PD-KAE 319

UNCLASSIFIED

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

DOMINICAN REPUBLIC

PROJECT PAPER

HEALTH SYSTEMS MANAGEMENT
(Amendment)

AID/LAC/P-0170/1

Project Number:517-0153
Former Loan Number:517-U-047

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: C (A = Add, C = Change, D = Delete)

Amendment Number

DOCUMENT CODE: 3

COUNTRY/ENTITY: Dominican Republic

3. PROJECT NUMBER: 517-0153

4. BUREAU/OFFICE: Latin America and the Caribbean — 05

5. PROJECT TITLE (maximum 40 characters): Health Systems Management

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 04 DD 30 YY 88

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

A. Initial FY 84 B. Quarter 2 C. Final FY 85

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

A. FUNDING SOURCE	FIRST FY 84 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(629)	(50)	(679)	(1,430)	(70)	(1,500)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country		200	200		500	500
Other Donor(s)						
TOTALS	629	250	879	1,430	570	2,000

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) HE	584-B	200		679	4,000	821	(4,000)	1,500	-
(2)									
(3)									
(4)									
TOTALS				679	4,000	821	(4,000)	1,500	-

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 510 | 520 | 544 | 550 | 562 | 569

11. SECONDARY PURPOSE CODE: 510

12. SPECIAL CONCERNS CODES (maximum 7 codes of 8 positions each)

A. Code	BR	TNG				
B. Amount	100%	25%				

13. PROJECT PURPOSE (maximum 480 characters)

To improve SESPAS management systems and concurrently to develop the capacity within SESPAS to administer and manage health services.

14. SCHEDULED EVALUATIONS

Interim MM 08 YY 86 | MM YY | Final MM 08 YY 87

15. SOURCE/ORIGIN OF GOODS AND SERVICES: [x] 000 [ ] 941 [x] Local [ ] Other (Specify)

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

A decrease in the total amount of assistance contemplated for the Project, including the deobligation of the loan funds. The project activities have been decreased in scope and the PACD shortened.

17. APPROVED BY

Signature

Title: Craig G. Buck, Acting Director, USAID/DR

Date Signed: MM 07 DD 15 YY 85

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

Amendment Number One
to the
Project Authorization

Name of Country: Dominican Republic

Name of Project: Health Systems Management

Number of Project: 517-0153

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Health Systems Management Project for the Dominican Republic was authorized on January 27, 1984. That authorization is hereby amended as follows:

a. The planned obligations under the Project shall not exceed $1,500,000 in grant funds, subject to the availability of funds. The planned life of the Project is four years.

b. Paragraph 2 is amended to delete the words "shall include as components the development of an in-house training capability."

c. Paragraph 3 Section (a) Interest Rate and Terms of Repayment is deleted in its entirety.

d. Paragraph 3 Section (c) Source and Origin of Commodities, Nationality of Services - Loan Funded is deleted in its entirety.

e. Paragraph 3 Section d (3) Conditions Precedent to the Disease Control Component (a) and (b) is amended to read as follows:

"Appointment of a coordinator and the necessary personnel for the disease control component, as required to carry out the Project Activities."

2. The authorization cited above remains in force except as hereby amended.

Craig G. Buck, Acting Director
USAID/Dominican Republic

July 13, 1985
Date

TABLE OF CONTENTS

Page

I. Summary and Recommendation 1

II. Project Rationale and USAID Strategy

A. Project Rationale 1

B. Policy and Strategy Statement

1. Relationship of Project to AID Policy 2
2. Relationship of Project to USAID's New Country Strategy 3

III. Revised Project Description

A. Project Goal and Purpose

1. Goal and Purpose Statements 4
2. Measures of Achievement 4

B. Description of Components

1. Management Systems Improvement 7
   a. Selection of Functional Areas 7
   b. Technical Assistance 8
   c. Work Methodology 9
      Table
      Phase I: Start-up and Work Plan Development
      Phase II: Priority Interventions for Improved Management
      Phase III: Development of Policy Alternatives, Transition and New Work Plans
      Phase IV: Implementation of Specific Improvements
      Phase V: Final Assessment and Transition to Post Project Era

2. Priority Disease Control 14

C. Project Implementation.....16

1. Cost Estimates.....16
2. Financial Plan.....17
3. Procurement Plan.....18
4. Implementation Plan.....19
5. Evaluation Plan.....20

HEALTH SYSTEMS MANAGEMENT
PROJECT PAPER SUPPLEMENT

I. SUMMARY AND RECOMMENDATION

USAID/DR recommends that the Health Systems Management (HSM) project be reformulated to limit the scope of project activities to management areas related to the reduction of recurrent costs to SESPAS, especially in the basic health care system. To this end, the project will focus on three functional management areas including finance, personnel, and information systems. It is further recommended that total project funding be reduced to a total of $1.5 million in grant funds with a counterpart contribution of $500,000 and that the PACD be shortened to April 30, 1988.

These recommendations are based on the current status of the original HSM project which for reasons outside the scope of the project activities themselves was not ratified by the Dominican Congress. Therefore, on May 17, 1985 per Implementation Letter No. 5, the USAID informed the GODR of the deobligation of the loan funds. However, given the current state of the Dominican economy, including high rates of inflation in 1984 and early 1985, it is essential that SESPAS work to reduce its recurrent expenses while maintaining and improving through improved management systems the delivery of services. The proposed project with a reduced scope responds to this aim.

II. PROJECT RATIONALE AND USAID STRATEGY

A. Project Rationale

The Health Systems Management project was authorized on January 27, 1984; the Project Agreement was signed on February 28, 1984. As required under the initial conditions precedent to disbursement, the GODR must certify that the document is a duly authorized and binding agreement. Under Dominican law, a loan agreement must be ratified by the Dominican Congress. Due to internal political reasons, the Congress was not able to ratify the Project Agreement by March, 1985. By that time, USAID/DR believed that there was a reasonable doubt that the original objectives of the project could be achieved.

To succeed, the HSM project needs the full support of the current Secretary of Health. The current administration, however, changes August 16, 1986, and the future support for this project is unknown. Moreover, the six-month period prior to the elections in May, 1986 is a period of reduced productivity in the public sector due to political campaigns which spill over into all sectors.

5x

After consulting with the Technical Secretary of the Presidency, the Director of the National Office of Planning, and the Secretary of Health, it was agreed that the USAID would reduce the magnitude of the project by deobligating the $4 million loan portion and reducing the grant funds from $4 million to $1.5 million. By removing the loan funds, the project will not need Congressional approval. The reduced grant funds will provide sufficient resources to provide technical assistance over a 2 year period which will span the present and future administrations. Should the future administration support and take full advantage of the intent of the project, then the USAID will consider a follow-on project. On May 17, 1985, the USAID sent Implementation Letter Number 5 to the GODR informing them of the deobligation of the loan funds.

B. Policy and Strategy Statement

1. Relationship of Project to AID Policy

The basic objective of AID's health policy is to help developing countries become self-sufficient in providing broad access to cost-effective preventive and curative health services directed at the primary causes of mortality and morbidity in LDCs, particularly among the target populations of infants, children and women of child-bearing age.

The HSM project when originally designed supported the AID goal of increasing the cost effectiveness of health programs through improved management. The project provided mechanisms for improved management and administration of the Secretariat of Health and therefore, indirectly supported the promotion of economic viability of health programs through increased cost effectiveness.

Many problems have limited the effectiveness of the SESPAS primary health care programs including deployment of health workers before adequate managerial systems were installed; shortage of trained personnel to undertake management functions; the institutional inflexibility; and logistics problems including the lack of an adequate supply and distribution of medicines. These problems are common to primary health care programs in other developing countries. AID policy in the health sector is to support: (1) technical assistance in designing effective management, supervisory, administrative, maintenance and repair, information, and logistics systems; (2) training programs in these areas; and (3) examining ways to self-finance health programs.

The Health Management Systems Project proposed and still intends to utilize technical assistance and training to address a range of management problems that currently inhibit the cost-effective delivery of primary health care in the Dominican Republic.

2. Relationship of Project to USAID's New Country Strategy

In May, 1985, USAID/DR defined its new country strategy in an Action Plan for FYs 1986/1987. This strategy states:

> In the sub-sector of social infrastructure, USAID will focus its efforts in three functional areas which include: basic health services, voluntary family planning, and vocational and managerial production-related training. The Dominican Republic no longer is able to sustain the current level of subsidies for social services, and AID will not seek to increase the recurrent cost burden to public sector institutions through new project activities. Instead, AID social sector investments will be restricted by initiatives to private businesses and voluntary organizations that have the capacity to reach our target population of rural families responsible for agricultural diversification and increased production as well as urban workers employed in private sector industries.

This project, which is public sector oriented, is an exception to this policy. It is supported by USAID not only because it represents a prior commitment to the GODR, but because SESPAS represents a high-risk, high-gain client with considerable potential to make significant improvements in the health of the Dominican people. SESPAS consumes approximately 10-12 percent of the national budget and clearly has the best infrastructure (staff and facilities) to deliver health services, including family planning, to the USAID target population. The problem, however, is that SESPAS at this point in time is completely undercapitalized and disorganized administratively. Recent assessments point out that SESPAS is over-extended when compared to its financial base and its ability to supervise its current staff (over 20,000). For example, recent evaluations point out that most of the approximately 5,000 rural health promotors receive little supervision and material support and their productivity is low. On the other end of the delivery spectrum, the major SESPAS hospitals are in a state of disorganization and deterioration which was one of the contributing reasons to the national physician strike during May, 1985.

USAID views this project as an opportunity to assist SESPAS in ordering its priorities and maximizing its current resources in order that it can pursue the public health role for which it is uniquely qualified. The major risk associated with a project of this nature lies in not obtaining the political sanctions needed to implement the changes that are recommended, thus the efforts of costly technical consultants and SESPAS's own staff will have resulted in a waste of everyones time and USG resources. The reprogramming of this project takes into account this potential

7x

negative factor by establishing performance assessment checkpoints throughout the two year period of technical assistance whereby specific accomplishments should have been reached and provides a framework for terminating further investments if the objectives have not been met. By taking these measures, USAID is able to honor its commitments to the GODR, but also assure that the project focus on concrete accomplishments that relate not only the objectives of the project, but also support our strategy of reducing recurrent costs of public sector institutions and increasing their overall efficiency.

III. REVISED PROJECT DESCRIPTION

A. Project Goal and Purpose

1. Goal and Purpose Statements

The goal and purpose statements under the Health Systems Management Project remain unchanged. To reiterate, the goal of the project is to increase the quantity and quality of SESPAS delivered primary health care services. The purpose is to improve SESPAS management systems and concurrently to develop the capacity within SESPAS to better administer and manage health services. Related to this purpose, the project will also assist SESPAS to deal effectively with three identified priority vector borne diseases: schistosomiasis, dengue and yellow fever.

2. Measures of Achievement

At the goal level, project success will be indicated by achievement of coverage and service delivery targets for four critically important primary health care interventions:

- Immunization coverage
- Contraceptive prevalance
- Increased use of primary care facilities.
- Reduced incidence of vector borne diseases.

As current figures for coverage and service delivery are not accurately known at this time, during initial project implementation both current and target levels will be assessed.

At the purpose level, under the management systems improvement component, the project will improve SESPAS management systems in three areas: financial management, management information systems, and personnel administration. Under the control of vector-borne diseases component, the project will establish surveillance systems which will monitor new cases of schistosomiasis, dengue and yellow fever on a geographic basis and propose appropriate control programs in order to reduce the probability of epidemics which, in turn, would seriously affect the economy of the country.

More specifically, under the management systems improvement component, the project intends to provide financial resources and technical assistance to achieve the following minimum outputs:

Financial Management:

- develop procedure manuals covering the routine operations of financial planning and financial transactions;

- establish a single procurement/payment voucher system whereby funds to pay for purchases are identified and reserved before the procurement is made;

- establish effective linkages with the Personnel Division so that personnel transfers and terminations are communicated to the Payroll Office in time to stop the issuance of payroll checks;

- establish a cost accounting system that shows the costs of providing services in different types of facilities and making this information available on a regular basis to the Management Information System;

- provide monthly summaries to the MIS of the budget's status by program, subprogram and activity;

- provide information on a monthly basis of the flow of funds to and the health regions; and

- establish an accounting system that would permit selected health facilities to experiment with implementation of a user-for-cost-recovery program.

Management Information System:

- conduct an inventory of information that key decision-makers need, identify the sources of the information, and identify the information that is presently available;

- prepare manuals and protocols that list the information to be included in the MIS for the collection and dissemination of information to be included in the MIS;

- drawing upon data from the areas of epidemiology, financial management and personnel, the MIS will report regularly on the utilization rates of

9x

- facilities by type and geographic location showing their relative efficiency based on inputs (personnel and monies spent) against outputs (numbers of patients seen), and overall reduction of common diseases;

- provide data on potential health problems facing the D.R. based on key disease surveillance programs for malaria, dengue, and schistosomiasis, among others;

- provide data on key health indicators including malnutrition, infant mortality, and maternal mortality among others.

Personnel Administration:

- provide an inventory of all direct hire persons in SESPAS by region and facility (level of service);

- provide procedure manuals for central and regional level administrative offices on how to handle the most common personnel function;

- together with the payroll issuance of the Financial Management Division, project the personnel costs by facility; and

- develop guidelines for personnel supervision and work performance standards.

The above illustrative minimum outputs will be formalized during Phase I of the project. Moreover, the outcomes as they have been thus far presented illustrate the actions to be carried out within each functional area in an effort to make several basic internal corrections needed in the respective functional area. However, in Phase IV, the project expects to focus on management improvement efforts that will involve the collaborative participation of all three functional areas. For example, some more important major improvements would include: development of alternative financing schemes for SESPAS, improved distribution of medicines, cost containment programs and improved utilization of service delivery facilities. These multifunctional improvements will require the previous political decision (the end product of Phase III) to proceed into these areas and presuposes that the individual functional areas are operating well enough to provide inputs to a larger management improvement effort.

B. Description of Components

1. Management Systems Improvement

The constraints to effective management of SESPAS identified in the original project paper remain the same; however, the reduction of project funds has led to a modification in the approach to be taken in the implementation of this component of the project.

a. Selection of Functional Areas

As stated above, the activities to be carried out under this component have been focused on cost containment for SESPAS operations. This new focus recognizes the severe economic constraint that all public sector institutions are facing in the Dominican Republic at this time and will be an attempt to promote maximum utilization of current financial resources in an effort to promote more efficient delivery of health services. The specific activities to be implemented initially will be directed towards three functional areas: financial management, information systems and personnel administration. The rationale for the selection of these areas is as follows:

Financial Management ranges from financial planning to the execution of financial transactions. In effect, this area is the heart of a financial management improvement program.

Management Information Systems represent a source of knowledge for resource allocation and decision making at the highest levels of SESPAS. The information system will capture data related to health status and morbidity figures at the service delivery level, utilization of services, manpower utilization, and financial information, among other factors.

Human Resources represent the major expenditure of SESPAS, consequently, this area will up-date personnel inventories, procedures and policies in an effort to better utilize the current staff to increase the delivery of services.

By focusing on these areas, the project will provide as much initial direction for the contracted technical advisors as is possible. It is expected that as the advisors become conversant with the problems of each area and, together with their SESPAS counterparts begin to implement specific improvements, they can begin to focus on other areas as long as these are approved by the Technical Advisory Committee.

b. Technical Assistance

In order to achieve significant functional and operational improvements in the management support systems, SESPAS will require technical assistance. The project will provide funding for one resident advisor for two years and approximately 30 person-months of short-term technical assistance. The long-term advisor will be a specialist in financial management and, as Chief of Party, will coordinate the work of the short-term specialists.

It is expected that the following level of effort will be needed in each functional area:

Functional Area	Level of Effort (person-months) Long-Term Advisor	Short-term Advisor
Financial Management	20	10
Management Information	2	12
Human Resources	2	8
TOTALS	24	30

The technical advisors will work with specific SESPAS counterparts. SESPAS will establish a Technical Advisory Committee for Management Improvement (Comité Técnico de Mejoramiento Administrativo) attached to the Office of the Secretary of Health. The Committee will be composed of the Secretary, Sub-Secretary of Administration, and the Directors of the Finance, Information Systems and Personnel Divisions. The Sub-Secretary of Administration will be chairman of the Committee and the counterpart to the resident advisor in his role as Chief of Party of the team of consultants. His/her technical counterpart will be the Director of Finance. The short-term advisor for personnel will work with the Director of Personnel as his/her counterpart, likewise the advisor for information systems will work with the Director of Information Systems. In some cases the advisors will work with the delegates of each key SESPAS counterpart so as to have access to staff who can devote full time to the management improvement process.

To facilitate the procurement of these technical services, USAID will act, on behalf of SESPAS, as the contracting agent. SESPAS will, however, participate in drawing up the scope of work for the technical assistance team and assist in the selection of the technical assistance firm. USAID will prepare the RFTP, advertise, review the bids, select the firm, handle all payments, assist with limited administrative support, and will monitor the overall performance of the contractor. SESPAS will be responsible for

monitoring the day-to-day performance and progress of the contractor per the agreed upon work to be performed under each functional area.

c. Work Methodology

Project implementation has been divided into five phases. Each phase will terminate in a "performance assessment checkpoint". For the reasons mentioned earlier the performance assessment checkpoints allows SESPAS, through its Technical Advisory Committee, and USAID to evaluate the progress obtained during each phase. During Phase I, the performance targets for each subsequent phase will be established and can be modified with the consent of the Technical Advisory Committee. The estimated duration of each phase is shown in the following table.

Phase	Major Interventions	Start	End	Duration
I	Start Up and Work Plan Development.	10/85	1/86	4 months
II	Priority Interventions for Improved Management.	2/86	6/86	5 months
III	Development of Policy Alternatives, Transition and Preparation of New Work Plan.	7/86	9/86	3 months
IV	Implementation of Specific Improvements.	10/86	7/87	10 months
V	Final Assessment and Consolidation of Activities.	8/87	9/87	2 months

Phase I: Start-up and Work Plan Development

The principal objectives of the technical assistance team during this initial phase will be:

1. To develop detailed knowledge of the selected management system at all levels in SESPAS.

2. To develop close working relationships with counterparts and other SESPAS officials, and

3. To develop, with SESPAS counterparts, a detailed Work Plan to be jointly implemented.

4. To select management performance indicators, develop performance indices, and establish baseline values.

With the assistance of the short-term advisors and SESPAS counterparts, a management systems baseline survey will be conducted in Phase I. The survey will cover the three principal management systems addressed by the project. The objective of the survey is to provide the technical assistance team with a comprehensive and in-depth quantitative and qualitative knowledge of the current functioning of the management support systems, which will assist in Work Plan development and serve as an initial measurement from which future progress can be measured.

Based on the survey results a performance index will be established for each management system at each level in the health service delivery system. These indices will be one of the principal tools for purpose-level evaluation of the project.

The third major intervention during Phase I will be a general management systems status review. This activity is the logical extension of the management systems baseline survey. While the latter seeks to determine the level of health services which reach the delivery point, the former examines the management process by which the services are delivered, with the objective of identifying problems. By way of an example, the following five activities would constitute the management systems status review for the management information system:

1. assess and, as appropriate, learn from and use the results of previous studies, i.e., PAHO studies;

2. Develop open communication channels with all SESPAS units that will participate in the effort to improve the MIS;

3. clarify the roles of everyone involved;

4. identify the information needs (<u>not</u> data needs); and

5. formalize the activities within the organization.

Documentation of existing procedures in each of the management support systems will constitute a first, though not very thorough, operations and procedures handbook for each of the

management systems. Analysis suggests that the simple act of documenting current procedures will yield significant performance improvements in several of the systems by clarifying both the procedures and also the roles of individual persons in carrying out those procedures.

A management training seminar followed closely after the completion of the baseline survey and status review is another intervention planned for Phase I. The workshop will focus on the development of a detailed workplan for the technical assistance team and counterparts. Priority management interventions will be selected and scheduled accordingly. The interventions selected should result in short-run improvements in management systems. Some criteria for the selection of these interventions could be (1) the impact on service delivery infrastructure (rural clinics, hospital) utilization rates, (2) impact on SESPAS operating costs, (3) feasibility in terms of available organizational capacity, (4) impact on mix of SESPAS-provided health services (preventive vs. curative), and (5) impact on SESPAS ability to acquire necessary human and financial resources.

The development of a detailed technical assistance work plan is the final major activity during Phase I. It will specify the interventions to be undertaken during Phase II and justify each in accordance with specific selection criteria.

Phase II: Priority Interventions for Improved Management.

The focus of Phase II will be on priority interventions to improve the management support systems in the short-term. The strategy will not be one of comprehensive, broad-based and systematic reform which is necessarily both disruptive and confrontational. Rather, the technical assistance team, using their acquired knowledge, will undertake to implement the interventions selected in Phase I.

Phase II will include five types of interventions summarized below.

First, management systems interventions will be designed and carried out to correct obvious bottlenecks and improve system performance in the short run. These will complement changes being made in other management systems and will be characterized as modifications of the existing system, not as major changes. For example, drug requisitions from rural clinics could be simplified by the use of preprinted, standard forms listing the drugs in the same order as they are stored on clinic shelves.

Second, management training seminars and workshops will be held for senior-and middle-level SESPAS officials. These will

15x

develop their ability to apply and understand the selected interventions described above, to broaden their overall vision of SESPAS, and to encourage their understanding of the longer objectives of the project.

Third, administrative training will be provided to middle-and low-level personnel. An attractive possibility would be to use the campaign approach to address administrative training deficiencies. Campaigns are currently being mounted to deliver priority health services in order to bypass the existing, barely functional, integrated service delivery system. The campaigns have a tendency to attract resources away from the integrated system, thereby weakening it further. An administrative skills campaign might co-opt this approach into supporting long-term institutional development.

Phase II will terminate at the completion of the 1986 presidential campaign. By this point in time, significant but not comprehensive improvements in management system performance will have been achieved, and the technical assistance team will have a thorough understanding of the strengths and remaining weaknesses of SESPAS management.

Phase III: Development of Policy Alternatives, Transition and New Work Plan

The interregnum will provide a good opportunity for the technical assistance team to assess the progress made and identify the major structural and organizational problems that remain. Using the information and knowledge gained during the first 9 months of the project, the team should develop a series of position papers that describe and suggest courses of action and policy alternatives.

After the May 1986 elections, the team should commence work with their counterparts toward planning a smooth transition to the new administration. This will be a critical period for the project. It is crucial that the team accomplish three objectives, the failure to achieve any one of which would severely limit project benefits. The period from May to August 1986 will be one of great risk and opportunity for the project. The principal objectives to be achieved are:

1. to establish close working relationships with the incoming administration;

2. to preserve the advances made during the first 2 phases of the project; and

3. to assist the incoming administration develop strategies to address the major structural and organizational problems that inhibit further improvement in SESPAS performance.

The new administration will take office in August, 1986. At this point, the technical assistance team will be prepared to help effect a smooth transition and needed structural and organizational changes. Besides training interventions, activities during this time period will include a two-day workshop for the new Secretary, new Sub-Secretaries and other project counterparts with the same objectives as the counterpart workshop in Phase I. The management training workshop will be used to introduce key officials in the new administration to documentation on SESPAS administrative procedures and management decision-making, as well as explain the objectives of the project being carried out by the TA team.

The final product of Phase III will be a detailed workplan for the remainder of the project. It will include activities and objectives for each of the management support systems. The workplan will be developed collaboratively with SESPAS counterparts and must be approved by both the new Secretary of Health and USAID/DR.

Phase IV: Implementation of Specific Improvements

This phase, which lasts for 10 months, is dedicated to the implementation of the agreed upon management improvements. Procedures manuals will be developed and the information shared through training sessions and workshops. As with previous training exercises, the course content will be developed jointly by the TA team and SESPAS counterparts using project developed materials.

Another category of interventions during this phase will be the implementation of any major initiatives by the new administration. It is not possible to predict what these initiatives may be, but possibilities include:

1. A SESPAS policy decision to initiate fees for service and/or pharmaceuticals.

2. A major reallocation of SESPAS personnel so as to assign staff to the most productive program.

3. A donor supported effort to eradicate malaria from the island of Hispaniola.

Phase V: Final Assessment and Transition to Post Project Era

The final phase of the project, is planned as a short but critical period of assessment, reflection and planning. Depending upon the performance of the management information system, a follow-up management system performance survey may be conducted to measure progress from the performance levels established during Phase I.

This phase will also be dedicated to fine-tuning the administrative systems that were installed during Phase III and IV. The TA staff will work with senior SESPAS officials to institutionalize the improvements thus far undertaken and to initiate management improvements on their own in new areas.

2. Priority Disease Control

Due to the importance of the Disease Control component of this project, USAID has implemented a reduced series of activities during the period when the Project Agreement was signed (February 28, 1984) and the present. Funded with PD&S resources, USAID sponsored the training of six Dominican medical specialists in virology and laboratory diagnostic of dengue. Also, the Director of the Tropical Disease Laboratory, Centers for Disease Control (CDC), San Juan, P. R. has visited USAID to discuss the implementation of this component of the project.

This component will be implemented with few changes compared to the original Project Paper. The major change is that the disease control activities will be grant funded instead of loan funded and the focus of the component will be the development of a dengue surveillance program and the establishment of an emergency treatment and control plan to be followed in the case of an epidemic of dengue or dengue hemorragic fever epidemic.

The schedule of major activities follows:

Phase/Month	Activity
Phase I - Start-up 1.	SESPAS will select Coordinator for the Disease Control component of project.
	Establish the Technical Committee with representatives from each participating laboratory. Up-date and describe the functioning of the Technical Committee.
2.	Update list of persons who were trained under the project and identify new training to be conducted. Update list of equipment needed by project. Place order.
	Develop first draft of surveillance protocol. TDY of CDC/San Juan staff to review protocol.

3.	Develop protocol for referral of cases from health centers and hospitals to National Laboratory continue. Complete required training for participating lab. technicians.
4.	Develop final protocol for surveillance program.
	Develop final set of instructions for patient and data referral as part of surveillance protocol.
	Conduct seminar to explain the nature of dengue hemorragic fever and enlist cooperation of the physicians.
Months 5-7	Install laboratory equipment.
	Train lab staff in use of new equipment. Review and fine-tune the patient and sample referral system.

Phase II - Implementation

Months 8-23	Implement the program as described in the protocols. Periodic visits from CDC/San Juan will be scheduled for quality control and in-service training.

Phase III - Review and Evaluation

Month 24	Review the progress obtained and make recommendations for continuation after funding terminates.

The revised project will follow the guidance provided in the "Environmental Assessment of Schistosomiasis Control Project for the Dominican Republic" which appears as Annex A.3 to the original Project Paper. The activities to be carried out under the Dengue and Yellow Fever component center primarily on laboratory diagnosis using standard laboratory techniques established by the Centers for Disease Control and supervised by that entity.

C. Project Implementation

1. Cost Estimates

The total cost of the revised project is $2 million of which A.I.D. will finance $1.5 million. The GODR counterpart contribution is $.5 million representing 25% of the total project costs. The following table shows the revised project budget by component.

US$(000)

Component	AID			SESPAS	Total
	FX	LC	Total		
Technical Assistance	1,100	-	1,100	250	1,350
Mgmt. Interventions (baseline studies)	-	-	-	50	50
Skills Training	20	5	25	25	50
Participant Trng.	15	-	15	-	15
Disease Control	200	50	250	150	400
Equipment	25	-	25	-	25
Evaluation/Audit	20	5	25	25	50
Contingency/Inflation	50	10	60	-	60
Totals	1,430	70	1,500	500	2,000

2. Financial Plan

A brief explanation of each project component is provided below:

a. Technical Assistance: ($1,100,000 Grant; 250,000 GODR)

The technical assistance component involves one long-term resident advisor for 2 years and 30 person-months of short-term technical assistance ($850,000). Funds will also be available to provide 1 bilingual secretary, minimum office furniture and equipment, and a set of residential furniture for the long-term advisor. A general purpose vehicle will be purchased for project support ($20,000). The balance of the foreign exchange currency for this category will be reserved for contracting additional technical services if required. The GODR contribution involves in-kind contributions to cover salaries of the SESPAS Project Coordinator and counterpart staff to the long and short-term advisors, and office space.

USAID will contract the technical assistance firm on behalf of SESPAS.

b. Management Interventions: ($50,000 GODR)

These monies represent in-kind and cash counterpart contributions for salaries, per diem, materials and computer analysis to carry out the baseline survey.

c. Skills Training: ($25,000 Grant; $25,000 GODR)

Skills training will center on teaching new administrative procedures through workshops and seminars. Grant funds will cover materials development and per diems while the GODR will cover salaries, some materials and training facilities.

d. Participant Training: ($15,000 Grant)

This sum will provide several key SESPAS staff members with the opportunity to attend short-term courses in the U.S. or a third country on the management of health services. Courses sponsored by U.S. universities, PAHO and PVOs will be considered.

e. Disease Control: ($250,000 Grant; $150,000 GODR)

The disease control component will be carried out in conjunction with the Center for Disease Control. Under the dengue/yellow fever element ($100,000), A.I.D. will finance a small amount of laboratory equipment and training of Dominican laboratory personnel in disease identification and surveillance. Under the schistosomiasis element A.I.D. funds ($150,000) will finance two

vehicles ($36,000); equipment and supplies ($16,000); molluscacides ($48,000); a small amount of training; and travel and per diem for CDC experts to conduct the epidemiological survey, control studies, evaluation and follow-up visits. Counterpart funds will cover salary costs of SESPAS personnel.

f. Equipment: ($25,000 Grant)

Project funds will purchase audio visual equipment for use in the management workshops.

g. Evaluation/Audit: ($25,000 Grant)

It is expected that the process evaluation of achievement of specific performance indicators will come from technical assistance and GODR resources. The funds reserved here correspond to the contracting of an outside evaluator during Phase V (the final phase) of the project.

h. Contingency/Inflation ($60,000 Grant)

Contingencies were figured at roughly 4-5 percent of the total grant contribution and may be used to offset price increases due to inflation or be applied to other components as needed.

3. Procurement Plan

As this project involves relatively little procurement, USAID will carry out the bulk of the procurement functions with assistance from the Grantee. The Health and Population Division's Project Manager will be responsible for documenting and clearing all procurement. The procurement actions will be initiated by the Management Office. Procurement for in-country training, office supplies, laboratory supplies and other low/cost items will be the responsibility of SESPAS and will be reimbursed under the project if it is considered a correct project expense. Provided below is a brief procurement plan showing time, items to be procured, and responsible party for the execution of the procurement.

Initiate Procurement by	Goods or Services to be procured	Responsible Party
Month 1	- T.A. for RFP	USAID
	- Home furniture and appliances	USAID
	- Vehicles	USAID
	- Laboratory equipment	USAID
	- T.A. from CDC	USAID

Initiate Procurement by	Goods or Services to be procured	Responsible Party
Month 2	- Audio visual equipment	USAID
	- Local Secretary	USAID
	- Office space	SESPAS
	- Retraining of lab techniques	SESPAS
Month 3	- Molluscacides	USAID
During rest of project	- In-country training	SESPAS
	- International training	USAID
	- Epidemiological surveys	SESPAS
	- Surveillance systems	SESPAS

4. Implementation Plan

1985

July 15	Complete Project Redesign.
July 26	Complete PIO/T and RFP for Technical Assistance.
July 31	Transmit RFP Notice to CBD and AID/W.
Aug. 1	Distribute RFP for Technical Assistance.
Sept. 15	Dead-line for receiving proposals.
Oct. 1	Award contract to TA firm and TA team arrives.

1986

Oct-Jan./86	Phase I: Start up and Work Plan Development.
Feb-June	Phase II: Priority Interventions for Improved Management.
July-Sept.	Phase III: Development of Policy Alternatives, Transition and Preparation of New Work Plan.

23x

1987

Oct-July 87	Phase IV: Implementation of Specific Improvements.
Aug-Sept.	Phase V: Final Assessment and Consolidation of Activities. Final Evaluation.

Sept. 30 Termination of TA Contract.

5. Evaluation Plan

The evaluation of project performance will be in two forms: a process evaluation and final assessment. The process evaluation (also called formative evaluation) will review the monthly progress of the project against the implementation and work plans. Three sources of information will be used in the process evaluation including: (1) the results of the performance assessment checkpoints at the end of each phase; (2) financial information provided by the project staff and the USAID Controller's Office; and (3) progress reports provided by the Technical Assistance Team.

Briefly, the purpose of each component of the process evaluation is as follows:

a. Performance Assessments: as stated in the project description, at the end of each of the implementation phases there will be a performance assessment checkpoint. The purpose of these assessments is to evaluate the progress obtained during each of the implementation phases. The information will be reviewed by SESPAS and USAID to determine if the progress is satisfactory. If the progress is satisfactory, recomendations for alternative ways of reaching the objectives will be given. If no progress has been achieved and future progress looks unlikely, USAID will consider the termination of the technical assistance contract and, if appropriate, the project itself.

b. Financial information will show obligations and actual project expenditures according to a timetable to be developed during Phase I of the project. While the accomplishments of the project will be tracked primarily by the performance assessment reviews, financial information is important in the process evaluation since meeting the disbursement timetable is keyed to the overall performance of the project.

c. Progress reports provided by the technical assistance team will provide a candid qualitative view of the progress obtained during the course of implementation.

Supplementing the above sources of formal inputs to the process evaluation will be field reports from USAID project monitors and managers and the semester reports the USAID prepares for internal USAID and AID/W review. Moreover, the day-to-day performance of the project is managed in consultation with a USAID Project Committee who reviews progress and proposes corrective actions, when needed.

The final evaluation will be conducted during the last two months of the contract with the technical assistance firm and will focus on the attainment of the projects purpose and objectives. The final evaluation will be conducted by an outside firm or individual.