

5170107-3

16p.

I. PROJECT IDENTIFICATION

1. PROJECT TITLE
 Health and Nutrition Sector Development
 5170107044301

APPENDIX ATTACHED
 YES NO

2. PROJECT NO. (E.O. 10853)
 517-15-590-107

3. RECIPIENT (specify)
 COUNTRY Dominican Republic
 REGIONAL INTERREGIONAL

4. LIFE OF PROJECT
 BEGINS FY 76
 ENDS FY 78

SUBMISSION ORIGINAL 6/23/75
REV. NO. _____
CONTR./PASA NO. _____

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

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) COUNTRY	(2) JOINT	(3) BUDGET
1. PRIOR THRU ACTUAL FY	254	209	140	32	39		13					
2. OPRI FY 76	290	180	51	104	132	-	6					
3. BUDGET FY 77	52	35	9	15	18	-	2					
4. BUDGET +1 FY 77	273	178	48	89	108	-	6					
5. BUDGET +2 FY 78	266	185	48	75	84	-	6					
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRANT TOTAL	1,135	787	296	315	381		33					356*

9. OTHER DONOR CONTRIBUTIONS *See Annex IV

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

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER D. MacCorquodale/D. Cohen	TITLE Health Officer/Program Officer	DATE 6/23/75
2. CLEARANCE OFFICER Michael R. Stack	TITLE Assistant Director	DATE 6/23/75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

In the event that the corresponding Health Sector Loan (517-U-028) is not executed, Grantee shall contribute from its own resources, such additional counterpart funds, or their in-kind equivalent, to the grant project as are necessary to comply with the 25% statutory host government contribution required pursuant to Section 110(a) of the Foreign Assistance Act of 1961, as amended.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
LA/DR	Donor M. Lion	6/12/75	LA/CAR	Frank Miller	8/1/75
LA/DP	Lawrence E. Harrison	8/12/75	LA/OPNS	Cecil Uyehara	8/6/75
LA/DR	Ronald Venezia	8/1/75	LA/GC	Irwin Levy	8/1/75
LA/DR	Naura Brackett	8/1/75			

3. APPROVAL AAS OR OFFICE DIRECTORS

SIGNATURE Herman Kleine	DATE 8/1/75	SIGNATURE	DATE
TITLE Assistant Administrator for LA		TITLE ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT	

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I. Overview

The USAID "Health Sector Assessment for the Dominican Republic" of February 19, 1975, states (pg. 4): "The public administrative and organizational capacity to mount a substantial health development effort is a matter for attention. The Secretariat of Health lacks the skilled manpower, the planning capability and the administrative efficiency for any extensive expansion of function or coverage." In fact, public management weaknesses may be considered the principal constraint in the sector, undermining the successful initiation and continuation of effective health programs throughout the country.

At the policy making level of the Government, the broadbased improvement of the health status of the Dominican people is a priority concern. Thus, efforts have already been undertaken by the national government actively to promote family planning, to reduce infectious disease through inoculation, to increase the availability of potable water, and to provide greater accessibility of health services. While each of these efforts has been successful to a limited extent, significant inroads on a variety of major health problems have not, as yet, been achieved.

The failure to accomplish progress is due to several causes, principal among which is the institutional weakness of the Secretariat of Health. The comments below offer a brief summary of the Assessment's observations on the problems confronting the Secretariat.

The Secretariat of State for Public Health and Social Assistance (SESPAS) is the principal Dominican governmental agency with responsibility for the health sector. However, SESPAS has been less than adequate in meeting its administrative obligations because of bureaucratic confusion, inadequate or complete lack of programmatic and financial planning, insufficient numbers of qualified personnel, lack of budget flexibility, etc. In part, the origin of SESPAS' problem is financial. Though it receives an allocation of funds in the annual federal budget, these funds are not automatically available to it. By government regulation, the salaries SESPAS pays to its employees are relatively low. This often results in insufficiently qualified personnel who are frequently forced to take second and, in some instances, third jobs to supplement their income. In some instances, poor administrative control has resulted in employees being maintained on the payroll while, in fact, they never appear for work.

Budget funds are released on an individual program basis by the Office of the Presidency. Such a mechanism provides money for specific activities which have an effective lobby but does not provide sufficient flexibility for either planning or analysis. Restated, this process does not assure the appropriateness or the effectiveness of a given activity. All too often, unsatisfactory programs result, which inevitably erodes the continually diminishing level of confidence in the Secretariat.

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The Dominican Health Sector Assessment helped to bring about an evaluation and an understanding of the institutional weaknesses that have limited the progress of the sector. This awareness has been reflected in a desire on the part of the Dominican Government to correct the inefficiencies in sector activity. While it is recognized that certain practices, such as the regular involvement of the Office of the Presidency in the budgetary process, are a long standing tradition in the Dominican Republic, other problems, as in the case of inadequate planning, do lend themselves to solution. It is the opinion of SESPAS' leadership and the USAID that an improved planning capacity will enhance the Secretariat's credibility and influence within the Dominican Government which could result in a more autonomous, efficient, and effective health sector programming process.

The desire to strengthen SESPAS' programs and planning ability is the prime motivating force behind the submission of two new USAID/DR programs in the health sector. The first of these programs is a \$4.8 million loan which was authorized in May of 1975. [The loan, which is presently being negotiated with the Dominican Government, will contain three program elements: (1) Low-Cost Health Delivery Services, which will focus on providing primarily preventive health services to the rural poor. Concentration will be placed on the prevention of disease and the reduction of mortality among the poorest people of the Dominican Republic; (2) Nutrition, which will support efforts in the production and distribution of an infant weaning food and the development of an effective national program in nutrition education. Poor nutrition is one of the principal underlying factors in many of the other health problems faced by the nation's poorest citizens; (3) Health Administration, a response to the Secretariat of Health's desire to improve administration and management. This element will seek to strengthen the management and utilization of SESPAS' human and physical resources.]

Under the administration element, assistance will be given to support the development of a Planning Division within SESPAS (see Capital Assistance Paper, pgs. 96-97). The foreign technical assistance component of this loan element will support the planning necessary for the establishment of this Planning Division. For example, aid will be given in developing an outline of qualitative and quantitative staffing requirements and there will be guidance offered on operational procedure, and the definition of the Division's role within the Secretariat. Other aspects of assistance to be given under the Administrative Reform activity of the loan program include hospital administration; maintenance, transportation and supply; audit reform; biostatistics; personnel administration; human resources; and evaluation.

In addition to the loan program described above, the USAID will seek to assist the Dominican Health Secretariat by use of grant funds provided pursuant to this PROP. This program will be complementary to and supportive of the loan program and will have as its principal objective providing the Dominican Government with the institutional resources it needs to research, analyze and

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plan in the area of public health. Assistance provided hereunder will consist principally of participant training and technical assistance to assist the Government in accomplishing its goal. Long and short term training will seek to provide the country with the indigenous, skilled personnel who will be required in the future to execute the research and planning tasks that must be performed by the Planning Division. Training will be offered both to employees of the Division and to individuals working for other Dominican entities, such as universities, which regularly assist the Division. The second project element will provide technical assistance in the planning and execution of specific research, planning, and evaluation tasks of the Planning Division. As know-how in health analysis is presently limited in the Dominican Republic, experienced guidance in the execution of important research and planning tasks will play an important role.

II. Narrative of the AID Program

As mentioned, the proposed program will be closely coordinated with the \$4.8 million loan. In addition to providing essential technical assistance inputs to USAID backstopping of the implementation of loan activities, the grant program will basically promote the broadening and continuation of the analysis and planning activities begun with the Dominican Health Sector Assessment while the Administrative Reform portion of the loan will emphasize the resolution of already identified mechanical/organizational weakness of SESPAS.

The Assessment was not done as a work of the GODR. Although supported by the Government financially, the Assessment was carried out by an ad hoc group of public and private sector Dominicans with the in-depth assistance of various foreign consultants. It is expected that a key group of trained personnel will be able to institutionalize within SESPAS the capacity to carry on with the sector assessment process since the sector presents a dynamic, ever-changing situation which will require continuing, careful re-appraisal. Discussions with high level Dominican Government officials have indicated that such a capacity is a desired and important element of a revitalized Health Secretariat.

While the Health Sector Assessment documented the nature and extent of a variety of health problems, it did not provide the detailed information essential for planning health programs with appropriate precision. Thus, additional studies have been proposed under the Health Sector Loan including: research on popular beliefs related to food preferences, the causation of illness, and the role of specific foods in the treatment of common disorders. Analysis of the functional aspects of health facility operations, particularly hospitals, is also contemplated. Loan funded technical assistance to the Secretariat of Health, particularly to the Department of Biostatistics, should result, in time, in improved service statistics, i.e., how many inhabitants are being reached through such programs as prenatal care, immunizations, family planning, etc.

Nonetheless, there is a need for further investigation and analysis which is not contemplated within the scope of activities of the Health Sector Loan. A number of information gaps have already been identified in the original Assessment. For instance, the Assessment presented evidence that infant mortality in the Dominican Republic is high, 104 deaths per thousand live births annually. The determinants of infant mortality remain a matter of conjecture, however, for neither the Health Sector Assessment nor other

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available studies offer any insights into its causes. For planning purposes and especially for evaluation purposes, it is essential to know the extent to which such disorders as neonatal tetanus, protein-calory malnutrition, diarrheas and infectious diseases contribute to the prevailing rate of infant mortality.

Also, it is necessary to have reliable data on the age distribution of infant deaths. It now appears that most infant deaths occur within the first twenty-four hours after birth (as is the case in most societies); however, if true, this should be documented. Moreover, the relative contribution of neonatal mortality (0 to 27 days) and postneonatal mortality (28 days through 11 months) to the overall level of infant mortality should be established. A high neonatal death rate would identify the need for improved obstetric care, a subject that has received little attention to date. A high postneonatal death rate would strongly suggest the influence of environmental factors resulting in diarrheas and malnutrition.

There are similar needs for better understanding of the distribution and determinants of such phenomena as maternal mortality, arterial hypertension, venereal disease, and certain parasitic disorders including schistosomiasis and hookworm infestation. Long-term research and analysis on these topics is also contemplated hereunder, in order to get a better picture of the health problems of the country.

The Health Sector Assessment gave little attention to the current and potential role of indigenous health personnel, including midwives and folk-healers. Both form a part of the existing system of health care, but the extent to which they are utilized as purveyors of health care has not been researched, although reports in the press suggest that midwives are the birth attendants most frequently employed in rural areas and small towns. There is currently great interest in other areas of the world in the potential of midwives as motivators for family planning and, in some instances, sources for the delivery of family planning services. Their potential usefulness in this cultural setting cannot be assessed without a careful analysis of their current role and their attitudes toward cooperating with the more formal elements of the health delivery system.

Indigenous folk-healers are regarded by health professionals as either potentially useful agents for health care or as a plague and a nuisance on the health scene. Regardless of one's attitude toward them, rational planning either to incorporate them into the existing system or to discourage the use of their services cannot be undertaken without a clearer understanding of their present role. If their services are widely sought, the problem is of quite a different nature than that characterized by infrequent acceptance of their proposed remedies.

For the next several years, the Secretariat of Public Health will have limited capability to undertake by itself the kinds of studies and analyses previously outlined. However, there are presently enough qualified people to be able to do such studies with assistance from outside consultants. Such long and short term consultants as will be required will be provided from the proposed project.

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It is hoped that by means of the leverage gained through the improved quality of research and planning that will result from this project, SESPAS will be given by the Presidency of the Republic increased flexibility in decision-making and budgetary matters. Clearly, one of the principle intents of the proposed project, as well as the loan, is to improve SESPAS' reliability, and hence reputation, both within the Government and in country as a whole. A deserved reputation for competence and reliability will certainly, to a greater or lesser degree, result in the increased autonomy and authority that is necessary for effectiveness in program and policy planning.

This project will be jointly evaluated with the GODR on an annual basis at the same time as the apropos segment of the Health Sector loan. A report of the evaluation in the PAR will be forwarded to AID/W.

III. Response to AID Priorities

The proposed project is clearly supportive of the Congressional Mandate to AID to direct project benefits to the poorest majority. Major health problems in the Dominican Republic are primarily a phenomenon of the poorest classes. Consequently, AID's programs include the establishment of rural health clinics, the propagation of inoculation programs, expanded family planning efforts with the assistance of other international donors, pre-school child feeding programs in cooperation with several volunteer agencies, etc. In so doing, AID is essentially supporting SESPAS' approach which, although weak in substance, is primarily directed to extending health and health-related services to the poor.

Another AID priority consideration met by this project is that of supporting the role of women in development. It is expected that a sizeable portion of the long and short term participant training financed by this program will benefit women. Trained nurses, for instance, would make ideal candidates for slots in epidemiology, control of tuberculosis, and maternal and child health care.

IV. Project Logical Structure

A. Goal

1. Statement of Goal - The long-term health sector goal and, thus, the goal to which this project's achievement will contribute is the reduction in the rate of population growth in the Dominican Republic as the consequence of improved and more widely-available health services. The subsector goal is the improvement of the health and well-being of the poorest people in the Dominican Republic, particularly infants and children under the age of five. The precarious health status of the country's poor majority is a principal constraint to its developmental prospects. Un-

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healthy people are under-productive and may be considered a retarding factor to the progress of the society in which they live. Furthermore, the suffering brought about by widespread poor health is not acceptable.

2. Measurement of Goal Achievement - Goal achievement is to be measured by: (a) a lower morbidity rate, that is, a lowering in the number of cases of disease. By simple definition, an effective health program, based on sound planning and research, should result in more healthy people. (b) A lower infant mortality rate (from 104 per 1,000 live births in 1973-1974 to 88 per 1,000 live births in 1978), i.e., fewer deaths among children during the first year of life. A high infant mortality rate is indicative of unhealthy mothers, a poor health environment, and an inadequate health delivery system. (c) A lower rate of death and debility due to malnutrition, especially among pre-school children. Malnutrition is the key to many of the Dominican Republic's most serious health problems. Inadequate diet contributes to greater vulnerability to disease and is an associated factor in the cause of mental retardation. The improved nutritional status of the Dominican Republic's poorest classes may be a sine qua non for achievement of the sector goal. (d) An overall lowering of the population growth rate from 3% in 1975 to 2.7% in 1983. It is the opinion of a number of health professionals that declines in mortality favor lower fertility rates. The rationale is that parents who feel that their children will survive to adulthood will not need to have large families to ensure that there will be someone to take care of them (the parents) in their later years.

3. Goal Level Assumptions - The following assumptions are relevant at the goal level: (a) The GODR will continue to consider health to be a national priority. In the past twelve months, health has become a subject of increased concern. At the highest levels of Government there is a clearly expressed desire for greater progress in this area. (b) Continued political stability. A loss of the stability that has characterized recent Dominican history could most certainly eliminate or seriously limit all socially oriented public sector programs, including health. (c) The GODR will be willing to finance new program initiatives in its health sector. As the Government moves from the planning stage into the initiation of and implementation of actual programs, there will be an increasing demand for more public sector funds for their support. Because of the nature of the budgetary process of the Government, there is no certainty that new programs resulting from an improved planning capacity would be ultimately funded. (d) For initiatives in the health sector to be fully successful, there will be a need for intra-governmental cooperation. For instance, the participation of the Secretariat of Agriculture will be an important element in the coordination of nutrition programs. Historically, such cooperation has generally not occurred.

B. Purpose

1. Statement of Project Purpose - To provide the Dominican Government with the institutional resources it needs to research, analyze and plan for the resolution of the nation's public health problems. It is expected

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that by possessing an adequate institutional base and the required human and organizational resources, the Government will become more capable of successfully confronting its health sector priorities. By working with the USAID in the implementation of the proposed project and the Health Sector Loan, the Government has indicated its awareness of the analytical and programming weaknesses of its health sector programs. It should be added that such recognition is essential for project success.

2. End of Project Status - The conditions expected at the conclusion of this project are as follows: (a) The existence within SESPAS' Planning Division of an institutionalized capacity and program of health sector research and analysis. It is expected that this Division will have working relationships with other Dominican health planning and analysis resources in such entities as the Secretariat of Agriculture and the national universities. If health sector problems are to be resolved by the Government, an "in-house" ability to identify these problems in an accurate and timely manner is essential. The first Dominican Health Sector Assessment was only achieved with significant amounts of foreign technical assistance inputs. Such inputs should not be considered a regular resource by the Government. (b) The existence within SESPAS' Planning Division's Evaluation Section of a well-trained, experienced programming and evaluation staff. Analysis must be translated into responsive, effective programs. Evaluation is a critical element of program management and future program planning. At present, due to inadequate budgeting and insufficient quantities of trained personnel, program planning and evaluation are among SESPAS' weakest elements. (c) Studies undertaken by the Planning Division result in action programs, which receive required funding, and are evaluated as successful. Hopefully, an updated health sector assessment will be accomplished.

3. Assumptions - Assumptions at the purpose level are: (a) The GODR will utilize SESPAS as its responsible arm for public health programs. The Secretariat of Health, by definition, should be the principal governmental health agency. In the present condition of the Secretariat, however, the Office of the Presidency exercises many of the former's functions. As the Secretariat's capabilities gradually improve, it is expected that the Presidency will concomitantly relinquish many of those functions to the Secretariat. (b) The sector assessment process will be fully accepted and adapted by SESPAS. As mentioned earlier in this paper, the Dominican Health Assessment was not an official work of the Secretariat, although it had its official support and encouragement. The establishment under the Health Sector Loan of the Planning Division along with the technical assistance and training provided under the project being proposed in this PROP should give SESPAS all it needs to carry out its own high quality research, analysis, and planning. (c) Studies carried out by the Planning Division will be on topics of significant relevance and importance to national health problems. During the life of this project this assumption will be reinforced by work plans specified in Project Agreements. (d) The Health Sector Loan will be signed. If this loan is not signed, USAID/DR will obtain GODR assurances in the SESPAS Project Agreement that a fully staffed SESPAS Planning Division, such as that described in the Health Sector Loan Capital Assistance Paper, will be established and funded, at the personnel and dollar levels indicated.

C. Outputs

1. Outputs - The specific outputs to be achieved through the proposed project are the following: (a) Personnel trained in specific areas of public health disciplines, research methodology, and evaluation. If the SESPAS Planning Division is to develop the institutional capabilities outlined in this project, it must have qualified personnel available to it. (b) The revision, expansion, and upgrading of the Dominican Health Sector Assessment by SESPAS' Planning Division. Outside evaluation, Dominican or foreign, could determine the quality of such analysis. (c) The successful execution of planned research

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and analysis projects. Such projects (see discussion in Section I for illustrative research subjects) will be defined in the Planning Division's overall work plan. (d) Adequate USAID technical backstopping for the Health Sector Loan.

2. Output Indicators - Quantitative and qualitative guidelines for the measurement of output achievement are: (a) During the life of the project, 12 academic degree level participants (See Annex III) will be trained and approximately 66 individuals will attend short-term training courses. (b) A plan for Sector Assessment updating and expansion is being adhered to. The first such plan will be prepared by March 1976. (c) The execution of at least one major research project the first year of project activity and at least two per year thereafter. (d) Adequate USAID technical backstopping for the Health Sector Loan.

3. Output Assumptions - Assumptions at the output level include: (a) Qualified participants will be available for training proposed under this project. The Health Loan assures GODR funding of SESPAS' Planning Division staff. Candidates will be drawn from this staff as well as from associated institutions, such as the Secretariat of Agriculture or the Dominican universities, which will assist the Planning Division on an "as needed" basis in the execution of various specific studies. (b) Trained personnel will remain in the service of SESPAS. Trained personnel could be drawn away from the Secretariat because of low salaries. However, it is expected that increased professionalism and competence within SESPAS will help retain competent, dedicated personnel. Such has been the case in the Secretariat of Agriculture. (c) Returned participants will be employed in positions commensurate with the appropriate to the training they have received. This will be confirmed by GODR guarantee in PIO/Ps.

D. Inputs

1. Inputs - USAID project inputs will include: (a) Technical assistance. One Public Health Advisor and one Nutrition Advisor working in the Mission will be contracted on a long-term basis for the life of the project. These advisors will be responsible for specific technical assistance in their fields of expertise and for general project coordination and work in direct support of loan implementation. Additionally, approximately 38 man-months per year of short-term consultants will be furnished in appropriate fields of research. (b) Participant training (12 m/y of long-term and 198 m/m of short-term). GODR project inputs will include: a) facilities, b) counterpart salaries, c) logistical support and d) participant travel expenses.

2. Budget - (See Appendices II and IV)

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ANNEX I

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LOGICAL FRAMEWORK MATRIX - PROP WORKSHEET

Summary	Objectively Verifiable Indicators	Important Assumptions
<p>A.1. Goal</p> <p>To effect a reduction in the rate of population growth in the Dominican Republic as a consequence of improved and more widely-available health services in the GODR long-term goal.</p> <p>To improve the health and well-being of poor Dominicans, particularly infants and children under five of families not presently having access to health services.</p>	<p>A.2. Measurement of Goal Achievement</p> <p>(a) Lower morbidity rate. (b) Lower infant mortality rate (from 104 per 1,000 live births in 1973-74 to 86 per 1,000 in 1978). (c) Lower rate of death and debility from malnutrition, particularly among pre-school children. (d) Lower population growth rate (from 3% in 1975 to 2.7% in 1983).</p>	<p>A.3. (as related to goal)</p> <p>(a) Continued political support of public health programs as national priority. (b) Continued political stability. (c) GODR willingness to finance new health sector programs. (d) Intragovernmental cooperation particularly from the Secretariat of Agriculture.</p>
<p>B.1. Purpose</p> <p>To provide the GODR with the institutional resources necessary to research, analyze and plan for the resolution of the nation's public health problems.</p>	<p>B.2. End of Project Status</p> <p>(a) The existence within SESPAS' Planning Division of an institutionalized capacity and program for health sector research and analysis. (b) The existence within SESPAS' Planning Division's Evaluation Section of a well-trained, experienced programming and evaluation staff. (c) Studies undertaken by Planning Division will result in funded action programs.</p>	<p>B.3. (as related to purpose)</p> <p>(a) GODR will utilize SESPAS as its responsible arm for public health programs. (b) The sector assessment process will be fully accepted and adapted by SESPAS. (c) Studies carried out will be on meaningful and relevant topics. (d) Health Sector Loan will be signed. (e) Planning Division of SESPAS will coordinate with other institutions having a health planning capability.</p>
<p>C.1. Outputs</p> <p>(a) Personnel trained in public health disciplines, research methodology and evaluation. (b) Revision, expansion and updating of the Dominican Health Sector Assessment by SESPAS' Planning Division. (c) Successful execution of planned research and analysis projects. (d) Adequate USAID backstopping for Health Sector Loan.</p>	<p>C.2. Output Indicators</p> <p>(a) 12 academic-degree trainees and 66 short-term trainees. (b) Adherence to plan for updating and expansion of Sector Assessment. Plan prepared by March 1976. (c) At least one major research project executed the first year and at least two per year thereafter. (d) USAID loan implementation responsibilities met in accord with loan agreement.</p>	<p>C.3. (as related to outputs)</p> <p>(a) Qualified participants will be available for training. (b) Trainees will remain in the service of SESPAS. (c) Returned participants employed by parent entities in positions commensurate with training receivers.</p>
<p>D.1. Inputs</p> <p><u>USAID</u> (a) Long-term technical assistance in public health and nutrition; approx. 38 mm per year of TDY consultants in appropriate fields of research. (b) Participant training (12 m/y of long-term and 198 m/m of short-term training).</p> <p><u>GODR</u> Facilities, logistical support counterpart salaries & participant travel expenses.</p>	<p>D.2. Budget/Schedule</p> <p>See Appendices II & IV - Budget</p>	<p>D.3. (as related to inputs)</p>

and evaluate

review

ANNEX II

Estimated Budget

	FY 76	IQ	FY 77	FY 78	Total
<u>Technical Assistance</u>					
Long Term	80 (2 m/y)	-	90 (2 m/y)	95 (2 m/y)	265 (6 m/y)
Short Term	100 (27 m/m)	35 (9 m/m)	88 (24 m/m)	90 (24 m/m)	313 (84 m/m)
<u>Training</u>					
Long Term	50 (6 m/y)	-	33 (4 m/y)	17 (2 m/y)	100 (12 m/y)
Short Term	54 (60 m/m)	15 (18 m/m)	56 (60 m/m)	58 (60 m/m)	183 (198 m/m)
<u>Other Costs</u>					
Invit. Travel	6	2	6	6	20
TOTAL	290	52	273	266	881

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ANNEX III :
Illustrative List of Subject Areas for
Long Term Training

EPIDEMIOLOGY OF INFECTIOUS DISEASES
EPIDEMIOLOGY OF CHRONIC DISEASES
MATERNAL AND CHILD HEALTH CARE
DATA PROCESSING AND COMPUTER PROGRAMMING
HEALTH ECONOMICS
ANTHROPOLOGY
SOCIOLOGY
EPIDEMIOLOGICAL RESEARCH TECHNIQUE

AID AND GODR CONTRIBUTION TO SESPAS PLANNING DIVISION

<u>GODR INPUTS</u>	<u>FY 75</u>	<u>FY 76</u>	<u>IQ</u>	<u>FY 77</u>	<u>FY 78</u>	<u>TOTAL FY 75-78</u>
Planning Division Personnel Salaries					50,000	50,000
Materials & Supplies		3,000	7,000	3,000	3,000	16,000
Office & Facilities		7,000	3,000	10,000	10,000	30,000
Local Travel		3,000	2,000	6,000	6,000	17,000
Host Country Consultants		4,000	3,000	8,000	9,000	24,000
Non-Planning Division - Participant Salaries		8,000	3,000	12,000	12,000	35,000
Participant Travel		<u>7,000</u>	<u>3,000</u>	<u>11,000</u>	<u>10,000</u>	<u>31,000</u>
Sub-Totals		32,000	21,000	50,000	100,000	<u>203,000</u>
Planning Division Personnel Salaries *63,900				63,900	23,400	151,200
Materials & Supplies *		<u>2,300</u>				<u>2,300</u>
TOTALS		98,200	21,000	113,900	123,400	<u>356,500</u>

AID INPUTS

Loan (-028)		26,800		29,000	13,200	69,000
Grant (-107)	<u>254,000</u>	<u>290,000</u>	<u>52,000</u>	<u>273,000</u>	<u>266,000</u>	<u>1,135,000</u>
TOTALS	254,000	316,800	52,000	302,000	279,200	<u>1,204,000</u>

* GODR Loan Counterpart on a CY basis.

NOTE:

Annex V analyzes the GODR contribution to the entire Health & Nutrition Sector (loan and grant) Program.

Exchange Rate: DR Peso \$1.00 equals US \$1.00.

ANNEX V
ANALYSIS OF GODR CONTRIBUTION
 TO
HEALTH AND NUTRITION SECTOR PROGRAM

	<u>GODR</u> (Peso Costs)	<u>AID</u> (Peso & Dollar)	<u>FY 75-78. TOTAL</u>
Loan -028	6,919,274 <u>1/</u>	4,724,443 <u>1/</u>	11,643,717 <u>1/</u>
Grant -107	<u>203,000</u> <u>2/</u>	<u>1,135,000</u> <u>3/</u>	<u>1,338,000</u>
	<u>7,122,274</u>	<u>5,859,443</u>	<u>12,981,717</u>

1/ Figures from CAP - page 115.

2/ Figures from Annex IV.

3/ Total grant project (FY 75-78)

NOTE: GODR contribution to entire Health and Nutrition Sector Program equals 55%.

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Revised Health and Nutrition Sector PROP

The following modification to subject PROP were agreed upon during the DAEC review June 15. The right-hand column indicates at what point these modifications were incorporated into the revised PROP:

MODIFICATION

1. A covenant that there will be a planning division in SESPAS should the loan agreement not be executed.

2. Objectively verifiable indicators demonstrating that the planning division will;
 - a) undertake studies
 - b) which will define action programs
 - c) for which resources are allocated.

3. Functions of the Planning Office:
 - a) what linkages the planning office has with other people or institutions who have a health planning capability; and
 - b) what contribution a planning office will make toward national health planning.

Location in PROP		
<u>Page</u>	<u>Section</u>	<u>Paragraph</u>
8	III B 3(d)	3
8	III B 2(c)	2
8	III B 1(c)	2
8	III B 2(c)	2
4	I	1
8	III B 2(a)	2
8	III B 3(c)	3

Location in PROP

4. A description of long term training activities over the three-year period of the project.

Page	Section	Paragraph
9	IV C.3 (a)	3
9	IV C 3 (c)	3
12	Annex III	-

5. An evaluation plan which will discuss;

- a) how the project will be evaluated; and
- b) a joint loan/grant evaluation.

6	II	2
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6. A date for submission of the planning divisions overall work plan and inclusion of this plan as an objectively verifiable output indicator.

9	IV C 2(b)	2
10	Logframe	

7. A more complete description of the technical support elements of this project.

3	I	4
4	II	2
9	IV C 2 (d)	2
9	IV D 1(a)	4

8. A quantification of the GODR's contribution as required under Section 110 (a) of the FAA.

1	II H	-
-	Annex II	-
-	Annex IV	-