.00		
2- MID AND FINAL EVALUATION	N							62,500.00			40,000.00		
AUDITS	N	62,500.00									187,500.00		
TOTALS		2,377,421.87	664,899.22	67,199.00	1,074,774.40	565,801.99	71,903.08	809,295.74	933,438.24	76,936.29	4,261,492.01	2,164,139.45	216,038.37
ROUNDED TOTAL		2,377,422	664,899	67,199	1,074,774	565,802	71,903	809,296	933,438	76,936	4,261,492	2,164,139	216,038
* Minus Cost of items to be purchased in Dollars		309,880.00											
TOTAL RD\$ COSTS		2,067,542.00	664,899	67,199	1,074,774	565,802	71,903	809,296	933,438	76,936	3,951,612	2,164,139	216,038

E. TITLE TO PROPERTY

Title to all property shall be in accordance with the "Required as Applicable" Standard Provisions for Non-U.S., Non-governmental Grantees Provisions entitled "Title To and Use of Property (Grantee Title)".

F. SPECIAL PROVISIONS

See Attachment 5

G. AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this Agreement is Geographic Code 000 and the Cooperating Country.

ATTACHMENT 2

A. PROGRAM DESCRIPTION

Project Purpose

The purpose of the project is to reduce and/or prevent the incidence, mortality and morbidity of gynecological cancer among the economically disadvantaged female population (25-64 years) in the National District by means of a promotional and health education program for detection, diagnosis and early treatment of cervical and breast cancer, which are the most common cancers in women in Latin American and Caribbean countries. In cervical cancer the main purpose is to detect the carcinoma in its pre-invasor phases, when it is possible to reach a curative rate near 100%. For breast cancer, the main purpose is to detect the malignant tumor when it shows a diameter of less than two centimeters, which, with adequate treatment, could cure 90% of the cases.

The project intends to maximize the effectiveness of a cancer prevention program, through the development, application and transference of knowledge by mass communication to alter "human behavior", "social norms" or "cultural patterns" regarding cancer.

Problems to be addressed and geographical area of project.

According to the Panamerican Health Organization, "Statistics on death and incidence rates show that every year approximately one out of 1,000 women between 30 and 54 years old, living in Latin America and the Caribbean, develops cervical cancer. Most of them are young women, living in the most active phases of life that might require long-term hospitalization. Most of them come from low income families, which aggravates the social problem." Cervical cancer has been associated with poverty and low levels of health services and health education. In fact, prevention and early detection programs have been so successful in developed countries that cervical cancer is considered as the "cancer of the underdeveloped." In the Dominican Republic there is a lack of regular registration of cancer at the hospitals, which keeps us from knowing the magnitude of the problem and morbidity from these pathologies. Nevertheless, the information on mortality from the Oficina Nacional de Estadística -ONE-, (in spite of discrepancies on the basic cause of death and the under registration of death by 40%), shows an increase in death from cervical and breast cancer during the last few years.

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A series of specific mortality rates in women of 25-64 during 1986-89 shows that they stay above 6/1000 within that group almost every year.

According to the information available, "No country in Latin America or the Caribbean is in the category of low risk." This category is found in countries that have reached a higher socio-economic level, and have probably experienced important changes in factors predisposing women to a higher risk for these types of cancer. This can be explained by the existence of epidemiological conditions favorable to development in the Dominican Republic, a country of high risk, low coverage of services and absence of a detection program. The cultural conditions of the lower socio-economic classes such as lack of education, little information about the problem and the need to focus on primary survival needs before taking care of their health, influence the low attention to prevention and detection. This high risk situation is more serious in the Dominican Republic if we take into account that a significantly high proportion of women do not have cytological examinations during their sexually active phases which increases the risk ten times.

PAHO has identified cervical cancer as a "Priority problem in Latin America and the Caribbean."

Regarding breast cancer, one of fourteen to sixteen women could have this type of tumor some time in her life. It has been shown that physical exams and mammography for early detection may result in a reduction of mortality from breast cancer.

Dominican women will be made aware about the need for self-examinations, periodic check-ups, avoiding known carcinogens and seeking medical care without delay, when they suspect the occurrence of any cancer symptom. Not even the most sophisticated methods of diagnosis, nor the most modern methods of treatment can compensate for a delay in medical attention.

The headquarters for the implementation of the project will be the Instituto de Oncología Dr. Heriberto Pieter. The geographic area where it will be implemented is the National District, with 1,476.63 km² and a population density of 1,633.38 inhabitants per square kilometer (1990). The National District accounts for 34% of the Dominican Republic inhabitants and is its main financial and industrial center. Within the National District, the project will focus on the neighborhoods with the worst living conditions.

Major activities.

An educational campaign will be implemented in the National District to try to get the subject population, to accept the

preventive measures that will be disseminated continually in hopes of modifying behavioral risk factors, (attitudes, prejudices, fears, habits, lifestyles) and increasing the understanding of signs and symptoms of cancer development. This will take place at two levels: Primary Prevention, which includes dissemination through various mass communication means, and an extension program; and Secondary Prevention which includes examinations in the Institute and a Mobile Unit that will visit poor neighborhoods of Santo Domingo with high population densities, work locations and public and private health centers. This includes early detection and treatment, as well as the establishment of a referral system to the Institute for positive breast and cervical cancer cases, and follow-up treatments for some cases. The frequency will be determined by risk factors and medical examinations.

LDCC will rely on community involvement for planning physical examinations, sampling and reading of cytologies, referrals, treatment and follow-up. Through the coordination of services we intend to take primary care and follow-up to traditionally poor population sectors that do not visit any health services because of cultural, social and economic reasons.

Expected Conditions at Project End

The project focuses on preventive health, through an educational campaign, designed to make people reflect on problems encountered by women when these pathologies are not detected on time, in order to avoid an advance of the cancers to the extent where their control becomes impossible. The financial sacrifices of women and their relatives will be smaller, as will the expenses of the Institute for treatment and medicine needed for the patient's survival. This project will increase the possibilities for a better life for women in the most depressed sector of our society, which otherwise would have more limited access to education for disease prevention and to primary health care. At the end of the project, women who are reached by project activities should have the habit of doing breast self-exams (the tumor is detectable when it reaches a diameter of 1 cm), have a better understanding of their bodies and the risk factors associated with both pathologies and will be more able to detect cancer symptoms. A significant percentage of mortality from cancer in the Dominican Republic country is due to behavioral factors and the lack of preventive programs to modify those behavioral risk factors and detect cancer symptoms early.

The project will institutionalize the primary and secondary cancer prevention programs within the Instituto de Oncología Dr. Heriberto Pieter to reduce the morbidity and mortality rates in the long-term due to breast and cervical cancer in the Dominican

Republic. The Primary Prevention system will include educational and extension components. The Secondary Prevention System will include early detection mechanisms and ambulatory treatment. There will also be an established referral system for breast and cervical cancer for women in the target communities.

The potential beneficiaries for primary prevention are 411,228 women over 15 years of age, residents of the National District who are able to receive the messages on cancer prevention that will be disseminated through the mass media. This represents 50% of the female population over 15 years in Santo Domingo. By project end, 37,200 women will be able to perform breast self-examinations (30,000 at mobile unit and 7,200 through the workshops on health promotion), 28,800 will have received PAP tests for detection of cervical cancer and an estimated 576 patients referred for further tests and treatment. One thousand health promoters from the communities will have been trained in prevention and early detection of breast and cervical cancers who will continue to spread the knowledge throughout their communities.

The target group corresponds to women 25-64 years old living in marginal neighborhoods of the National District. The criteria used to select the beneficiaries were: 1. The high incidence of breast and cervical cancer that occurs in low income populations; 2. The frequency of cancer is higher in the 25-64 year old group; 3. Women residing in the poorest neighborhoods generally have lower levels of education and health knowledge. 4. These women do not have any regular access to gynecological consultations or PAP tests.

Impact upon democratic values.

One method to achieve immediate and direct participation of beneficiaries is through the integration of neighborhood, cultural, municipality and church groups into the project, upon which LDCC depends for the enthusiastic collaboration of volunteers who help with daily operational tasks and who will perform extension functions. Patients will also help take the prevention message to their cities, neighborhoods, municipalities, and parishes thus ensuring the satisfaction of project objectives.

Each educational or communication message will be previously validated by the beneficiaries through their exposition in focal groups. In each workshop an educational manual on cervical and breast cancer will be distributed, as well as posters containing educational messages to be placed in their health centers,

neighborhoods, etc. An audiovisual message will be shown and a contest organized to reward the group most dynamically and effectively integrated into the project.

Coordination with similar activities.

Coordination will take place with the Dominican Secretary of Public Health (with whom LDCC has a cooperative relationship regarding the payment of numerous medical personnel) to systematize technical cooperation and avoid duplication and contradictions in messages. SESPAS cooperation will be requested to spread the prevention messages through their organization. They will be invited to sign a moral commitment regarding project communication, and the delivery of an informative binder. Community NGOs will mobilize women from their respective neighborhoods and select, according to medical criteria, those in higher risk groups so that they might be examined in the Mobile Unit.

To date, there has not been a comprehensive cervical and breast cancer prevention and detection program in the Dominican Republic. One of the activities of the SESPAS Maternal/Child Program has been, for more than a decade, to do cytology sampling. However, coverage for this activity is very limited since it has not been accompanied by educational or promotional activities. The Population and Family National Council (CONAPOFA), periodically samples cervical cytologies from contraceptive users who visit rural and urban clinics but the number of exams have diminished during the last few years, and they have never been part of a Prevention and Detection Program having defined goals and objectives with a monitoring system.

b. Participation of women in proposed activities.

Due to the nature of the project, all direct beneficiaries will be 25-64 year old women. The project will also incorporate women health promoters (1,000/year) in its activities. These women will be recruited from community and church organizations, and receive specific training in breast and cervical cancer prevention. They will also participate in promotion and education activities in selected neighborhoods and will be responsible for spreading the knowledge, as well as training the beneficiaries in breast self-examination techniques. Two weekly workshops are programmed in coordination with community organizations. Each one of these workshops will have 25-30 participants. In total, 96 workshops will be conducted per year, which will train 7,200 women in three years.

Breast examination and cervical cancer detection activities conducted in the Mobile Unit will directly benefit 30,000 women residing in the poorest neighborhoods of Santo Domingo during the three years of the project. Other educational activities will indirectly benefit an estimated 411,228 women.

The educational activities to be carried out in the project will be aimed at modifying beliefs, attitudes and practices of the beneficiary population with respect to their eating habits, sexual behavior and hygiene in general, while promoting better awareness and care of their bodies. In addition, the drive to promote the early detection of cervical cancer by means of PAP tests, as well as the detection of inflammatory lesions in the cervix should generate a greater demand for our services as women become more aware of the need for periodic examinations of their genital organs.

B. PROJECT DESIGN AND IMPLEMENTATION

1. Implementation Plan

For primary prevention, the services of an advertising agency will be employed who will be responsible, with technical assistance from the implementation team, for preparing advertizing messages in accordance with the usual criteria used for launching new product campaigns. The educational program will be disseminated through mass media using spots and capsules on radio and T.V. containing the basic preventive message. This educational strategy will be complemented by editorials, and news reports to influence decision makers and garner their support. In order to monitor and evaluate the campaign the services of a survey firm will be employed for a study of the subject population.

The schedule of activities is as follows: Training of personnel, materials and equipment purchased, mass communication conducted throughout the project's life, preparation of work schedules prior to the arrival of the mobile unit, workshops and exams. The idea of establishing contact with the groups working with women in the neighborhoods is based upon the rationale that the project should be viewed by beneficiaries and communities as their own that they will want to continue. The Mobile Unit will perform the following functions: a) Cervical and breast cytological examinations; b) delivery of results; c) referral of patients showing cytological or breast abnormalities; d) preparation of supporting material necessary to implement a training/education program which will create the capacity in each neighborhood among the group of volunteer promoters to follow-up and disseminate the acquired knowledge, thus assuring that the women will remain active and informed about this illness. The community

organizations will be committed to: a) finding a space to park the Mobile Unit during the time it will be in the community. Two health promoters will lay the ground work for the medical services to be provided by the Mobile Unit in the community and two other health promoters will be on the Mobile Unit. Both teams of health promoters will train other teams of health promoters from community organizations to serve as a continual base for prevention efforts. Using this educational strategy the project hopes to reach the subject population through personal contacts which allows for a more effective transference of the knowledge; b) organizing women requiring medical services from the unit and identifying who will become promoters; c) making preparations for return visits of the Mobile Unit and repeat the service cycle.

The most common communication means after direct contact will be the radio (most frequently used among the subject population); television, Church and finally the written press.

Technical assistance will be provided by volunteers, LDCC personnel and consultants.

The project operational organization is as follows: LDCC Board of Directors supporting the activities and monitoring compliance with the Grant Agreement. On a second level is the Project Director, who will be supported by the primary and secondary prevention units and, financial/administrative unit. The primary prevention unit will be supported by the Control and Laboratory Sections. (Organization Chart, Annex 5)

2. Training

The multidisciplinary team that will implement the project will receive training (8 hours, 5 day seminars) in the following: a) medical concepts related to cancer prevention, with the dual purpose of learning the medical criteria for the consultation work and training for health promoters; b) accounting, administration and procedural tasks related to implementation, follow-up, reporting and monitoring. The project team will be available for any type of follow-up reinforcement training needed for improved performance during implementation.

3. Outputs Targets

Outputs by Semester	1st	2nd	3rd	4th	5th	6th
Women who have Received message	7,917	15,834	23,751	31,668	39,585	47,500
Women receiving PAP Tests	4,800	9,600	14,400	19,200	24,000	28,800
Breast Examinations	4,800	9,600	14,400	19,200	24,000	28,800
Women trained in Breast Self-examinations	6,167	12,333	18,500	24,667	30,834	37,000
Trained promoters	167	333	500	667	834	1,000
Patients referred	96	192	228	384	480	576

These constitute the minimum acceptable level of performance.

4. Monitoring plan

The Cancer Prevention Project shall satisfy a series of requirements which will be continuously evaluated to ensure positive impact and provide feedback for possible modifications.

The following general points will be considered for monitoring and evaluation. LDCC will make sure that the targeted coverage is reached, since this is the most important factor impacting on mortality from breast and cervical cancer. The proportion of women reached will be obtained in a direct way from the registers of women examined within an established period and not based on the number of cytologies completed so as not to overestimate the total since some women are screened more than once. Three indicators of coverage have been identified: a) Proportions of global and specific coverage; b) percentage of women being cytologically examined for the first time; and c) percentage distribution by ages of women tested. Cytological samples will be taken on a periodic basis. In order to monitor the activities of the cytology laboratory, an internal control manual shall be followed, and reports will be issued quarterly on the performance of technical personnel. A system will be adopted to send samples to an external laboratory in order to compare results, and a report issued. 100% of the positive and suspicious plaques will be re-examined; that is to say, the cytopathologist will review all of the samples that the cytotechnologist has interpreted as abnormal, as well as the samples with a significant inflammatory abnormality and will randomly select negative plaques as a part of the laboratory quality monitoring. The specimens that are inadequate for diagnosis will have a quick follow-up, so that another sample can be taken as soon as possible. A computerized

- h. % of referred patients from the total of positive cases;
- i. Relation between the age of first intercourse, degree of the lesion and the age of the patient;
- j. Relation of sexual habits (# of men) and degree of the lesion;
- k. Positive cases according to type and location of the lesion.
- l. Positive cases of cervical cancer according to its state.
- m. Positive cases of cervical cancer according to the extension of the clinical disease before treatment;
- n. Positive cases of cervical cancer according to a previous treatment and type of treatment;
- o. % of women with breast examination per age per year;
- p. Total positive cases of breast cancer per age;
- q. % of women capable of breast self-examination from the total subject population/community;
- r. Relation between eating habits (fat consumption) / positive cases / age.
- s. Positive cases of breast cancer according to the extent of disease before treatment;
- t. % of referred women per suspected lesions of breast cancer per year.
- u. Positive cases of breast cancer per previous treatment and type of treatment;
- v. % of talks done in relation to programmed;
- w. % of base organizations with which coordination has been established according to the program;
- x. # of posters distributed and relation with the total programmed per year;
- y. # of trained promoters per community.
- z. # of radio and T.V. commercials presented compared to planned.

Evaluations should also include pertinent findings that may cause the project assumptions to vary and recommendations for improving implementation.

C. SUSTAINABILITY

1. Plan for sustaining activities when AID project resources terminate.

- RECURRENT COSTS

Recurrent costs will be financed through minimal fees charged for professional and laboratory consultations. This will be complemented by the Liga Dominicana Contra el Cancer, Inc. who receives funding from: The Rama Femenina and the Volunteer Corps (in kind, cash, volunteer labor and psychological support to patients); government subsidies (salaries of numerous medical personnel and monthly cash support); yearly dues paid by the Board of Directors and donations from private institutions and individuals, both national and international. It should be mentioned that the Dominicans are committed to the work of the Institute, as shown by the unrestricted support received every October, which is the "month of the fight against cancer." Every year LDCC receives record amounts of donations (millions of pesos in cash and in-kind) for the support of the Instituto de Oncología Dr. Heriberto Pieter.

- ADMINISTRATIVE

LDCC currently has the technical and administrative capacity, to implement the project and continue its activities and services after project funding terminates, with a minimum increase in administrative personnel. (Annex 5 of the Grant Application). LDCC currently has adequate computerized accounting and registration systems to implement the project successfully. The accounting system will be modified to do funds accounting for easier monitoring. LDCC also has an operative and functional managerial system; a specialized alpha-numerical filing system for both administration and medical/hospital services (it will be improved to include a computerized cancer statistic register system); an internal control system which allows greater control of the material, equipment and funds; a procurement system based on competition for both quality and quantity. (Annex 7 of Grant Application)

- TECHNICAL

The technology will be maintained without any difficulty. In the primary prevention program LDCC will prepare films, leaflets, brochures, talks, conferences, posters and reports for the radio, written press and other mass media, with the help of

communication professionals. Regarding the secondary prevention program, an expansion of the services currently offered is totally feasible for the multidisciplinary team of the Institute. In addition, ambulatory consultations and training of health promoters will be offered in marginalized neighborhoods and work locations in Santo Domingo. (Annex 8, Annex 9, Annex 10 of Grant Application)

Knowledge of techniques for breast self-examination and health promotor training will remain in the project communities for their dissemination.

2. Institutional strengthening.

To date, the organization has focussed on cancer treatment at a third level (hospitalization). Being able to rely on technical personnel devoted to primary prevention will make the LDCC a leader in the health sector. Also, the LDCC will have the opportunity to accumulate experience in early detection of such pathologies which will enable the services to be extended to other manifestations of the same illness. In fact, the Pan American Health Organization, during a meeting with the Project Director, expressed that it wanted LDCC to implement a similar project on a national scale, for which experience at the district level will be very valuable.

Since 1942, when the Liga Dominicana Contra el Cancer was founded, it has been able to cover the cost of the medical/hospital services offered at the Instituto de Oncología Dr. Heriberto Pieter, organism which implements the LDCC commitment of "taking care of everything related to education, prevention, detection, treatment and cure of cancer."

3. Community and Beneficiary Participation.

The community has been involved in LDCC activities for 50 years mainly by direct contributions in fund-raising campaigns. LDCC can also add many unpaid volunteer hours of ladies, mainly from the Rama Femenina and the Volunteer Corps. The Peace Corps Health/Nutrition Program is interested in involvement in an educational campaign, which could be a direct means to reach the most remote sections of these communities. A method that will be used to motivate beneficiary participation is the integration of community, municipality, parish, religious, educational and cultural groups upon who LDCC relies for the enthusiastic collaboration of volunteers with daily operative tasks and who will perform extension tasks. Patients will also be involved in extension activities to reach their neighborhoods with the prevention message.

D. DESCRIPTION OF THE INSTITUTION

The Liga Dominicana Contra el Cancer, Inc. is a non-profit entity founded in September 1942 with headquarters in Santo Domingo. The League's primary objectives are to plan, orient and coordinate the study, prevention, diagnosis and management of cancer in the Dominican population.

Medical and hospital services in for the diagnosis and treatment of cancer are offered through their implementing organ, the Instituto de Oncologia Dr. Heriberto Pieter.

Financial resources for daily operations come from: income generated from services offered, annual fund raising campaigns; government subsidies; annual fees from members of the league and contributions from people and institutions, both national and international.

1. Project Personnel

Below are the levels of medical, para-medical and administrative qualifications for project personnel. Most require three years minimum experience in similar positions, excepting those who will be trained to do their jobs for the project.

2. Requirements for Project Personnel

1. The Project Director should be an Administrator type with experience in projects and medicine or a medical doctor with experience in administration;
2. The person in charge of the Secondary Prevention Unit should be a physician specialized in clinical cytology or gynecologist-oncologist.
3. The person in charge of the Primary Prevention Unit should be a psychologist, an educator or a social worker;
4. The health promoters who will work in primary prevention should be students in medicine, nursing, social work, psychology or education and will be trained by our medical staff and UNICEF;
5. The Psychological Support Section will require a social worker or psychologist.
6. The Medical Consultation Section of the Mobile Unit will require, 2 post doctoral students, 1 auxiliary (nurse), and the services of a gynecologist-oncologist for special cases;

7. The Cytopathology Laboratory should be composed of 1 cytologist, 2 cytotechnologist, 1 technician in staining and 1 secretary.

8. The Finance/administration Section requires 1 accountant, 1 administrative secretary, 1 computer operator, 1 driver, and 1 maintenance person.

3. Responsibilities of Project Director

- . Review and control of all project operations. This includes rules related to the operations in the financial/administrative area, and reports that should be completed for technical areas, taking into account the procedures for adequate internal control and decision making to solve operational problems;
- . Make sure that the project fulfills the objectives and terms included in AID/ LDCC Grant Agreement. Application of Dominican labor laws.
- . Will be responsible for the direction, control and channeling of the required resources for the project implementation.
- . Will ensure good communication, internally and externally.
- . Progress reports within the agreed periods, which will be used by LDCC and AID. Statistical reports, based on computerized data, will be used.
- . Supervise the rules contained in accounting, administration and laboratory procedural manuals;
- . Hiring and evaluation of personnel, and clearly define duties for positions.
- . Control income and disbursements, especially concerning authorization of purchase orders; periodic verifications of the inventory in order to certify the project's goods are being well managed and protected.
- . Will be responsible for obtaining the maximum benefits in the operations and take corrective actions when needed.

4. Responsibilities of the Financial/Administrative Unit

- . Management, control and register of accounting transactions according to the guidelines of the Accounting Procedures Manual, and generally accepted accountant principles (PCGA) and establish any other regulations that might be necessary for its improved operations.
- . Control over documents and receipts supporting collections and disbursements;
- . Custody of funds and assets of the project

- . Prepare project financial reports, as well as any other required reports related to the movement of funds, etc.
- . Keep updated records of the project bank account;
- . Collate receipts versus deposits to verify amounts, and any other necessary control.
- . Control expiration and payment stipulations of contracts, write checks and submit them for signature along with their corresponding backups.
- . File original documents of the accounting transactions.
- . Do a physical inventory of project assets at least once a year, including items added and withdrawn.

5. Responsibilities of Administrative Secretary/Assistant

- . Type and file letters, implementation reports and any other required documents.
- . Seek quotes for necessary material, equipment and services, taking into consideration the quantities, date and place of delivery, specific price and quality and compare with the budget.
- . Deal with customs, clearances for items purchased abroad.
- . Supervise the supporting personnel (driver, maintenance, etc)
- . Responsible for petty cash.
- . Control and keep record of transactions originated by purchase orders.
- . Prepare purchase orders and annex the documents for processing by the accountant.

6. Responsibilities of person in charge of the Secondary Prevention Unit

- . Quality control for the samples taken, reading and interpretation.
- . Organize and verify consultations for patients previously selected for their high risk conditions by the community groups working in their corresponding neighborhoods in coordination with the project.

. Follow-up the referrals for second level consultations both at the Institute and health centers.

. Visit those centers before the placement of the Mobile Unit to evaluate the conditions in which they work, both for gynecological and laboratory consultations, for any eventual referral.

. Make sure the rules established in the Cytopathological Laboratory Manual are followed, and modify them as necessary to avoid important deviations.

. Thoroughly fill in forms for the data base and monitor the fulfillment of project objectives corresponding to this unit.

. Prepare progress reports on implementation, for laboratory and medical consultations.

. Follow-up timely delivery of results to patients.

. Confirm carcinoma and dysplasia diagnosis

. Make decisions on other aspects not mentioned that might result as a consequence of the medical services provided.

7. Responsibilities of Resident Doctors:

. Complete forms prepared to monitor implementation of their activities.

. Perform physical breast examinations and take samples for cervical cytology.

. Perform consultations in a hygienic and agreeable environment

. Take cytological samples accomplishing the established medical requirements for such purposes, so that a good margin of security can be provided.

. Disinfect medical tools

. Communicate any medical information considered as relevant to the person in charge of the Secondary Prevention Unit so that timely and efficient decisions can be made.

. Send plaques to laboratory for reading.

8. Responsibilities of cytologists

. Receive cytology samples from mobile unit

- . Complete the necessary forms for monitoring
 - . Interpret samples for delivery to patients within the established period
 - . Maintain equipment in good shape and use the necessary materials in a rational way for smooth laboratory functioning.
9. Responsibilities of tissue staining technician:
- . Stain samples within the established period for reading and interpretation
 - . Complete the forms for monitoring
 - . Distribute the samples to the cytologist or cytotechnologist
 - . File the results
10. Responsibilities of Mobile Unit nurses:
- . Receive payment for services and complete the corresponding forms.
 - . Complete the patient records
 - . Assist the medical personnel at consultations
11. Responsibilities of person in charge of the Data Base:
- . Collect and organize data necessary for the project in a systematic and continuous way so that they constitute the fundamental tool for monitoring, reports, decision making and implementation.
 - . Provide advice to the other units on the use of the statistical methods in report preparation.
 - . Monthly reports to inform the Project Director and higher levels on progress of activities in the different units.
12. Responsibility of Laboratory Secretary:
- . Collate purchase orders versus invoices and merchandise received, as well as inspect the laboratory supplies received and monitoring inventory movements to avoid loss and damage to stock.
 - . Control the flow of laboratory reagents on stock by means of permanent inventory cards. This inventory will act as a control tool and information source for re-ordering.

. Register the results of studies on the corresponding forms and at the specified frequency, as well as coordinate with the data base person for computerized processing.

. File plaques or carriers

13. Responsibilities of the person in charge of the Primary Prevention Unit:

. Coordinate and prepare posters, bulletins, leaflets, educational publications and talks in general.

. Take care of audiovisual equipment and educational material.

. Coordinate and supervise volunteers working in educational activities and other supporting areas for which their participation might be necessary. Offer initial orientation and support to patients.

. Determine the family and environmental variables that could interfere with the treatment plan and provide this information to the rest of the professionals who provide services.

. Achieve active family participation in the patient's recovery, providing the patient an environment for understanding the situation, the struggle for recuperation and assuming responsibility for payment of treatment expenses.

. Monitor the different variables of the Primary Prevention Unit, fulfill its objectives, and make decisions on important deviations for timely and efficient adjustments.

14. Responsibilities of health promoters:

. Conduct health promotion for cancer prevention in a clear, precise and concise way for the target female population of this project.

. Carry out the program established by the coordinator.

. Verify participant assistance, and when not responding to what is planned, notify the coordinator.

. Deliver documents on prevention to each one of the participants and provide necessary guidance.

. Take questions that they cannot respond to and seek advice from the coordinator and/or doctor to make sure the concerns are answered professionally.

13

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. Deliver documents on prevention to each one of the participants and provide necessary guidance.

. Take questions that they cannot respond to and seek advice from the coordinator and/or doctor to make sure the concerns are answered professionally.

- . Advise women to see their doctors, gynecologists or nearest health center (prior to cytopathologist evaluations) for PAP tests and physical breast examinations.
- . Recommend participating women based upon their understanding to spread the knowledge in their communities.
- . Collaborate with resident doctor to deliver results and collection of personal data when required.