

PD ABH-392  
85590

GRANT NO. 517-0247-G-00-4004-00  
CONSORCIO NACIONAL DE SUPERVIVENCIA MATERNO INFANTIL  
(CONASUMI)

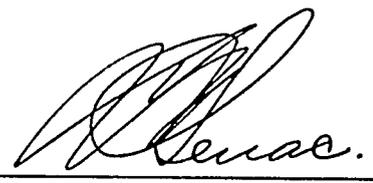
  
RAYMOND F. RIFENBURG

DIRECTOR  
U.S. AGENCY FOR  
INTERNATIONAL DEVELOPMENT



LIC. ROLANDO REYES,  
DIRECTOR  
OFICINA NACIONAL DE  
PLANIFICACION (ONAPLAN)

  
ING. ALFONSO CASASNOVAS  
PRESIDENT  
INSTITUTO DOMINICANO DE  
DESARROLLO INTEGRAL, INC.  
(IDDI)



ARQ. LUIS SENA,  
COORDINATOR  
CONSORCIO NACIONAL DE  
SUPERVIVENCIA MATERNO  
INFANTIL, (CONASUMI)

**CONFORMED COPY**

DATE: 15 OCT. 1983

# 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

October 15, 1993

Ing. Alfonso Casasnovas  
President  
Instituto Dominicano de  
Desarrollo Integral (IDDI)  
Reperto Seminario No. 5  
Bella Vista  
Santo Domingo, D.R.

Subject: Grant No. 517-0247-G-00-4004-00

Dear Mr. Luther:

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 Instituto Dominicano de Desarrollo Integral (hereby referred to as IDDI or "Recipient") the sum of US\$1,098,315 and RD\$5,647,031 to implement a Child Survival Project with the Consorcio Nacional de Supervivencia Materno Infantil (CONASUMI) to improve the health condition of 72,048 children under five years of age and 54,036 women of reproductive age (15 to 49 years), 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 October 15, 1993 and ending October 16, 1995.

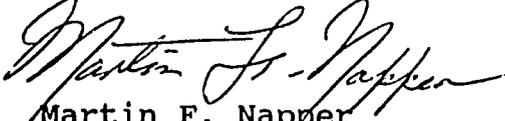
This Agreement is made to the Grantee on the condition that the funds will be administered in accordance with the terms and conditions as set forth in this Cover Letter, in Attachment 1 entitled "Schedule," Attachment 2 entitled "Program Description," Attachment 3 entitled "Mandatory Standard Provisions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

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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, the Certification Regarding Lobbying for Grants and Cooperative Agreements 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,

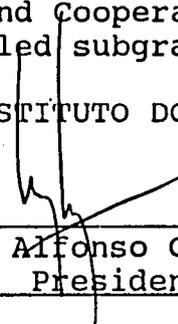
  
Martin F. Napper  
Grant Officer

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, and Certification regarding Lobbying for Grants and Cooperative Agreements)
6. Annex, detailed subgrant budgets and operational unit budget

ACKNOWLEDGED: INSTITUTO DOMINICANO DE DESARROLLO INTEGRAL

BY:

  
\_\_\_\_\_  
Ing. Alfonso Casasnovas

TITLE:

\_\_\_\_\_  
President

DATE:

\_\_\_\_\_  
October 15, 1993

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FISCAL DATA

**Appropriation:**

Budget Plan code:

Grant No.: 517-0247-G-00-4004-00

PIO/T Nos.: 999-0247-3-30067

517-0247-3-30068

Total Estimated Amount: US\$1,098,315; RD\$5,647,031

Total Obligated Amount: US\$1,098,315; RD\$5,647,031

Funding Source: USAID/DR

Project Office: USAID/GDO

- 1) PIO/T-999-0247-3-30067: RCN P300116  
Appr. 72-FT800 BPC YKAX-93-25517-KG00 RD\$5,647,031.00
- 2) PIO/T-517-0247-3-30068:

Appr.	BPC	ECN	Amount
72-1191021	LDHA-89-25517-KG13	D300155	US\$160,483.00
72-1101021	LDHA-90-25517-KG13	D300156	235,000.00
72-1101021	LDSA-90-25517-KG13	D300157	173,794.00
72-112/31021	LDC2-92-25517-KG13	D300158	189,700.00
72-112/31021	LDH2-92-25517-KG13	D300159	253,000.00
72-112/31021	LDP2-92-25517-KG13	D300160	86,338.00
			<u>\$1,098,315.00</u>

Clearances:

RMangrich/GDO: [Signature] Date: 10/13/93  
 PStruharik/GDO: [Signature] Date: 10/13/93  
 DChiriboga/PDO: [Signature] Date: 10/14/93  
 WButler/CON: [Signature] Date: 10/15/93

<b>FUNDS AVAILABLE</b>	
<u>[Signature]</u>	
Initial	Date
<u>[Signature]</u>	<u>10/16/93</u>

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**ATTACHMENT 1**

**SCHEDULE**

**A. PURPOSE OF THE GRANT**

The purpose of the project is to improve the health conditions of 72,048 children under five years of age and 54,036 women of reproductive age (15 to 49 years).

**B. PERIOD OF THE GRANT**

1. The effective date of this Grant is October 15, 1993. The completion date of the Grant is October 16, 1995. 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 One Million Ninety Eight Thousand and Three Hundred Fifteen dollars (US\$1,098,315) and Five Million Six Hundred Forty Seven Thousand and Thirty One Pesos (RD\$5,647,031) 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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CHILD SURVIVAL PROJECT  
 PHASE III  
 GENERAL BUDGET  
 VALUES IN US\$

LINE ITEMS	ANNEX	FIRST YEAR				SECOND YEAR				TOTALS				TOTAL
		AID	NGO	BENEF.	OTHERS	AID	NGO	BENEF.	OTHERS	AID	NGO	BENEF.	OTHERS	
1. PERSONNEL	1	340,902.37	644,178.13	0.00	0.00	414,931.85	819,599.28	0.00	0.00	755,854.22	1,464,177.41	0.00	0.00	2,220,031.63
2. OPERATIVE COSTS	4	106,247.44	74,110.00	0.00	0.00	110,095.52	72,960.32	0.00	0.00	216,342.96	148,070.32	0.00	0.00	364,413.28
3. TRAINING	2	36,960.00	0.00	22,534.40	0.00	22,795.20	0.00	13,184.00	0.00	59,755.20	0.00	35,718.40	0.00	95,473.60
4. EDUCATIONAL MATERIALS	5	27,992.00	0.00	0.00	20,264.30	33,272.32	0.00	0.00	16,800.00	61,264.32	0.00	0.00	37,064.00	98,326.32
5. SOCIAL COMMUNICATION	6	137,064.56	565,296.64	0.00	0.00	102,233.26	455,341.38	0.00	0.00	239,297.82	1,020,638.02	0.00	0.00	1,259,935.84
6. MATERIALS	3	40,346.64	25,137.12	0.00	0.00	48,416.16	30,997.20	0.00	0.00	88,762.80	55,144.32	0.00	0.00	143,907.12
7. EVALUATIONS	7	0.00	0.00	0.00	0.00	14,400.00	0.00	0.00	0.00	14,400.00	0.00	0.00	0.00	14,400.00
8. AUDITS	7	55,000.00	0.00	0.00	0.00	59,400.00	0.00	0.00	0.00	114,400.00	0.00	0.00	0.00	114,400.00
TOTALS		744,513.01	1,308,721.89	22,534.40	20,264.00	805,564.31	1,379,308.17	13,184.00	16,800.00	1,550,677.32	2,688,030.07	35,718.40	37,064.00	4,310,863.79

\* US\$ DOLLAR COSTS

- 85678.000 REQUIRED FOR EXTERNAL CONSULTANT FOR SOCIAL MASS MEDIA CAMPAIGNS (US\$48,750 YEAR 1; US\$29,250 YEAR 2)
- 55614.400 REQUIRED FOR EXTERNAL CONSULTANT FOR FINAL EVALUATION

CHILD SURVIVAL PROJECT  
 PHASE III  
 GENERAL BUDGET  
 VALUES IN RDS

LIST ITEMS	ANNUITY	FIRST YEAR				SECOND YEAR				TOTALS				
		AID	NGO	BENEF.	OTHERS	AID	NGO	BENEF.	OTHERS	AID	NGO	BENEF.	OTHERS	TOTAL
1. PERSONNEL	1	4,251,279.62	8,052,226.67	0.00	0.00	5,186,898.12	10,249,399.95	0.00	0.00	9,448,177.74	18,392,217.62	0.00	0.00	27,750,395.36
2. OPERATIVE COSTS	4	1,328,093.60	926,375.00	0.00	0.00	1,376,194.00	924,504.00	0.00	0.00	2,704,287.00	1,850,879.00	0.00	0.00	4,555,165.00
3. TRAINING	2	462,000.00	0.00	281,650.00	0.00	284,940.00	0.00	164,800.00	0.00	746,940.00	0.00	446,480.00	0.00	1,193,420.00
4. EDUCATIONAL MATERIALS	5	349,900.00	0.00	0.00	253,300.00	415,904.00	0.00	0.00	210,000.00	765,804.00	0.00	0.00	463,300.00	1,229,104.00
5. SOCIAL COMMUNICATION *	6	1,713,307.00	7,966,208.00	0.00	0.00	1,277,915.80	5,691,767.20	0.00	0.00	2,991,222.80	12,757,975.20	0.00	0.00	15,749,198.00
6. MATERIALS	3	504,333.00	314,214.00	0.00	0.00	605,202.00	375,090.00	0.00	0.00	1,109,535.00	689,304.00	0.00	0.00	1,798,839.00
7. EVALUATIONS *	7	0.00	0.00	0.00	0.00	180,000.00	0.00	0.00	0.00	180,000.00	0.00	0.00	0.00	180,000.00
8. AUDITS	7	687,500.00	0.00	0.00	0.00	742,500.00	0.00	0.00	0.00	1,430,000.00	0.00	0.00	0.00	1,430,000.00
<b>TOTALS</b>		<b>9,305,412.62</b>	<b>16,359,023.67</b>	<b>281,650.00</b>	<b>253,300.00</b>	<b>10,059,553.92</b>	<b>17,241,352.15</b>	<b>164,800.00</b>	<b>210,000.00</b>	<b>19,375,966.54</b>	<b>33,600,375.82</b>	<b>446,480.00</b>	<b>463,300.00</b>	<b>53,825,122.36</b>

\* US\$ DOLLAR COSTS  
 - US\$78,000 REQUIRED FOR EXTERNAL CONSULTANT FOR SOCIAL MASS MEDIA CAMPAIGNS  
 (US\$48,750 YEAR 1; US\$29,250 YEAR 2)  
 - US\$14,400 REQUIRED FOR EXTERNAL CONSULTANT FOR FINAL EVALUATION

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CASH FLOW FOR FIRST YEAR  
 VALUES IN USD  
 (AID CONTRIBUTION)

LINE ITEMS	M O N T H S												TOTAL		
	1	2	3	4	5	6	7	8	9	10	11	12			
1. PERSONNEL	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	:311,450.89	835,319.83	4,261,279.62
2. OPERATIVE COSTS	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	:110,674.42	110,674.38	1,328,093.00
3. TRAINING	:29,700.00	:29,700.00	:134,200.00	:134,200.00	:134,200.00	-	-	-	-	-	-	-	-	-	462,000.00
4. EDUCATIONAL MATERIALS	:116,633.33	:116,633.33	:116,633.34	-	-	-	-	-	-	-	-	-	-	-	349,900.00
5. SOCIAL COMMUNICATIONS *	:79,494.33	:79,494.33	:79,494.33	:79,494.33	:79,494.33	:79,494.33	:206,056.83	:206,056.83	:206,056.83	:206,056.83	:206,056.83	:206,056.83	:206,056.83	206,056.87	1,713,307.00
6. MATERIALS	-	-	:168,111.00	-	-	-	:168,111.00	-	-	-	-	:168,111.00	-	-	504,333.00
7. EVALUATIONS	-	-	-	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00
8. AUDITS	-	-	-	-	-	-	-	-	-	-	-	-	587,500.00	687,500.00	687,500.00
<b>TOTALS</b>	<b>:647,952.97</b>	<b>:647,952.97</b>	<b>:920,563.98</b>	<b>:635,819.64</b>	<b>:635,819.64</b>	<b>:501,619.64</b>	<b>:796,293.14</b>	<b>:628,182.14</b>	<b>:628,182.14</b>	<b>:628,182.14</b>	<b>:796,293.14</b>	<b>:1,839,551.08</b>	<b>:1,839,551.08</b>	<b>9,306,412.62</b>	<b>:9,306,412.62</b>

\* USD DOLLAR COSTS  
 - US\$48,750 REQUIRED FOR EXTERNAL CONSULTANT FOR SOCIAL MASS MEDIA  
 (STARTING IN THE 5th MONTH US\$8,125 WILL BE REQUIRED PER MONTH)

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CASH FLOW FOR FIRST YEAR  
 VALUES IN US\$  
 (AID CONTRIBUTION)

LINE ITEMS	M O N T H S												TOTAL		
	1	2	3	4	5	6	7	8	9	10	11	12			
1. PERSONNEL	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	24,916.07	66,825.59	340,902.37
2. OPERATIVE COSTS	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	8,853.95	106,247.44
3. TRAINING	2,376.00	2,376.00	10,736.00	10,736.00	10,736.00	-	-	-	-	-	-	-	-	-	36,960.00
4. EDUCATIONAL MATERIALS	9,330.67	9,330.67	9,330.67	-	-	-	-	-	-	-	-	-	-	-	27,992.00
5. SOCIAL COMMUNICATIONS *	6,359.55	6,359.55	6,359.55	6,359.55	6,359.55	6,359.55	16,484.55	16,484.55	16,484.55	16,484.55	16,484.55	16,484.55	16,484.55	16,484.55	137,064.56
6. MATERIALS	-	-	13,448.88	-	-	-	13,448.88	-	-	-	-	13,448.88	-	-	40,346.54
7. EVALUATIONS	-	-	-	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00
8. AUDITS	-	-	-	-	-	-	-	-	-	-	-	-	55,000.00	55,000.00	55,000.00
<b>TOTALS</b>	<b>51,836.24</b>	<b>51,836.24</b>	<b>73,645.12</b>	<b>50,865.57</b>	<b>50,865.57</b>	<b>40,129.57</b>	<b>63,703.45</b>	<b>50,254.57</b>	<b>50,254.57</b>	<b>50,254.57</b>	<b>63,703.45</b>	<b>147,154.09</b>	<b>174,513.01</b>		

\* US\$ DOLLAR COSTS  
 - US\$48,750 REQUIRED FOR EXTERNAL CONSULTANT FOR SOCIAL MASS MEDIA  
 (STARTING IN THE 5th MONTH US\$0.125 WILL BE REQUIRED PER MONTH)

**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**

**1. PROJECT PURPOSE**

This project represents the efforts on the part of the Consorcio Nacional de Supervivencia Materno Infantil (CONASUMI) to continue establishing a national system of community-based health services through non-governmental organizations (NGOs). This project (phase III of a long-term child survival program) will improve the health conditions of 72,048 children under five years of age and 54,036 women of reproductive age (15 to 49 years). Phase III will last for a period of two years with a limited number of child survival interventions. These interventions include: Control of Diarrheic Illnesses/Oral Rehydration Therapy (CDI/ORT), Breast-feeding (BF), Extended Immunization Program (EIP) and Birth Spacing (BS). Other interventions will be included during subsequent project phases.

The products expected at the end of the project are listed below.

o Delivery of Services.

A model for supervision, monitoring and logistics for child survival services will be operated by the ten NGOs members of CONASUMI.

o Training.

An education and technical training model for CDI/ORT, breast-feeding, birth spacing, and support to the EIP will be operated by the ten NGOs.

583 promoters and 59 supervisors will be trained in the four interventions of the child survival program.

o Social Communication.

Campaigns with CDI/ORT, breast-feeding and birth spacing messages will be implemented in the three project zones for women of reproductive age (15-49) and the general population.

**2. PROBLEMS/GEOGRAPHIC AREA:**

The high mortality rate among children under the age of five in Health Regions O, IV, and VI (as defined by SESPAS) and the lack of an efficient public system for confronting the problems, have

demanded that the NGOs assume an important roll in the development of a system of health services for child survival.

The NGOs involved in the child survival program currently concentrate their activities in the regions most affected by poverty, such as the marginal neighborhoods of Santo Domingo (Health Region O) and the border provinces (Health Regions IV and VI), due to their high levels of malnutrition and morbidity-mortality in children under the age of five. Specifically, the project is located in 251 communities/neighborhoods of the Federal District (Health Region O) and in the provinces of Barahona, Pedernales, Independencia and Batoruco (Region IV) and the provinces of Azua, San Juan and Elias Pina (Region VI).

The NGOs working in Region O (Asociación Dominicana de Planificación Familiar [ADOPLAFAM], Food for the Hungry [FH], Fundación Desarrollo para la Juventud, Instituto Dominicano de Desarrollo Integral [IDDI] and Plan Internacional) influence the marginal districts within the metropolitan area and the periphery of Santo Domingo. The overpopulated neighborhoods where the NGOs work are growing at a rate of 10% a year, worsening the already depressing conditions. The residents live in precarious housing (dirt floors, cardboard or board walls), the majority without adequate basic services such as water, electricity and waste disposal. Within these communities there is a high level of unemployment and underemployment as well as a great lack of education and health services.

The following NGOs are working in the southeast region of the country: Region IV - Agencia Evangélica de Desarrollo (AED), Servicio Social de Iglesias Dominicana (SSID), Centro Intercambio Apoyo Cultural (CIAC), Fundación Salud y Bienestar (FUSABI), and World Vision; and Region VI - Asociación de Aguas Vivientes, Inc, FH, Fundación para el Desarrollo Comunitario (FUDECO), and Mujeres en Desarrollo (MUDE). This area is considered to be the most devastated of the country, especially in ecological terms. The region is highly deforested with sandy, saline soil and low rainfall. The living conditions are also very poor: low family income, a great lack of health services, scarce availability of arable land for crop production, erratic basic services such as water, light and waste disposal and a low level of education (a fact that is associated with the high levels of child mortality).

The total estimated population of children under the age of five and women of reproductive age (15-49) for 1993 for the three regions is:

- o Region O - children < five years = 365,166  
women of reproductive age = 650,043

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- o Region IV - children < five years = 45,700  
women of reproductive age = 81,351
- o Region VI - children < five years = 80,979  
women of reproductive age = 144,153

This project will respond to the following specific problems:

**a. Diarrheic Diseases**

The high occurrence of (41%) and mortality from (23%) diarrhea show that this affection continues to be the number one cause of illness and death in children under five years of age in the Dominican Republic. Death from diarrhea is closely linked to feeding patterns during periods of incidence, particularly with the frequency of lactation and the quantity of liquids administered. In this respect, 46% of the children with diarrhea were given smaller amounts of liquids, 39% received the same amount, and only 4% received a greater amount than normal. (ENDESA 91)

**b. Breast-feeding**

Analyzing the results of the KAP study conducted by University Research Corporation in 1992, in Health Regions O, IV, VI, demonstrates that 75.1% of the mothers interviewed believe that they should breast-feed immediately after the birth of the child. Nevertheless, they do not see the importance of breast-feeding exclusively. This study reveals that 61% of the mothers interviewed never exclusively breast-feed. Before the age of four months, 62% of the mothers start feeding their babies, water, tea, juices, semi-solids and solid foods. ENDESA 91 found that the mothers that believe that they should breast-feed until the age of one year do not do so exclusively. Only 15% of the babies are breast-fed exclusively during the first month, 4.9% from two to three months, and only 0.3% from three to four months. These practices result in a high level of malnutrition and child mortality from diarrhea and other infectious diseases in these regions.

In a study from the Centro de Investigacion en Salud Materno Infantil (CENISMI), infant mortality in babies that were not breast-fed was 56 per 1000 live births, surpassing three times that of babies that were breast-fed (18.7%) and seven times the world infant mortality rate of 1990.

**c. Birth Spacing**

The high number of pregnancies and short time between them (two years or less) as well as pregnancies in very young women (under

20 years of age) or old (over 35 years) create conditions for high risk and elevated child and maternal mortality. Fifty percent (50%) of all children born in the last five years in the Dominican Republic find themselves in some category of high risk of death.

The global fertility rate for the country is at 3.3 children per woman, with an average 57% higher in the rural zones.

The infant mortality rate for the Dominican Republic is 43 per 1000 live births, but when analyzed, this rate shows a variation depending on the age of the mother. Likewise, if we observe the length of time between pregnancies, the risk of death is 1.9 times greater for children born with less than two years between pregnancies (61/1000) than for children with four or more years of spacing (33/1000).

ENDESA 91 clearly shows a weakness regarding knowledge in the correct use of family planning methods due to problems of access to necessary information. Approximately 76% of the women interviewed had no adequate knowledge about their reproductive physiology, which is indispensable for success in the use of natural methods. Only 25% of those women who use contraceptive pills, the second most utilized method know how to use it correctly. About 69% of the women interviewed never heard any type of message about family planning.

#### **d. Immunization**

ENDESA 91 reports that, for the Dominican Republic, only 24% of the children have been completely immunized against BCG, measles, polio 3 and DPT 3 at the appropriate age (under 12 months) and that only 37% of children between 12 and 23 months have been completely immunized. In Region 0, 44.4% of the children between 12 and 23 months have been completely immunized, only 33.6% in Region IV, and only 25.3% in Region VI.

It was demonstrated that in the whole country, 77.7% of the mothers pregnant in the five years before the study received two or more doses of tetanus vaccine. In Region 0, 76.6%, in Region IV 78.5% and in Region VI only 67.3% had been vaccinated.

### **3. SPECIFIC OBJECTIVES:**

#### **a. Sustainability**

The objectives of the project relative to its sustainability are the following:

- o to strengthen the institutional ability of the consortium of

NGOs to implement the strategy of the child survival program in Health Regions O, IV, and VI initially and on a national level later; and

- o to see that contract and volunteer personnel acquire knowledge and skills in the institutional, technical and financial components of the project in order to assure their sustainability in the future.

**b. Health Objectives**

The objectives of the project relative to health issues are the following:

- o **CDI/ORT**  
to see that the mothers learn the importance of increasing liquids, preparing and using oral rehydration formulas and giving appropriate nourishment during and after episodes of diarrhea;
- o **BREAST-FEEDING**  
to promote exclusive breast-feeding until the fourth to sixth month, educating the mothers about the importance of this as a means of preventing malnutrition and infant mortality;
- o **BIRTH SPACING**  
to ensure that the population of reproductive age obtain basic knowledge of birth spacing and refer them to the centers that offer information on family planning;  
  
to supply contraceptive methods to women of reproductive age at accessible costs; and
- o **IMMUNIZATION**  
to increase immunization coverage through the support of vaccination schedules and referrals to regular programs of vaccination for children under two years and women of reproductive age.

**4. PRINCIPAL ACTIVITIES**

**a. Health Services Delivery**

Under the supervision of the Operations Unit, ten NGOs will receive subgrants based upon the size of their areas of responsibility and the budgets specified in this grant. The ten NGO members of CONASUMI that will receive sub-grants are:

- Asociación de Aguas Videntes (AAVI)

- Asociación Evangélica de Desarrollo (AED)
- Centro de Investigación y Apoyo Cultural (CIAC)
- Fundación Contra el Hambre (FH)
- Fundación para el Desarrollo Comunitario (FUDECO)
- Fundación Salud y Bienestar (FUSABI)
- Fundación para el Desarrollo de la Juventud (FUNDEJOVEN)
- Instituto Dominicano de Desarrollo Integral (IDDI)
- Plan Nacional de Supervivencia Infantil (PLANSI)
- Servicio Social de Iglesias Dominicanas (SSID)

The direct services to the target population will be provided by a team of community health workers, trained and supervised by a team of supervisors who are part of the personnel of the NGOs. The supervisors in turn are trained and supervised by the health coordinators of the NGOs. For each of these levels of personnel the project developed training modules during Phase II.

The basic form of delivery of services will be through home visits by the promoter to the families assigned to them.

During the home visits, the health promoters will:

- o share the educational messages of each intervention, reinforcing the information received through the mass media in order to change attitudes and health practices of mothers;
- o identify and help solve specific health problems of the families visited;
- o record the data pertinent to each intervention in the promoter's notebook and the family file; and
- o make at least two home visits per month to each family under his/her care.

The work of the promoters is voluntary. In an effort to maintain a high level of motivation. The NGOs will provide some support to promoters such as transportation, lodging and meals during training, etc.

The health service, as well as the individual interaction between health promoter and mother (through the home visits) is complemented by meetings with community organizations and health personnel, educational materials (leaflets, brochures, bulletins, posters, and street banners) and a radio and television social communication campaign validated by more than 200 focal groups.

**b. Training**

Three types of training activities will be conducted:

- o Training of new promoters will be carried out through 20 courses in the two years. The training of supervisors will be done through 17 courses. The promoter training events will each last three days and those of the supervisors will last two. The total number of new supervisors trained will be 63 and the total number of new promoters trained will be 265. The new supervisors will be trained by the coordinators already trained in Phase II. These supervisors will in turn train the new promoters.
- o In addition, the promoters will receive in-service training by the supervisors. These practical training sessions will cover problems discovered during supervisory visits, in the recording of data and in the reports produced by them.
- o The third training activity will be community discussions where promoters and supervisors discuss aspects of the services delivered by the project with groups of women from the target population (an average of 20 women per group). The frequency of these discussions will be approximately two per month per promoter.

**c. Social Communication**

The social communication component of the project will consist of analysis, redesign, production, execution, and evaluation of three mass media campaigns on the subjects of CDI/ORT, breast-feeding and birth spacing.

The purpose of these campaigns is to produce changes in knowledge, attitude and conduct of women (ages 15-49) with respect to the activities of the project.

The three campaigns conducted during Phase II will serve as models. During the implementation of this component the following is planned:

- o the redesign and re-launching of three campaigns;
- o the completion of five KAP campaign monitoring studies; and
- o the establishment of the technical capacity of the Information/Education/Communication (IEC) component that will provide technical support in communication during the project. For this component an external advisor, a

Dominican IEC consultant (counterpart of the advisor) and the temporary services of media coordination during the re-launching of each campaign are needed.

Social Communication is an essential part of the training strategy of the project, since the face to face work of the promoters is greatly strengthened by the positioning achieved through the transmitted messages.

**d. Immunization**

CONASUMI will support the SESPAS immunization campaign in the project regions, through referrals to the regular programs and assistance with the vaccination schedules.

**5. BENEFICIARIES**

During Phase III, the project will improve the living conditions of the beneficiaries in the following ways:

- o contribute to the reduction of mortality due to diarrhea in children under the age of five by reducing the occurrence of diarrhea in these children;
- o train women in the preparation and use of oral rehydration salts;
- o distribute packages of oral rehydration salts at an accessible price;
- o increase the practice of exclusive breast-feeding until the fourth to sixth month;
- o support the campaign to immunize children under the age of two against preventible diseases and include children under five years of age and women of reproductive age to complete the vaccination plan; and
- o train women on the subjects of reproductive health and family planning and ensure that they incorporate that knowledge into their family life.

The beneficiaries of the project will be 72,048 children under the age of five and 54,036 women of reproductive age amounting to a total of 126,084 direct beneficiaries. The NGOs will work in the poorest communities/neighborhoods of their regions, working with all of the families until the regions have been covered.

The beneficiaries participate in various ways in this project. The members of the community elect the volunteer health promoters

that will have the responsibility of delivering child survival health services to the community. The community groups have the responsibility of:

- o supporting the promoter;
- o providing information on the health situation of their families;
- o receiving and applying the knowledge and techniques taught by the health promoter;
- o helping the promoter to involve more community groups; and
- o transferring the knowledge and health practices learned to subsequent generations.

The potential for CONASUMI to reach a greater number of persons based on local resources is excellent. Through its massive public awareness campaign on T.V. and radio the project's messages have already reached most of the women of reproductive age in Regions O, IV, and VI (KAP 92). Considering that many of the television and radio broadcasts are received nationwide, the potential for expanding to a greater number of persons based on local resources is even greater. (The transmission of the messages has been principally in space donated by the stations.)

The child survival messages are also further spread by the beneficiary women, the health committees and promoters who share their knowledge with sisters, daughters and friends that live in communities which the NGOs have not reached.

## 6. COORDINATION AMONG INSTITUTIONS

CONASUMI has the potential to expand its coverage by coordinating with other NGO health programs. Currently in Region IV, SSID, AED, FUSABI, CIAC, VISION and CARE coordinate and will continue coordinating with Coordinador de Salud de Suroeste (COSASO), a consortium of more than 14 NGOs working on health and education projects in this region. The NGOs of COSASO that are not in CONASUMI are: Centro César Nicolás Penson, Buen Samaritano, Departamento de Asistencia Social Ingenio Barahona, Obispado de Barahona, Fundación para el Desarrollo de la Frontera, and PROFAMILIA. The members of CONASUMI share all of the educational materials and established norms for the child survival program with other NGOs to ensure that there is consistency in the messages that NGOs are promoting.

In Region VI there are more than ten NGOs that coordinate and support all of the activities related to maternal/child health

through the Comité Materno Infantil. The following NGOs are members of the committee: MUDE, FH, FUDECO, AAVI, FEPROCA, INDESUR, GRUPEIC, Comité Barrio Nuevo Santana, Parroquia Cristo Redentor and Clinica Dr. Canario.

CONASUMI will continue coordinating the following activities with SESPAS:

- o mass communication campaign;
- o support of the Extended Immunization Program; and
- o participation in meetings on technical and policy decisions.

The NGOs in Region IV will continue coordinating with COSASO, and those in Region VI will continue coordinating with the Comité Materno Infantil. In addition, CONASUMI is open to the integration into the consortium of all the NGOs working in maternal/ child health.

#### 7. PREVIOUS ACCOMPLISHMENTS

This project is the continuation of Phase II with the objectives defined by three studies: BASELINE 91, KAP 92 and KAP 93 as well as more than 200 focal groups and the final evaluation of URC. Its accomplishments to date are listed below.

- o 1,395 coordinators, supervisors and promoters were trained in child survival interventions.
- o 250 community organizations were integrated into the project as associates.
- o A network of 1,289 health promoters, qualified to maintain a health training relationship with the beneficiary families was established. Generally there were 30-35 families per promoter and 10-12 promoters per supervisor. (The next project phase will increase the ratio of promoters to supervisors to 20-25 for one promoter in the rural areas and about 35-40 to one in the urban areas).
- o 45,072 women were trained in the preparation and use of oral rehydration salts.
- o In less than a year, the number of women who know how to prevent dehydration in children under the age of five increased by 10%. The number of women who know the value of rehydration salts increased another 10%.

- o The number of women who know that they should not give milk other than breast milk until the child is four months or older increased by 16%.
- o The number of mothers that say that the health of the woman is the reason they should wait to have children increased by 30%.

## **B. PROJECT IMPLEMENTATION**

### **1. ADMINISTRATIVE SUPERVISION**

General supervision of the project will be the responsibility of the Instituto Dominicano de Desarrollo Integral (IDDI) which will be responsible for the financial, administrative and technical functions of this project phase. In order to carry out these functions, IDDI will set up a special office for the project (the Operations Unit), physically and administratively separated from its other operations. This special Operations Unit will become the administrative Unit of CONASUMI after this project phase.

The Operations Unit will be responsible for the technical coordination of the project using a team of professionals with experience in the implementation of similar projects. These individuals will coordinate the design and implementation of the public awareness campaigns, the training events at all levels, the delivery of services of the NGOs to the target population, and the financial transactions for the participating NGOs. There will be one coordinator to cover all of the three health regions where the project will operate (O, IV, VI), an executive director, accountant and two support personnel.

The project will have the necessary external advisory support from the board of directors of the consortium CONASUMI, who will assist IDDI with the process of allocation of resources and the supervision of the delivery of the program's services. Through this mechanism, the application of the policies that will serve as a guide during implementation will be overseen.

The financial and technical supervision of the project will be done by the IDDI's Operations Unit for this project, the lead NGO representing CONASUMI. Major management decisions will be made jointly by IDDI and the Projects Committee of CONASUMI. The purpose of this IDDI/CONASUMI coordination is to assure that all the administrative and operational systems to be implemented during this project can be under the direct supervision of CONASUMI once Phase III concludes. The IDDI/CONASUMI coordination will be established by an agreement to be signed by both groups.

Subgrants will be made to the ten NGO members of CONASUMI by IDDI based upon individual NGO budgets attached to the overall project budget. Each NGO will be responsible for administering their subgrant funds and implementing the project in their region of influence.

### **Supervision**

Two types of supervisory practices will be used to ensure the quality of the delivery of services.

- o Technical supervision of supervisors by the Operations Unit.

This will have as a principal function the verification of application of techniques taught to supervisors and facilitate the implementation of the activities planned in the project for each region. The supervision will also focus on verification of the level of contact between the supervisors and the promoters, provision of feedback on material presented in the training sessions, and the checking for accuracy of data contained in the reports.

- o Supervision of the promoters by the supervisors.

The central objective of this supervision will be to verify and assist in the transmission of knowledge from promoters to mothers and the accurate recording of data.

## **2. LOGISTICS**

The Operational Unit:

- o Assure that adequate transportation is provided for the supervisory activities of the coordinator and supervisors by coordinating the transportation resources of the NGOs and the Operations Unit; and
- o assure the regular distribution of training materials, oral rehydration salts and birth control supplies through the establishment of agreements with the suppliers and information control centers at each stage.

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**3. TECHNICAL ASSISTANCE REQUIREMENTS:**

	<b>Provider</b>	<b>Functions/Time Required</b>
a)	Operations Unit: Executive Director, General Coordinator, Accountant, and 2 support personnel (total: 5 persons)	.Financial control (24 months) .Technical coordination .Implementation monitoring .Evaluation coordination .Analysis, design and control of media campaigns with NGOs
b)	External Advisor in Mass Communication - 4 months Internal Advisor in Mass Communication - 8 months	.Assistance with the Design, implementation and evaluation of the mass media campaigns .Design and implement the project's IEC unit .Train the internal advisor in the management of the IEC unit
c)	Facilitator for the workshop on Systems Information in Health, Monitoring and Evaluation	.Train coordinators (1 mo.) of NGOs in monitoring and control of results
d)	Facilitator for the workshop on Administration and Development of Personnel	.Train coordinators (1 mo.) and Administrators of the NGOs in the development of personnel skills
e)	Facilitator for the workshop on Improvement of the Quality of Services	.Train the coordinators of the NGOs in improvement of the efficiency of the delivery of services
f)	Facilitator for the workshop on Sustainability	.Train the coordinators and administration of the NGOs in the design of alternatives of institutional development and financial sustainability
g)	External Consultants for the final evaluation	.evaluate project impact. (3 weeks)

**4. OPERATIONS UNIT PERSONNEL:**

**a. Executive Director - (24 months)**

**Job Description**

Under the supervision of the Executive Director of IDDI, plans, organizes, directs and controls the operations of the CSP project, Phase III.

**Responsibilities**

- 1) Maintain effective coordination with CONASUMI through the two coordination committees.
- 2) Supervise the financial, personnel management, logistical, technical, and information systems.
- 3) Serve as the link with the donor organization.
- 4) Coordinate corrective actions with the Executive Directors and Coordinators of the NGOs.
- 5) Maintain coordination with SESPAS, international cooperating organizations, and scientific associations in the field of health.

**b. General Coordinator (24 months)**

**Job Description**

Under the supervision of the Executive Director of the Operational Unit, supervises, facilitates, and oversees the implementation of the project components on a regional level.

**Responsibilities**

- 1) Arrange training courses.
- 2) Make supervisory visits to NGO service delivery points.
- 3) Assist in the solution of implementation problems.
- 4) Facilitate the coordination between the NGOs and SESPAS in each region.

**c. Accountant (24 months)**

**Job Description**

Under the direction of the Executive Director of the Operational Unit, carries out the functions of recording, maintaining, and reporting financial information.

**Responsibilities**

- 1) Record financial data.
- 2) Budget management.
- 3) Maintaining financial file.
- 4) Write checks.
- 5) Coordinate with the accountants of the NGOs the management of each NGO's budget. .
- 6) Advise the NGO accountants.
- 7) Prepare monthly, quarterly, annual, and special financial reports.
- 8) Procure and control office supplies for Operations Unit.
- 9) Liaise with the Banco Dominicano de Desarrollo.

**5. PROCUREMENT PLAN**

<b>Items</b>	<b>Source</b>
a) Oral rehydration salts (372,000 units)	.Local supplier to be selected depending upon quotations
b) Supplies for birth spacing: condoms (707,000 units), birth control pills (288,000 units), vaginal tablets (707,000 units), in 30-45 day allotments, purchased from suppliers and sold to women at an average cost of RD\$ 1.35 per unit	.ADOPLAFAM and PROFAMILIA (through a supply agreement with the NGOs)

- c) Printing services for training materials (manuals, posters, leaflets, family registration forms, bulletins, etc.) .Suppliers used in Phase II
- d) 1. Consultants for Social Mass Media Campaign  
 - 4 months of external advisor United States based upon competition (US\$78,000 required)  
 - 8 months of internal advisor Dominican Republic based upon competition  
 2. External Consultant to conduct final evaluation United States based upon competition (US\$14,400 required)

6. SCHEDULE OF TRAINING EVENTS:

Type	Duration	Date
Management training for NGO coordinators:		
-Workshop on Health Information Systems	4 days	September 93
-Workshop on Administration and Personnel Development	4 days	October 93
-Workshop on Quality Improvement of Services	4 days	June 94
-Workshop on Sustainability	4 days	July 94
-Training in CDI/ORT Supervisors (57)	3 days ea.=171 days	October 93
Promoters (56)	2 days ea.=112 days	October 93
-Training in BF Supervisors (57)	3 days ea.=171 days	November 93
Promoters (56)	2 days ea.=112 days	November 93

-Training in BS		
Supervisors (57)	3 days ea.=171 days	December 93
Promoters (56)	2 days ea.=112 days	December 93

Total: 685 days

Note: All the training sessions will be courses/workshops with emphasis on group participation.

**7. SCHEDULE OF EXPECTED RESULTS:**

**a. Child Survival Services  
 Years**

	1	2
1) ORT: 85% of the mothers have used ORS, have increased the use of liquids and have maintained feeding during diarrheic episodes.	75%	85%
2) Breast-feeding: 3% of the mothers that have recently given birth have provided breast milk exclusively for the first 4-6 months.	1.5%	3%
3) Birth Spacing: 85% of the women of reproductive age use some form of birth control to space births to two or more years apart.	70%	80%
4) Immunization: 80% coverage of the EIP reached in children under one year old and pregnant women in the target population.	80%	85%

**b. Supervision**

5) 24 supervisory visits made by each local NGO coordinator to each of his/her supervisors of promoters.	120	120
6) 48 supervisory visits made by each NGO supervisor to each of his/her promoters.	240	240

**c. Monitoring/Evaluation**

- |    |  |       |       |
|----|--|-------|-------|
| 7) | Eight quarterly reports describing progress toward achieving the expected results of the project submitted by each of the NGOs to the Operations Unit.               | 4/NGO | 4/NGO |
| 8) | Four progress reviews on the fulfillment of project's objectives for each NGO with the participation of all personnel levels (promoters, supervisors, coordinators). | 2/NGO | 2/NGO |
| 9) | A final evaluation 20 months after initiation of the project (May 95).   |       | 1     |

**d. Logistics/Supplies**

- |     |   |          |         |
|-----|---|----------|---------|
| 10) | Approximately 370,000 packets of ORS acquired and provided on a timely basis for use within the target child population.  | 222,000  | 148,000 |
| 11) | 1,702,000 units of birth control supplies for 54,037 women (ages 15-49) provided through the health promoters by means of a supply system established with two NGO suppliers.                 | 1,021,00 | 681,000 |
| 12) | Adequate transportation for the supervisory duties of the Regional Coordinator, NGO Coordinators and Supervisors of health promoters provided for more that 90% of the implementation period. | 80%      | 90%     |

**e. Social Communication**

- |     |   |     |     |
|-----|---|-----|-----|
| 13) | 80% of the target population of women (15-49) identify the content of the messages disseminated through radio and T.V. campaigns on CDI/ORT, BF and BS.       | 70% | 80% |
| 14) | The project's IEC technical Unit able to analyze data, design, sub-contract, control and evaluate three social communication campaigns on CDI/ORT, BF and BS. |     |     |

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**f. Training**

15)	Approximately 72 home visits per month made by each NGO promoter to each of his/her assigned families.	36/promoter	36/promoter
16)	Approximately 48 site visits for in-service training by each NGO supervisor to each of his/her promoters (50% of the total visits).	24/supervisor	24/supervisor
17)	17 training courses for new supervisors in CDI/ORT, breast-feeding and birth spacing (utilizing the modules produced in Phase II of the CSP).	8	9
18)	20 training courses for new promoters in CDI/ORT, BF and BS (utilizing the modules produced in Phase II of the CSP).	10	10
19)	Four training workshops on Personnel Management, Health Information Systems, Monitoring/Evaluation, Improvement of Quality of Services, and Institutional Sustainability.	3	1

**8. GENERAL IMPLEMENTATION SCHEDULE**

	Q U A R T E R S							
Survival	I	II	III	IV	V	VI	VII	VIII
RT: 85% of ers have used increased the use uids and ained the nutrition g diarrhea (KAP , PSI/II).	--	79.50%	--	81.00%	--	83.00%	--	85.00%
REAST-FEEDING: / the mothers that given birth have t-fed exclusively st 4 to 6 months ESA/91, 0.4%)	--	0.8%	--	1.5%	--	2.23%	--	3.0%
RTH-SPACING: of fertile age n use some od to space births nore years apart	--	50.00%	--	70.00%	--	75.00%	--	80.00%

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ENDESA/91, 36.8%).								
8. IMMUNIZATION: 85% coverage in the target population for children less than one year old and pregnant women.	--	60.00%	--	80.00%	--	80.00%	--	85.00%
<b>Supervision</b>								
9. Supervisory visits by each local NGO coordinator to every supervisor.	3	3	3	3	3	3	3	3
10. Supervisory visits by each local NGO coordinator to every promoter	6	6	6	6	6	6	6	6
<b>Q U A R T E R S</b>								
<b>Monitoring/Evaluation</b>	I	II	III	IV	V	VI	VII	VIII
11. Quarterly progress reports on expected project outputs submitted by each NGO to the Operating Unit.	1	1	1	1	1	1	1	1
12. Progress Reviews for each NGO with the participation of all personnel levels (promoters, supervisors, coordinators).	--	1	--	1	--	1	--	1
13. Final evaluation to begin on month 20 after project starts.	--	--	--	--	--	--	--	1
<b>Logistics/Supplies</b>								
14. Approximately 370,000 packets of ORS purchased and dispensed for use by the target population.	42028	42028	42028	42028	50472	50472	50472	50472
15. 1,220,450 contraceptive units dispensed for 54,037 women.	136870	136870	136870	136870	136242	136242	136243	136243

Mass Communication								
80% of the target male population identify the contents of media campaigns.	--	50.00%	--	70.00%	--	75.00%	--	80.00%
3 mass communication campaigns conducted (ORT, breast-feeding and child-spacing).	--	--	1	--	1	--	1	--
Approximately 72 home visits by each GO promoter to every signed family.	9	9	9	9	9	9	9	9
Q U A R T E R S								
Approximately 48 home visits for in-service training by each GO supervisor to every promoter.	6	6	6	6	6	6	6	6
51 courses to train new supervisors in (ORT, breast-feeding and child-spacing training models prepared Phase II).	9	16	--	--	9	18	--	--
160 courses to train new promoters.	37	54	--	--	23	46	--	--
4 training workshops in: personnel administration, health, monitoring and evaluation, improving service quality and institutional sustainability.	3	--	--	--	1	--	--	--

**9. MONITORING PLAN**

Monitoring of progress in the accomplishment of project objectives will be achieved by:

- o the establishment of a base line, specifying the magnitudes of the variables used as indicators for each service (CDI/ORT, BF and BS);
- o quarterly reports from each NGO to the Operations Unit of

the project;

- o semi-annual reports from the Operations Unit to ENTRENA; and
- o quarterly reviews of progress analyzing data from the reports and taking corrective measures at each level of supervision (regional coordinators from the Operations Unit, coordinators from the NGOs, supervisors and promoters).

The key indicators that will be used to monitor progress are listed below and make up the CSP/III Information System.

**a. Initial Indicators**

- o costs vs. budget (actual vs. budgeted, monthly and annual)
- o project personnel by category (actual vs. budgeted)

**b. Progress Indicators**

- o number of training courses for coordinators of NGOs given (month, year)
- o number of training courses for supervisors given (month, year)
- o number of training courses for promoters given (month, year)
- o number of community health presentations per intervention (month, year)
- o number of registered families (current vs. total)
- o number of births
- o number of deaths of children under the age of one
- o number of deaths of children from 12 to 59 months
- o number of children under five years of age registered (current vs. total)
- o number of children under five years with diarrhea (month, year)
- o number of children under one year registered (current vs. total)
- o number of women (15-49 years) registered (current vs. total)

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- o number of women (15-49) using some method for birth spacing (by method used)
- o number of supervisory visits by coordinators to supervisors (actual vs. planned)
- o number of supervisory visits by supervisors to promoters (actual vs. planned)
- o number of home visits by promoters (actual vs. planned)
- o number of referrals per type of service (month, year)
- o number of condoms distributed (month, year)
- o number of birth control pills distributed (month, year)
- o number of vaginal tablets distributed (month, year)
- c. Product Indicators**
- o 54,037 women trained in the preparation and use of oral rehydration salts
- o number of trained supervisors working in the project (actual vs. planned)
- o number of trained promoters working in the project (actual vs. planned)
- o number of trained coordinators working in the project (actual vs. planned)
- o number of functioning health committees (actual vs. planned)
- o number of children under five years of age with diarrhea treated with ORT
- o number of packets of ORS distributed (372,000 target)
- o number of children under one year vaccinated against: BCG, Polio (3), DPT (3), and Measles
- o number of women (15-49) vaccinated against tetanus
- o number or % of children 0-1 months with the complete series of vaccinations
- o number or % of children 0-6 months that received breast milk exclusively

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- o 54,037 women trained in reproductive health and family planning

**d. Impact Indicators**

- o increase to 85% the percentage of mothers that have increased the use of liquids and maintained feeding during diarrheic episodes
- o increase from 0.4% to 3% the exclusive provision of breast milk until the fourth to sixth month
- o reach 80% effectiveness in the immunizations important to the EIP for infants under one year and pregnant women
- o achieve 80% incorporation of family planning practices into the families of the 54,037 women trained.

**e. Information System Instruments**

- o Survey Form to establish a baseline
- o Project Proposal and Budget Document
- o Family Registration Card
- o Promoter Notebook
- o Supervisor Notebook
- o Promoter's Monthly Report to supervisor
- o Supervisor's Monthly Report to coordinator (information on supervisory visits, diarrhea, breast-feeding, birth spacing, and immunizations)
- o Coordinator's Monthly Report
- o Quarterly Report from the NGOs to the Operations Unit
- o Quarterly Report of the Operations Unit to ENTRENA
- o Training Information Register
- o Quarterly Review of Achievement of Objectives Form
- o Form for impromptu visits of the coordinator to the families (selective sampling)

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**f. Monitoring Schedule**

- o quarterly reports of each NGO to the project's Operations Unit
- o semi-annual reports of the Operations Unit to ENTRENA
- o quarterly reviews of project progress, analyzing the data from the reports and taking corrective measures, done on each level of supervision (regional coordinators of the O.U., NGO coordinators, supervisors, and promoters)

**g. Progress and Financial reports**

Progress reports will be produced which describe the status of activities as relates to objectives and goals, activities implemented, the use of goods and economic resources assigned and the results obtained. These reports will be the basis for programming and evaluation meetings.

(1) Progress reports shall be submitted to ENTRENA, S. A. by the end of the first week following the end of each semester. The report shall contain the following information:

- Overall project status and accomplishments for the semester. This should be reported by gender where applicable.
- Project impact to date as measured by verifiable indicators contained in the Grant Agreement.
- Problems and Delays with project implementation.
- Major activities or corrective actions during the next six months.
- List of commodities purchased with serial/model numbers, descriptions, purchase price and end-use location. (Within 30 days after the effective date of the Grant, IDDI shall submit its inventory control system to ENTRENA, S. A. for approval).
- Any other information deemed desirable by IDDI, ENTRENA and/or A.I.D.

(2) Financial reports shall be submitted to the Banco de Desarrollo Dominicano with a copy to ENTRENA by the end of the first week following the end of each semester. The report shall contain a summary by budget element of the amounts committed, accrued expenditures and funds remaining. Separate columns shall summarize the amounts advanced, liquidated and outstanding. The report shall also include quantified amounts of contributions to the project from all counterparts, including IDDI, and any other financial information deemed desirable by IDDI, BDD, ENTRENA, and/or A.I.D. Include a section on problems and delays with

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disbursements, cash flow, etc. Auditable evidence of reported contributions from all sources must be maintained in IDDI files for review by ENTRENA and/or auditors.

#### 10. EVALUATION PLAN

IDDI will be responsible for analyzing baseline data, and conducting the final evaluation of the project. Progress will be measured against the indicators contained in this Agreement. Evaluation design, methodology and team composition must be approved by ENTRENA who will then monitor the overall effort. ENTRENA technicians will participate with the evaluation teams in the analysis of results.

Type	Method	Quantifiable Indicators
1) Initial Evaluation	.Results of the KAP study (baseline) done by URC for the CSP, Phase II, Feb. 93	% of mothers applying ORT  % of mothers lactating exclusively for the first 4-6 months  % of women (15-49) who use some method for spacing births more than two years apart  % of coverage of EIP among the target population
2) Final Evaluation (20 months after project initiation)	.KAP study on indicators of the interventions: CDI/ORT, BF and BS	(the same as for the initial evaluation)

#### 11. AUDITS

Annual audits of the institutions including the subgrantees, will be conducted to assure that the use of financial resources are being properly channeled for the achievement of objectives and products of the project. These audits shall be submitted to A.I.D. after the end of each year of project implementation and comply, in form and substance to A.I.D. audit standards. The

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grantees shall select independent auditors in accordance with the "Guidelines for Financial Audits Contracted by Foreign Recipients" as revised on March, 1993. These audits will cover any commodities and technical assistance directly procured by A.I.D. on behalf of the recipient and a schedule of counterpart contribution. These audits should include, in a separate section, relevant findings and recommendations regarding the activities financed with this Grant.

**C. SUSTAINABILITY**

CONASUMI has prioritized the development of a plan for sustainability. The following major areas will be given attention:

**1. RECURRENT COSTS:**

During the first year of Phase III the NGOs will contribute RD\$16,359,024 of the recurrent costs (e.g. personnel, training materials, rent of local, maintenance for local, and supplies). In the second year, this sum will increase to RD\$17,352,552.

**2. COST RECOVERY:**

The Operations Unit will work with all the NGOs during the first year of Phase III to design and implement a recovery system of payment for services offered by the promoter to the community. The Operations Unit will also offer assistance to the NGOs to locate local funds or to seek other alternatives as incentives (loans, cooperatives) to encourage the promoters.

**3. COORDINATION AMONG NGOS:**

One of the most important achievements during Phase II has been the coordination that exists among the child survival NGOs. This coordination has permitted the formation of the Advisory Committee, the Extended Committee (Comité Ampliado) and the Technical Committee. These committees work together in order to eliminate duplicity in the services, to coordinate educational activities, to share experiences, to establish work norms, and to develop and establish systems. These committees will continue operating during Phase III.

**4. SYSTEMS IMPROVEMENT:**

In order to assure the institutional sustainability of each NGO it is planned that, during the first months of the project, the Operations Unit will work individually with each NGO to identify areas in which the NGOs need individualized technical assistance. Workshops will be offered during the first year of Phase III in

the areas identified by the Operations Unit and the NGOs as common elements that need reinforcement (e.g.: personnel management; supervision; collection, analysis and evaluation of health information; and financial control). These workshops include the following:

- o Personnel Management - one day;
- o Quality Improvement in Delivery of Services - two days;
- o Collection, Analysis and Evaluation of Health Information - two days;
- o Sustainability and Strategic Planning - one day;
- o Management of Fund Accounting System - one day.

The goal of URC during Phase II of the child survival program has been the direct transference to the leadership of each NGO of all the technology necessary for the management of the program. This is so that each NGO would obtain URC's knowledge and experience in the areas of training, supervision, monitoring, control of funds, development of manuals, validation of materials, and the management of the program's social campaign. In addition, the Operations Unit of the project will be made up of some of the same personnel that were in charge of the previous project under URC. This continuation of key personnel ensures the maintenance of the project in its technical aspects.

#### 5. BENEFICIARY PARTICIPATION:

The beneficiaries participate as volunteer health promoters chosen by the community and trained by the NGOs in child survival interventions. They transfer their knowledge to the mothers and families of the community through a system of person to person delivery of services. The promoters are supervised at least two times a month by a supervisor of the NGO in order to ensure that the health messages being provided are correct and that the mothers are changing their attitudes and behaviors.

CONASUMI has as a goal for the two years of the project to improve the quality of services offered. This will be accomplished through a system of monitoring and supervision and an information system to continually collect data on the knowledge, attitudes and practices of the mothers. This information ensures that the NGOs and the Operations Unit know the level of transference of experience and knowledge of the beneficiaries, putting them in a better position to make related decisions.

The project has the support of more than 250 community organizations which are involved in the execution and support of the project's services. The health committees have the following responsibilities:

- o provide one volunteer health promoter for every 30-35 families in the community;
- o provide data on the health situation of the families;
- o receive and put into practice the knowledge and techniques provided by the health promoter; and
- o assist the health promoter in the work of integrating more community groups.

The beneficiaries validate all the materials of the program through focal groups. They also have the responsibility of sharing the knowledge, attitudes and practices acquired through the health education process with others such as sisters, daughters and friends.

#### 6. COST CONTROL:

During Phase II, the child survival project demonstrated its effectiveness at maintaining a very low cost per beneficiary. The continuance of the same during this next phase will promote even more institutional and technical capability and coordination among NGOs of the project with the goal of continually making them more independent of the local and foreign donors that have provided technical assistance. When CONASUMI has strengthened all the NGOs in these areas, the cost to maintain and expand the child survival program will be even less than that currently projected for Phase III. Current projections are RD\$ 10.78 per month per child under five years of age in urban areas and RD\$ 12.62 per month per child under five years of age in rural areas.

#### 7. FUND RAISING:

Plans for raising funds or local donations for the future include the following:

- o ensure that television and radio stations continue providing free air time;
- o obtain ORS donations from SESPAS and private companies such as CODETEL;
- o purchase contraceptives at wholesale and sell them at market value;
- o implement a system of charging for services through the health committees;
- o establish community dispensaries; and
- o sponsor events such as concerts and dinners.

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