



UNITED STATES MISSION-KOREA
SEOUL, KOREA

489-708.6

4890708 (5)
PO-ADD-402

39p

USAID/KOREA

December 12, 1975
(Revised December 15, 1975)

Health Planning Project

GRANT PROPOSAL
Clearance Form

Title of Proposed Project: Research and Consultation on New National Health Organizations

Grantee: School of Public Health, Seoul National University

Purpose of Grant: Provide supplemental support to SNU School of Public Health to permit it to assist MRSA in preparing documentation related to the new Korea Health Development Corporation.

Amount of Grant: \$6,363 (₩3,066,966)

Project Coordinator: Dean Park, Hyung Jong, SNU School of Public Health

Summary: This grant will provide supplemental support to assist the SNU School of Public Health to develop its research and consulting capabilities. This in turn will support the ROKG's efforts to develop new programs and institutions for planning and implementing low-cost health delivery services.

The Grant will therefore help facilitate desirable working relationships between government planners and administrators and outside institutions and resource persons. This in turn should lead to health programs with a broader or multisectoral approach.

Outputs Expected

The GRANTEE will produce recommendations and draft documents for the MHPA and EPB to facilitate implementation of the law related to the Korean Health Development Corporation.

Clearances:

USAID

PRM _____

LEG _____

CONT _____

B. [Signature]
12/15/95

ROK

ICC _____

[Signature]

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DO NOT REMOVE

GRANT
BY
THE UNITED STATES OF AMERICA
TO
THE SCHOOL OF PUBLIC HEALTH, SEOUL NATIONAL UNIVERSITY

This GRANT is made by the United States of America, Agency for International Development, acting through the USAID Mission to Korea (hereinafter called "USAID") to the School of Public Health, Seoul National University, Seoul, Korea (hereinafter called the "GRANTEE"), to support research and consultation services related to the planning of new national health organizations and programs.

This GRANT is funded under Project 489-11-590-708, Health Planning, Project Agreement 708-4009:

Appropriation	72-11X1024
Allotment	424-50-489-00-69-63
Grant No.	489-11-590-708-6

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assistance which may be given under
of six thousand three hundred and
).

ized during the period beginning
his Grant Agreement and ending
the period of this Grant Agreement

responsible for conducting research and
prepare drafts, supporting papers and
following:

ational statement and constitution for
Health Development Corporation (KHDC).

of the role to be played by KHDC in
the Health Demonstration Loan Project
39-U-092, hereinafter referred to as
"project").

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Implementation plan for the entire five
Loan Project, and a more comprehensive,
plan for the first year of the Loan Project
which identifies desired outputs, specific quantitative
for such outputs where ever possible, and
inputs in a manner to produce such outputs.

Financial plan for the Loan Project, including
of expenditures by category and a schedule
by source which demonstrates that funds
for the Loan Project will be made available
basis.

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Description of the procedures for budgeting and
all Loan Project funds.

of criteria for selecting sites for health
projects approved by the KHDC Board of
and the National Health Council for support
the Loan Project.

- 7: A statement of the organizational relationships between the KHDC and the National Health Council, National Health Secretariat, Ministry of Health and Social Affairs and other organizations related to the Loan Project.
- 8: Such other requirements related to the Loan Project which may be agreed to by the GRANTEE and GRANTOR.

D. The GRANTEE will recruit appropriate personnel and make necessary contacts and arrangements for providing access to data and information. The GRANTEE will make every effort to complete the tasks outlined in Section C. above within 60 days after this Agreement becomes effective.

E. Oral progress reports will be submitted to USAID every two weeks. At least one copy of all papers and recommendations prepared will be submitted to USAID/Korea, Economic Planning Board, and the Ministry of Health and Social Affairs. Not later than three months after the date of this Agreement, the GRANTEE will submit a final written report (5 copies) to USAID/Korea which briefly summarizes the tasks completed under this Grant.

F. Funds obligated for this Grant shall be disbursed in the form of Korean won. The total Won Budget is ₩3,066,966. (The Budget is attached as Appendix B.)

Upon application by GRANTEE, payment shall be made as follows:

- 1: An initial payment equal to 50% of the total amount shall be paid upon completion of the Grant Agreement.
- 2: A second payment equal to 30% of the total amount shall be paid upon acceptance by USAID/Korea of the second biweekly oral progress report.
- 3: A final payment equal to 20% of the total amount shall be paid upon acceptance by USAID/Korea of the final written report on tasks completed under this Grant.

G. To receive payments, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034 (original) and SF 1034-A (three copies), each voucher identified by the appropriate grant number, the amount not to exceed that indicated in paragraph F. above. The Vouchers for the second and subsequent payments shall be supported by an original and two copies of a report rendered as follows:

Amount of Grant	W
Expended this period	W
Expended to date (By Line Item)	
1.	W
2.	W
3.	W
Anticipated expenditures for period from _____ to _____	W
Cash received to date	W
Cash required next period	W

The report shall include a certification as follows:

"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID."

BY _____
TITLE _____
DATE _____

H. The Standard Provisions in Appendix A are an integral part of this Agreement.

BY WITNESS WHEREOF, the GRANTEE and USAID, each acting through their respective duly authorized representative, hereby execute this Agreement, effective on the date of the last signator hereto.

GRANTEE:

By [Signature]
Title _____
Date 1975

USAID:

By [Signature]
Title Acting Director
Date 1975.12.16

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APPENDIX A TO AID GRANT AGREEMENT

Standard Provisions - Specific Support Grant

- A. No modification or amendments shall be made to this Grant Agreement except as may be mutually agreed upon in writing by the GRANTEE and AID. The Grant Agreement may be amended by formal modifications to the basic Grant document or by means of an exchange of letters between AID and an appropriate official of the GRANTEE.
- B. The GRANTEE shall be reimbursed for costs incurred in carrying out the purposes of this Grant, which are determined by AID to be allowable in accordance with the terms of this Grant and Subpart 15.2 of the Federal Procurement Regulations (FPR) (Principles and Procedures for Use in Cost Reimbursement Type Supply and Research Contracts with Commercial Organizations) in effect on the date of this Grant.
- C. This Grant is limited to the objectives and funds herein designated and no liability or obligation extends to AID beyond those limits.
- D. AID shall have the right to translate, reproduce, use and dispose of data developed or resulting from work performed under this Grant.
- E. If use of the Grant funds results in accrual of interest to the GRANTEE or to any other person to whom GRANTEE makes such funds available in carrying out the purposes of this Grant, GRANTEE shall refund to AID an amount equivalent to the amount of interest accrued.
- F. The GRANTEE shall maintain books, records, documents, and other evidence in accordance with the GRANTEE'S usual accounting procedures to sufficiently substantiate charges to the Grant. The GRANTEE shall preserve and make available such records for examination and audit by AID and the Comptroller General of the United States, or their authorized representatives (1) until the expiration

of three years from the date of termination of the program and (2) for such longer period, if any, as is required to complete an audit and to resolve all questions concerning expenditures unless written approval has been obtained from the AID to dispose of the records. AID follows generally accepted auditing practices in determining that there is proper accounting and use of grant funds. The GRANTEE agrees to include the requirements of this clause in any subordinate agreement hereunder.

- G. Funds obligated hereunder, but not disbursed to the GRANTEE at the time the Grant expires or is terminated, shall revert to AID, except for funds encumbered by the GRANTEE by a legally binding transaction applicable to this Grant. Any funds disbursed to but not expended by the GRANTEE at the time of expiration or termination of the Grant shall be refunded to AID.
- H. If, at any time during the life of the Grant, it is determined by AID that funds provided under the Grant have been expended for purposes not in accordance with the terms of the Grant, the GRANTEE shall refund such amounts to AID.
- I. With regard to the employment of persons in the U.S. under this Grant, GRANTEE agrees to take all reasonable steps to ensure equality of opportunity in its employment practices without regard to race, religion, sex, color or national origin of such persons and that, in accordance with Title VI of the Civil Rights Act of 1964, when work funded by this Grant is performed in the U.S., no person shall, on the grounds of race, religion, sex, color or national origin, be excluded from participation, be denied benefits, or be subjected to discrimination. In addition, the GRANTEE agrees to comply in accordance with its written assurance of compliance, with the provisions of Part 209 of Chapter II, Title 22, of the Code of Federal Regulations, entitled "Non-Discrimination in Federally Assisted Programs of the Agency for International Development - Effectuation of Title VI of the Civil Rights Act of 1964."
- J. This Grant may be terminated at any time, in whole or in part, by AID upon written notice to the GRANTEE, whenever

any reason it shall determine that such termination is in the best interest of the Government. Upon receipt of and compliance with such notice, the GRANTEE shall forthwith take immediate action to minimize all expenditures and obligations whenever possible. Except as provided below, no further reimbursement shall be made after the effective date of termination, and the GRANTEE shall within thirty (30) calendar days after the effective date of such termination submit to AID all unexpended portions of funds theretofore received by AID to the GRANTEE, which are not otherwise obligated by any legally binding transaction applicable to this Grant. If the funds paid by AID to the GRANTEE prior to the effective date of this termination of this Grant be insufficient to cover the GRANTEE's obligations pursuant to the aforementioned legally binding transaction, the GRANTEE may submit within ninety (90) calendar days after the effective date of such termination a written claim covering such obligations; and, subject to the limitations contained in this section, AID shall determine the amount or amounts to be paid to the GRANTEE under such claim.

K.

Member of or delegate to the U.S. Congress or resident alien shall be admitted to any share or part of this Grant or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Grant if made with a corporation for its general benefit.

L.

The GRANTEE warrants that no person or selling agency has been employed or retained to solicit or secure this Grant through any agreement or understanding for a commission, percentage, brokerage, or contingent fee except bona fide services or bona fide established commercial or selling agency as maintained by the GRANTEE for the purpose of conducting business. For breach or violation of this warrant, AID shall have the right to cancel this Grant without liability or, in its discretion, to deduct from the Grant the amount, or otherwise recover, the full amount of each commission, percentage, brokerage, or contingent fee.

M.

AID does not assume liability with respect to any claims or damages arising out of work supported by its grants.

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W. Any notice given by any of the parties hereunder shall be sufficient only if in writing and delivered in person or sent by telegraph, cable, registered or regular mail, as follows:

TO AID: Director
USAID/Korea
c/o American Embassy
Seoul, Korea

TO GRANTEE: At GRANTEE'S address shown in this Grant, or to such other address as either or such parties shall designate by notice given as herein required. Notices hereunder shall be effective when delivered in accordance with this clause or on the effective date of the notice, whichever is later.

Appendix B to Grant Agreement
Budget

\$4,800.00 W2,313,600

Director (1 part-time)
months = \$600

Director (1 full-time)
months = \$800

Researchers (2 full-time)
persons x 2 months =

Research Staff (5
months)
person-months = \$1,000

Meetings (10)
persons x 10 meetings =

Travel
person-months = \$400

Other

18 x 70 person days \$1,260.00 W 607,320

Total Budget \$ 303.00 W 146,046
 \$6,363.00 W3,066,966

Conversion Factor: \$1.00 = W482

These items do not exceed the total amount of the Dollar Budget.
The line items are unrestricted.

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School of Public Health
Seoul National University
Yon Keun Dong 28,
Seoul, Korea



서울대학교 보건대학원
72-1231
TEL: 72-1415
72-8496

December 15, 1975

Dr. James R. Brady
Chief
Office of Health and Population
USAID/Korea
Seoul, Korea

Dear Dr. Brady:

Per our discussions, the School of Public Health is hereby applying for a grant to help support our research and consultation services related to current national health planning undertakings.

The draft grant document you provided adequately reflects the agreements reached in our meeting. The budget needs are estimated per the following:

1. Personnel \$4,800.00
 - (a) One Project Director (myself ... part-time)
\$300 x 2 months = \$600
 - (b) One Project Administrator (full-time)
\$400 x 2 months = \$800
I plan to use Professor Yoone, Kil Byoung,
who has considerable organizational experience
to be the full-time coordinator of the project.
 - (c) Senior Researchers (2 full-time)
\$250 x 2 people x 2 months = \$1,000
These two will be responsible for the overall
research and preparation of reports, as
assisted by the specialists below.

(d) Research Specialists (5 man-months)
\$200 x 5 months = \$1,000
(Fields covered: Budget, Finance,
Community Health, Organization, and
General Systems)

(e) Consultants (10)
\$10 x 10 persons x 10 meetings = \$1,000
These are senior people who will review
the research output and comment on same.

(f) Clerk-typist
\$200 x 2 man-months
We will hire typing services as needed.

2. Logistics

\$1,260.00

The School will provide some working space, but
for final wrap-up work, it is desired to closet
the core group in a hotel to work day and night
on an uninterrupted basis.

Hotel and food -- \$18/day for 10 persons for
7 days = \$1,260

3. Contingency

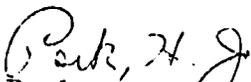
\$ 303.00

For unforeseen expenses (5%)

Total Budget

\$6,363.00

Sincerely yours,


Park, Hyung Jong
Dean



UNITED STATES MISSION-KOREA
SEOUL, KOREA

USAID/KOREA

December 12, 1975
(Revised December 15, 1975)

Health Planning Project

GRANT PROPOSAL
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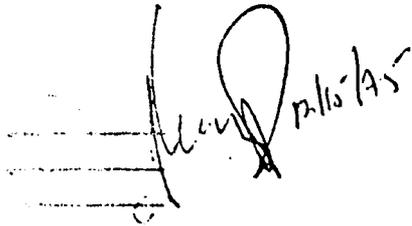
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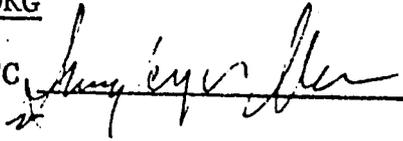
ated

will produce recommendations and draft documents for
the EPB to facilitate implementation of the law related to
Health Development Corporation.

 12/15/75

ROKG

ICC



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School of Public Health
Seoul National University
Seoul, Korea.

August 7, 1970

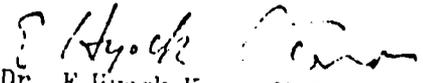
Subject : Financial Report on USAID Grant Agreement No. 489-11-
690-702-6.
Health Planning, Project Agreement 708-4009.

To : Director
USAID/Korea
c/o American Embassy Seoul, Korea

ATTN : Dr. James R. Brady,
Chief, Health & Population

Attached herewith is submitted to you for your information and for
appropriate action.

Sincerely yours,


Dr. E Hyock Kwon, M.D., Ph.D.
Dean
School of Public Health

Financial Report on USAID Grant
 Agreement No. 489-11-490-708-6

Description	Budget	Expenditures	Balance in Budget
Personnel Costs	1,831,600	2,200,000	- 368,400
Consultants' Fees	482,000	80,000	+ 402,000
Office Rental	385,600	318,000	+ 67,600
Data Collection Related Costs	77,120	246,637	- 169,517
Review Conferences	144,600	220,708	- 76,108
Contingency	146,046	8,590	+ 137,456
Total :	3,066,966	3,073,935	- 6,969

By E. Huck Kwon
 E. Huck Kwon, M.D., Ph.D.

Dean
 School of Public Health
 Title Seoul National University

Date August 7, 1976

School of Public Health
Seoul National University
Yon Keun Dong 28,
Seoul, Korea



서울대학교 보건대학원
72-1231
TEL: 72-1415
72-8496

March 4, 1976

Mr. John W. Roxborough
Acting Director
USAID/Mission to Korea
c/o American Embassy
Seoul

Dear Mr. Roxborough:

This letter is to request your concurrence in rearranging the budget provided under Grant Agreement No. 489-11-590-708-6 (Health Planning Project). As indicated in my February 27th letter to the USAID Controller, our school has been asked to spend more time on this project than was originally intended, due to the extension of the deadline for submitting materials on the Korean Health Development Corporation from January to April. Consequently, we are forced to restructure our expenditures in order to stretch the budget provided under the Grant.

We would therefore like to substitute the following for the "Subsistence" item shown in the budget:

"2. Support expenses

Office rental, supplies utilities	\$ 800
Data collection and related costs	\$ 160
Review conferences	\$ 300
Total	<u>\$1,260"</u>

The total amount of the budget remains the same. We found it necessary to rent a small working space (first in a hotel and more recently in a bank) because our school was not heated during vacation or in the evenings. Consequently, we had to arrange for heated accommodations which we could also use during the evening since this is the only time that some of the project consultants can be available.

Mr. John W. Roxborough

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March 4, 1976

If you concur in this change, please sign in the space indicated below and return one copy. Thank you very much for your support.

Sincerely yours,

Hyung Jong Park, M.D.
Dean

USAID CONCURRENCE:

BY

S |

John W. Roxborough
Acting Director

Copies to: USAID Controller
USAID Office of Health/Population

PRESIDENTIAL DECREE FOR IMPLEMENTATION
OF THE KOREA HEALTH DEVELOPMENT INSTITUTE LAW
DECREE NO. 8061, PROMULGATED ON APRIL 1, 1976

(Unofficial Translation)

Article 1 (Purpose)

This Decree is to provide for matters necessary for the implementation of the Korea Health Development Institute Law (hereinafter referred to as the Law).

Article 2 (Registration of Establishment)

- 1) Purpose
- 2) Name
- 3) Location
- 4) Total amount of endowment fund
- 5) Names and addresses of directors

Article 3 (Registration of Change of Address)

Paragraph 1: In case the Institute changes its address, it shall register its new address within three weeks when its new address is still in the same area of the jurisdiction of the registry with which the old address has been registered. In case its new address is in a different area, it shall register information as mentioned in each of Article 2 within three weeks.

Paragraph 2: In case the Institute changes its address in the same area of the jurisdiction of the registry with which the old address has been registered, it shall register its new address therewith.

Article 4 (Changes in Registration)

In case any of the information mentioned in Article 2 of this Decree is changed, a change in registration shall be made within three weeks after such a change has made.

Article 5 (Initial Date in Reckoning for Registration)

In case any information subject to registration under this Decree requires the permission or approval of the Minister of Health and Social Affairs, the time for registration shall be counted from the day on which a letter with such permission or approval arrived.

Article 6 (Documents to be Attached)

Paragraph 1: In case an application is made for registration of establishment in accordance with Article 2 of this Decree, there shall be attached copies of the Constitution and papers which prove the payment of the endowment fund for the establishment of the Institute. In case an application is made for a change of its address in a different area in accordance with Paragraph 1, Article 3, there shall be attached a copy of the Constitution.

Paragraph 2: In case an application is made to change the registration in accordance with Article 4, there shall be attached copies of papers which prove such change(s).

Article 7 (Medical Care Practices to be Conducted by Those Engaged in Comprehensive Health and Medical Demonstration Projects)

Paragraph 1: Medical care practices that can be conducted by those engaging in comprehensive health and medical demonstration projects of the Institute under the provision of Paragraph 2, Article 6 of the Law shall be limited to such practices coming under any of the following. Such practices shall be conducted under the direction and supervision of physicians,

- 1) Emergency treatment of external injuries and others
- 2) Preventive vaccinations
- 3) Insertion of contraceptive devices
- 4) Normal deliveries
- 5) Dispensing of medicine covered by physician's prescription

Paragraph 2: Those who want to conduct medical care practices under the provision of Paragraph 1 for comprehensive health and medical demonstration projects of the Institute shall first complete a prescribed education and training course approved by the Minister of Health and Social Affairs.

Article 8 (Approval of Work Plans)

Paragraph 1: The Institute shall submit, for approval of the Minister of Health and Social Affairs, its annual work plan and budget not later than 30th October of the year preceding the operational year.

Paragraph 2: The Institute shall submit, for approval of the Minister of Health and Social Affairs, its annual report on settlement of accounts, together with the following papers, not later than 31st March of the following year:

- 1) Balance sheet and a statement of income and expenditure
- 2) Work plans and implementation results of the year
- 3) Auditor's opinion
- 4) Other references

Article 9 (Grant of Contributions)

When the government grants its contributions in accordance with Paragraph 1, Article 14 of the Law, the Minister of Health and Social Affairs shall include this amount in its budget and grant.

Article 10 (Management of Endowment Fund)

Paragraph 1: The Endowment Fund of the Institute shall be managed in a separate account.

Paragraph 2: When the Institute reduces the principal of the Fund, it shall obtain the approval of the Minister of Health and Social Affairs after the approval of the Board of Directors.

Paragraph 3: Procedures necessary for the management of the Fund shall be worked out by the Institute, subject to the approval of the Minister of Health and Social Affairs. The same procedure is applied whenever any change is made in the procedures.

Article 11 (Gratuitious Conveyance Procedure for Government Property)

Paragraph 1: Gratuitous conveyance of government property under paragraph 1, Article 15 of the Law shall be pursuant to a contract between the government property administration agency concerned and the Institute.

Paragraph 2: When the government property administration agency makes a contract in accordance with Paragraph 1, Article 15 of the Law, it shall prepare documents as mentioned in Paragraph 1, Article 19 of the Implementation Regulations for the Government Property Law, together with a list of assets of the Institute, and take counsel with the Minister of Finance.

Article 12 (Functions of National Health Council)

A national health council (hereinafter referred to as the "Council") shall deliberate and decide the following matters:

- 1) Matters concerning the basic directions and goals for comprehensive health development planning.
- 2) Matters concerning the establishment and coordination of health and medical care delivery systems.
- 3) Matters concerning the planning and evaluation of comprehensive health and medical care demonstration projects.
- 4) Matters concerning annual budgets, settlement of accounts and work plans of the Institute.
- 5) Matters concerning the Institute's Constitution (Articles of Incorporation).
- 6) Matters concerning appointment of the President and Auditor of the Institute.
- 7) Matters concerning other major policies.

Article 13 (Duties of the Council Chairman)

Paragraph 1: The Chairman of the Council shall represent the Council and direct the general affairs of the Council.

Paragraph 2: When the Chairman is absent, the Vice-Chairman shall act for the Chairman.

Article 14 (Commissioned Membership)

The number of the members to be commissioned by the Chairman in accordance with Paragraph 2, Article 20 of the Law shall be up to 3, and their terms shall be two years.

Article 15 (Meetings)

Paragraph 1: Meetings shall be called by the Chairman.

Paragraph 2: Meetings shall be convened when more than half of the members are present. Decisions shall be made with the assent of more than half of the members present. The Chairman shall break a tie.

Paragraph 3: The Institute President and the Secretary-General of the National Health Secretariat created under the provision of Article 18 may attend meetings of the Council and give comments.

Paragraph 4: When the Chairman deems it necessary, he may invite appropriate public officials or experts to a meeting to give advice to the Council.

Article 16 (Secretary to the Council)

Paragraph 1: There shall be one Secretary to the Council.

Paragraph 2: The Secretary shall be

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Paragraph 3: The Secretary shall, by order of the Chairman of the Council, call meetings, arrange materials to be discussed or being discussed, edit minutes, and make other arrangements.

Article 17 (Allowances)

Allowances and travel expenses can be paid to the non-governmental members of the Council, within the limits of the budget.

Article 18 (National Health Secretariat)

Paragraph 1: There shall be established a National Health Secretariat (hereinafter referred to as the Secretariat) under the Council in order to have it investigate and study matters being discussed at the Council.

Paragraph 2: The Secretariat shall carry out the following matters:

- 1) Research on health development plans and policy measures.
- 2) Evaluation of comprehensive health and medical demonstration projects of the Institute.
- 3) Collection of data on health policies.
- 4) Other matters concerning research on health policies assigned by the Chairman of the Council.

Paragraph 3: Matters concerning organization of the Secretariat, appointment and/or dismissal of its staff, salary scales and other matters necessary for the operation of the Secretariat shall be decided by the Chairman of the Council after the approval of the Council.

ADDENDUM

This Decree shall enter into effect on and after the date of promulgation.

Suggested Role of KIIDC (KHO) ^{207.5.1}
as Related to other organiza-
tions.

Interrelationships of Organizations
Involved in the Health Demonstration Loan Project

I. GENERAL ASSUMPTIONS

A. It is impossible to precisely describe the interrelationships among concerned organizations before more experience has been obtained on the functioning of each individual organization. The interrelationships will also change over the life span of the Health Demonstration Loan Project. The exact nature of the changes will be determined by actual experience with the system.

B. The general organizational scheme described in the Project Paper (PP) and the Loan Agreement will generally prevail during the first two years of the Project. However, there are some organizational elements not covered in the Loan documentation which may have to be included in the total organizational system. Such organizations might include provincial and local governments or private health organizations which may be assigned important roles in the project.

II. MAJOR FUNCTIONS OF KEY ORGANIZATIONS

A. National Health Council

1. Serves as the national focal point for reviewing and making recommendations on health issues, especially those of an inter-agency and inter-sectoral nature.
2. Facilitates cooperation among ministries and between the public and private sectors in the implementation of priority health programs and research activities.
3. Provides general support and direction for the Korean Health Development Institute (KHDI)
4. Conducts general reviews of the health demonstration projects being sponsored by KHDI (or other appropriate entities) and translates the findings of such reviews into policy and program recommendations.
5. Reviews and makes recommendations on national development plans and budgets in terms of their impact on priority health needs. (Such reviews will be especially concerned with the health needs of low-income groups.)

6. Prepares an annual overview report on "the State
of the Nation's Health".

B. National Health Secretariat

The National Health Secretariat shall be responsible to the National Health Council and provide professional staff services to the Council in implementing the functions listed above and such other functions as may be assigned by the Council.

C. Korea Health Development Institute

1. Identify community health needs and rank these by priority.
2. Review existing health demonstration projects to ascertain how well such projects are meeting the priority health needs identified above.
3. Based on completion of functions 1 and 2 above, develop alternative demonstration project designs (for gun level projects).
4. Sponsor, finance and monitor new projects for improving health services and utilization of resources

5. Evaluate KHDI-sponsored projects and provide results to the National Health Council on a continuing basis.
 6. Conduct training activities to upgrade the quality of health personpower, with priority being given to staffs in demonstration areas.
 7. Sponsor community health research which may be urgently needed to provide program planning data and recommendations.
 8. Provide technical assistance on project design to entities desiring to initiate community health demonstration projects.
- D. Secretary to the Council (Appointed by Council Chairman). Schedules and calls meetings of Council, keeps records of meetings, and disseminates information on results of meetings.
- E. MISA-Minister
1. Serves as Vice-Chairman, NHC.
 2. Recommends the secretary to NHC from the staff of the Ministry.
 3. Approves the Corporate constitution, KHDI.
 4. Approves members of the Board of Directors, KHDI.

5. Approves the fund management procedure or any changes of the procedure, and a reduction of the fund, KHDI.
6. Approves yearly project program and budget justification, KHDI.
7. Approves a training course of field personnel for a KHDI-sponsored comprehensive health care demonstration project.
8. Pays the governmental contribution to KHDI within the capacity of the government budget, and
9. Others concerned, which includes serving as the principal MESA contact for President of KHDI.

F. EPB-Deputy Prime Minister

Serves as Chairman, NHC.

G. EPB-Vice Minister

Serves on the Board of Directors of KHDI.

H. Ministry of Home Affairs

1. Minister serves on National Health Council.
2. Vice Minister serves on Board of Directors, KHDI.

I. Ministry of Education

Minister serves on National Health Council.

J. Korea Development Institute KDI

1. Provides home for National Health Secretariat.
2. KDI President serves on Board of Directors, KHDI.

K. USAID

1. Provides Development Offices to assist in implementation activities.
2. Monitors compliance with Loan Agreement.
3. As appropriate, assists in U.S. procurement of commodities and development of U.S. training programs.

207.51

Ep. 30th March 76

- D R A F T -

THE PROCEDURES OF BUDGETING AND EXPENDING ALL PROJECT FUNDS

- References:
- (i) The National Budget and Accounting Law, Republic of Korea, Law No. 849 promulgated, 19th December 1961 & The presidential Executive Order for the said Law.
 - (ii) The Loan Agreement, AID Loan No. 489-u-092, dated Sept. 13th, 1975.
 - (iii) USAID Handbook 11, Country Contracting, dated March 31, 1975.

G U I D E L I N E

The KHDC shall furnish AID evidence of appropriate use of all the project funds and verification of proper utilization of funds (strict Commitment of funds) in form and substance satisfactory to AID, in accordance with the legal provisions of the Borrower's Country, and in line with sound accounting principles and book-keeping practices consistently applied.

The KHDC shall carry out the project, or cause the project to be carried out, with due diligence and efficiency, and in conformity with sound financial, administrative and management practices.

The KHDC shall further carry out the project, or cause the project to be carried out, in accordance with any contracts and procurement arrangements and modifications thereto, approved by AID pursuant to the Loan Agreement.

The KHDC shall submit to AID in advance (i) all bid documents and documents concerning the solicitation of proposals relating to the goods and services financed under the loan and any modifications thereof, prior to their issuance, and (ii) all contracts financed under the loan, and any modifications (alternation) thereof, prior to their execution and the KHDC shall in addition (iii) adequately maintain, repair and operate, in accordance with sound and operational practices, all equipment financed by the loan. It is defined that any modification (alternation or deviation) in positions of the statement of costs or financing plan exceeding ten (10) percent shall be considered as a modification.

I. Budgeting and expending shall be calculated and committed as follows:

AID and the ROKG each contribute seventy-five (75)% and twenty-five (25)% of Dollar costs and local currency costs of the actual costs

respectively for all of the expenditures for each fiscal year to the realization of this project and appropriate funds shall in principles be allocated and released for the quarterly basis through the MISA to the KHDC. However, for the first year, fund shall be released to the KHDC as follows: The 2nd quarter 50%, the Third quarter 30% and the fourth quarter 20%.

The KHDC will prepare a strategy, five (5) year general program plan, a specific action plan and budget for the first year and five year plan of operation. These documents will be provided and calculated in accordance with the principles of the National Budget and accounting Law and will be submitted to the NHC for approval. One copy will be simultaneously submitted to the MISA for ^{approval} comments and forwarding to the NHC. Then, the approved budget shall strictly be executed to the realization of the project. Each year thereafter, a similar process shall be followed for approval of the KHDC's annual action plan and budget.

II. Maintenance and Audit of Records (Refer; Section 6,8 the Loan Agreement)

Records of book-keeping and vouchers are to be maintained by the KHDC in sufficient detail to identify the goods and services financed by the loan, to disclose the costs, receipt and use of goods and services for the demonstration project, to indicate the nature and extent of the solicitation of prospective contractors and the basis for award of contracts, or orders; and to indicate the progress of the project including data covering current operations.

In accordance with the provisions of the National Budget and Accounting Law and in line with the normal book-keeping system, all receipts and expenditures are entered in chronological order.

Funds contributed or granted by other agencies or by donors (fund not connected with the funds obtained from AID) are entered in the separate accounts and accounts for expenditure concerning the project will be in accordance with the items in the statement of costs, accounts concerning receipts and revenue will be organized along the lines of the financing plan.

Book-keeping will be in the currency of the Borrower's country. (Refer; Section 4,2(c) Exchange Rate)

The following books/accounts shall be established and appropriate accounting formats will be developed with the help of AID staffs concerned.

- 1 Bank Book/Account
- 1 Cash Book/Account
- 1 Receipt and expenditure book/account for direct payments by AID, on behalf of the KHDC
- 1 Book/Account on the KHDC's receipts and expenditures for its own performance in kind and services rendered
- 1 Inventory book/inventory list shall be maintained on all movables.

All movables shall be registered in an inventory list and be covered by sufficient insurance. Movables means here such as inventory, technical, medical and other equipment.

Such accounting books and records shall regularly be audited for such period and at such intervals as AID may require, and shall be maintained for five(5) years after the date of the last disbursement by AID or until all sums due AID under this Loan Agreement have been paid, whichever date shall first occur.

III. Reporting:

(a) Periodic progress report:

Guidance and various forms for progress reporting relating to the project, Eligible Items and the Loan will be developed with the help of AID staffs concerned.

(b) Financial Report

Annual financial report on the operation of the KHDC including the demonstration project audited and certified by an independent public accounting firm or such other auditor as may be satisfactory to and approved in advance by AID, is to be submitted to AID after the close of each fiscal year. Reporting should begin with the end of CY 1976 and continue for the following five (5) years.

Three(3) copies of the Report should include a detailed income and expense statement, and such other documents as may be necessary in the English Language within one hundred and fifty(150) days after the end of the period covered by the Audit.

Reference: AID Audit Requirements attached Appedit # _____

IV. Inspection and Monitoring by AID (Section 6,4
The Loan Agreement)

In addition, as provided by the Loan Agreement, AID will

retain the right to inspect and audit the KHDC's accounts to verify its billings. Also, AID monitoring will be carried out primarily by the authorized representatives of AID and to a limited extent by other concerned AID personnel through inspection and review of reports supplemented by site visits. The KHDC shall cooperate with AID to facilitate representatives of AID to visit any part of the Republic of Korea for any purpose related to the loan.

V. Bidding and Contract: (Section 7,4 & 7,8 The Loan Agreement)

Contracts for goods and services shall only be awarded to expert, efficient and reliable tenders and no more reasonable prices shall be paid for any goods or services financed, in whole or in part, under the loan.

Such items shall be procured on a fair and except for professional services and for the cases for proprietary contract regulated by the National Budget and Accounting Law, on a competitive basis. In the following instances, the KHDC may enter into a proprietary Contract.: (1) when techniques, services, equipment of specific person are preferred in view of the nature and purpose of the Contract, or when competition is not possible or a contract can be executed at a remarkably profitable price because of specific location, structure and quality.

- (2) Acts of the Gods, disasters, urgent events, or other similiar cases which preclude time for putting to competition
- (3) When it is necessary to keep the performance of the Corporation secret
- (4) When the estimated cost of construction and manufacturing work is small amount less than ₩1,000,000 or when assets which value are estimated at ₩500,000 or less are purchased or sold
- (5) When the estimate total or annual rental is ₩6,000,000 or less.
- (6) When the estimate total or annual lease amount is ₩600,000 or less.
- (7) When estimated cost of contract covering other than construction or manufacturin work, purchase and sales of properties, or rent or lease of articles is at no more than ₩500,000
- (8) When distributed or price controlled goods under other laws or under directives on the basis of other laws are bought or sold.
- (9) When contract is made with Government agencies, autonomies, public judical persons or non-profit juridical persons.
- (10) In case of supplemental and inseperable construction work of the same engineering type.

- (U) When a project which is estimated at less than W500,000 is considered profitable for area development to be run jointly with area members.

American small business should be requested to participate in International Competitive bidding furnishing Eligible Items estimated to have a unit cost more than \$5,000 however, considering the circumstances, instances of invitation shall be set up with the help of AID staffs concerned.

The KHDC may put to pre-nominated competition in the following instances:

1. When it is considered that in view of the nature and objective of the contract, the purpose of the contract can only be achieved by those who have special equipment, techniques, materials, goods or credits or the record of achievements;
2. When the estimated cost of construction or manufacturing work is less than W2,000,000 or the estimated assets and goods cost to be procured is less than W1,000,000;

VI. Application for Opening Special Letter of Credit (SLC)

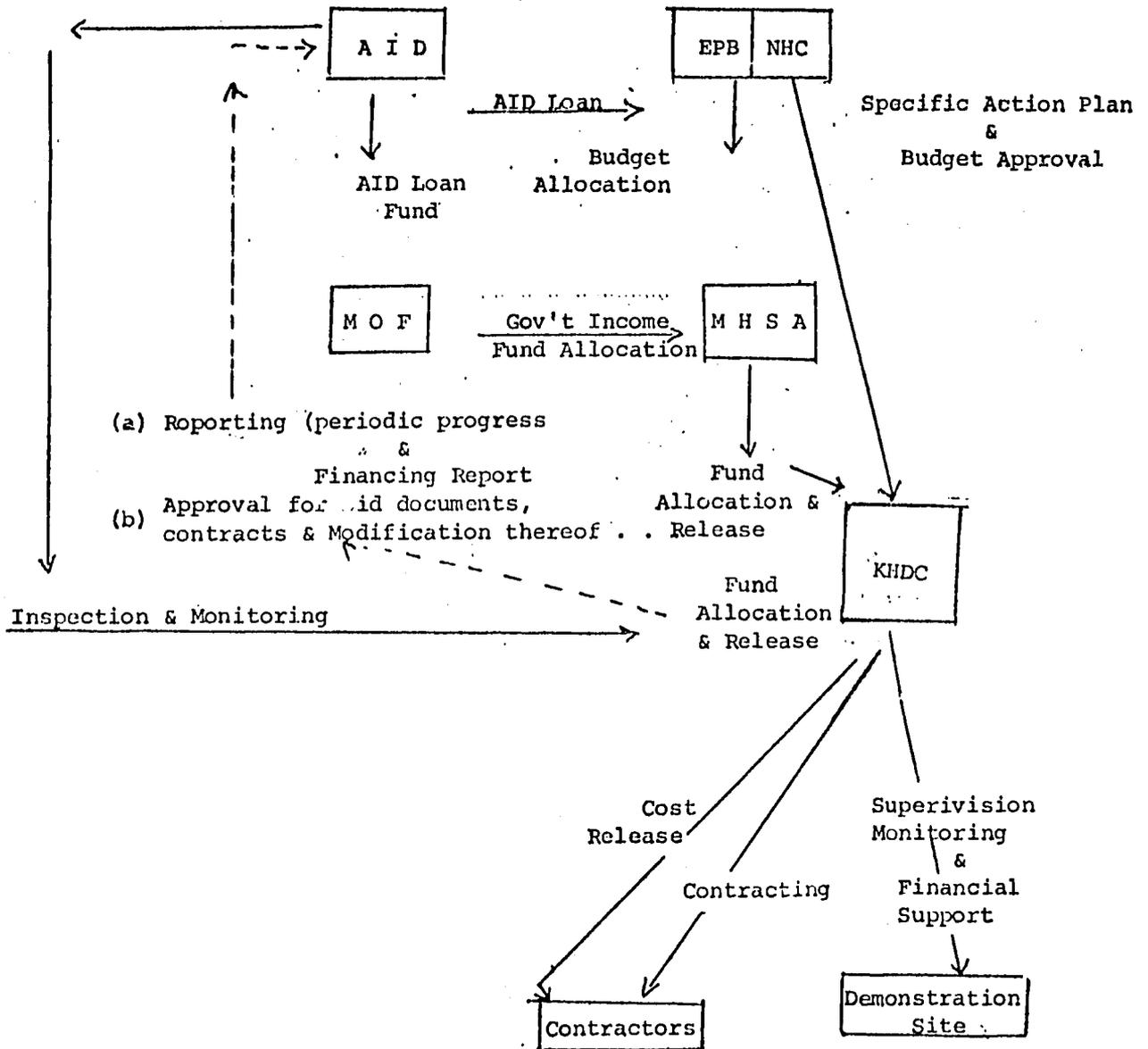
Refer: Appendix _____

VII. Information & Marking (Section 6,2, the Loan Agreement)

As AID Loan Agreement specifies, the KHDC will comply with instructions furnished by AID in making public information concerning the Loan. AID's guideline for marking is attached.

Appendix _____

Flow Chart of Implementation



Criteria For Selecting Sites For Demonstration Projects

1. Four (4) or five (5) Guns (counties) each having a population of about 100,000
2. Located within a two (2) hour distance by vehicle from the capital of the provincial government
3. Underdeveloped areas in terms of socio-economic conditions
4. Areas where there are a comparatively high degree of cooperation from health and medical institutions and residents
5. Areas where there are Saemaul movements in progress and their future prospects for continuation are good
6. Areas where there are a good support and assurances from the local administrative authorities, such as surances are:
 - a. KHDI be consulted in advance on local health and medical project plans
 - b. KHDI be made to provide supervision over the implementation of local health and medical projects
 - c. KHDI be consulted in advance when key health personnel of health authorities in the area are appointed or dismissed



UNITED STATES MISSION-KOREA
SEOUL, KOREA

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489-11-5 90-708-11

August 5, 1976 4890708⑥
PD-ADD-482

USAID/KOREA

Health Planning Project

GRANT PROPOSAL
Clearance Form

Title of Proposed Project: Assessment of the nutritional status of Korean villages.

Grantee: Korean Statistical Association

Purpose of Grant: To provide support for research which will (1) provide accurate data on the nutrient intake of Korean villagers (2) assess the nutritional status of "high-risk" groups (pregnant and nursing mothers, weaning babies, etc.), and (3) evaluate the potential of an existing communal feeding system for improving nutritional status.

Amount of Grant: \$8,845

Project Coordinator: Dr. Byun, Hyung Yoon, President, Korean Statistical Association.

Principal Investigator: Dr. Kim, Hae Ri, Assistant Professor, Department of Food and Nutrition, College of Home Economics, Seoul National University.

Co-Investigator: Dr. Park, Hong Rae, Professor, Department of Computer Science and Statistics, Seoul National University.

Summary: The original proposal for this research was submitted several months ago but was never implemented. At the request of the Ministry of Health and Social Affairs and other reviewers, the proposal was revised to omit any field experiments and to concentrate on collection and analysis of information needed to assess the general nutritional levels of rural Koreans. The MHSa requested the researchers to pay special attention to pregnant women and infants, so this is incorporated into the design.

The study should show the percentage of persons in the study areas who are receiving Recommended Dietary Allowances, any improvements in general nutritional status over the past decade (by utilizing existing nutritional survey data) and any special problems associated with pregnant or nursing women and weaning children. The study will also assess the advantages and disadvantages of communal feeding systems being used by Agricultural Cooperatives.

Clearances:

USAID:

OHP _____
PRM _____
CONT _____

2/18
[Signature]
[Signature]

ROK:

ICC (CLEARANCES SHOWN ON "CHRON" COPY)

GRANT
BY
THE UNITED STATES OF AMERICA
TO
THE KOREAN STATISTICAL ASSOCIATION

This GRANT is made by the United States of America, Agency for International Development, acting through the USAID Office in Korea (hereinafter called "USAID") to the Korean Statistical Association, Seoul, Korea (hereinafter called the "GRANTEE"), to provide support for research to provide data on the nutritional status of rural Koreans.

This Grant is funded under Project 489-11-590-708,
Health Planning:

Project Agreement No.	708-4009
Appropriation	72-11X1024
Allotment	424-50-489-00-69-53
Grant No.	489-11-590-708-11

A. The maximum amount of assistance which may be given under this Grant is the equivalent of eight thousand eight hundred and forty-five dollars (\$8,845.00).

B. These funds may be utilized during the period beginning on the effective date of this Grant Agreement and ending fourteen (14) months later. The period of this Grant Agreement shall be fourteen (14) months.

C. The GRANTEE is responsible for achieving the following objectives:

1. Analyze and prepare a report on the major studies made during the past decade which deal with the nutritional status of rural Koreans.
2. Extract and analyze family food consumption and related data now available in the farm household economy surveys conducted by the Economic Statistics Division Bureau of Agricultural Statistics, Ministry of Agriculture and Fisheries. Data will be obtained for 300 households selected on a stratified, random sampling basis.
3. Observe and record the food and nutrient intake of the pregnant or nursing mothers and weaning children in thirty study areas for a period of three days.
4. Analyze the communal feeding systems being operated by agricultural cooperatives in five villages. This will include a dietary survey of the persons participating in the communal feeding program to evaluate the nutritional benefits, if any, of the program.
5. Submit a summary report which includes the (1) present and desired nutritional states of rural Koreans, (2) special issues related to pregnant/lactating women and infants, and (3) recommendations for improving the nutritional components of health development and feeding programs.

More details on the research to be conducted are contained in the attached grant proposal, "The Nutritional Status of Korean Rural Villagers and

the Effects of Communal Feeding System" submitted to USAID by the Grantee on July 20, 1976. This attached grant proposal shall provide guidelines for implementation of the Grantee's activities under this Agreement, in so far as such proposal is consistent with other provisions of this Agreement.

D. The GRANTEE will recruit appropriate personnel and make necessary contacts and arrangements for providing access to data and information. The time frame for implementation activities is as follows:

August - September 1976	Literature Review, Preliminary studies and work planning.
October 1976	Questionnaire form preparation, selection of survey agents.
November 1976	Field reconnaissance, survey on communal feeding.
December 1976 - February 1977	Collection of base line data for 30 sample areas and analysis of the food consumption survey data.
March 1977	Survey on Special population groups.
April - May 1977	Data analysis, report preparation.
June 1977	Final summary Report to ROKG/AID Report, Review and Revision.
July 1977	Editing of final report to be reviewed by USAID.

Final progress reports shall be submitted to USAID by the GRANTEE and USAID/ROK. Quarterly reports shall be submitted as follows: (1) an initial progress report will be submitted for the period ending October 31, 1976; (2) quarterly progress reports will be submitted by January 31 and April 30, 1977, (3) 10 copies of final summary report in Korean and English on the project will be submitted within twelve (12)

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months after this Grant Agreement becomes effective; and
all other related reports, documents, and papers will be
submitted as required.

The final report for this grant shall be submitted to the
USAID/ Korea Controller within the total amount indicated shall not
exceed the amount of \$1,000,000. This report to be submitted
on Appendix B.

Upon application by the GRANTEE, payment shall be made
as follows:

- (1) An initial payment equal to 25% of the total amount shall be paid upon completion of the Grant Agreement.
- (2) Progress payments equal to 20% of the total amount shall be paid after October 31, 1976, January 31, 1977, and April 30, 1977, provided that current progress reports have been received and accepted by USAID.
- (3) A final payment equal to 15% of the total amount shall be made twelve (12) months after this Agreement becomes effective, provided that the final progress report has been received and accepted by USAID.

G. To receive payments, GRANTEE will submit to the USAID/ Korea Controller Voucher Form SF 1034 (original) and SF 1034-A (three copies), each voucher identified by the appropriate grant number, the amount not to exceed that indicated in paragraph F. above. The Vouchers for the second and subsequent payments shall be supported by an original and two copies of report rendered as follows:

Amount of Grant	W
Expended this period	W
Expended to date (By line item)	
1.	W
2.	W
3.	W
Anticipated expenditures for period	
from	
to	
cash received to date	W
cash reported exp. period	W

The report shall include a certification as follows:

"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID."

BY _____
TITLE _____
DATE _____

II. The Standard Provisions in Appendix A are an integral part of this Agreement.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Agreement, effective on the date of the last signatory hereto.

GRANTEE:

USAID:

By *H. Y. Byrum*

By *James L. Brady*

Title President, Korean Statistical Association

Title Acting, AID/Representative

Date August 17, 1976

Date August 17, 1976

A Project Proposal

Submitted for Support under the USA/Korea-ROK Health Planning Project

The Nutritional Status of Korean Rural Villagers and the Effects of Communal
Feeding System

July 20, 1976

The Korean Statistical Association

1. Project title:

The nutritional status of the Korean rural villagers and the Effect of
Communal feeding system.

2. Project period:

August, 1976 --- July, 1977 (one year)

3. Personnel:

A) Principal Investigator

Hae Ri Kim, Ph. D.

Assistant Professor

Department of Food and Nutrition, College of Home Economics,

Seoul National University

B) Co - Investigator

Hong Rae Park, Ph. D.

Professor

Department of Computer Science and Statistics, S.N.U.

Director of the KSA

C) Research Assistants

Jeong Ja Paik, M. S.

Instructor

College of Agriculture S.N.U.

Hyung Ho Park, M.S.

Bureau of Agricultural Statistics, Ministry of Agriculture and Fisheries

BACKGROUND

Poor health and nutrition standards among our rural people have created problems of both a ^{micro and} macro-nature. Although precise data are not available, we can assume that illness has cost the country many days of productive labor and consequent economic output. Likewise at the family level, loss of work time and income -- added to the cost of curative health services -- has a significant negative impact on many rural families. Even when the poor rural dweller is working, his energy level is often lower than normal due to malnourishment. There is naturally a close correlation between the individual's poor nutritional level and his vulnerability to disease. This vulnerability is more marked and more serious among pre-school age children and pregnant mothers. Research findings elsewhere show that retarded mental development due to malnourishment among infants and younger children tends to become permanent and efforts to mitigate such conditions at a later age are generally unsuccessful.

The national government recognizes the need for special efforts to improve the health and nutritional level of lower income groups. However, programs of corrective action must be based on good information to be effective. While some research has been conducted on the nutritional status of Koreans, the results are often inconclusive and/or inconsistent. The number of studies has been limited and those which have been done cover only a small segment of the population. A statistically valid sample is not always selected and there is often lack of adequate representation of the population under survey. Data for special population groups such as on pregnant, lactating women and weaning children are completely lacking. However this is the area where nutrition is likely to be a pressing problem. There is a need for further base-line studies for sound program planning at the provincial and national levels.

Purpose of the Study

This project is intended to

- 1) Provide accurate data on the nutrient intake of Korean rural villagers at the national level.
- 2) evaluate the nutritional states of the pregnant, nursing women and weaning children in rural areas
- and 3) assess the feasibility of improving the nutritional status of the Korean villagers through communal feeding systems such as those now being used by Agricultural Cooperatives.

Plan and scope of the Study

The project is to be divided into 3 parts

- 1) Family food consumption survey
 - 2) Food and nutrient intake studies of special population group (pregnant, lactating women and weaning children)
 - 3) Assessment of Communal Feeding Program
1. Family food consumption survey (existing data will be utilized)
- Thirty areas will be randomly selected on the basis of the 1970 Agricultural census; representative of the region and the farming types present. Ten household from each area (Total 300 households) will be used for the analysis.
- The primary data will be utilized from the farm household economy survey conducted by the Economic Statistics Division, Bureau of Agricultural Statistics, Ministry of Agriculture and Fisheries. The survey included farm household food consumption data for last ten years. The food consumption survey data from one week each from Fall and Winter of 1975 and Spring and Summer of 1976 will be analyzed for nutrient intake studies.
- Average food and nutrient intake per person per day will be obtained. Distribution

of calorie sources, percent of animal protein per total protein intake, and average fat intake per person per day will be analyzed. The survey will indicate how the diet of rural low income families are nutritionally different from those rural high income families.

2. Food and nutrient intake studies of special population groups.

Thirty field stationed enumerators will be mobilized to measure the actual food consumption by the special groups for 3 days. We do not know how many subjects in this special groups in rural area will be reached but hope to cover as many as we can. Interviews and questionnaire forms will be used as well as other vital records that have the nutritional relevance. Protein and vitamin nutritional states will be evaluated and compared to their requirements.

3. Assesment of Communal Feeding Program:

This study will use 5 villages from Miyang Myeon, Ansong Kun, Kyunggi Do where there is an ongoing program of communal feeding intiated by Agricultural Cooperatives. A dietary survey will be conducted of the people who participate in the communal feeding program to evaluate the natritional benefits, if any, of the mass feeding. The actual food served in the mass feeding, food intake per person, and their acceptance will be analyzed.

The comparison of the nutrient intake in mass feeding vs. traditional home meals will be made. A time study will also be conducted to measure the actual time saved by women participating in the communal feeding program as compared with individual family preparation of meals. Then an evaluation will be made of the feasibility of utilizing mass feeding as one possible vehicle for improvement of village nutrition in Korea.

The time frame for implementation activities is as follows;

August -	September 1976	-----	Literature Review, Preliminary studies and work planning
October 1976		-----	Questionnaire form preparation, selection of survey agents

Research 1970	Field experiment on the effects of improved feeding
Research 1971	Field experiment on the effects of improved feeding
Research 1972	Field experiment on the effects of improved feeding
Research 1973	Field experiment on the effects of improved feeding
Research 1974	Field experiment on the effects of improved feeding
Research 1975	Field experiment on the effects of improved feeding
Research 1976	Field experiment on the effects of improved feeding
Research 1977	Field experiment on the effects of improved feeding
Research 1978	Field experiment on the effects of improved feeding
Research 1979	Field experiment on the effects of improved feeding
Research 1980	Field experiment on the effects of improved feeding

Expected output

- (1) The survey will indicate what percent of the rural population in Korea are having an adequate diet that supplies all the Recommended Dietary Allowances of calories and 7 nutrients.
- (2) The study will show whether the rural nutritional state in general has improved with the betterment of farm household economy over the past 10 years.
- (3) It will be possible to map the rural Korea according to the nutritional level as an adequate, fair or poor area
- (4) The food and nutrient intake of pregnant, nursing women and weaning children in rural Korea will be obtained. This will be very valuable information.
- (5) The nutritional aspects of the communal feeding system will be obtained.

BUDGET

1. <u>Personnel Costs</u>	\$6,065
1) Principal Investigator	\$400/mo. $\frac{1}{2}$ time 12mos= \$1,600
2) Co-investigator	\$350/mo. $\frac{1}{2}$ time 9 mos=\$1,575
3) Research Assistants (2)	\$150/mo. $\frac{1}{2}$ time 9 mos= $\frac{1}{2} \times 2 \text{ ps.} =$ \$1,350
4) Survey agents	\$8/day 3/day 35ps.= \$840
5) Clerks	\$100/mo. 1mo. 7ps. = \$700
2. <u>Transportation</u>	\$ 660
1) Principal Investigator	\$150
2) Co-Investigator	\$120
3) R. Assistants(2)	\$180
4) Survey agents(\$2/day 3/days 35ps.)	\$210
3. <u>Per Diem</u>	\$ 680
1) Principal and co-Investigator	\$250
2) R. Assistants \$10 14days 2ps	\$280
3) Suvery agents(5) \$10 3days 5ps	\$150
4. <u>Data Prucessing Costs</u>	\$ 400
5. <u>Supplies, Communications, and postages</u>	\$ 400
6. <u>Printing of forms and Reports</u>	\$ 300
7. <u>Contingency</u>	\$ 140
8. KSA Overhead	\$ 200
	<u>Total \$8,845</u>



UNITED STATES MISSION-KOREA
SEOUL, KOREA

489-11-590-708-12

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PD-ADD-482

USAID-KOREA

March 18, 1977

Health Planning Project

GRANT PROPOSAL
Clearance Form

Title of Project: Initial Evaluation of ROKG Medical Aid Program for the Poor.

Grantee: Korean Health Development Institute (KHDI)

Project Director: Dr. Park, Hyung Jong, President, KHDI

Principal Investigator: Dr. Kim, Il Soon, Yonsei University

Amount of Grant: \$9,878.00

Objectives: The proposed grant will facilitate efforts by the Ministry of Health and Social Affairs to obtain urgently needed evaluation data on the new national program of medical assistance for indigent and low-income citizens which was initiated on January 4, 1977. The research results will be used for recommending funding and changes in the program, particularly for the second half of CY 1977. (Because this is a new program, the National Assembly appropriated funds for only six months. The MHSA will submit a supplemental budget to cover the additional six months.)

The research supported by the grant will provide data on the services provided under the program, the operational problems encountered, the characteristics of those served, and the costs incurred by patients and the government. Information will be obtained primarily from client records and other documentation available at the treatment centers included in the study sample.

The MHSA has requested that KHDI be responsible for coordinating the study because the latter is seen as the logical body to

the research staff will be recruited from the local area since the KIDI staff is already heavily committed to other activities under the ROEG/AID Demonstration Loan Agreement. Consequently this grant will provide KIDI with the funds required to recruit outside researchers on a short term basis to carry out this high priority activity.

Cleared:

JCC

USAID: _____
PRM _____
DLD _____
CONT _____
GDO _____

MHSA _____
EPB _____
KDI _____

GRANT
BY
THE UNITED STATES OF AMERICA
TO
THE KOREA HEALTH DEVELOPMENT INSTITUTE

This GRANT is made by the United States of America, Agency for International Development, acting through the Office of the AID Representative in Korea (hereinafter called "USAID") to the Korea Health Development Institute, Seoul, Korea (hereinafter called the "GRANTEE"), to provide support for research necessary to assess the initial operations of the Korean Government's special medical assistance program for the poor.

This GRANT is funded under Project 489-11-590-708,
Health Planning:

Project Agreement No.	708-4009
Appropriation No.	72-11X1024
Allotment No.	424-50-489-00-69-73
Grant No.	489-11-590-708-12

A. The maximum amount of assistance which may be given under this Grant is the Won equivalent of Nine Thousand, Eight Hundred, and Seventy-eight Dollars (\$9,878.00).

B. These funds may be utilized during the period beginning on the effective date of this Grant Agreement and ending five (5) months later. The period of this Grant Agreement shall be five (5) months.

C. The GRANTEE is responsible for achieving the following objectives:

1. Selection of a representative sample of institutions providing health care under the ROKG Medical Aid Program for the Poor (sample size will be about 200).
2. Selection of a representative sample of medical treatment records and related information at each institution surveyed.
3. Collect, collate, and analyze the following types of data:
 - a) Medical care utilization patterns.
 - b) Characteristics of the patients served.
 - c) Costs of treatment.
 - d) Problems of implementing the treatment program.
4. Preparation of a summary evaluation report, including recommendations for program improvements.

D. The GRANTEE will recruit appropriate personnel and make necessary contacts for providing access to data and information. The time frame for implementation activities is as follows:

- March - April 1977: (1) Development of Sampling Scheme.
(2) Development of Reporting Formats and Field Testing.

- (4) Initiate Field Activities.
- (5) Tabulation of Data

May 1977:

- (1) Analysis of Data.
- (2) Submission of Preliminary Report to ROKG.

June - July 1977:

- (1) Discussion, Review, and Revision of Report.
- (2) Submission of Final Report to ROKG.
- (3) Submission of English Summary Report to USAID.

More details on the implementation activities are contained in the attached Research Proposal submitted to USAID by the GRANTEE on March 18, 1977. This attached Research Proposal shall provide additional guidelines for implementation of the Grantee's activities under this Agreement, in so far as such Proposal is consistent with other provisions of this Agreement.

E. Written reports in English will be submitted to USAID as follows:

1. An interim report on the progress of research activities will be submitted no later than two (2) months after the date of the execution of this Agreement.
2. A summary report of research findings and recommendations on the ROKG Medical Aid Program for the Poor shall be submitted no later than five (5) months after the date of execution of this Agreement.

F. The Grantee shall provide copies of all research reports prepared (in Korean or English) under this Grant to the members of the Inter-agency Coordinating Committee, Health Planning Project.

G. Funds obligated for this Grant shall be disbursed in the form of Korean Won. (The Budget is attached as Appendix B.)

Upon application by the GRANTEE, payment shall be made as follows:

1. An initial payment equal to 40% of the total amount shall be paid upon completion of this Grant Agreement.
2. A progress payment equal to 40% of the total amount shall be paid upon receipt and acceptance by USAID of the interim progress report.
3. A final payment equal to 20% of the total amount shall be made upon receipt and acceptance by USAID of the summary report of findings and recommendations.

H. To receive payments, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034 (original) and SF 1034-A (three copies), each voucher identified by the appropriate grant number, the amount not to exceed that indicated in paragraph A, above. The Vouchers for the second and subsequent payments shall be supported by an original and two copies of a report rendered as follows:

Amount of Grant	W
Expended this period	
Expended to date (By line item)	
Anticipated expenditures for period	
from _____ to _____	
Cash received to date	
Cash required next period	

The report shall include a certification as follows:

"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID."

BY _____
TITLE _____
DATE _____

I. The initial and all other payments under this Grant shall be deposited by the Grantee in a Special Bank Account. A separate account number shall be assigned by the Grantee for operations of this Grant, and all receipts and disbursements shall be recorded thereunder by the Grantee's fiscal staff in such manner that it will be possible to ascertain the balance in the account at any time. The records thereof shall be preserved and be subject to inspection and audit. None of the funds in the Special Bank Account shall be mingled with other funds of the Grantee. The funds in the Special Bank Account may be withdrawn by the Grantee solely for the purpose of making payments for items of allowable cost as provided in this Grant.

J. The Standard Provisions in Appendix A are an integral part of this Agreement.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this agreement, effective on the date of the last signatory hereto,

GRANTEE:

USAID:

By: W. J. Park

By: James T. Barretto

Title: President KHDI

Title: AID/Representative

Date: March 30, 1977

Date: March 24, 1977

Appendix B to Grant Agreement
Budget

1. <u>Personnel Costs</u>	₩1,130,000
1. Principal Investigator ₩50,000 x 4 months =	₩ 200,000
4 Investigators ₩30,000 x 4 x 4 months =	₩ 480,000
5 Consultants ₩5,000 x 5 x 10 consultations =	₩ 250,000
4 Coders ₩25,000 x 4 x 2 weeks =	₩ 200,000
2. <u>Training of Surveyors</u>	₩ 360,000
Per diem for trainer ₩10,000 x 4 x 2 days =	₩ 80,000
Per diem and travel for trainees (average) ₩14,000 x 20 =	₩ 280,000
3. <u>Collection of Data</u>	₩2,495,000
Sampling and pretest	₩ 50,000
Printing of format ₩3 x 15,000 sheets =	₩ 45,000
Travel and per diem expenses for surveyors ₩8,000 x 20 x 12 days =	₩1,920,000
Travel and per diem expenses for Supervisors ₩10,000 x 4 x 12 days =	₩ 480,000
4. <u>Data Processing</u>	₩ 506,000
Coding Sheet preparation	₩ 10,000
Card Punching and Verifying ₩8 x 12,000 =	₩ 96,000
Computer Charge	₩ 400,000
5. <u>Communications</u> (Long distance calls etc.)	₩ 50,000
6. <u>Supplies and Logistics</u> (Meetings, Paper etc.)	₩ 50,000
7. <u>Contingency</u>	₩ 200,000
Total:	₩4,791,000 (\$9,878)

The Grantee may not exceed the Won equivalent of the total amount shown in Dollars. Adjustments among the line items may not exceed twenty percent (20%) unless written concurrence is obtained from USAID.

May 20, 1977

Dr. James R. Brady
Chief
Office of Health and Population
USAID/Korea

Re: USAID Grant No. 489-11-590-708-12

Dear Dr. Brady,

Attached you will find the 1st interim report on Initial Evaluation of ROKG Medical Aid Program for the Poor and also financial report.

This study has been going on as it planned. The first hand results have already been submitted to the Ministry of Health and Social Affairs for their immediate feedback. I understand that the responsible officers in the MOHSA are happy with the result.

With best regards.

Sincerely yours,


Hyung-Jin Park, M.D.
President

The 1st Interim Report

Initial Evaluation of ROKG Medical Aid Program for the Poor

Re : USAID Grant No. 489-11-590-708-12

Date : May 23, 1977

Principal Investigator :

**Il Soon Kim M.D., M.P.H.
Dept. of Preventive Medicine
Yonsei University College of Medicine**

Introduction and objectives

The Korean government, for the first time in history, has been implementing a free medical care--both ambulatory and institution--alized-program for 370,000 indigent group and free ambulatory care and partial financial support for the hospital care of 1.7 million low income group since January 1977. The total national budget for the project in 1977 is close 10 billion Won, which is the largest amount that a single project has ever received in the health-related fields.

The program as a part of 4th 5-year economic plan had to be started without concrete basic relevant information on health care patterns, service utilization, health care need and demand of the target population. Because simply these were not available. Therefore, the evaluation mechanism should be built in the program implementation. Consequently government proposed a budget for the program for only the first 6 months of FY 1977.

Since the nationwide program has implemented for the past 3 months, it is about time to collect reliable and valid data from the actual experiences for the better planning for the later part of this year.

The best way to evaluate the program is to develop a regular monitoring system in the sample areas and then analyze this information for continuous feedback. However, the system is not

set yet at this moment and to be studied. This study was prepared to provide information needed for the rapid feed back for the subsequent policy making process, such as program revision, budget amendment, identification of problems.

Specific objectives of the study is to provide relevant information to the national policy makers about medical care aid program.

This includes medical care utilization patterns, disease patterns, medical cost and characteristics of the consumers of the services and will also provide guidelines for the development of evaluation and implementation procedures for future use in the medical care aid program.

Methods

Three formats were specially designed to collect data from medical and hospital records in terms of primary, secondary and tertiary care.

The stratified random method was applied for the sampling. The area was stratified into three ; big city (Seoul and Pusan), medium sized and small city (all other cities included), and gun area. Considering the number of indigent and low income people two gus from big cities, two cities out of 33 and five guns out of 138 were randomly selected. All primary care institutions

designated in the above mentioned 9 areas with a total of 86 out of 1941 institutions were studied; diseases spell of the clients visited from January 1 to March 31, 1977 were the core unit of the study. With regard to the total number of the indigent and low-income group by three strata all around the country, one third of the total spells for big cities, two thirds of the spell for medium-sized and small cities, and total spells in the gun areas were studied in order to approximate to the proportion of the total group to be covered.

All patients discharged as of March 31, 1977 since the beginning of January in secondary and tertiary care institutions covering for and located at those 9 areas were studied in order to know the utilization rates for the secondary and tertiary care among those in defined areas. Those institutions cover the patient referred from above mentioned primary care units. Therefore, 18 institutions out of 137 for secondary care and 7 out of 12 tertiary care institutions were included.

Nurses and physicians were trained as a surveyor for the study purpose through lectures and field practice. The specially designed format for primary care institutions was transcribed the information primarily by nurses and supervised by the physicians at the field level. Physicians scrutinized the collected data there at the same time. One physician supervised two nurses.

Physician surveyors collected data for secondary and tertiary care institutions and information collected were scrutinized by the other physicians.

The collected information was scrutinized and coded. The data was analyzed using a computer system. Variables analyzed are ; demographic and geographic characteristics, indigent or low-income group, diagnosis and disease pattern, utilization pattern, medical cost, and other related factors to the program.

Interim Results

The summary of results came out of the primary care institutions are included in this interim report. (See tables)

- 1) Utilization rate among the indigent and low income group is 11.5 patients/100 persons during 3 months period. The rate is much more higher in indigent group than low income group.
- 2) Average number of visit for those utilizing the institutions is 3.0 visits/patient.
- 3) Number of days for treatment (including dressing, injection and medication) is 5.1 days/patient.
- 4) The public sector was utilized more than private sector.
- 5) Common diseases are respiratory diseases such as common cold, gastrointestinal diseases such as gastritis, neuralgia and skin diseases which are very much similar to those of general population.

6) The ratio of acute diseases versus chronic is 1:2.

Future plan

Further analysis of the records from the primary care is going on. The collection of information from the secondary and tertiary units has just been completed and to be analyzed soon.

The study has been going on within the range of original schedule. The total outcome will also be available according to the work plan.

Financial Report

from April to May, 1977

Re : USAID Grant, No. 489-11,590-708,12

Amount of Grant	W4,759,517
Expended this period	W1,903,000

Expended to date

1. Personnel Costs	W270,000
Principal Investigator	W 50,000
Investigators	W120,000
Coders	W100,000

2. Training of Surveyors	W360,000
Per diem for trainer	W 80,000
Per diem and travel for trainees	W280,000
3. Collection of data.....	W1,222,000
Sampling and pretest	W 50,000
Printing of format	W 30,000
Travel and per diem expenses for surveyors	W912,000
Travel and per diem expenses for supervisors	W210,000
4. Data Processing	W10,000
Coding sheet	
5. Communications	W33,000
6. Supplies and Logistics	W 8,000
Total	<u>W1,903,000</u>

Anticipated expenditures for period from June to July, 1977
.....W1,903,807

Cash received to dateW1,903,807

Cash required next periodW1,903,807

The report shall include a certification as follows:

"The undersigned here by certifies :

(1) that the above represents the best of estimates of funds
needed for expenditures to be incurred over the period described,

(2) that appropriate

in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds may available here in will be refunded to AID".

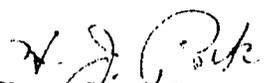

By Hung Jong Park, M.D., Ph.D.
Director, KMDI
May 23, 1977

Table 1. Utilization Rate By Month and Area

Number of Patients/100 persons

Month	All			Big Cities			Medium-sized & Small Cities			Gun Areas		
	Total	Low-income	Indigent	Total	Low-income	Indigent	Total	Low-income	Indigent	Total	Low-income	Indigent
January-March	11.5	7.1	35.0	8.8	6.4	36.9	9.7	5.8	47.9	12.6	7.7	30.0
January	4.7	2.7	15.2	4.1	2.8	18.4	4.3	2.6	21.3	5.0	2.7	12.3
February	3.4	2.2	9.9	2.3	1.7	9.8	2.4	1.5	11.2	4.0	2.5	9.4
March	3.3	2.1	10.0	2.4	1.9	8.7	3.0	1.7	15.4	3.6	2.3	8.3

Table 2. Number of Physician Visit and Days of Treatment per Patient by Month and Area

(1) Number of Physician Visit
(2) Number of Days of Treatment

		All			Big Cities			Medium-sized & Small Cities			Gun Areas		
		Visit(1)	Days(2)	2/1	Visit(1)	Days(2)	2/1	Visit(1)	Days(2)	2/1	Visit(1)	Days(2)	2/1
January-March	T	3.0	5.1	1.7	4.1	6.1	1.5	4.0	5.8	1.5	2.5	4.7	1.9
	L	2.7	4.7	1.7	3.7	5.6	1.5	3.4	5.2	1.5	2.2	4.3	2.0
	I	3.5	5.7	1.6	4.8	7.1	1.5	4.6	6.4	1.4	2.8	5.1	1.8
January	T				4.8	7.4	1.5	4.7	7.0	1.5	3.1	5.8	1.9
	L				4.2	6.7	1.6	3.9	6.0	1.5	2.6	5.2	2.0
	I				6.0	8.9	1.5	5.7	8.2	1.4	3.6	6.3	1.8
February	T				4.2	5.7	1.4	3.7	5.2	1.4	2.4	4.6	1.9
	L				4.2	5.8	1.4	3.5	5.2	1.5	2.3	4.3	1.9
	I				4.2	5.7	1.4	3.9	5.1	1.3	2.6	4.9	1.9
March	T				2.8	4.4	1.6	3.2	4.5	1.4	1.8	3.5	1.9
	L				2.7	4.2	1.6	2.7	4.1	1.5	1.7	3.3	1.9
	I				3.0	5.0	1.7	3.7	5.0	1.4	2.0	3.7	1.9

T ; Total

L : Low-income

I : Indigent

Table 3. Distribution of Clients by Month, Area and Type of Institution

Number of Patients in Percentage

Month	Type of Institution	Big Cities	Medium-sized & Small Cities	Gun Areas
January-March	Health Center	60.4	31.7	34.7
	Health Subcenter	-	-	34.9
	Clinic (GP)	27.2	39.6	15.1
	Clinic (Specialist)	12.4	28.7	2.4
January	Health Center	66.6	43.3	37.8
	Health Subcenter	-	-	46.8
	Clinic (GP)	25.9	50.7	12.7
	Clinic (Specialist)	7.6	6.1	2.7
February	Health Center	54.3	28.3	35.7
	Health Subcenter	-	-	49.4
	Clinic (GP)	38.1	30.1	13.2
	Clinic (Specialist)	14.6	41.6	1.7
March	Health Center	55.8	21.7	29.3
	Health Subcenter	-	-	47.4
	Clinic (GP)	25.8	53.2	20.5
	Clinic (Specialist)	18.5	43.1	2.9

Bronchitis emphysema and asthma	6.9	8.7	11.9
Other diseases of respiratory system	4.9	3.4	4.2
<hr/>			
Diseases of the digestive system	16.6	17.4	17.6
Diseases of teeth and supporting structures	6.2	1.5	0.3
Peptic ulcer	0.4	2.8	3.2
Gastritis	7.8	8.5	10.9
Other diseases of digestive system	2.2	4.6	3.2
<hr/>			
Diseases of the genito-urinary system	5.5	4.5	2.1
<hr/>			
Complications of pregnancy, child birth and the puerperium	0.9	0.2	0.6
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Diseases of the skin and subcutaneous tissue	10.8	14.1	7.2
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Diseases of the musculoskeletal system and connective tissue	3.1	3.9	8.3
Arthritis and spondylitis	1.9	2.1	6.4
Other diseases of musculoskeletal system and connective tissue	1.2	1.8	1.9
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Symptoms and ill-defined conditions	15.5	11.0	13.9
Neuralgia	9.2	7.7	10.8
Other ill-defined diseases	6.3	3.3	3.1
<hr/>			
Accidents, poisoning and violences	3.5	3.5	2.9
<hr/>			
Total	99.8 (N=953)	99.8 (N=1,370)	100.0 (N=3,870)
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Table 4. Distribution of Diseases by Area

Number of Patients in Percentage

Classification of Diseases	Big Cities	Medium-sized & Small Cities	Gun Areas
Infective and Parasitic diseases	5.5	4.5	5.0
Tuberculosis (of respiratory system and others)	2.5	1.2	1.6
Enteritis and other diarrheal diseases	1.3	2.0	1.4
All other infective and parasitic diseases	1.7	1.3	2.0
Neoplasms	1.3	0.7	0.6
Endocrine, Nutritional and metabolic diseases	0.5	0.5	0.6
Diseases of the blood and blood-forming organs	0.6	1.1	0.5
Mental disorders	2.8	2.9	1.7
Diseases of the nervous system and sense organs	6.5	6.3	3.8
Disease of eye	2.8	2.5	1.1
Disease of ear	2.0	0.9	1.6
Other diseases of nervous system and sense-organs	1.7	2.9	1.1
Diseases of the circulatory diseases	5.5	5.6	3.4
Hypertensive disease	4.0	3.9	2.2
Other diseases of circulatory system	1.5	1.7	1.2
Diseases of the respiratory system	21.2	23.6	31.8
Acute respiratory infections	9.4	11.5	15.7

Table 5. Acuteness and Chronicity of Diseases by Area

Number of Patients in Percentage

	All	Big Cities	Medium-sized & Small Cities	Gun Areas
Acute	32.5	31.5	30.6	33.1
Chronic	62.4	59.9	64.7	62.1
Unknown & Undetermined	5.1	8.6	4.7	4.7
Total	100.0	100.0	100.0	99.9

Table 6. Number of Patients per Month by Type of Institution

Type of Institution	Number of Patients per Month		
	Big Cities	Medium-sized & Small Cities	Gun Areas
Health Center	96	64	89
Health Subcenter	-	-	25
Clinic (GP)	12	54	15
Clinic (Specialist)	3	8	3

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GRANT AGREEMENT

BETWEEN

THE UNITED STATES OF AMERICA

AND

YONSEI UNIVERSITY COLLEGE OF MEDICINE

Project No. 489-11-590-708
Health Planning Research
Agreement No. 1

The United States of America, acting through the United States Agency for International Development-Korea ("USAID") and the Yonsei University College of Medicine ("the Institute"), Seoul, Korea herein agree that the Institute shall undertake the project described in the Appendix hereto, subject to the following terms:

1. The work of organizing and conducting the study, the preparation of recommendations called for, and interpretations as needed, will be conducted by Professor RO Kung-Kyun.
2. The project, including submission of a final report, shall be completed within eight (8) months of execution of this Agreement. The Institute shall make appropriate interim reports every two (2) months, in which progress to date shall be reasonably summarized. A final report, to contain detailed findings and conclusions, will be

OBLIGATED	\$ 11,500.00
DEOBLIGATED	- 607.41
EXPENDED	\$ 10,892.59

presented in form suitable for reproduction and distribution. Number of copies and form of presentation of these reports shall be agreed upon prior to their submittal by the representatives of USAID and the Institute. The final report will be submitted both in English and Korean.

3. USAID agrees to provide a total of ¥4,600,000 in complete payment for performance by the Institute of the project. All payments will be processed upon request to the Office of the Controller, USAID. A first payment (for mobilization costs) will be made and thereafter payments will be made every two (2) months by USAID after receipt of the interim report (assuming satisfactory progress is indicated). Schedule of payments will be as follows, unless otherwise agreed to by the parties:

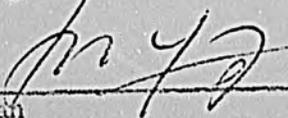
- a) The first payment will be ¥1,000,000 and will be paid within three weeks after the signing of this Agreement.
- b) Bi-Monthly payments will be ¥1,000,000 each and will be paid within three weeks after receipt of the interim reports.
- c) Final payment of ¥600,000 will be made within three weeks of receipt and acceptance of the final report.

5. The USAID Health Planning Officer will be the Institute's contact point within USAID for the purpose of evaluating the progress of the survey. The Institute's representative will be Professor YANG, Jae Ho, Dean, College of Medicine.

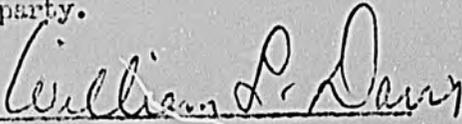
6. It is understood, as required under AID regulations, that this agreement may be terminated at any time by USAID, on notice to the Institute, if the work performed is considered unsatisfactory or if, in USAID's judgment, other circumstances so require. In the event of such termination, payments shall be made, on a pro rata basis, only for work completed up to the effective date of such termination. Furthermore, in the event of such termination, at USAID's option a concluding report, for which additional reasonable compensation shall be paid, shall be submitted as soon as possible.

7. Books and records shall be kept by the Institute accurately covering expenditures of payments under this Agreement and shall be available, for a period of three years after final payment, for inspection at reasonable times by USAID and/or appropriate agencies of the Korean Government.

8. The final report will be available for use by either party. The parties may publish and/or distribute such report and results separately in any form desired, so long as appropriate acknowledgment is given to the contribution of the other party.



Dean
Yonsei University College
of Medicine



Director
United States Agency for
International Development-
Korea

July 26, 1974
Date

Aug 2, 1974
Date

The ROKG Ministry of Health and Social Affairs concurs in this project;
Project No. 469-11-590-708, Health Planning Research, Agreement No. 1.

Won Kyun Kim

Planning Coordinator
Ministry of Health and Social Affairs

Aug. 1, 1974
Date

USAID Clearance:

PRM *EDM*

CONT *[Signature]*

LEG *[Signature]*

PR *[Signature]*

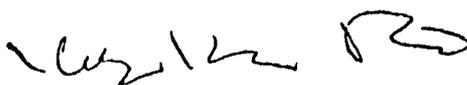
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APPENDIX TO
HEALTH PLANNING RESEARCH
AGREEMENT NO. 1

Research Proposal

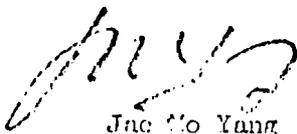
Resource Analysis

Submitted by



Kong-Kyun Ro

Approved by


Jae Ho Yang

Dean
Yonsei University College of Medicine

June, 1974

A Study of Resources Available and Input-Mix for Health

1. Objective of the Study:

The objectives of the study are twofold. First, it aims at estimating the future supply of health manpower and facilities in each category in the rural areas of Korea during the next seven years. Second, it aims at examining the existing input-mix for health, i.e. skill-mix and labor-capital ratio, and at estimating the changing trend in input-mix during the next seven years. At the first stage, an analysis will be made of health personnel, facilities available and input-mix in 1966, 1970 and 1974. Next, this study will examine selected developments in health manpower, facilities and input-mix during 1970 and 1974. Finally, it will set forth the projections of health manpower, facilities and input-mix for the next seven years.

2. Background:

At present, the Government of Republic of Korea is re-examining the health care delivery system in rural and urban areas of Korea. Is it effective in providing the kind of health services Korea needs? Is there a shortage of health manpower and facilities or a mal-distribution by region and speciality? Is the current rate of output of health personnel sufficient to meet the needs of the nation during the next five years? These are some of the important questions being raised frequently among policy makers, health personnel, university professors and the concerned public.

The Republic of Korea has been a success story for economic planners. During the last decade, she has experienced a remarkable growth in her Gross National Product. With such growth, however, the nation has become a classic

case of a dual economy with all its implications. The economic gap between the industrializing urban areas and agricultural rural areas has widened. Concurrently, the gap in health indicators between the two areas has also widened. Some economists argue that unbalanced growth is the fastest and most desirable way for an economy to grow.

We are, however, dealing with basic human welfare when we discuss the "health gap" between the urban and rural areas. Essential for any policy designed to narrow or eliminate this gap and improve the health delivery system in general is knowledge of the existing stock of health manpower and facilities and their future supply. This study aims at providing this essential knowledge by taking a complete inventory of health personnel, facilities and input-mix in the rural areas and by estimating their future supply.

3. Methodology and data:

The proposed study will include urban areas as well as rural areas because health manpower and facilities in cities are available for rural residents also. The unit of observation will be the *kun*, the municipalities. There are 169 *kuns* in South Korea. The number of health personnel will be analyzed for 1966 and 1970 and 1974 for each *kun*. (Sources of the data are listed at the end of this proposal.) The categories of health personnel to be studied are medical doctors, public doctors, mid-wives, public health nurses, dentists, nurses, herb doctors, pharmacists, herb medicine pharmacist, health workers and nursing aides. The study will include compiling data on the ratio of the number of health personnel in each of the categories

listed above to population and the ratio of the same number to the size of area of each kun. The distribution of health personnel by the type of medicine they practice and type of speciality will also be studied by constructing a table which shows ratios of the number of health personnel in each category to that in all other categories. The trends in the absolute number of health personnel in each category in each kun, the trend in skill-mix, that is, the distribution of health personnel by type of practice and speciality in each kun, the trends in the supply of health personnel by kun will be studied by comparing the data for 1966, 1970 and 1974.

The physical facilities for health care to be studied include hospitals, health centers, doctors' offices, herb doctors' offices, pharmacies, herb medicine pharmacies, and dentists' offices. The major emphasis will be placed on the study of hospitals. The ratio of the number of beds per 1,000 population, the size distribution, the distribution of hospitals by the type of hospitals (general hospital, special hospital, multi-department hospital, acute hospital, chronic disease hospital etc.) and by the comprehensiveness of care provided as measured by the type and number of equipment available. The categories of facility and equipment available will be classified according to American Hospital Association classification of facilities and equipment into basic, secondary and tertiary categories. A comparative study of 1966 and 1970 data of health facilities will be conducted in the same manner as to be done for health personnel. In other words, trends will be studied not only for the possible increase in the absolute number of facilities in each type in each kun but also for possible changes in the relative importance of various types of facilities, i.e. input-mix in the over-all picture

of supply of medical care in the rural areas of Korea. As is to be done for health personnel, a table will be constructed to show the ratios of number of facilities in each category to that in all other categories both for 1966 and 1970 for each kun and for the entire rural area of Korea.

In order to examine the degree of service intensiveness of health care provided at various health facilities, in particular at hospitals, input-mix as measured by something equivalent to personnel-bed ratio or labor-capital ratio and how this is related to the availability of health personnel and facilities in each kun will be studied by examining the following relationships:

(1) the relationship between the availability of health personnel in each category per 1,000 population, (2) the relationship between the changes in (and that of health facility in each category per 1000 population;) the availability of health personnel in each category per 1,000 population and those in the availability of health facility in each category per 1,000 population between 1966 and 1970; and (3) the relationship between the ratio of health personnel to health facility in each category and (a) the number of health personnel per 1,000 population and (b) the number of health facility per 1,000 population in each category.

The estimate of supply of health personnel, facilities and input-mix during the next seven years will be made based on (1) interpolation from the trend established between 1966, 1970 and 1974, (2) the present enrollment in various institutions of training health personnel, and (3) the analysis of factors affecting the supply of health personnel, facilities and input-mix.

Interpolation will be done only for the health personnel for the licencing of whom there is no requirement for formal training at designated institutions of learning. They are mid-wives, herb medicine pharmacists, health workers and nursing aides.

For the rest of health personnel, the supply during the next seven years will be estimated based on the expected annual number of graduates from their respective institutions of training and on the estimated annual number of those who are expected to retire or leave the country. The annual number of health personnel expected to retire will be estimated based on the past proportion of people who retires annually and the age composition of each profession. The annual number of health personnel expected to leave the country will be based on the past proportion of graduates of their respective institutions who leave the country.

The supply of health facilities during the next seven years will be based on interpolation in case of small hospitals (Wee-wons), western and herb medicine drug stores and major equipment. In case of hospitals with 15 beds or more, which qualify as Byong-won, questionnaires will be sent out to Directors of Health Administration Departments of each mun government, Deans of Medical Colleges, superintendents of hospitals with 15 beds or more. The questionnaires will include questions on whether they intend to build new hospitals of what size or whether they plan to expand or contract existing hospitals by how many beds.

Finally, in order to facilitate a long-range forecast of supply of health personnel, facilities and input-mix, various factors hypothesized to influence their respective supply will be analyzed. These are the cost of training health personnel, the expectation of increase in demand for health services, the expectation of change in the type and practice of medicine, the expectation of change or no change in the immigration and emigration regulation governing entries and exists of health personnel of the United States and the Republic of Korea, etc.

4. Significance of the Study:

Although the Republic of Korea has experienced a rapid economic growth during the last decade, there is no discernable trend of increasing investment in health. In fact, with industrialization of urban areas, there is a widening "health gap" between the urban areas and rural areas of Korea. If we are to increase the investment in health and to improve the efficiency in the provision of various health services as well as to narrow the health gap between the urban and rural areas, knowledge of the existing stock of manpower facilities and input-mix, and an estimation of their respective future supply is essential. This study aims at providing such a knowledge and estimation.

Prepared and revised

by
Kong-Kyun Ro

June, 1974

Sources of Data

1. The Korean Medical Association, A List of the Members of the Korean Medical Association, 1967, 1971.
2. The Korean Pharmaceutical Association, A List of the Members of the Korean Pharmaceutical Association, 1967, 1971.
3. Ministry of Health and Social Affairs, Republic of Korea, Statistical Yearbook of Health and Social Affairs, 1971.
4. Economic Planning Board Republic of Korea, Korea Statistical Yearbook, No. 14, 1967; and No. 15, 1971.
5. Economic Planning Board, Population Census Report of Korea, No. 12-1 to 12-12.
6. Bureau of Statistics, Economic Planning Board, Vital Statistics of Korea, 1966.
7. Busan: Gyeongsang-do; Sangjuon-do; Choongcheong buk-do; Chollanam-do; Jeonlla buk-do, Jeonlla nam-do; Gyeongsang buk-do; Gyeongsang nam-do; and Jaju-do; Statistical Yearbooks, No. 7, 1967 and No. 11, 1971.
8. Ministry of Education, Republic of Korea, Statistical Yearbook of Education, 1971.
9. Local Administration Bureau, Ministry of Home Affairs, Yearbook of Local Tax Statistics, 1971.
10. Local Administration Bureau, Ministry of Home Affairs, Statistical Yearbook of Local Tax, 1971.
11. Ministry of Health and Social Affairs, "A Comprehensive Study for Improvement of Rural Health in Korea," 1971.
12. Korean Hospital Association, "Report on Hospital Survey," 1971.
13. Institute for Rural Health, D. of Rural Health, special volume in memory of Dr. Young-Choon Lee, May, 1970.

Resource Analysis

Time Table

- July 1 to September 30, 1974 - Data collection, coding and key punching
Data editing and preliminary analyses of
data. Interim report due.
- Oct. 1, 1974 to Jan. 31, 1975 - Data analyses with computer. Collection
of additional data, if the need is dis-
covered in the course of data analyses.
The final report due.

Principal Investigator - Kong-Kyun Ro

Co-investigator - Ho-In Kim

Resource Analysis

Budget for Seven Months - July 1, 1974 to Jan 31, 1975

Honoraria, ~~rent~~ maintenance cost, wages, salaries and supplements

Principal investigator	-----	\$2,100 (\$300 per month)
Co-investigator	-----	\$1,400 (\$200 per month)
Two research assistants	-----	\$2,100 (\$150 per month per person)
Data collection and processing:		
Mail questionnaire and correspondence	----	\$1,200 (cards, postages, and envelopes)
Key punching, coding, sorting, etc.	-----	\$800
Computer time and computer professional services	-----	\$1,200
Traveling expenses for data collection and interviews	-----	\$1,500
Publication costs	-----	\$800
Overhead costs and clerical services	-----	free - given from Yonsei University
Contingency and miscellaneous	-----	\$400
<u>Total</u>		<u>\$11,500</u>

FACILITIES AND EQUIPMENT AVAILABLE

Univac 85 80-2 at Yonsei University Computer Center
Key punching machines, sorting machine, type writers, etc.

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GRANT AGREEMENT

BETWEEN

THE UNITED STATES OF AMERICA

AND

SNU GRADUATE SCHOOL OF PUBLIC HEALTH

Project No. 489-11-590-708
Health Planning Research
Agreement No. 2

The United States of America, acting through the United States Agency for International Development-Korea ("USAID") and the SNU Graduate School of Public Health ("the Institute"), Seoul, Korea, herein agree that the Institute shall undertake the project described in the Appendix hereto, subject to the following terms:

1. The work of organizing and conducting the study, the preparation of recommendations called for, and interpretations as needed, will be conducted by Professor HUI Jong.

2. The project, including submission of a final report, shall be completed within eight (8) months of execution of this Agreement. The Institute shall make appropriate interim reports every two (2) months, in which progress to date shall be reasonably

OBLIATED \$ 12,150.00
DEOBLIATED - 1,350.00 (DUE TO EXCHANGE RATE CHANGES)

-FINANCED \$ 11,777.32

summarized. A final report, to contain detailed findings and conclusions, will be presented in form suitable for reproduction and distribution. Number of copies and form of presentation of these reports shall be agreed upon prior to their submittal by the representatives of USAID and the Institute. The final report will be submitted both in English and Korean.

3. USAID agrees to provide a total of Won 5,250,000 in complete payment for performance by the Institute of the project. All payments will be processed upon request to the Office of the Controller, USAID. A first payment (for mobilization costs) will be made and thereafter payments will be made every two (2) months by USAID after receipt of the interim report (assuming satisfactory progress is indicated). Schedule of payments will be as follows, unless otherwise agreed to by the parties:

- (a) The first payment will be Won 1,000,000 and will be paid within three weeks after the signing of this Agreement.
- (b) Bi-monthly payments will be Won 1,000,000 each and will be paid within three weeks after receipt of the interim reports.

(c) Final payment of Won 1,250,000 will be made within three weeks of receipt and acceptance of the final report.

5. The USAID Health Planning Officer will be the Institute's contact point within USAID for the purpose of evaluating the progress of the survey. The Institute's representative will be Professor PARK Hyong Jong, Dean, Graduate School of Public Health, SNU.

6. It is understood, as required under AID regulations that this Agreement may be terminated at any time by USAID, on notice to the Institute, if the work performed is considered unsatisfactory or if, in USAID's judgment, other circumstances so require. In the event of such termination, payments shall be made, on a pro rata basis, only for work completed up to the effective date of such termination. Furthermore, in the event of such termination, at USAID's option a concluding report, for which additional reasonable compensation shall be paid, shall be submitted as soon as possible.

7. Books and records shall be kept by the Institute, accurately covering expenditures of payments under this Agreement, and shall be available for a period of three years after final payment for inspection at reasonable times by USAID and/or appropriate agencies of the Korean Government.

8. The final report will be available for use by either party. The parties may publish and/or distribute such report and results separately in any form desired, so long as appropriate acknowledgement is given to the contribution of the other party.

27 July
Dean
Graduate School of
Public Health
Seoul National University

William S. Davis
Director
United States Agency for
International Development
Korea

July 24, 1974
Date

Aug 2, 1974
Date

The ROKG Ministry of Health and Social Affairs concurs in this Project:

Wookyeol Kim
Planning Coordinator
Ministry of Health and
Social Affairs

Aug. 1, 1974
Date

APPENDIX TO
HEALTH PLANNING RESEARCH
AGREEMENT NO. 2

A STUDY OF DEMAND AND NEED FOR MEDICAL CARE
IN RURAL AREAS IN KOREA

Jong Huh, M.D., Ph.D.
Associate Professor of Public Health and
Chairman of the Department of Health Administration
Graduate School of Public Health
Seoul National University,
Seoul, Korea

School of Public Health
Seoul National University

TABLE OF CONTENTS

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I. Objectives of Study

The objectives of the study are three-fold. First, we propose to estimate the demand for medical care during the next seven years based on current utilization practices, on trends in rural population income, cost of medical care, educational level, and other economic developments and based on needs. Second, we propose to estimate the need for medical care during the next seven years based on current mortality and morbidity experience and patterns in rural Korea. Third, we propose to estimate the gap between the demand and need thus estimated.

II. Setting of the Problem

Although the Republic of Korea has achieved a remarkable economic growth during the past decade, health still receives a low priority from her government and further more, there is no discernible trend which indicates that the urban and rural gap in health level of the residents and health care provided is narrowing. According to a UNICEF survey, the Republic of Korea spent 0.9% of its budget for health, the lowest among the seven nations in Asia surveyed.

According to 1973 Survey for Medical Care conducted by us, monthly prevalence rate per 1,000 population was 115.0 (106.0 for male and 124.7 for female), and ratio of sick call to sickness was 85.1% (89.5% for male and 81.0% for female) in rural area.

In terms of sequence of therapy, however, that is, the first, second, and third or subsequent occasions, the type of medical care received showed 36.8%, 39.0%, and 45.2% of patients utilized Western pharmacies on the first, second, and third or subsequent occasions. Only 36.4%, 26.3%, and 35.8% of people requiring medical care actually received modern medical care on the first, second and third or subsequent occasions.

This project proposes to study the future demand and need for medical care and to forecast the magnitude of gap will be examined not only in terms of that between the demand and need for medical care in general but also that in types of medical care.

III. Method and Data

This study will be divided into two parts. One will consist of an extensive study of the existing literature on the rural morbidity patterns and medical care utilization in the past. Such a study will include an analysis of trend in the incidence of diseases by disease category; the type of medical care received; the type of medical care received by the disease category; medical cost by category of diseases and type of medical care received; the reasons for not receiving medical care by the type of diseases; incidence of diseases, type of medical care

received, medical care expenditure by occupation, educational level and estimated disposable income. The other part will consist of two field surveys of rural residents and community leaders.

For the first survey, the rural area of Korea will be divided into five areas; 1) mountain areas, 2) semiplain areas, 3) plain areas, 4) coastal areas, and 5) island areas. Random samples of the residents in each of the above five areas will be taken, its respective size to be decided on the basis of proportionate share of each areas in total rural population. Questionnaires will be constructed based on those used for our 1973 survey. Some questions will be added and some deleted.

For the second survey,* selected opinions of Provincial, Gun and village leaders will be surveyed. ⁽¹⁾ We plan to go further than the usual cross tabulations. And we propose to use a model of the demand and need for medical care and test it with the data thus gathered. The model being considered for adoption for this study is one by Paul J. Feldstein¹⁾ or one by Grover Wirick and Robin Barlow²⁾. In both models, incidence of illness, cultural-demographic factors and economic variables are considered to be the principal factors affecting the demand for medical care.

1) Paul J. Feldestein, "Research on the Demand for Health Services" in Donald Mainland, editor, Health Service Research. New York; Milband Memorial Fund. 1967. p.139

2) Grover Wirick and Robin Barlow, "The Economic and Social Determinants of the Demand for Health Service in S.J.Axelrod, editor, The Economics of Health and Medical Care. The Univ. of Michigan, 1964, p.100-103.

In forecasting the demand for medical care during the next five years, attention will be placed on the expected change in the per capita demand, several population projections will be used as alternate forecasts of total rural demand for medical care. The demand forecasts will be made by a multiple regression analysis.

$$\text{Log } Y = a + \sum b_i \log I_i + \sum b_j \log D_j + \sum b_k \log E_k + \log e$$

Where Y is the demand for medical care expressed either by indices of the unit of medical care such as office visits, drugs, patient days, etc. or the expenditure for medical care; I_i represent the incidence of diseases either by disease categories or by some weighted indices of diseases; D_j represents cultural-demographic factors hypothesized as influencing the demand for medical care; E_k is economic factors such as proxy variables indicating household disposable incomes, occupation and educational level. (Educational level may be included in demographic variables if you please.)

The parameters (e.g. b co-efficients) will be estimated using cross-sectional data to be gathered by the field survey. Then, the demand forecast will be made by inserting the expected changes in explanatory variables and by using the same b coefficients as those estimated by the regressions runs with cross sectional data.

IV. Significance of the Study

The gap between the demand and need for medical care is expected to be wider in the rural area than in urban area in Korea. There has been no discernible indication that this gap is narrowing in the rural area. When completed, this study will show what will be the extent of the gap between the demand and need for medical care in the rural area in Korea during the next seven years, if no action is taken to remedy the situation. The result of study will have a definite policy implication; what is to be done to bring the gap mentioned above in the rural area to the level existing in the urban area? If the government of the Republic of Korea is to promote the welfare of rural residents which tends to be neglected in favor of rapid economic growth in urban centers, the health level of rural residents should receive special attention. Therefore, this study will be of some assistance in formulating a policy designed to promote the welfare of rural residents in Korea.

PROPOSED
RECOMMENDATIONS
CANNOT
BEYOND

V. Work Plan

<u>Project activities</u>	<u>Study duration</u>
1. Study design, collection of existing data	1 1/2 months
2. Field survey	1 1/2 months

3. Data process and analysis of existing data and data collected by field survey 2 months

4. Preparation of report* 2 months

VI. Organization and Staff

1) Principal Investigator; Jong Huh, M.D., Ph.D.
Associate professor of
Public Health Administration,
School of Public Health,
Seoul National University.

2) Researcher ; Jong Kun Kim, M.D., Dr.PH
Associate professor of
Biostatistics,
School of Public Health
Seoul National University

Dal Sun Han, M.D., M.P.H.
Instructor of Public Health
Administration,
School of Public Health
Seoul National University

Young Soo Park, D.V.M., M.P.H.
Instructor of Preventive
Medicine, College of Medicine,
Junduk National University

3) Research Assistant ; To be recruited later.

4) Field Staff ; To be recruited later.

5) Interviewer ; 15 persons.

*12/18/47
Pub. Health
Sub*

*For printing of report it may require another two months.

An interim report will be required and submitted on Sept. 1, 1947

"We are not able to break-down and justify these cost in detail at this stage, however, we intend to meet the expenses within mentioned scope. .



United States Agency for International Development
Seoul, Korea

4890708(10)
PO-AAA-402
9p

Mailing Address:

USAID
American Embassy
82, Sejongro, Chongro-ku
Seoul 110, Korea

Telephone: 72-2401/19

FT-79-12

Grant Agreement

The Korea Health Development Institute (KHDI) will hold a Workshop, to be sponsored jointly by the Ministry of Home Affairs, Ministry of Health & Social Affairs, and the Economic Planning Board, to develop strategies and the formulation of a plan of action for Primary Health Care Delivery through the Saemaul Undong program. This Workshop will bring together decision makers and administrators at various levels of the government, leading researchers and experts from both the Saemaul Movement program and the Primary Health Care areas, field workers, community residents, and local government officials who will also participate in this Workshop.

Background

The Korea Health Development Institute has successfully developed and implemented Primary Health Care Delivery Systems in Hongchong, Gunnee and Okgu Guns. This activity has been carried on under the terms of the AID/ROK Health Demonstration Loan Agreement #489-U-092.

The Saemaul Movement has long been recognized as a program which has successfully implemented activities to improve the living standard and well-being of rural residents by means of spiritual reform, social and economic development, based on

the spirit of diligence, self-help and local government cooperation. At the present time, there is no direct linkage between the Saemaul Movement and Primary Health Care Delivery Systems at various levels of government administration. This Workshop was designed to mobilize the Saemaul Movement efforts to more effectually integrate Primary Health Care Delivery Systems at the local level. Further details of the Workshop are outlined in the grant proposal (Attachment A).

The Workshop will be attended by approximately 85 participants, including representatives from the central government (Ministry of Health and Social Affairs, Ministry of Home Affairs, Economic Planning Board); provincial government (health officials, Saemaul officials, gun chiefs, and health center directors); local leaders and representatives (Saemaul, agricultural cooperatives); universities and institutes; media representatives; and KHDI officials and staff. Observers from the supporting agencies will also attend the Workshop (USAID, WHO, UNICEF, and The Asia Foundation).

The United States Agency for International Development in Korea, (hereinafter called "USAID/K") hereby agrees to provide a grant to the Korea Health Development Institute (hereinafter called "KHDI") under the terms and conditions as set forth below:

The work of organizing and conducting the conference, including preparation of the conference reports called for hereunder,

shall be conducted by the Grantee under the direction of Dr. Younghat Ryu, President of the Grantee Institution, in consultation with the AID Representative, USAID/K.

2. The total estimated cost of this Workshop is Nine Million Forty-four Thousand Five Hundred won (₩9,044,500), of which USAID/K will provide Three Million Two Hundred Ninety Thousand won (₩3,290,000). The overall budget amount will be provided as follows:

KHDI	₩3,254,500
USAID/K	₩3,290,000
Asia Foundation	<u>₩2,500,000</u>
TOTAL	<u>₩9,044,500</u>

The overall USAID-provided budgetary amount may not be exceeded. Expenditures should be in accordance with the attached budget; however, changes within budget line items, not to exceed fifteen (15) percent, may be made without prior approval of the AID Representative, USAID/K.

3. The Grantee shall provide USAID/K the names and addresses of the participants whose travel to the conference is to be funded under the terms of this grant, and shall certify that the participants so named are not receiving funding for this transportation from any other source.

4. Immediately after signing this Agreement, USAID/K will advance to Grantee the sum of ₩3,290,000, less the sums allocated for those items to be paid by USAID/K.

(Items 10 and 11 of the attached budget - Attachment B).

5. Upon completion of the Workshop, the Grantee will submit to USAID/K a financial report supported by payment vouchers, for the expenditures made from the won funds advanced to the Grantee by USAID and by the Asia Foundation, an AID-funded agency. Any advance of funds for which utilization has not been accounted for in the financial report will be immediately refunded to USAID/K.

6. Within two (2) months after the close of the Workshop, the Grantee shall submit to USAID/K twenty (20) copies of the workshop report in English.

In agreement to the above, and on the behalf of our respective entities, we jointly signify our approval. This grant agreement becomes effective upon signature of both parties.

Sept 17, 1979
Date

Sept 17, 1979
Date

Chongmyung Chung
Chongmyung Chung
Secretary General
Korea Health Development
Institute

William E. Paupe
William E. Paupe
AID Representative
U.S. AID Mission to Korea

Appropriation: 72FT800
Allotment : 156-50-489-29-69-00
Obligation No: 90145
Grant No. : FT-79-12

Clearances:
CONT:
PRM :

ATTACHMENT A

A PROPOSAL FOR A WORKSHOP ON STRATEGIES DEVELOPMENT AND
FORMULATION OF PLAN OF ACTION FOR PRIMARY HEALTH CARE
DELIVERY THROUGH SAEMAUL MOVEMENT

1. Background

It is well recognized that Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community.

In order to make Primary Health Care universally accessible in the community as quickly as possible, maximum community and individual self-reliance for health development are essential. To attain such self-reliance requires full community participation in the planning, organization and management of Primary Health Care.

The Saemaul Movement has been successfully implemented toward improvement of living standard and well-being in the community by means of spiritual reform, social and economic development based on the spirit of diligence, self-help and cooperation, under strong guidance of the Government, since 1970. Basic ideas both of the Saemaul Movement and Primary Health Care are most likely similar in nature and strategies and both require full community participation in manner and meeting basic needs of the community for the ultimate goals.

Unfortunately, there is no linkage between the Saemaul Movement and Primary Health Care Delivery at various levels (central, provincial, county, and village or grass-root levels) for development of Primary Health Care.

In order to best mobilize Saemaul Movement effort in Primary Health Care, it is deemed necessary to share and exchange experience, knowledge, and expertise with each other and develop a plan of action acceptable at the various levels such as central, provincial, county, and village levels in the public and private sectors.

In this respect, a workshop-type meeting, bringing together decision makers and administrators at various levels of the governments, leading researchers and experts in the field of the Saemaul Movement and Primary Health Care, field workers, and community residents, is planned.

2. Objectives

- a. To clearly identify basic needs of the community and the extent of meeting the needs by the Saemaul Movement in the past, the present, and the future.
- b. To synthesize and evaluate the Saemaul Movement achievements and performance.
- c. To develop an acceptable linkage between the Saemaul Movement and Primary Health Care and to formulate a plan of action to be made acceptable to those at various levels of the Governments and communities.
- d. To communicate the results, recommendations, and implications of this workshop to relevant government agencies and the community organizations for prompt adaptation of the plan of action.

3. Methods

- a. Paper presentations by leading researchers and high ranking officials of the governments currently related to the fields of the Saemaul Movement and Primary Health Care, to be followed by group or panel discussions.
- b. Plenary sessions.

4. Topics (Tentative)

- a. Key-note speech on "Projects of Primary Health Care Delivery Integrated with Saemaul Movement", by Minister of the Central Government.

b. Paper Presentation

- 1) Approaches to a Comprehensive Saemaul Movement towards well-being and Quality of Life in the Community, by Leading Researcher.
- 2) Strategies and Policies for Support of a Comprehensive Saemaul Movement:
 - o In view of National Resources Allocation, by Director-General, Planning Bureau, EPB
 - o In view of Social Well-being, by Director-General, Social Affairs Bureau, MOHSA
 - o In view of Policy Implementation, by Director-General, Saemaul Movement Bureau, MOHSA
- 3) Desirable Program Support Responding to Needs of the Community for a Comprehensive Saemaul Movement by Gun Chief.
- 4) Desirable Community Organization's Roles and Functions to respond to the Community Needs.
- 5) Desirable Financial Mechanisms to attain Improvement of Well-being in the Community.
- 6) Suggested Actions and Roles acceptable by Central and Local Governments concerned with Support of the Saemaul Movement.

5. Duration

October 7 - 10, 1979

6. Place

Chosun Hotel at Kyong-Ju City

7. Participants

Central Government

- MOHSA	5
- MOHA	5
- EPB	3

Provincial Government

- Health Officers	9
- Saemaul Officers	9
- <u>Gun</u> Chief	9
- Health Center Director	9

Other

- Saemaul Leader	9
- Myon Agricultural Cooperatives	9
- National Agricultural Cooperatives	3

Universities and Institutes 10

KHDI 5

TOTAL: 85 persons

Observers

USAID	2
WHO	1
UNICEF	1
Asia Foundation	1

8. Cost

(Budget Attached as Attachment B)

Attachment B

Estimated Budget

Workshop on Strategies Development and Formulation of a
Plan of Action for Primary Health Care Delivery Through
Saemaul Movement.

	<u>FUNDING SOURCE</u>		
	<u>KHDI</u>	<u>USAID/K</u>	<u>ASIA FOUNDATION</u>
1. Moderator's Fee (8 topics) ₩20,000 x 8	₩160,000	-	-
2. Printing, placards, name tags	442,500	-	-
3. Paper presentation	280,000	-	-
4. Dinner	525,000	-	-
5. Transportation (round-trip) ₩6,350 x 85 x 2	1,079,500	-	-
6. Final Report Preparation	600,000	-	-
7. Pictures	100,000	-	-
8. Contingency	67,500	150,000	-
9. Per diem - ₩60,000 x 83 - ₩80,000 x 2	-	₩2,640,000	₩2,500,000
10. Reception	-	350,000	-
11. Meeting Expenses	-	150,000	-
Sub-total	₩3,254,500	₩3,290,000	₩2,500,000
GRAND TOTAL -----			₩9,044,500



United States Agency for International Development

Seoul, Korea

4890708(11)
PD-ADD-482

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American Embassy
82, Sejongro, Chongro-ku
Seoul 110, Korea

Grant No. FT-79-11

Telephone: 72-2601/19

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GRANT AGREEMENT

The Korea Health Development Institute (KHDI) and the U.S. AID Mission in Korea (USAID/Korea) will jointly conduct a workshop-type discussion session for KHDI, ROKG Ministry of Home Affairs, and visiting Government of the Philippines (GOP) health officials; and, an observation/training program for the group of Government of the Philippines health and administration officials. This program will be partially funded by USAID/Philippines under PIO/P No. 492-0312-1-80272 (See Budget - Attachment A).

The objective of this two-week program (Attachment B) is two-fold: (1) to provide a workshop-type forum for the exchange of information and ideas concerning primary health care delivery systems between KHDI staff and sub-project demonstration area staffs and the visiting health and administration officials from the Philippines; and (2) to provide the opportunity for the visiting officials to observe KHDI Primary Health Care projects and hold discussions with officials of USAID/Korea, the Korea Health Development Institute (KHDI), the ROKG Ministry of Home Affairs (Saemaul Undong Program), and other Korean public and private officials as appropriate.

Site visits will be carried out in Hongchon, Gunee and Okgu Counties. In addition, orientation/training sessions will be conducted at USAID/Korea, KHDI and at the Saemaul Headquarters, Ministry of Home Affairs.

Total costs of this program will be shared between the U.S. AID Mission, Republic of the Philippines; the KHDI; and, the U.S. AID Mission in Korea.

The United States Agency for International Development in Korea (hereinafter called "USAID/K") hereby agrees to provide a grant to the Korea Health Development Institute (hereinafter called "KHDI") under the terms and conditions set forth below:

1. The work of organizing and conducting the discussions and the observation/training program shall be conducted jointly by the AID Representative and the Korea Health Development Institute.
2. USAID/K will provide a maximum of ₩300,000 for partial payment of costs listed in the budget attached hereto. The USAID/K-provided portion of the fund for overall budget items may not be exceeded; however, changes within budget line items, not to exceed fifteen (15) percent, may be made.
3. Upon completion of the workshop, discussions and the observation/training program, a financial report supported by payment vouchers will be submitted to the Office of the Controller, USAID/K.
4. Within one (1) month after the close of the program, a report shall be prepared and ten (10) copies submitted to USAID/K.

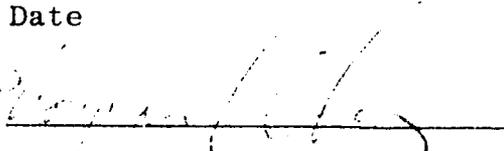
This Grant Agreement becomes effective upon signature of both parties.

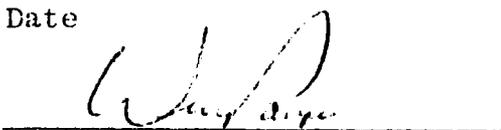
AUG 10 1979

AUG 10 1979

Date

Date


Chung, Chong-Myun
Secretary-General
Korea Health Development
Institute


William E. Paupé
AID Representative

USAID Clearances:
CONT:LWight



BUDGET

	<u>USAID/Phil. PIO/P</u>	<u>USAID/K</u>
1. Local Transportation	₱300,000	
2. Driver per diem	₱130,000	
3. Training Costs MOHA/KHDI	₱350,000	₱105,000
4. Reception		₱175,000
5. Report Compilation		₱ 20,000
6. Contingency	<u>₱ 91,200</u>	<u> </u>
	₱871,200	₱300,000

Attachment B

ITINERARY FOR SEVEN OFFICERS FROM THE PHILIPPINES

<u>Visitor's Names</u>	<u>Title</u>
Governor Evelio Javier	Governor, Antique Province
Atty. Napoleon Oducado	Province Administrator and OIC, CAPIZ Province
Dr. Cleto Cordero	Province Health Officer Iloilo Province
Dr. Jose Olaguer	Province Health Officer Aclan Province
Dr. Salvador Buyco	Project Director Project Support Staff PUSH
Dr. Eduardo Geraldo	Chief, Aclan Province Hospital
Dr. Rowena Ferrer	President Iloilo Medical Society

DATE	TIME	SCHEDULE
August 11 (Sat.)	17:40 KAL 622	Arrive in Seoul; stay over at the Hyatt Regency Hotel
August 12 (Sun.)	FREE	
August 13 (Mon.)	08:00 - 09:30	Visit AID & KHDI KHDI Project Orientation (Mr. William E. Paupe, USAID Representative, will meet them at KHDI)
	09:30 - 12:00	Leave Seoul and arrive in Hongchon Gun, Gangweon Province
	12:00 - 13:30	Lunch
	13:30 - 17:00	Observation of Hongchon Gun Health Demonstration Project (KHDI)
	17:00 - 18:30	Leave Hongchon and arrive in Chuncheon
August 14 (Tue.)	10:00 - 10:20	Courtesy call on the Governor, Gangweon Province
	10:30 - 12:00	Briefing and discussion on Saemaul Undong and Health Project in Gangweon Province
	12:00 - 13:30	Lunch
	13:30 - 15:00	Observation of Saemaul in Gangweon Province
	15:00 - 16:30	Observation of Chunseong Health Project
	17:00 - 19:00	Leave Chuncheon and arrive in Seoul
August 15 (Wed.)	FREE (National Holiday)	
August 16 (Thu.)	09:30 - 14:00	Leave Seoul and arrive in Taegu
	14:30 - 14:50	Courtesy call on the Governor, Gyeongsan Bug Province
	15:00 - 16:30	Briefing and discussion on Saemaul Undong in Gyeongsang Bug Province
August 17 (Fri.)	09:30 - 10:50	Leave Taegu and arrive in Gunee Gun
	11:00 - 12:00	Briefing on Gunee Gun Health Demonstration Project

August 17	12:00 - 13:30	Lunch
	13:30 - 16:30	Observation of Gunee Gun Health Demonstration Project
	16:30 - 19:00	Leave Gunee and arrive in Gyeongju
August 18 (Sat.)		FREE
August 19 (Sun.)	13:00 - 18:00	Leave Gyeongju and arrive in Seoul
August 20 (Mon.)	09:00 - 10:00	Leave Seoul and arrive in Hwaseong Gun
	10:00 - 11:30	Observation of Yeongcheon 3 Ri, Dongtan Myon, Hwaseong Gun, Gyeonggi Province
	11:30 - 12:00	Leave Hwaseong and arrive in Pyeongtaek
	12:00 - 13:30	Lunch
	13:30 - 14:30	Visit Chilweon 1 Ri, Songtan Eup, pyeongtaek Gun, Gyeonggi Province
	15:00 - 16:30	Leave Pyeongtaek and arrive in Onyang
August 21 (Tue.)	10:00 - 12:00	Visit Hyeongchung-Sa and Onyang Museum
	12:00 - 13:30	Lunch
	13:30 - 15:00	Leave Onyang and arrive in Daejeon
	15:00 - 16:30	Visit Daeyeol Ri, Sannae Myon, Daedeog Gun, Chungcheong Nam Province
	16:30 - 18:00	Visit Donghag-Sa
	18:30 - 19:30	Leave Donghag-Sa and arrive in Daejeon
August 22 (Wed.)	09:30 - 10:30	Leave Daejeon and arrive in Boeun Gun, Chungcheong Bug Province
	10:30 - 11:30	Visit Sanseong 2 Ri, Naebug Myon, Boeun Gun, Chungcheong Bug Province
	11:30 - 12:30	Leave Boeun and arrive in Gognisan
	12:30 - 14:00	Lunch
	14:30 - 18:00	Visit Beobju-Sa
August 23 (Thur.)	09:00 - 12:00	Leave Sognisan and arrive in Seoul

August 24	10:00 - 11:30	Final discussion with AID/K and KIDI
(Fri.)	12:00 - 13:30	Lunch hosted by the KHDI
	13:30 - 19:00	Free (shopping, etc.)
	19:00 -	Dinner hosted by AID/K
August 25	07:30	Leave Hyatt for airport
(Sat.)		KAL 621, 09:10 to Manila
		KAL, 10:20 to Hongkong to Manila



United States Agency for International Development

Seoul, Korea

4090708(2)
PO-ADD-482

Mailing Address:

USAID
American Embassy
82, Sejongro, Chongro-ku
Seoul 110, Korea

Grant No. FT-79-10

Telephone: 72-2601-19

//p

GRANT AGREEMENT

The Korea Health Development Institute (KHDI) will hold a workshop and evaluation of new Health Workers in Primary Health Care. This workshop will bring together expert researchers and evaluators in the areas of training, evaluation and administration to examine the work of a new category of health workers developed under the terms of ROKG/AID Loan Agreement #489-U-092.

Background:

The KHDI has developed several categories of new type health workers: the Community Health Practitioner (CHP); the Community Health Aide (CHA); and the Village Health Agent (VHA). CHP's are deployed in the three health demonstration areas in order to provide low-cost health services, with emphasis on preventive medicine, to rural communities as an essential part of an effective and efficient comprehensive primary health care delivery system. It is expected that the KHDI experimental project demonstration will prove the efficacy of replicating the primary health care delivery system, utilizing the newly developed categories of health workers, in other parts of the Republic of Korea.

The Workshop:

KHDI and USAID/K agree that it is essential to carry out an objective review and evaluation of the overall new health workers concept (implementation, training, work performance and effectiveness). To carry out this objective, a workshop-type meeting such as described in paragraph 1 above is planned to discuss, review and evaluate the training, implementation and future planning for the Primary Health Care System throughout the Republic of Korea.

Further objectives of the workshop are outlined in the formal KHDI proposal. (Attachment A)

The Workshop is to be attended by approximately 45 participants, including three CHP's, three CHA's and three VHA's, representing each of the three demonstration sub-projects located in the following Guns: Hongchon, Gunee, Okgu. The workshop will also be attended by expert advisors from the foreign health community (USAID, WHO, and UNICEF).

The United States Agency for International Development in Korea, (hereinafter called "USAID/K") hereby agrees to provide a grant to the Korean Health Development Institute (hereinafter called "KHDI") under the terms and conditions as set forth below:

1. The work of organizing and conducting the conference,

including preparation of the conference reports called for hereunder, shall be conducted by the Grantee under the direction of Dr. Younghat, Ryu, President of the Grantee Institution, in consultation with the AID Representative, USAID/K.

2. USAID/K will provide a maximum of six million nine hundred fifty four thousand eight hundred won (₩6,954,800) for payment of the costs listed in the budget attached hereto. (See Attachment B). The overall budget amount may not be exceeded. Expenditures should be in accordance with the attached budget; however, changes within budget line items, not to exceed fifteen (15) percent, may be made without prior approval of the AID Representative, USAID/K.

3. The Grantee shall provide USAID/K the names and addresses of the participants whose travel to the conference is to be funded under the terms of this grant, and shall certify that the participants so named are not receiving funding for this transportation from any other source.

4. Immediately after signing this Agreement, USAID/K will advance to Grantee the sum of ₩6,954,800, less the sums allocated for those items to be paid by USAID/K. (Paragraphs 3, 4 and 8 of the attached budget.)

5. Upon completion of the Seminar, the Grantee will submit to USAID/K a financial report supported by payment

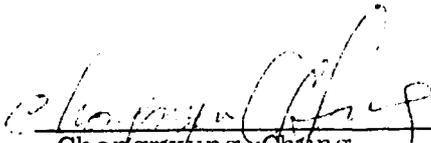
vouchers, for the expenditures made from the won funds advanced to the Grantee. Any advance of funds for which utilization has not been accounted for in the financial report will be immediately refunded to USAID/K.

6. Within two (2) months after the close of the Workshop, the Grantee shall submit to USAID/K twenty (20) copies of the workshop report in English.

In agreement to the above, and on the behalf of our respective entities, we jointly signify our approval. This grant agreement becomes effective upon signature of both parties.

Aug 13, 1979
Date

Aug 13, 1979
Date


Chongmyung Chung
Secretary General
Korean Health Development
Institute


William E. Paupe
AID Representative
U.S. AID Mission to Korea

Appropriation: 72FT800
Allotment : 156-50-489-29-69-00
Obligation No: 90145
Grant No. : FT-79-10

Clearances:

CONT: DJWoo (Draft)
PRM : WJP

A PROPOSAL FOR A WORKSHOP ON REVIEW AND EVALUATION
OF NEW HEALTH WORKERS IN PHC

1. Background

KHDI has developed innovative, new types of health workers, the Community Health Practitioner (CHP), the Community Health Aide (CHA), and the Village Health Agent (VHA). These new categories of health workers are deployed in the three KHDI demonstration areas, in order to provide low-cost health services, with emphasis on preventive medicine activities, for rural communities as an essential part of a comprehensive Primary Health Care Delivery System.

It is expected that the KHDI experimental project will demonstrate the replicability of Community Health Practitioner deployment to other parts of the country, taking into account the present success of Community Health Center programs in terms of consumer utilization, satisfaction, and comparative costs.

Furthermore, in order to assure such expected results from the KHDI project, it is deemed necessary to have an objective review and evaluation on the overall CHP concept implementation, which will cover selection, training, and work performance of the new health workers, as well as the function and effectiveness of the supervision and referral systems.

In this respect, a workshop-type meeting, bringing together leading researchers and experts in the fields of training, evaluation, and administration, is planned to discuss and review the work of CHP's, CHA's and VHA's, and their uses in a Primary Health Care System. The new categories of health workers, as well as local government officials and consumer representatives, will be important participants in this Workshop.

In this way, it is believed that KHDI/AID can gain insight and productive feedback concerning the new health workers and that the Workshop will lead towards the development of a plan for the optimal utilization of a Primary Health Care System which could be adopted throughout the ROKG overall health and medical care network.

2. Objectives

- a. To examine the CHP selection and training process, as well as the training material, and to identify problem areas of the program.
- b. To assess new health workers activities and performance in terms of consumer accessibility, coverage, and impact on target populations.
- c. To identify the new health workers in the light of the present and future need and the changing dynamics of the rural situation.

- d. To synthesize and evaluate new health workers achievements and performances.
- e. To examine the prospects of the future utilization and replicability of new type health worker programs to other parts of the country.
- f. To communicate the results, recommendations, and implications of this workshop to relevant government agencies and educational and training institutes.

3. Methods

- a. Paper presentations by leading researchers and experts in the field of health care systems, as well as training programs, to be followed by group or panel discussions.
- b. Case presentations by CHP's, CHA's and VHA's serving in demonstration areas, to be followed by group or panel discussions.
- c. Plenary sessions.

4. Topics (tentative)

- a. Key-note speech on "Need for New Health Workers and Their Prospects in the Future"
- b. CHP and CHA training program and training material
- c. CHP and CHA activities and performances
- d. CHP and CHA Field Experience Report (CHP3 CHA2 VHA1)

- e. Critical issues for evaluation of CHP performance, including the "impact", service and coverage of the population.
- f. Role and functions of new Health Workers in other countries.
- g. Problems and constraints in relation to replicability of CHP programs.
- h. Management and operation of Gun Health Center and the work of CHP.

5. Duration

August 29 - September 1, 1979

6. Place

KAL Hotel at Cheju Island

7. Participants

National Health Council	-	1
Government	-	5
- MOHSA	2	
- MOHA	1	
- EPB	2	
Local Government	-	9
- Provincial	3	
- County	3	
- Gun Chiefs	3	
Community Health Practitioner	-	3

Community Health Aide	-	3
Village Health Agent	-	3
National Health Secretariat	-	3
Korea Institute for Family Planning	-	1
Korea Medical Association	-	1
Korea Nurses Association	-	1
Universities	-	3
- Ehwa	1	
- SNU	1	
- Yonsei	1	
KHDI	-	11
incl. Chmn. of Bd.		
Evaluator		
- Prof. K. K. Chung, SNU	-	<u>1</u>
	TOTAL	45

Observers:

USAID	-	2
WHO	-	1
UNICEF	-	1

8. Cost

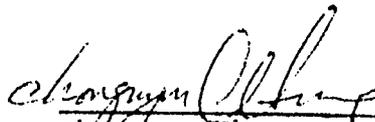
(Budget Attached as Attachment B)

ESTIMATED BUDGET
Cheju Workshop

Item	Classification	Amount Allocated
1. Air fare (Round)	<u>Regular</u> ₩29,040 x 45 = ₩1,306,800	
	<u>Baggage over-load charge</u> ₩20,000 = ₩20,000	₩1,326,800
2. Per diem	@₩80,000 x 44 = ₩3,520,000 @₩100,000 x 1 = ₩100,000	₩3,620,000
3. ** Reception (AID)		₩220,000
4. ** Coffee service (AID)		₩150,000
5. Dinner	@₩6,000	₩388,000
6. Placard	₩15,000 x 2 = ₩30,000	₩30,000
7. Report compilation	<u>Rapporteur</u> @₩50,000 x 4	₩200,000
8. ** Final report printing (GSO estimate)	₩500,000	₩500,000
9. Moderator's fee	@₩20,000 x 5	₩100,000

Item	Classification	Amount Allocated
10.	Picture-taking	₩70,000
11.	Name-tag	₩20,000
12.	Program printing	₩20,000
13.	Mike-service	₩10,000
14.	Contingency	₩300,000
TOTAL		₩6,954,800

Certified



Chongnyun Chung
 Secretary General
 Korea Health Development Institute
 August 10, 1979



United States Agency for International Development
Seoul, Korea

4890708(13)
PO-AAA-482

10p

Mailing Address:

USAID
American Embassy
82, Sejongro, Chongro-ku
Seoul 110, Korea

Telephone 72-2601-19

Grant No. FT-79-9

GRANT AGREEMENT

The Graduate School of Health Science and Administration, Yonsei University, and The Korea Hospital Association will hold a Hospital Policy and Hospital Administration seminar dealing with the problems of a lack of planned hospital policy and efficient management procedures, and a lack of a formalized graduate-level, degree-granting program to train professional hospital administrators in Korea. (See Attachment "A")

This Seminar will be held during the period August 1 - 4, 1979, at Songni Mountain Hotel, Republic of Korea. The Seminar is to be attended by forty (40) physician and non-physician hospital administrators in Korea and by approximately thirty-six (36) other personnel, including lecturers, panel members, ROK government health officials, and other ROKG policy planners and decision makers. Two U.S. expert consultants will also participate in the seminar and will be funded under the terms of this Grant Agreement. Additional consultants from the World Health Organization will be funded by that organization. The United States Agency for International Development in Korea (hereinafter called USAID/K) hereby agrees to provide a grant to the Graduate School of Health Science and Management, Yonsei University, (hereinafter called the "Grantee") under the terms and conditions as set forth below:

1. The work of organizing and conducting the conference, including preparation of the conference reports called for hereunder, shall be conducted by the Grantee under the direction of Dr. Jae Mo Yang, Dean of the Grantee University, in consultation with the AID Representative, USAID/K.

2. USAID/K will provide a maximum of Nine Million Won (₩ 9,000,000) for payment of the costs listed in the budget attached hereto. (See Attachment "B") The overall budget amount may not be exceeded. Expenditures should be in accordance with the attached budget; however, changes within budget line items, not to exceed fifteen (15) percent, may be made without prior approval of the AID Representative, USAID/K.

3. The Grantee shall provide USAID/K the names and addresses of the participants whose travel to the conference is to be funded under the terms of this grant, and shall certify that the participants so named are not receiving funding for this transportation from any other source.

4. Immediately after signing this Agreement, USAID/K will advance to Grantee the sum of Nine Million Won, less the sums allocated for those items to be paid by USAID/K. (Paragraph 7, a, b, and c, and Paragraph 8 of the attached budget.)

5. Upon completion of the Seminar, the Grantee will submit to USAID/K a financial report supported by payment vouchers, for the expenditures made from the won funds advanced to the Grantee. Any advance of funds for which utilization has not been accounted for in the financial report will be immediately refunded to USAID/K.

6. Within two (2) months after the close of the Seminar, the

Grantee shall submit to USAID/K twenty (20) copies of the seminar report in English.

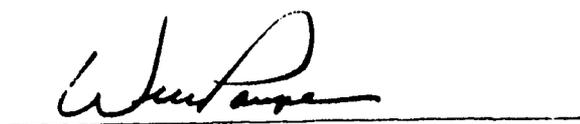
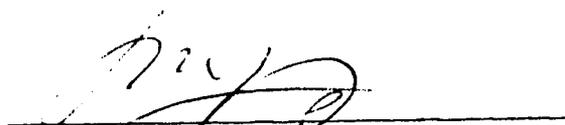
In agreement to the above, and on the behalf of our respective entities, we jointly signify our approval. This grant agreement becomes effective upon signature of both parties.

AUG 1 1979

AUG 1

Date

Date



Yang, Jae Mo, M.D.
Dean
Graduate School of Health
Science and Management
Yonsei University

William E. Paupe
AID Representative
U.S. AID Mission to Korea

Appropriation: 72FT800
Allotment : 150-50-489-29-69-00
Obligation No: 90131
Grant No. : FT-79-9

Seminar on Hospital Management

Justification:

The main problems of hospitals in Korea are lack of planned hospital policy and inefficient management.

In 1977, there were over 300 hospitals of various sizes in Korea. Over 90% of them were private hospitals. So far the role and functions of the private and public, general and academic centers have not been defined in the health care delivery system. Therefore, these hospitals with various sizes and backgrounds play the same role and compete with each other without any centrally planned control mechanism. Public Hospitals have been operated by local governments that have set one of the lowest priorities on them. Therefore, the public hospitals have suffered from low investment, poor management and low morale. The MOHSA provides only minimum technical assistance.

Government has recently started to increase the health budget to provide more hospital beds to meet the ever increasing demand for medical care, since the shortage of hospital beds has been apparent in Korea. The nongovernment Foundations as well as private hospitals are also actively participating in building hospitals. It is expected that within 5 years the number of hospital beds will double in Korea. The demand, however, for the hospital beds has not been officially projected. Recently it has been claimed that

hospital finance has been seriously affected by the health insurance program. However, no plan or study on hospital finance has ever been tried in both government and private sectors. Therefore, Hospital planning and policy on the central level should urgently be developed in the near future.

Hospital care is the most expensive sector in the health care system and this industry has been increasing rapidly in size without much consideration of management and efficiency. A planned hospital administration system and the improvement of management capabilities of senior hospital administrators are urgently required in Korea, not to waste the expensive investment in hospital care. The management of the industry has naturally become a big issue in this country. The hospital has long been considered as one of the most difficult and complicated institutions to manage. Therefore, hospital management has grown up as a specialized professional area in the science of management.

However, no formal training courses or programs have been developed in Korea to train hospital administrators in modern managerial concepts and skills. Therefore, it is urgent to develop short term as well as long term programs of training hospital administrators.

As a first step, a three night four day seminar on the hospital policy and management has been developed and proposed for hospital directors and senior administrator.

Objectives:

The objectives of the course are

- 1) To identify the problems of and to promote Hospital Policy in Korea
- 2) To familiarize the senior hospital administrators with the scope and aims of modern hospital administration
- 3) To provide assistance to participants in solving their own managerial problems

No. of participants: 40 Hospital administrators
30 Guests, government officers,
speakers and coordinators

Date : August 1-4, 1979 (three nights and four days)

Place : Songni Mt. Tourist Hotel

Sponsoring Agency : USAID/K

Coordinating Agency: School of Health Science and Management,
Yonsei University
Korean Hospital Association

Attachment B

BUDGET
Trust Fund Grant No. FT-79-9

Seminar on Hospital Policy and Hospital Management
 Yonsei University Graduate School of
 Health Science and Management

1. Per diem:		₩ 3,760,000
	76 persons x 20,000 x 1	₩ 1,520,000
	56 persons x 20,000 x 2	₩ 2,240,000
2. Transportation:		₩ 300,000
	Bus (Seoul/Sognisan/Seoul)	
3. Refreshment Service:		₩ 140,000
4. Dinner:		₩ 450,000
5. Honorarium:		₩ 800,000
	a) Lecture	
	13 persons x ₩50,000	₩ 650,000
	b) Panelist/Chairman	
	5 persons x ₩30,000	₩ 150,000
6. Printing/Stationary		*(₩ 800,000)
	*to be paid from registration fee receipts	
7. U.S. Consultants (2 persons):		
	a) Transportation (air economy)	
	1) Wash., D.C./Seoul/Wash., D.C.	(\$1,240.00) ₩ 600,160
	2) Seattle/Seoul/Seattle	(\$ 843.00) ₩ 408,012
	b) Per diem	(\$1,150.00) ₩ 556,600

c) Consultant Fee		
24 days @100.00	(\$2,400.00)	W 1,161,600
8. Reception (85 persons x \$6.00)	(\$ 510.00)	W 246,840
9. Contingency		<u>W 576,788</u>
Total:		<u>W 9,000,000</u>



United States Agency for International Development

Seoul, Korea

Mailing Address:

USAID
American Embassy
82, Sejongro, Chongro-ku
Seoul 110, Korea

Telephone: 71-2601/19

AMENDMENT NO. 1
TO THE GRANT AGREEMENT
BETWEEN
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
AND
THE GRADUATE SCHOOL OF HEALTH AND ADMINISTRATION
YONSEI UNIVERSITY

Attachment B (Budget) of the Grant Agreement No. FT-79-9 dated August 1, 1979 (Hospital Administration Seminar dealing with the problems of a lack of planned hospital policy and efficient management procedures, and a lack of a formalized graduate-level, degree-granting program to train professional hospital administrators in Korea) is hereby amended as follows:

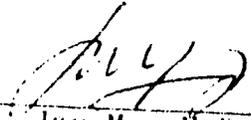
9.	Translation/Interpretation Services	₩247,000
	Translation Service	₩117,000
	Interpretation	
	13 hours x 10,000	130,000
10.	Contingency (changed from item No. 9 to item No. 10)	<u>₩576,788</u>
	Total	<u>₩9,247,000</u>

All other provisions remain the same.

This Amendment No. 1 Grant Agreement becomes effective upon signature of both parties.

August 4, 1979
Date

August 4, 1979
Date


Yang, Jae Mo, M.D.
Dean, Graduate School of
Hospital Science and
Management
Yonsei University


William E. Paupe
AID Representative

Appropriation: 72FT800
Allotment: 156-50-489-29-69-00
Obligation No. 90131
Grant No. FT-79-9

4890708 (14)
PD-ADD-482

GRANT
BY
THE UNITED STATES OF AMERICA
TO
THE SCHOOL OF PUBLIC HEALTH
SEOUL NATIONAL UNIVERSITY

This specific-support GRANT is made by the United States of America, Agency for International Development, acting through the USAID Mission to Korea (hereinafter called "USAID"), to the School of Public Health, Seoul National University, Yon Keun Dong 28, Chong-Ro Street, Seoul, Korea (hereinafter called the "GRANTEE"), to assist the GRANTEE in collecting and analyzing basic data and research studies on the provision of health services.

This Grant is funded under Project 489-11-590-708, Health Planning:

Appropriation	72-11X1024
Allotment	424-50-489-00-69-41
Grant No.	489-11-590-708-3

BEST AVAILABLE COPY

ARTICLE I

A. The maximum amount of assistance which may be given under this Grant is the equivalent of four thousand, nine hundred and eighty-five dollars (\$4,985).

B. These funds may be utilized during the period beginning on the effective date of this Grant Agreement and ending six (6) months later. The period of this Grant Agreement shall be six (6) months.

C. The GRANTEE is responsible for achieving the following objectives:

1. Survey all major sources of data and information on private and public health services in Korea.
2. Based on general survey results, identify list of health outcome variables on which there is sufficient information to warrant further study. The possible range of variables to be included is shown in Appendix 1.
3. Collect and collate data on selected variables and prepare summary tables.
4. Prepare analytical report summarizing general trends indicated in the tables and outlining the implications for future health planning operations.
5. Prepare final report which includes:
 - (a) basic data tables
 - (b) analysis of data
 - (c) implications of the study for health planning

(d) recommendations for future health planning activities and health planning research

(e) selective, annotative bibliography.

D. The GRANTEE will recruit appropriate personnel and make necessary contacts and arrangements for providing access to data and information. GRANTEE will assume responsibility for preparation, reproduction, and submission of the final report outlined in C.5. above. The time frame for implementation activities is as follows:

1. Survey of sources and collection of data:
March 12-April 30, 1975.
2. Tabulation and collation of data:
March 21-April 30, 1975.
3. Analysis and report writing:
April 25-June 10, 1975.
4. Reproduction of report:
June 10-15, 1975.

E. Oral progress reports will be submitted as mutually agreed upon by the GRANTEE and USAID/Korea. A final written report in English will be submitted to USAID in five copies by June 30, 1975.

F. Funds obligated for this Grant shall be disbursed by USAID in the form of Korean Won. The total Won Budget is ₩ 2,417,725. (The budget is described in Appendix B).

Upon application by the GRANTEE, payments shall be made as follows:

- (1) Up to ₩ 1,000,000 upon completion of the Grant Agreement
- (2) Up to ₩ 1,000,000 payable after April 5, 1975

(3) Up to ₩ 417,725 payable upon submission and acceptance of the final report described in C. above.

G. To receive payments, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034 (original) and SF 1034-A three copies, each voucher identified by the appropriate grant number, the amount not to exceed that indicated in paragraph 1, above. The Vouchers for the 2nd and 3rd payments shall be supported by an original and two copies of a report rendered as follows:

Amount of Grant	₩
Expended this period.....	₩
Expended to date	₩
Anticipated expenditures for period from _____ to _____	₩
Cash received to date	₩
Cash required next period	₩

The report shall include a certification as follows:

"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant and (4) that any interest accrued on the funds made available herein will be refunded to AID.

BY _____
TITLE _____
DATE _____ "

ARTICLE II

Standard Provisions - Specific Support Grant

- A. No modification or amendments shall be made to this Grant Agreement except as may be mutually agreed upon in writing by the GRANTEE and USAID. The Grant Agreement may be amended by formal modifications to the basic Grant document or by means of an exchange of letters between the USAID and an appropriate official of the GRANTEE.
- B. The GRANTEE shall be reimbursed for costs incurred in carrying out the purposes of this Grant, which are determined by the USAID to be allowable in accordance with the terms of this Grant and Subpart 15.2 of the Federal Procurement Regulations (FPR) (Principles and Procedures for Use in Cost Reimbursement Type Supply and Research Contracts with Commercial Organizations) in effect on the date of this Grant.
- C. This Grant is limited to the objectives and funds herein designated and no liability or obligation extends to USAID beyond those limits.
- D. USAID shall have the right to translate, reproduce, use and dispose of data developed or resulting from work performed under this Grant.
- E. If use of the Grant funds results in accrual of interest to the GRANTEE or to any other person to whom GRANTEE makes such funds available in carrying out the purposes of this Grant, GRANTEE shall refund to AID an amount equivalent to the amount of interest accrued.
- F. The GRANTEE shall maintain books, records, documents, and other evidence in accordance with the GRANTEE'S usual accounting procedures to sufficiently substantiate charges to the Grant. The GRANTEE shall preserve and

make available such records for examination and audit by AID and the Comptroller General of the United States, or their authorized representatives (1) until the expiration of three years from the date of termination of the program and (2) for such longer period, if any, as is required to complete an audit and to resolve all questions concerning expenditures unless written approval has been obtained from the AID to dispose of the records. AID follows generally accepted auditing practices in determining that there is proper accounting and use of grant funds. The GRANTEE agrees to include the requirements of this clause in any subordinate agreement hereunder.

- G. Funds obligated hereunder, but not disbursed to the GRANTEE at the time the Grant expires or is terminated, shall revert to AID, except for funds encumbered by the GRANTEE by a legally binding transaction applicable to this Grant. Any funds disbursed to but not expended by the GRANTEE at the time of expiration or termination of the Grant shall be refunded to AID.
- H. If, at any time during the life of the Grant, it is determined by AID that funds provided under the Grant have been expended for purposes not in accordance with the terms of the Grant, the GRANTEE shall refund such amounts to AID.
- I. With regard to the employment of persons in the U.S. under this Grant, GRANTEE agrees to take all reasonable steps to ensure equality of opportunity in its employment practices without regard to race, religion, sex, color or national origin of such persons and that, in accordance with Title VI of the Civil Rights Act of 1964, when work funded by this Grant is performed in the U.S., no person shall, on the grounds of race, religion, sex, color or national origin, be excluded from participation, be denied benefits, or be subjected to discrimination. In addition, the GRANTEE agrees to comply in accordance with its written assurance of compliance, with the provisions of Part 209 of Chapter II, Title 22, of the Code of Federal Regulations, entitled "Non-Discrimination in Federally Assisted Programs of the Agency for International Development - Effectuation of Title VI of the Civil Rights Act of 1964."

- J. This Grant may be terminated at any time, in whole or in part, by the USAID upon written notice to the GRANTEE, whenever for any reason it shall determine that such termination is in the best interest of the Government. Upon receipt of and in accordance with such notice, the GRANTEE shall forthwith take immediate action to minimize all expenditures and obligations whenever possible. Except as provided below, no further reimbursement shall be made after the effective date of termination, and the GRANTEE shall within thirty (30) calendar days after the effective date of such termination repay to the USAID all unexpended portions of funds theretofore paid by the USAID to the GRANTEE, which are not otherwise obligated by a legally binding transaction applicable to this Grant. Should the funds paid by the USAID to the GRANTEE prior to the effective date of this termination of this Grant be insufficient to cover the GRANTEE's obligations pursuant to the aforementioned legally binding transaction, the GRANTEE may submit to the USAID within ninety (90) calendar days after the effective date of such termination a written claim covering such obligations; and, subject to the limitations contained in this Grant, the USAID shall determine the amount or amounts to be paid by the USAID to the GRANTEE under such claim.
- K. No member of or delegate to the U.S. Congress or resident commissioner shall be admitted to any share or part of this Grant or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Grant if made with a corporation for its general benefit.
- L. The GRANTEE warrants that no person or selling agency has been employed or retained to solicit or secure this Grant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee except bona fide employees or bona fide established commercial or selling agencies maintained by the GRANTEE for the purpose of securing business. For breach or violation of this warrant, USAID shall have the right to cancel this Grant without

liability or, in its discretion, to deduct from the Grant amount, or otherwise recover, the full amount of each commission, percentage, brokerage, or contingent fee.

- M. AID does not assume liability with respect to any claims for damages arising out of work supported by its grants.
- N. Any notice given by any of the parties hereunder shall be sufficient only if in writing and delivered in person or sent by telegraph, cable, registered or regular mail, as follows:

TO USAID: Director
USAID/Korea
c/o American Embassy
Seoul, Korea

TO GRANTEE: At GRANTEE's address shown in this Grant, or to such other address as either or such parties shall designate by notice given as herein required. Notices hereunder shall be effective when delivered in accordance with this clause or on the effective date of the notice, whichever is later.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Agreement, effective on the date of the last signatory hereto.

GRANTEE:

By

J. J. Park
Title DEAN, SCHOOL OF PUBLIC HEALTH

Date

3/21/75

USAID:

By

W. H. B. Dale
Title Director

Date

March 20, 1975

Appendix A to Grant Agreement
Range of Possible Variables to be Included

A. Framework for analyzing studies:

1. Year(s) of study
2. Researchers/Institutions
3. Study area (rural or urban)
4. Sample/Population size
5. Methodology
6. Major findings

B. Range of service outcome variables:

1. Morbidity data

- a) Sickness prevalence rate per/1000 pop.
- b) Incidence rate per/1000 pop.
- c) Age-specific and sex-specific prevalence and incidence rates
- d) Cause-specific mortality rate
- e) No. of days activity was restricted by illness
- f) Area-specific morbidity rate
- g) Morbidity from acute communicable diseases
- h) Types of chronic conditions

2. Mortality data

- a) Infant mortality rates
- b) Crude death rates (specific by age, area, sex)
- c) Maternal mortality rates (cause-and age-specific)
- d) Deaths from communicable diseases
- e) Mortality rates and causal data (where available)
- f) Still-birth rates
- g) Life expectancy trends
- h) Self-recognition of symptoms

C. Service utilization patterns:

1. Source and types of services
2. Specific utilization rates (by sex, education, age, area, etc.)
3. Patterns of care (days of care, % of ill receiving care, etc.)
4. Care patterns for insured versus non-insured

D. Medical care expenditure patterns

Appendix B to Grant Agreement
Budget

1.	<u>Personnel Costs</u>	
	a) Principal investigators (2) --	
	₩ 72,750 x 2 x 4 mos. =	₩ 582,000
	b) Research assistants (4) --	
	₩ 48,500 x 4 x 3 mos. =	582,000
	c) Typist (1) --	
	₩ 48,500 x 1 x 3 mos.	145,500
2.	<u>Copying Expenses</u> --	
	₩ 48.5 x 6,000 pages =	291,000
3.	<u>Transportation</u> --	
	Investigators (2)	
	₩ 9,700 x 2 x 3 mos. =	58,200
	Research Assistants (4)	87,300
4.	<u>Mail and Communications</u> --	29,100
5.	<u>Supplies and Stationary</u> --	43,650
6.	<u>Reproduction and Distribution of Reports</u> --	485,000
7.	<u>Contingency</u> --	<u>113,975</u>
	TOTAL BUDGET	₩ 2,417,725

The Grantee may not exceed the total amount of the Budget.
Adjustments among the line items are unrestricted.

Memorandum

TO : Mr. Michael H.B. Adler, Director DATE: March 11, 1975

FROM : *JB*
James R. Brady, HP

SUBJECT: Health Planning Project - Survey of Data and Research Findings on the Provision of Health Services

- USAID, MISA, EPB, and KDI could benefit by knowing what health baseline data exist and having the results of the most relevant studies collected into one document. At present, much of the data on Korean health services is scattered through several documents and files in the government and in the major universities. While several months would be required for a thorough collection, analysis and distillation of data, it is more urgent for health planning purposes to complete a brief, general survey of the major documents and research studies on morbidity, mortality, and service utilization and expenditure patterns. This type of data is needed as soon as possible.
1. The School of Public Health, Seoul National University, is also interested in obtaining this data and is willing to immediately initiate a project to collect it and provide a general analytical report by mid-June. They estimate that the effort would cost \$4,985 (₩417,725). The cost appears reasonable and SNU is an appropriate institution to do the work because of their past health research and their ability to obtain access to private and governmental data.
 2. Funds to finance this activity are available under the USAID Research Trust Fund of \$150,000 established under the Health Planning Project. Two previous grants were made (to SNU and Yonsei) from this fund so a specific-support grant should be the appropriate medium for funding this project.
 4. It is recommended that the attached grant agreement be approved.

Attachment: a/s

HP: JRBrady:mcm
3/11/75

Clearances:

PRM

LEG

CONT

Michael H.B. Adler 3/12/75

FILE
COPY

207.1

FIRST AMENDMENT

TO

GRANT AGREEMENT
No. 489-11-590-708-3
(Health Planning Project)

BETWEEN THE

UNITED STATES OF AMERICA

AND

SCHOOL OF PUBLIC HEALTH

SEOUL NATIONAL UNIVERSITY

Dated: September 22, 1975

FIRST AMENDMENT

The Grant Agreement dated March 21, 1975, between the UNITED STATES OF AMERICA, acting through the U. S. Agency for International Development ("USAID") to the School of Public Health, Seoul National University hereinafter referred to as the Grantee, is hereby amended as follows:

1. In Article I. B., lines 3 and 4, delete the term "six (6) months" and substitute in lieu thereof the term "nine (9) months."

2. In Article I. E., line 4, delete the date "June 30, 1975" and substitute in lieu thereof the date "December 21, 1975."

3. Except as specifically modified and amended hereby, the Grant Agreement dated March 21, 1975 shall remain in full force and effect. All references in said Agreement to the words "Grant Agreement" or "This Agreement" shall be deemed to mean the Grant Agreement as hereby amended.

IN WITNESS WHEREOF, the parties hereto, each acting through it's respective duly authorized representative, have caused this First Amendment to be signed in their names and delivered as of the 22nd day of September 1975.

GRANTEE:

By W. J. Park
Title Dean

USAID:

By [Signature]
Title Acting Director

207.1

School of Public Health
Seoul National University
Yon Keun Dong 28,
Seoul, Korea



서울대학교 보건대학원

72 - 1 2 3 1
TEL: 73 - 8 6 2 3
73 - 8 6 2 7

February 18, 1975

Dr. James R. Brady
Chief
Office of Health and Population
USAID/Korea

Dear Dr. Brady:

This is to follow up on earlier discussions and a preliminary proposal submitted by Dr. Moon and Hong for an AID grant to help finance our study of available data and research findings relating to the outcomes of health services in Korea.

Attached is a more detailed program description and budget prepared according to the AID grant guidelines provided by your office. We feel this study will provide valuable information for both scholars and planning officials in the health field.

We will be pleased to provide additional information as needed.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Park H. J.".

Park, Hyung Jong, M.D., Ph.D.
Dean
School of Public Health
Seoul National University

ATTACHMENT A

PROGRAM DESCRIPTION

A. Purpose of Grant

This grant is provided under USAID/Korea Project No. 498-11-550-708 (Health Planning) to support Seoul National University's efforts to collate data and information on health service outcomes in Korea. Such data is not presently available in one site or collated for use by health planning officials or researchers. This grant would therefore facilitate the collection and integration of published data on research or community health demonstration projects initiated since 1960.

B. Specific Objectives

1. Survey all major sources of data and information on private and public health services in Korea.

2. Based on general survey results, identify list of health outcome variables on which there is sufficient information to warrant further study. The possible range of variables to be included is shown in Appendix 1.

3. Collect and collate data on selected variables and prepare summary tables.

4. Prepare analytical report summarizing general trends indicated in the tables and outlining the implications for future health planning operations.

5. Prepare final report which includes:

(a) basic data tables

(b) analysis of data

(c) implications of the study for health planning

(d) recommendations for future health planning activities and health planning research

(e) selective, annotative bibliography.

C. Implementation

The Grantee will recruit appropriate personnel and make necessary contacts and arrangements for providing access to data and information. Grantee will assume responsibility for preparation, reproduction, and submission of the final report outlined in B.5. above. The time frame for implementation activities is as follows:

1. Survey of sources and collection of data:
February 19-April 30, 1975.
2. Tabulation and collation of data:
March 1-April 30, 1975.
3. Analysis and report writing:
April 25-June 10, 1975.
4. Reproduction of report:
June 10-15, 1975.

D. Reporting

Oral progress reports will be submitted as mutually agreed upon by the Grantee and USAID/Korea.

A final written report in English will be submitted to USAID in five copies by June 20, 1975.

Reports (2) --	W 582,000
Reports (4) --	582,000
Reports	145,500
Reports	291,000
Reports	58,200
Reports (4)	87,300
Reports	29,100
Reports	43,650
<u>Distribution of Reports</u> --	485,000
	<u>113,975</u>
TOTAL BUDGET	W 2,417,725

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and the total amount of the Budget.
The items are unrestricted.

Appendix 1 to Program Description

Framework for analyzing studies:

1. Year(s) study
2. Researchers/Institutions
3. Study area (rural or urban)
4. Sample/Population size
5. Methodology
6. Major findings

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Range of service outcome variables

1. Morbidity data

- a) Sickness prevalence rate per/1000 pop.
- b) Incidence rate per/1000 pop.
- c) Age-specific and sex-specific prevalence and incidence rates
- d) Cause-specific mortality rate
- e) No. of days activity was restricted by illness
- f) Area-specific morbidity rate
- g) Morbidity from acute communicable diseases
- h) Types of chronic conditions

2. Mortality Data

- a. Infant mortality rates
- b. Crude death rates (specific by age, area, sex)
- c. Maternal mortality rates (cause-and age-specific)
- d. Deaths from communicable diseases
- e. Mortality rates and causal data (where available)
- f. Still-birth rates
- g. Life expectancy trends
- h. Self-recognition of symptoms

C. Service Utilization Patterns

1. Source and types of services
2. Specific utilization rates (by sex, education, age, area, etc.)
3. Patterns of care (days of care, % of ill receiving care, etc.)
4. Care patterns for insured versus non-insured

D. Medical care expenditure patterns

RESUME VITAE

BEST AVAILABLE COPY

- : Ok Ryun Moon
- : Uhn C. Moon
- : One boy
- : February 25, 1943
- : #15 2-ka Bupyung-dong Choong-ku
Pusan, Korea
- : #1-41 Sejong-ro Chongro-ku
Seoul, Korea

<u>Name</u>	<u>Location</u>	<u>Certificate/Degree</u>
Primary School	Pusan, Korea	
Middle "	"	
High "	"	
Special course of Nat'l Univ.	Seoul, Korea	Certificate
College of Nat'l Univ.	"	M.D.
School of Public Health Nat'l Univ.	"	M.P.H.
School of Public Health University of Michigan	Ann Arbor, Mich.	M.P.H.
School of Public Health Nat'l Univ.	Los Angeles, Calif. U.S.A.	Post-doctoral

<u>Name</u>	<u>Position</u>
Ministry of Education	Consultant, evaluation of medical college facilities
National University	Rotating internship
Gyeongsang Health Center,	Director of the rural health center
School of Public Health Nat'l University	Instructor in public health administration

In-service training

<u>Period</u>	<u>Institute</u>	<u>Subject</u>	<u>Sponsoring Agency</u>
Aug. '68-Aug. '68 (1 week)	National Institute of Health, Seoul	Sanitation	Ministry of Health
Apr. '69-Apr. '69 (1 week)	"	Control of Tuberculosis	"
Jan. '70-Jan. '70 (1 week)	Yonsei Univ. Seoul, Korea	Functions of Executive	East West Center
July '71-Sept. '71 (3 months)	Institute of Hygiene, Univ. of Philippines, Manila, Phillip.	National Health Planning	W.H.O.
Mar. '72-Mar. '72 (1 week)	Korean Institute of Family Planning	Evaluation of Family Planning Programs	Community & Family Study Center, Univ. Chicago
July '73-Aug. '73 (2 months)	Institute of Social Research, Univ. of Mich.	Survey Research Techniques	China Medical Board of New York

Award/Fellowship

- 1) Fellowship from W.H.O. for 3 months' training in national health planning at Manila, Philippines
- 2) Grant from USAID for the evaluation of environmental policy in Korea with respect to the enforcement of the Public Nuisance Prevention Law
- 3) Fellowship from China Medical Board of New York, Inc. for one year study at School of Public Health, University of Michigan

Other Certificates

- 1) Korean Physicians' License in 1967 (#14972)
- 2) The MCFMG certificate, AMA in 1967 (#06-7440)
- 3) Korean Specialists' License in Preventive Medicine in 1971 (#121)

Publications:

Patient's waiting Time in the Outpatient Department, IJPH, Vol. 11, No. 2, 1974

An Evaluation of Environmental Policy: With Reference to the Public Nuisance Prevention Law in Korea, A Separate Volume, International Liaison Committee for Research on Korea, August, 1973

- Health, Population and Economic Development in Korea, JHMA, Vol. 15, No. 8, 1972
- Health and Measurement of Levels of Health, JHMA, Vol. 15, No. 4, 1972
- Administrative Evaluation of Family Planning Program in Korea, A Separate Volume, May, 1972
- Health Manpower Study in Korea, IJHH, Vol. 8, No. 2, 1971
- A Study on the Administrative Enhancement for Health Center Activities, KJPH, Vol. 3, No. 1, 1970
- Socio-medical Study on Sickness in Korea, IJPH, Vol. 7, No. 2, 1970
- An Epidemiological Study and Clinical Evaluation on Mass Chemotherapy with Spantonin for Filariasis in Southern Area of Che Ju Do, IJPH, Vol. 5, No. 2, 1968

School of Public Health
Seoul National University
Yon Keun Dong 28,
Seoul, Korea



서울대학교 보건대학원
72 - 1 2 3 1
TEL: 73 - 8 6 2 3
73 - 8 6 2 7

February 18, 1975

Dr. James R. Brady
Chief
Office of Health and Population
USAID/Korea

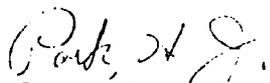
Dear Dr. Brady:

This is to follow up on earlier discussions and a preliminary proposal submitted by Dr. Moon and Hong for an AID grant to help finance our study of available data and research findings relating to the outcomes of health services in Korea.

Attached is a more detailed program description and budget prepared according to the AID grant guidelines provided by your office. We feel this study will provide valuable information for both scholars and planning officials in the health field.

We will be pleased to provide additional information as needed.

Sincerely yours,


Park, Hyung Jong, M.D., Ph.D.
Dean
School of Public Health
Seoul National University

ATTACHMENT A

PROGRAM DESCRIPTION

A. Purpose of Grant

This grant is provided under USAID/Korea Project No. 498-11-590-708 (Health Planning) to support Seoul National University's efforts to collate data and information on health service outcomes in Korea. Such data is not presently available in one site or collated for use by health planning officials or researchers. This grant would therefore facilitate the collection and integration of published data on research or community health demonstration projects initiated since 1960.

B. Specific Objectives

1. Survey all major sources of data and information on private and public health services in Korea.
2. Based on general survey results, identify list of health outcome variables on which there is sufficient information to warrant further study. The possible range of variables to be included is shown in Appendix
3. Collect and collate data on selected variables and prepare summary tables.
4. Prepare analytical report summarizing general trends indicated in the tables and outlining the implications for future health planning operations.
5. Prepare final report which includes:
 - (a) basic data tables
 - (b) analysis of data
 - (c) implications of the study for health planning

(d) recommendations for future health planning activities and health planning research

(e) selective, annotative bibliography.

C. Implementation

The Grantee will recruit appropriate personnel and make necessary contacts and arrangements for providing access to data and information. Grantee will assume responsibility for preparation, reproduction, and submission of the final report outlined in B.5. above. The time frame for implementation activities is as follows:

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February 19-April 30, 1975.
2. Tabulation and collation of data:
March 1-April 30, 1975.
3. Analysis and report writing:
April 25-June 10, 1975.
4. Reproduction of report:
June 10-15, 1975.

D. Reporting

Oral progress reports will be submitted as mutually agreed upon by the Grantee and USAID/Korea.

A final written report in English will be submitted to USAID in five copies by June 20, 1975.

Appendix I to Program Description

A. Framework for analyzing studies:

1. Year(s) study
2. Researchers/Institutions
3. Study area (rural or urban)
4. Sample/Population size
5. Methodology
6. Major findings

B. Range of service outcome variables

1. Morbidity data

- a) Sickness prevalence rate per/1000 pop.
- b) Incidence rate per/1000 pop.
- c) Age-specific and sex-specific prevalence and incidence rates
- d) Cause-specific mortality rate
- e) No. of days activity was restricted by illness
- f) Area-specific morbidity rate
- g) Morbidity from acute communicable diseases
- h) Types of chronic conditions

2. Mortality Data

- a. Infant mortality rates
- b. Crude death rates (specific by age, area, sex)
- c. Maternal mortality rates (cause-and age-specific)
- d. Deaths from communicable diseases
- e. Mortality rates and causal data (where available)
- f. Still-birth rates
- g. Life expectancy trends
- h. Self-recognition of symptoms

C. Service Utilization Patterns

1. Source and types of services
2. Specific utilization rates (by sex, education, age, area, etc.)
3. Patterns of care (days of care, % of ill receiving care, etc.)
4. Care patterns for insured versus non-insured

D. Medical care expenditure patterns

AMENDMENT NO. 1
TO THE GRANT AGREEMENT

4890708 (15)
PP-ADD-482

BETWEEN

THE UNITED STATES OF AMERICA

AND

16p

THE KOREA DEVELOPMENT INSTITUTE

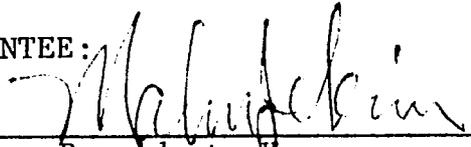
Grant Agreement No. 489-11-590-708-9, signed June 16, 1976 (Research on Health Insurance Systems for Korea) is hereby amended to read as follows:

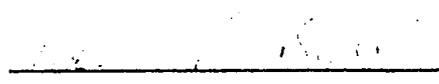
1. Section B (page 2) is changed to show that the period of this Grant Agreement shall be fourteen (14) months instead of twelve (12) months.

2. Section E.3. (page 3) is changed to show that the final report of assessment and recommendations will be submitted by July 30, 1977.

All other provisions remain the same.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Amendment, effective on the date of the last signatory hereto.

GRANTEE:
By 
President, Korea
Title Development Institute
Date June 9, 1977

USAID:
By 
Title AID Representative
Date June 9, 1977

Amendment No. 1

to the
Grant Agreement between the United States of America (acting through the USAID Office in Korea) and the Korea Development Institute (the GRANTEE) dated June 16, 1976 (Feasibility of a Health Insurance System for Korea, Grant No. 489-11-509-708-9).

The following provision is added at the beginning of Paragraph G.2. (U.S. Dollar Disbursements) on page 4:

"Because of international travel requirements an operating advance of \$1,500.00 (Fifteen hundred dollars) is authorized. This advance is to be liquidated by the GRANTEE within 30 (thirty) days of the completion of the activities for which the advance was approved.

IN WITNESS WHEREOF, the Grantee and USAID, each acting through its respective duly authorized representative hereby execute this Amendment effective on the date of the last signatory hereto.

GRANTEE:
By Maluk Kim
Title President, KDI
Date Sept. 3, 1976

USAID:
By James P. Barrett
Title Representative
Date Sept. 3, 1976



UNITED STATES MISSION-KOREA

SEOUL, KOREA

April 23, 1976

OHP FILE COPY

207.6

Health Planning Project

USAID KOREA

GRANT PROPOSAL
Clearance Form

Title of Proposed Project: A Feasibility Study of Implementing a Health Insurance System for Korea.

Grantee: Korea Development Institute.

Purpose of Grant: Assess the Feasibility of National Health Insurance Systems for Korea based on the experience of pilot programs in Korea and systems already established in other countries.

Amount of Grant: \$10,783

Project Coordinator: Dr. Mahn Je Kim, President, Korea Development Institute.

Principal Investigator: Dr. Chong Kee Park, Senior Fellow, Korea Development Institute.

Summary: (Details of this project are in attached revised proposal from the Korea Development Institute).

The grant will support the study of health insurance schemes relevant for future implementation in the Republic of Korea. The study will analyze national health insurance programs in six (6) developed countries in the interests of learning how each system began, the manner in which each operates, what major problems and difficulties were and are currently being encountered, and how elements of these systems can be appropriately applied to the health insurance needs of Korea. In addition, the study will investigate the operation, success, and shortcomings of eleven (11) pilot and demonstration health insurance projects currently being conducted in Korea. Based on this assessment of health insurance programs being conducted in Korea and in other countries of the world, the study will offer recommendations toward the design and eventual implementation of health insurance systems in Korea at an appropriate time in the future.

Clearances:

USAID:

OHP _____

PRM _____

CONT _____

Inter-Agency Coordinating
Committee

[Handwritten signatures and initials]

GRANT
BY
THE UNITED STATES OF AMERICA
TO
THE KOREA DEVELOPMENT INSTITUTE

This GRANT is made by the United States of America, Agency for International Development, acting through the USAID Mission to Korea (hereinafter called "USAID") to the Korea Development Institute, Seoul, Korea (hereinafter called the "GRANTEE"), to provide support for research necessary to assess the desirability of implementing Health Insurance Systems in Korea, and to identify elements requisite to such system needs and effectiveness.

This GRANT is funded under Project 489-11-590-708,
Health Planning;

Project Agreement No.	708 5009
Appropriation No.	72-11X1074
Allotment No.	424-50-489-00-69-63
Grant No.	489-11-590-708-9

A. The maximum amount of assistance which may be given under this Grant is the Won equivalent of Ten Thousand, Seven Hundred, and Eighty-Three Dollars (\$10,783.00).

B. These funds may be utilized during the period beginning on the effective date of this Grant Agreement and ending twelve (12) months later. The period of this Grant Agreement shall be twelve (12) months.

C. The GRANTEE is responsible for achieving the following objectives:

- (1) Assess how access to medical care can be broadened, especially to rural residents and to other disadvantaged segments of the Korean population, through the reduction of financial barriers to medical care.
- (2) Assess alternative ways to finance a national health insurance system in Korea including cooperatives, HMO's or other forms of prepayment, private health insurance, etc. in terms of existing and future public and private resources.
- (3) Assess the comparative advantages of various health insurance financial mechanisms in terms of:
 - a. number of persons covered,
 - b. risks (medical and financial) covered,
 - c. incentives toward over-utilization or under-utilization of medical services,
 - d. administrative feasibility,
 - e. costs relative to benefits conferred on society, and
 - f. consistency and compatibility with existing cultural norms and other national objectives (savings mobilization, economic growth, social development, etc.).

- (4) Make recommendations concerning the desirability and feasibility of implementing particular forms of health insurance systems in Korea in the near future.

D. The GRANTEE will recruit appropriate personnel and make necessary contacts for providing access to data and information. The time frame for implementation activities is as follows:

June-July, 1976	Literature Survey, Data Collection, and Analysis.
July-August, 1976	Inventory of Existing Financing Mechanisms, and Need Assessment.
September-October, 1976	Survey of Foreign Experiences.
November-January, 1976	Preliminary Design of Alternative Insurance Programs and Actuarial Estimates.
February-March, 1977	Demand Assessments, and Preliminary Design of Feasible Systems.
March-May, 1977	Preparation and Submission of Final Report and Recommendations.

More details on the implementation activities are contained in the attached Research Proposal submitted to USAID by the GRANTEE on April 13, 1976. This attached Research Proposal shall provide guidelines for implementation of the Grantee's activities under this Agreement, in so far as such Proposal is consistent with other provisions of this Agreement.

E. Written reports in English will be submitted to USAID as follows:

1. A preliminary report on literature survey, data collection and analysis, inventory of existing financing mechanisms and assessment of needs will be submitted not later than 90 days after the effective date of this Agreement or by August 31, 1976 whichever date comes later.

2. An interim progress report concerning survey of foreign experiences, preliminary design of alternative insurance programs, and actuarial estimates will be submitted by January 31, 1977.
3. The final report concerning final design and development of health insurance systems will be submitted by March 30, 1977.

F. The Grantee shall be responsible for providing copies of all reports (in Korean and English) to USAID/Korea and to the Interagency Coordinating Committee, Health Planning Project. Copies of the final report will also be provided to the National Health Council and the Ministry of Health and Social Affairs.

G. Funds for this Grant shall be disbursed in the form of Korean Won, except that approved international travel costs will be disbursed in U.S. Dollars as described in Section G. 2, below. The Grant Budget is attached as Appendix B.

1. Korean Won Disbursements:

Upon application by the GRANTEE, payment shall be made as follows:

- (a) An initial payment equal to 30% of the total amount shall be paid upon execution of the Grant Agreement.
- (b) Progress payments equal to 25% of the total amount shall be paid upon receipt and acceptance by USAID of the interim progress reports due August 31, 1976 and January 31, 1977.
- (c) A final payment equal to 20% of the total amount shall be made upon receipt and acceptance by USAID of the final report.

2. U.S. Dollar Disbursements

Before initiating approved international travel, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034, supported by documentation showing that such travel was approved in accordance with the terms of this Agreement. Upon completion of travel grantee will submit appropriate documentation to the USAID/Korea Controller to support the approved expenditures incurred during travel. *[SEE GRANT AMENDMENT No. 1]*

H. All salaries, wages, fees, and stipends reimbursed under this Grant shall be in accordance with the Grantee's policy and practice as reviewed and approved by USAID.

I. Travel and Transportation

- (1) USAID hereby approves international travel hereunder provided that the Grantee shall obtain written concurrence from the cognizant technical office in

USAID prior to sending any individual outside Korea to perform work under the Grant. For this purpose the Grantee shall advise USAID at least thirty (30) days in advance of any travel to be undertaken outside Korea.

- (2) The Grantee agrees to travel by the most direct and expeditious route, and to use less than first class transportation unless such use will result in unreasonable delay or increased costs.

All international air travel under this Grant shall be made on United States flag carriers. Exceptions to this rule will be allowed in the following situations provided that the Grantee provides an appropriate written certification of the facts to USAID to support his claim for reimbursement and retains a copy of such certification and supporting documents as part of his grant records for post audit:

1. When the point of origin overseas is not served by an American-flag carrier or where use of a foreign-flag airline is unavoidable enroute, the foreign-flag airline may be used, but only to the nearest interchange point to connect with an American-flag carrier.
2. When the traveler, while enroute, has to wait 6 hours or more to transfer to an American air carrier to proceed to the intended destination, or
3. When any flight by an American air carrier is interrupted by a stop anticipated to be 6 hours or more for refueling, reloading, repairs, etc., and no other flight by an American air carrier is available during the 6-hours period, or
4. When by itself or in combination with other American or foreign air carriers (if American air carriers are "unavailable") it takes 12 or more hours longer from the origin airport to the destination airport to accomplish the Grantee's mission than would service by a foreign-flag air carrier or carriers.

5. When the elapsed travel time on a scheduled flight from origin to destination airports by foreign-flag air carrier(s) is 3 hours or less, and service by American air carrier(s) would involve twice such scheduled travel time.

(3) When a foreign-flag carrier is used for any portion of the authorized travel, a certificate will be submitted to the USAID no later than 10 days after completion of such travel which should explain why a foreign-flag carrier was utilized. It should be noted that the use of a foreign-flag airline because the costs were less than comparable accommodations provided by an American-flag carrier is not acceptable justification under existing U.S. statutory provisions.

(4) Travel allowances shall be reimbursed in accordance with the Federal Travel Regulations (FTR).

J. To receive payments, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034 (original) and SF 1034-A (three copies), each voucher identified by the appropriate grant number, the amount not to exceed that indicated in paragraph A, above. The Vouchers for the second and subsequent payments shall be supported by an original and two copies of a report rendered as follows:

Amount of Grant
 Expended this period
 Expended to date (By line item)
 Anticipated expenditures for period
 from _____ to _____
 Cash received to date
 Cash required next period

The report shall include a certification as follows:

"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID."

BY _____
 TITLE _____
 DATE _____

K. The Standard Provisions in Appendix A are an integral part of this Agreement.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this agreement, effective on the date of the last signatory hereto,

GRANTEE:
By Mahmud Khan
Title President
Date June 15, 1976

USAID
By William S. Barris
Title AID/Representative
Date June 16, 1976

Appendix B to Grant Agreement
Budget

1. Personnel Costs:		\$ 4,750
a. Principal Investigator		
\$450/mo. x 1/3 time x 12 mos. = \$1,800		
b. Co-Investigator		
\$350/mo. x 1/2 time x 10 mos. = \$1,750		
c. Research Assistant		
\$200/mo. x 1/2 time x 12 mos. = \$1,200		
2. International Travel (Principal Investigator)		\$ 3,998
a. <u>Per Diem</u> (36 days)		
London	5 days @\$43 = \$215	
Brussels	5 days @\$57 = \$285	
Geneva	5 days @\$51 = \$255	
Stockholm	5 days @\$49 = \$245	
United States	11 days @\$33 = \$363	
Japan	5 days @\$55 = \$275	
	\$1,638	
b. Air fare		\$2,160
c. Other Travel Fees/costs		\$ 100
d. Purchase of books/materials enroute		\$ 100
3. Local Travel		\$ 528
a. Principal Investigator		
\$18 x 4 days x 4 = \$288		
b. Co-Investigator		
\$15 x 4 days x 4 = \$240		
4. Consultant Meetings (Including Transportation Fees)		\$ 800
\$20 x 8 persons x 5 times = \$800		
5. Supplies, Communications, and Postages		\$ 240
\$20 x 12 = \$240		
6. Contingency		\$ 467
	GRAND TOTAL	\$10,783

(Continued on next page)

The Grantee may not exceed the Won equivalent of the total amount of the dollar budget. Adjustments among the line items are unrestricted.

APPENDIX A TO AID GRANT AGREEMENT

Standard Provisions - Specific Support Grant

- A. No modification or amendments shall be made to this Grant Agreement except as may be mutually agreed upon in writing by the GRANTEE and AID. The Grant Agreement may be amended by formal modifications to the basic Grant document or by means of an exchange of letters between AID and an appropriate official of the GRANTEE.
- B. The GRANTEE shall be reimbursed for costs incurred in carrying out the purposes of this Grant, which are determined by AID to be allowable in accordance with the terms of this Grant and Subpart 15.2 of the Federal Procurement Regulations (FPR) (Principles and Procedures for Use in Cost Reimbursement Type Supply and Research Contracts with Commercial Organizations) in effect on the date of this Grant.
- C. This Grant is limited to the objectives and funds herein designated and no liability or obligation extends to AID beyond those limits.
- D. AID shall have the right to translate, reproduce, use and dispose of data developed or resulting from work performed under this Grant.
- E. If use of the Grant funds results in accrual of interest to the GRANTEE or to any other person to whom GRANTEE makes such funds available in carrying out the purposes of this Grant, GRANTEE shall refund to AID an amount equivalent to the amount of interest accrued.
- F. The GRANTEE shall maintain books, records, documents, and other evidence in accordance with the GRANTEE'S usual accounting procedures to sufficiently substantiate charges to the Grant. The GRANTEE shall preserve and make available such records for examination and audit by AID and the Comptroller General of the United States, or their authorized representatives (1) until the expiration

of three years from the date of termination of the program and (2) for such longer period, if any, as is required to complete an audit and to resolve all questions concerning expenditures unless written approval has been obtained from the AID to dispose of the records. AID follows generally accepted auditing practices in determining that there is proper accounting and use of grant funds. The GRANTEE agrees to include the requirements of this clause in any subordinate agreement hereunder.

- G. Funds obligated hereunder, but not disbursed to the GRANTEE at the time the Grant expires or is terminated, shall revert to AID, except for funds encumbered by the GRANTEE by a legally binding transaction applicable to this Grant. Any funds disbursed to but not expended by the GRANTEE at the time of expiration or termination of the Grant shall be refunded to AID.
- H. If, at any time during the life of the Grant, it is determined by AID that funds provided under the Grant have been expended for purposes not in accordance with the terms of the Grant, the GRANTEE shall refund such amounts to AID.
- I. With regard to the employment of persons in the U.S. under this Grant, GRANTEE agrees to take all reasonable steps to ensure equality of opportunity in its employment practices without regard to race, religion, sex, color or national origin of such persons and that, in accordance with Title VI of the Civil Rights Act of 1964, when work funded by this Grant is performed in the U.S., no person shall, on the grounds of race, religion, sex, color or national origin, be excluded from participation, be denied benefits, or be subjected to discrimination. In addition, the GRANTEE agrees to comply in accordance with its written assurance of compliance, with the provisions of Part 209 of Chapter II, Title 22, of the Code of Federal Regulations, entitled "Non-Discrimination in Federally Assisted Programs of the Agency for International Development - Effectuation of Title VI of the Civil Rights Act of 1964."
- J. This Grant may be terminated at any time, in whole or in part, by AID upon written notice to the GRANTEE, whenever

for any reason it shall determine that such termination is in the best interest of the Government. Upon receipt of and in accordance with such notice, the GRANTEE shall forthwith take immediate action to minimize all expenditures and obligations whenever possible. Except as provided below, no further reimbursement shall be made after the effective date of termination, and the GRANTEE shall within thirty (30) calendar days after the effective date of such termination repay to AID all unexpended portions of funds theretofore paid by AID to the GRANTEE, which are not otherwise obligated by a legally binding transaction applicable to this Grant. Should the funds paid by AID to the GRANTEE prior to the effective date of this termination of this Grant be insufficient to cover the GRANTEE's obligations pursuant to the aforementioned legally binding transaction, the GRANTEE may submit to AID within ninety (90) calendar days after the effective date of such termination a written claim covering such obligations; and, subject to the limitations contained in this Grant, AID shall determine the amount or amounts to be paid by AID to the GRANTEE under such claim.

- K. No member of or delegate to the U.S. Congress or resident commissioner shall be admitted to any share or part of this Grant or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Grant if made with a corporation for its general benefit.
- L. The GRANTEE warrants that no person or selling agency has been employed or retained to solicit or secure this Grant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee except bona fide employees or bona fide established commercial or selling agencies maintained by the GRANTEE for the purpose of securing business. For breach or violation of this warrant, AID shall have the right to cancel this Grant without liability or, in its discretion, to deduct from the Grant amount, or otherwise recover, the full amount of each commission, percentage, brokerage, or contingent fee.
- II. AID does not assume liability with respect to any claims for damages arising out of such support by the grantee.

BEST AVAILABLE COPY

N. Any notice given by any of the parties hereunder shall be sufficient only if in writing and delivered in person or sent by telegraph, cable, registered or regular mail, as follows:

TO AID: Director
USAID/Korea
c/o American Embassy
Seoul, Korea

TO GRANTEE: At GRANTEE'S address shown in this Grant, or to such other address as either or such parties shall designate by notice given as herein required. Notices hereunder shall be effective when delivered in accordance with this clause or on the effective date of the notice, whichever is later.

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AMENDMENT NO. 1
TO THE GRANT AGREEMENT

BETWEEN

THE UNITED STATES OF AMERICA

AND

THE SCHOOL OF PUBLIC HEALTH
SEOUL NATIONAL UNIVERSITY

4890708 (16)
PO-ADD-482

47p

Grant Agreement No. 489-11-590-708-7, signed March 25, 1976 (Research on Needs and Resources for Training in Health Planning) is hereby amended to read as follows:

1. Section B (page 2) is changed to show that the period of this Grant Agreement shall be fifteen (15) months instead of ten (10) months.

2. Section E.3. (page 3) is changed to show that the final report of assessment and recommendations will be submitted by April 27, 1977.

All other provisions remain the same.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Amendment, effective on the date of the last signatory hereto.

GRANTEE:

USAID:

By [Signature]

By [Signature]

Title Dean, School of Public Health

Title AID Representative

Date May 18, 1977

Date May 11, 1977



UNITED STATES MISSION-KOREA
SEOUL, KOREA

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March 10, 1976

USAID/KOREA

Health Planning Project

GRANT PROPOSAL
Clearance Form

Title of Proposed Project: Research on Training in Health Planning and Health Economics.

Grantee: Seoul National University Graduate School of Public Health.

Purpose of Grant: Assess needs and resources for inservice and academic training in health planning and health economics and make recommendations for a program to meet these needs.

Amount of Grant: \$9,465.00

(PRINCIPAL INVESTIGATOR IS PROF. HUH, JONG, SNU)

Project Coordinator: Dean Park, Hyong Jong, SNU/GSPH, (also Chairman, Ad Hoc Training Committee, Health Planning Project).

Summary: (Details of this project are in attached revised ^{proposal} from SNU/GSPH.)

The grant will support the development of urgently needed data on (1) immediate training needs to upgrade existing staffs and (2) longer range academic and inservice training needs to help ensure the availability of trained professionals in health planning. The project will also assess training resources and recommend specific training programs to be supported by the Health Planning Project.

The research will be conducted in cooperation with the Ad Hoc Committee on Training (Health Planning Project) which includes representatives from the MHS, National Institute of Health (Training Division), Korea Development Institute and SNU School of Public Health.

Clearances:

USAID:

OHP
PRM
LEG
CONT

[Handwritten signatures and initials over the USAID clearance lines]

Inter-Agency Coordinating Committee: *[Handwritten signature]*

FILE COPY
DO NOT REMOVE

GRANT

BY

THE UNITED STATES OF AMERICA

TO

THE SCHOOL OF PUBLIC HEALTH, SEOUL NATIONAL UNIVERSITY

This GRANT is made by the United States of America, Agency for International Development, acting through the USAID Mission to Korea (hereinafter called "USAID") to the School of Public Health, Seoul National University, Seoul Korea (hereinafter called the "GRANTEE"), to provide support for research to identify needs and resources for training in health planning and health economics.

This GRANT is funded under Project 489-11-590-708, Health Planning:

Project Agreement No.	708-4009
Appropriation No.	72-11X1024
Allotment No.	424-50-489-00-69-63
Grant No.	489-11-590-708-7

A. The maximum amount of assistance which may be given under this Grant is the equivalent of nine thousand, four hundred and sixty-five dollars (\$9,465.00).

B. These funds may be utilized during the period beginning on the effective date of this Grant Agreement and ending ten (10) months later. The period of this Grant Agreement shall be ten (10) months.

C. The GRANTEE is responsible for achieving the following objectives.

- (1) Assessing the need for in-service, certificate, and master's level training, training workshops, and seminars and special courses (e.g., on research methodology and management) required to support health planning, research, and policy formulation.
- (2) Assessing the availability of current and future health planning and health economics training resources in terms of availability of instructors, training sites, costs, and sources of funding.
- (3) Assessing the need for top-level governmental recognition and support of such training (e.g., requiring such training as condition for assignment/promotion and providing scholarships/subsidies for training).
- (4) Assessing the number, types, and curriculum content of past and current in-service, certificate, and master's degree training relevant to health planning and health economics in Korea.
- (5) Making recommendations to the Interagency Coordinating Committee (Health Planning Project) and other appropriate organizations on training programs needed to meet current and future needs.

D. The GRANTEE will recruit appropriate personnel and make necessary contacts for providing access to data and information. The time frame for implementation activities is as follows:

March-April 1976	Preliminary survey and recommendations.
May-August 1976	Assessment of needs and resources and preparation of program recommendations. Evaluation of selected training programs in progress.
September-December 1976	Complete studies and submit final report.

More details on the implementation activities are contained in the attached Research Proposal submitted to USAID by the GRANTEE on March 10, 1976. This attached Research Proposal shall provide guidelines for implementation of the Grantee's activities under this Agreement, in so far as such Proposal is consistent with other provisions of this Agreement.

E. Written reports in English will be submitted to USAID as follows:

1. A preliminary report on needs and recommendations for urgent training activities will be submitted within 60 days after the effective date of this Agreement.
2. Interim progress reports will be submitted by June 30, 1976 and September 30, 1976.
3. The final report of assessment and recommendations will be submitted by December 30, 1976.

F. The Grantee shall be responsible for providing copies of all reports (in Korean and English) to the Interagency Coordinating Committee.

G. Funds obligated for this Grant shall be disbursed in the form of Korean Won. The total Won Budget is estimated at ₩ (The Budget is attached as Appendix B.)

₩ 7552,665

Upon application by the GRANTEE, Payment shall be made as follows:

- (1) An initial payment equal to 30% of the total amount shall be paid upon completion of the Grant Agreement.
- (2) Progress payments equal to 25% of the total amount shall be paid upon receipt and acceptance by USAID of the interim progress reports due June 30, 1976 and September 30, 1976.
- (3) A final payment equal to 20% of the total amount shall be made upon receipt and acceptance by USAID of the final report.

H. To receive payments, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034 (original) and SF 1034-A (three copies), each voucher identified by the appropriate grant number, the amount not to exceed that indicated in paragraph G. above. The Vouchers for the second and subsequent payments shall be supported by an original and two copies of a report rendered as follows:

Amount of Grant	₩
Expended this period	₩
Expended to date (By line item)	₩
Anticipated expenditures for period	
from _____ to _____	₩
Cash received to date	₩
Cash required next period	₩

The report shall include a certification as follows:

"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID."

BY _____
TITLE _____
DATE _____

I. The standard Provisions in Appendix A are an integral part of this Agreement.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Agreement, effective on the date of the last signatory hereto.

GRANTEE:

By N. J. Book
Title Dean
Date 7/22 25, 1976

USAID:

By [Signature]
Title Acting Director
Date 1976.3.25

APPENDIX A TO AID GRANT AGREEMENT

Standard Provisions - Specific Support Grant

- A. No modification or amendments shall be made to this Grant Agreement except as may be mutually agreed upon in writing by the GRANTEE and AID. The Grant Agreement may be amended by formal modifications to the basic Grant document or by means of an exchange of letters between AID and an appropriate official of the GRANTEE.
- B. The GRANTEE shall be reimbursed for costs incurred in carrying out the purposes of this Grant, which are determined by AID to be allowable in accordance with the terms of this Grant and Subpart 15.2 of the Federal Procurement Regulations (FPR) (Principles and Procedures for Use in Cost Reimbursement Type Supply and Research Contracts with Commercial Organizations) in effect on the date of this Grant.
- C. This Grant is limited to the objectives and funds herein designated and no liability or obligation extends to AID beyond those limits.
- D. AID shall have the right to translate, reproduce, use and dispose of data developed or resulting from work performed under this Grant.
- E. If use of the Grant funds results in accrual of interest to the GRANTEE or to any other person to whom GRANTEE makes such funds available in carrying out the purposes of this Grant, GRANTEE shall refund to AID an amount equivalent to the amount of interest accrued.
- F. The GRANTEE shall maintain books, records, documents, and other evidence in accordance with the GRANTEE'S usual accounting procedures to sufficiently substantiate charges to the Grant. The GRANTEE shall preserve and make available such records for examination and audit by AID and the Comptroller General of the United States, or their authorized representatives (1) until the expiration

of three years from the date of termination of the program and (2) for such longer period, if any, as is required to complete an audit and to resolve all questions concerning expenditures unless written approval has been obtained from the AID to dispose of the records. AID follows generally accepted auditing practices in determining that there is proper accounting and use of grant funds. The GRANTEE agrees to include the requirements of this clause in any subordinate agreement hereunder.

- G. Funds obligated hereunder, but not disbursed to the GRANTEE at the time the Grant expires or is terminated, shall revert to AID, except for funds encumbered by the GRANTEE by a legally binding transaction applicable to this Grant. Any funds disbursed to but not expended by the GRANTEE at the time of expiration or termination of the Grant shall be refunded to AID.
- H. If, at any time during the life of the Grant, it is determined by AID that funds provided under the Grant have been expended for purposes not in accordance with the terms of the Grant, the GRANTEE shall refund such amounts to AID.
- I. With regard to the employment of persons in the U.S. under this Grant, GRANTEE agrees to take all reasonable steps to ensure equality of opportunity in its employment practices without regard to race, religion, sex, color or national origin of such persons and that, in accordance with Title VI of the Civil Rights Act of 1964, when work funded by this Grant is performed in the U.S., no person shall, on the grounds of race, religion, sex, color or national origin, be excluded from participation, be denied benefits, or be subjected to discrimination. In addition, the GRANTEE agrees to comply in accordance with its written assurance of compliance, with the provisions of Part 209 of Chapter II, Title 22, of the Code of Federal Regulations, entitled "Non-Discrimination in Federally Assisted Programs of the Agency for International Development - Effectuation of Title VI of the Civil Rights Act of 1964."
- J. This Grant may be terminated at any time, in whole or in part, by AID upon written notice to the GRANTEE, whenever

for any reason it shall determine that such termination is in the best interest of the Government. Upon receipt of and in accordance with such notice, the GRANTEE shall forthwith take immediate action to minimize all expenditures and obligations whenever possible. Except as provided below, no further reimbursement shall be made after the effective date of termination, and the GRANTEE shall within thirty (30) calendar days after the effective date of such termination repay to AID all unexpended portions of funds theretofore paid by AID to the GRANTEE, which are not otherwise obligated by a legally binding transaction applicable to this Grant. Should the funds paid by AID to the GRANTEE prior to the effective date of this termination of this Grant be insufficient to cover the GRANTEE's obligations pursuant to the aforementioned legally binding transaction, the GRANTEE may submit to AID within ninety (90) calendar days after the effective date of such termination a written claim covering such obligations; and, subject to the limitations contained in this Grant, AID shall determine the amount or amounts to be paid by AID to the GRANTEE under such claim.

- K. No member of or delegate to the U.S. Congress or resident commissioner shall be admitted to any share or part of this Grant or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Grant if made with a corporation for its general benefit.
- L. The GRANTEE warrants that no person or selling agency has been employed or retained to solicit or secure this Grant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee except bona fide employees or bona fide established commercial or selling agencies maintained by the GRANTEE for the purpose of securing business. For breach or violation of this warrant, AID shall have the right to cancel this Grant without liability or, in its discretion, to deduct from the Grant amount, or otherwise recover, the full amount of each commission, percentage, brokerage, or contingent fee.
- M. AID does not assume liability with respect to any claims for damages arising out of work supported by its grants.

14. Any notice given by any of the parties hereunder shall be sufficient only if in writing and delivered in person or sent by telegraph, cable, registered or regular mail, as follows:

TO AID: Director
USAID/Korea
c/o American Embassy
Seoul, Korea

TO GRANTEE: At GRANTEE'S address shown in this Grant, or to such other address as either or such parties shall designate by notice given as herein required. Notices hereunder shall be effective when delivered in accordance with this clause or on the effective date of the notice, whichever is later.

Appendix B to Grant Agreement
Budget

1. Personnel Costs \$ 4,574.00 ₪ 2,200,094
- (a) Principal Investigator: \$937.00
\$250 months x ($\frac{1}{2}$ time x 6 months)
+ ($\frac{1}{2}$ time x 3 months)
 - (b) Co-Investigator: \$862.00
\$230 months x (($\frac{1}{2}$ time x 6 months)
+ ($\frac{1}{2}$ time x 3 months))
 - (c) Researchers (two persons): \$1,575.00
\$210 months x (($\frac{1}{2}$ time x 6 months)
+ ($\frac{1}{2}$ time x 3 months)) x 2
 - (d) Research Assistant (full-time): \$900.00
\$100 x 9 months = \$900.00
 - (e) Secretary/Typist: \$300.00
\$100 x 3 months = \$300.00
2. Data Collection and Interview Survey Costs: \$ 2,216.00 ₪ 1,065,896
- (a) Salaries for interviewers:
 - i. At Central Level (about 150 interviewees)
\$3 x 5 days x 6 persons = \$90.00
 - ii. At Local Level (about 450 interviewees)
\$3 x 14 days x 11 persons = \$462.00
 - (b) Travel Expenses (Including per diem for survey at local level)
 - i. At Central Level
Interviewers: \$2 x 5 days x 6 persons = \$60.00

Supervisor: \$10 x 5 days x 1 person = \$50.00

ii. At Local Level

Interviewers: \$6 x 14 days
x 11 persons = \$924.00

Supervisors: \$15 x 14 days
x 3 persons = \$630.00

3. <u>Advisory Meeting (Including transportation fees):</u>	\$ 560.00	W 269,360
Planning and Evaluation Meetings: \$20 x 7 persons x 4 times = \$560		
4. <u>Travel Expenses for Field Observation:</u>	\$ 420.00	W 202,020
\$15 x 7 days x 2 persons x 2 times = \$420.00		
5. <u>Printing of forms and reports</u>	\$ 700.00	W 336,700
6. <u>Translation Fees:</u>	\$ 375.00	W 180,375
7. <u>Supplies, Communications, and Postage</u>	\$ 220.00	W 105,820
8. <u>Contingency</u>	\$ 400.00	W 192,400
Grand Total:	\$ 9,465.00	W 4,552,665

Exchange Conversion Factor: \$1.00 = W481

The Grantee may not exceed the total amount of the dollar budget..
Adjustments among the line items are unrestricted.

TO USAID/KORHA
OFFICE OF HEALTH AND POPULATION

(1st. PROPOSAL).
See revised
edition

RESEARCH PROPOSAL

SUBJECT: IN-SERVICE, CERTIFICATE, AND MASTER'S LEVEL TRAINING IN
HEALTH PLANNING AND HEALTH ECONOMICS

ESTIMATED COST: \$10,325.00

GRANT PERIOD:

starting date : March 15, 1976
completion date : February 15, 1977

GRANTEE: Graduate School of Public Health, Seoul National University

PRINCIPAL INVESTIGATOR:

Dr. Huh, Jong, Professor and Chairman, Ad Hoc Training Committee

ABSTRACT:

This study will assess health planning and health economics training needs and resources. This information will be assembled and analyzed for the purpose of recommending an integrated program of in-service training, workshops, seminars, certificate and master's level training activities to relevant health planning groups and agencies, particularly to the ICC and the MHA to be implemented over the course of the Health Planning Project. The study will also evaluate past and current training programs relevant to health planning, research, and policy formulation. The result of this evaluation activity, submitted as part of the study's final report, will provide a basis for the formulation and institutionalization of health planning and health economics training programs on the part of the ROKG in the future.

1. PURPOSES AND OBJECTIVES OF THE STUDY

The purposes of this study are to:

- A. Assess the need for additional in-service, certificate, and master's level training, workshops, seminars, conferences, and special courses (e.g., research methodology and management) required to support health planning, research, and policy formulation.
- B. Assess the availability of current and future health planning and health economics training resources in terms of availability of instructors, training sites, costs, and sources of funding.

Assess the need for governmental recognition and support of such training (e.g., requiring such training as condition for assignment/promotion and providing scholarships/subsidies for training).
- C. Assess and evaluate the number, types, and curriculum content of past and current in-service, certificate, and master's degree training relevant to health planning and health economics in Korea, with emphasis on those programs conducted during the course of the Health Planning Project.
- D. Make recommendations as to integrated training program needs to the ICC and other agencies as appropriate for training program implementation during the course of the Health Planning Project and for the future.

BACKGROUND OF NEED FOR STUDY

A. Introduction

For many years USAID, WHO, KIH, Korean private and public universities have been conducting and/or supporting training activities of various kinds pertinent to health planning and health economics. However, it is believed that these activities have been conducted at levels below that which are needed to support adequately the national health planning capabilities required to fulfill the ROK's social and economic development objectives as set forth in the guidelines to the Fourth-Five Year Economic Development Plan. To this date no individual or agency has systematically studied Korea's past, current, and probable future training experiences in relation to current and future needs for strengthening health planning and health economics capabilities.

One of the major topics discussed during the ROKG/USAID Health Planning Project review meeting held February 7, 1976 concerned the need for in-service and related training. The technical review group agreed that there was a critical need to develop in-service training in basic health economics and planning

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topics with first priority being given to training for the MESA staff members concerned with health planning. Attention should also be given to longer range training needs (both in-service and academic) and the factors affecting the provision and utilization of such training.

It was noted that a four week MESA course scheduled at the National Institute of Health in September and October might be modified to meet current needs, but the time could not be changed. Consequently, the group felt that there was a special need to develop an additional course(s) as quickly as possible to make the best use of teaching resources available from the Westinghouse Team and local institutions. While the trainees would be primarily from MESA and local health organizations, some could possibly be from EPE, KDI, MMA, KIB, or other organizations concerned with health planning.

It was subsequently recommended to the ICC to create an Ad Hoc Training Committee for Health Planning as soon as possible to review needs and resources and recommend the general types of programs/actions which might be taken by the project and/or specific action agencies. The Committee should be comprised of four-five members representing NIH/MESA, KDI, SNU, and the Westinghouse Advisory Team.

E. ICC Action

At its meeting held on Friday, 20 February the ICC approved the appointment of an Ad Hoc Training Committee comprised of individuals representing NIH/MESA, KDI, SNU and the Westinghouse Advisory Team. The ICC also approved in principle the earmarking of \$10-20 million AOKG counterpart funds to be set aside to support the implementation of specific training recommendations made by the committee, and approved by the ICC. The ICC also recommended that the committee (or its assignee) develop an appropriate grant proposal to be submitted to USAID/Korea or other sources to support the research, curriculum development, and evaluation activities required during the remainder of the health planning project period.

G. Ad Hoc Training Committee

Pursuant to the ICC action, an ad hoc Training Committee was appointed consisting of the following members:

Dr. Suh, Jong, Professor Graduate School of Public Health, SNU,
Dr. Choo, Hakchang, Senior Fellow, KDI,
Dr. Ahn, Sung Kyu, Health Planning Director, MESA (ex-officio),
Dr. Park, Nam Young, Public Health Administration Officer, NIH,
Dr. James, R. Jeffers, Health Economics Advisor, Westinghouse
Health Planning Team,
Dr. Suh, Jong and Dr. Choo, Hakchang were elected chairman and

III. SIGNIFICANCE OF THE STUDY

Currently, health planning and health economics resources are very scarce in Korea. The time remaining until the end of the health planning project and the amount of funds available to support training activities over this period are also extremely limited. Those resources that are available are widely scattered in a variety of institutions and individuals whose efforts are likely to produce less than maximum impact unless they are coordinated, integrated, and brought sharply to bear on training needs of highest priority. The results of this study will be made available to the ICC, MMSA, and other agencies and institutions, both public and private.

The proposed study conducted in cooperation with the Ad Hoc Training Committee will provide the necessary basis for determining training priorities, identifying target populations, and available resources. This knowledge in combination with the technical expertise and both private and public institutional training experience represented on the training committee will produce sound training program implementation recommendations that will promote the utilization of limited training resources with maximum effectiveness toward strengthening Korea's health planning and health economics capabilities.

The evaluation of past training activities and those to be conducted during the course of the period of the health planning project will provide a firm basis for the development of health planning and health economics training programs and policies to be undertaken by the ROED in the future.

IV. SITUATIONAL ANALYSIS AND STATEMENT OF RESEARCH PROBLEMS

A. Needs Assessment - Identification of Target Populations

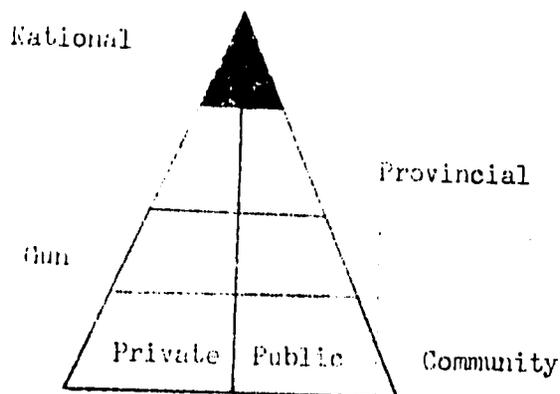
While Korea has had considerable experience in successfully performing economic planning, health planning activity is in its beginning stages. This year a health sector component was included as a major portion of the Fourth Five Year Economic Development Plan. In developing the National Health Plan only a small cadre of government officials, economists, and academicians who possessed significant health planning and health economics skills were available to contribute to the development of the health sector plan. USAID and Westinghouse Health Planning Contract Funds are supporting master's level training in health planning and health economics on behalf of four persons who are attending Michigan and Johns Hopkins Universities in the United States. In addition, the Westinghouse contract is supporting the attendance of three

persons at a two month Health Planning Seminar to be held at Johns Hopkins University in March, April, and May, 1976. The return of these people will strengthen Korea's health planning and health economics capabilities.

However, it is imperative to broaden the base of persons who have skill and who are knowledgeable of the processes of health and economic planning. The health sector plan is now in the process of revision and will be elaborated and adjusted further in subsequent periods consistent with the "rolling plan" philosophy adopted with respect to the Four-five Year Economic Development Plan. Also, health planning and health economics skills are required in the implementation of the health sector plan throughout the year 1981 and beyond. The new health planning institutions that are being formed under the auspices of the Health Loan Project (e.g., KHDC, NHC, and NHC) will require health planning staff personnel in numbers exceeding those persons who are already trained, and those who will return upon completion of training in the United States. Moreover, USAID and WHO funds will not be available to support health planning and health economics training in the future. Therefore, it is imperative to make maximum use of funds remaining, and to develop local health planning and health economics training capabilities, at all levels, to as great an extent as possible. why

To date, the burden of health planning activity has been born by those persons associated with the MESA planning section, the KDI/HEPS, and a handful of experts drawn from the private sector. Primarily, the major focus of planning efforts has been at the national level. However, subsequent revision, elaboration and adjustment, particularly as these concern implementation of programs, will require a broader participation and involvement of planning staff personnel associated with national organizations, both public and private, and those associated at the provincial and gun level as well. The situation perhaps may best be illustrated by Figure 1 below.

Figure 1 - Planning Involvement



The shaded area at the apex of the triangle shown in Figure 1 represents the rather narrow involvement of a few persons who have been primarily concerned with planning at the national level. There exists a need both to broaden and to deepen the base of resource personnel who necessarily will be involved in subsequent phases of planning and plan implementation activity.

Questions that should be explored include the following:

- (1) What persons in government and in private health institutions already have had previous training in health planning and health economics?

What is the nature of their background, interests, and previous training experiences?

- (2) What is the nature of their current positions and how can they contribute to subsequent planning activities?

- (3) What are their training needs and how can they best be provided (e.g., short-courses, seminars, workshops, certificate programs, master's level training, etc.)?

Resources Assessment - Identification of Potential Supply of Training Services

Many international organizations including USAID, WHO, etc. and Korean agencies, both public and private, have conducted and/or supported training programs of various kinds in the past. Those who have conducted training programs in the past may represent a major potential training resource for the present and future. Perhaps more importantly, those who have provided instructional services or who have received them in the past constitute a major source of instructional resources potentially available for the current and future periods. The experiences in terms of costs, sites, and curriculum development of these past training activities collectively will serve as a useful guide for the development of immediate and future health planning and health economics training programs.

The major questions involved in this assessment include the following:

- (1) What training sites have been used in the past which are available now and in future periods?
- (2) What is the potential pool of instructional services available in terms of those individuals who have been either training instructors or participants in the past?

(3) On what terms with respect to time, place, duration, and costs (individual or institutional) are existing training resources available?

(4) What sources of funds are available to support immediate and long-term training needs?

C. Need for Governmental Support and Recognition

In order for training programs to be successful, they must produce benefits, both to individuals and to the agencies and institutions organizing them. Training and education are investment outlays yielding both public and private returns.

Trainees are reluctant to forgo income and the performance of alternative career enhancing activities unless they are assured that the additional returns realized exceed the costs, both implicit and explicit, that are involved in additional training. Employers also encounter implicit costs in the forgone work performance that is involved in releasing employees from job assignments while trainees are undertaking instruction. Explicit costs to employers are incurred in the form of subsidies, scholarships, and stipends that may have to be provided in order to induce personnel to undertake additional training. And training institutions have alternative uses for training resources constituting implicit costs incurred in committing resources to specific training activities over alternatives. In addition, explicit costs are incurred in providing extra or special training and instructional services in addition to existing ongoing training and educational activities.

Relevant questions that must be explored in the context of these issues include the following:

- (1) What career inducements are required to induce qualified trainees to accept additional training (e.g., precondition as job assignments, promotion, salary increments, etc.)?
- (2) What inducements are required on behalf of training institutions and agencies to provide training of the sort needed (e.g., scholarships, job guarantee to graduates, stipend-support to trainees, cost subsidies, etc.)?
- (3) What are the legal steps that must be taken to insure the absence of duplication and avoidance of jurisdictional problems between training and educational institutions (e.g., I.I.U., private universities, etc.)?

D. Evaluation-Identify Needs For Adjustments in the Future

Much of what is contemplated under the auspices of the Health Planning Project is new. One of the major problems consists

of appropriately building on what has been accomplished in the past and integrating this with those activities that are newly developed, many of which may be institutionalized and continued in the future. Thus we will be learning by doing, and must carefully assess past activities and experiences, particularly those conducted during the period of the Health Planning Project, so as suggest revision and adjustments that will improve the effectiveness of training activities to be undertaken in the future.

Since newly contemplated activities build on what was already accomplished in the past, evaluation must also consider past training activities as well as those new experiences provided by the health planning Project. Relevant issues to be explored in this context include the following:

- (1) Was the training newly provided appropriate and useful to participants in terms of their background, interests, and previous training experiences?
- (2) Was the level, content and sequence of training experiences appropriate in terms of current job activities and current and future health planning responsibilities?
- (3) Did training have a discernible impact on up-grading knowledge and skills?
- (4) How could the sequencing, duration, and content of training be altered so as to produce more satisfaction to participants and supervisors?

METHODS AND SERIES OF PROCEDURE

a. Assessment of Needs

The first step will be to make a preliminary assessment of needs at two levels. The first preliminary assessment will consist of an interview survey of personnel in HHS and other national agencies and organizations involved in national health planning, research, and policy formulation.

An interview survey will be made of personnel in grade 3 B or above, or equivalent, and will elicit information on topics including the following:

- (1) Educational and training background,
- (2) Professional job activities and interests,
- (3) Past in-service training experiences and benefits,
- (4) Expression of needs for specialized training in health planning and health economics,

(c) Other information the training committee finds appropriate.

This survey will be conducted by personal interview in cooperation with relevant supervisors, bureau directors, etc. as appropriate. The activity of gathering this information will be completed by early April. A summary of this preliminary assessment will be reported to the ICC on or about April 15, 1976.

A second interview survey will be made of provincial government staff personnel, gun level health center directors, hospital directors, and private health planning agency staff personnel early in July. This interview survey will elicit substantially the same information as the preceding survey conducted at the national level; however, in this second survey, emphasis will be placed on health planning and health economics instructional needs at the regional provincial and gun level. We anticipate that training needs, background, and interests of the individuals of concern will differ somewhat from those involved in health planning at the national level, and appropriate allowances will be made for these considerations.

The results of gathering this information will be compiled and reported along with appropriate recommendations to the ICC on or about August 15, 1976.

These interview surveys will be supplemented by opinion leadership surveys of prominent government officials, leaders of national health organizations (KMA, KHA, KPHA, etc.) made on a personal basis by the principal investigator and other members of the committee throughout the months of April, May, June, and July.

Consultations will be conducted with appropriate MESA personnel prior to making formal training recommendations to the ICC in April and August.

Assessment of Available Resources

Existing training activities will be reviewed early in March and April. International organizations including USAID, WHO, etc., government organizations including NIH, MESA, etc., and private universities will be solicited to report the following types of information:

- (1) Information pertaining to curriculum content materials used, number, level, and background of participants,
- (2) Lists of participants and instructors if training was done in Korea,
- (3) Site, nature, type, and duration of training,

*Why better?
The answer
will be
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(b) Costs of training per individual and per institution,

(c) Source of funding.

This activity will be conducted over the months April, May, June, and July, although a preliminary report will be made to the ICC on or about April 15. Survey results will be compiled and a more complete report will be included in the August recommendations submitted to the ICC in August, 1970.

Assessment of Need for Government Recognition and Support

Assessment and investigation in this area will proceed on the basis of personnel interviews and discussions on the part of the principal investigator with relevant officials in MESA, NIH, SNU, and other agencies as appropriate. Review of existing law as pertains to official responsibility for in-service training on behalf of MESA will be examined as well as inquiry made into the availability of funds from government sources other than those available under the direct auspices of the Health Planning Project. The objective of these activities will be to determine the level of commitment that government and private agencies are willing and able to make toward employing, promoting, subsidizing, giving time off from work, and in providing other inducements so as to enable and to encourage qualified individuals to take advantage of training opportunities. This activity will be in early August.

Evaluation Assessment - Identification of Needed Revision of Programs

(1) Past training programs will be analyzed in terms of the number, types, duration and content of training programs in connection with the following considerations:

a. The background and experience of participants,

b. The job assignments of participants at the time training was received,

c. Current position and job assignments,

d. Participant perceptions as to the utility of the training received, and

e. Supervisor's perceptions as to the manner in which training enhanced employee productivity.

This information will be gathered partly in connection with previously described interview surveys, and partly in connection with follow-up sample surveys of past participants and their supervisors during the months of June and July.

(2) Training activities conducted during the course of the health planning project will be evaluated in much the same way as past training activities with the following exceptions:

- a. Greater emphasis will be placed on assessing the appropriateness of content, duration, and sequence of training activities through administering "before and after tests" to trainees. These tests will be used to assess trainee expectations as to anticipated skill and knowledge acquisition and their realized skill and knowledge acquisition upon the completion of training sequences,
- b. emphasis will be placed on trainee supervisor's plans to assign tasks to those receiving training that are different from those assigned in the past,
- c. less emphasis will be placed on supervisor's assessments of enhanced trainee productivity as a result of training experience, since the time horizon available would not permit such an assessment of recent training activities.

Evaluation activities of the type described will be initiated at the beginning of the project and will be continued throughout the project's duration. The completion of evaluation activities will occur after the termination of the Health Planning Project (December 31, 1976) and the results will be included in the final report to be submitted to USAID and other appropriate agencies February 15, 1977.

Recommendations:

- (1) The principal investigator will contribute recommendations through the Ad hoc Training Committee to the ICC at regular intervals throughout the period of the project. The first set of recommendations will be tentative and will be proposed in April, 1976. These recommendations will propose those activities that clearly appear of highest priority relative to national planning needs and that warrant immediate initiation and funding. At this time, it appears that roughly 60-70% of the RONA training funds could be allocated to the funding of specific programs to be conducted during the months of April, May, June, July, and August of 1975.
- (2) In addition to the completion of assessments of need, resources available, governmental recognition and support, and preliminary evaluation activities, recommendations as to the initiation and funding and training programs to be conducted throughout the remainder of the Health Planning Project to complement programs already conducted and to broaden training to accommodate the training needs of provincial and gov. level government and private organizations would be made to the ICC in August, 1975.

(3) Final recommendations pertaining to future training programs based on completed evaluation of past and calendar year 1975 training programs would be submitted as part of the final report to SAID and other appropriate agencies in February, 1976. 77?

VI. WORK PLAN AND TIME FRAME

	M	A	M	J	J	A	S	O	N	D	J	F
Reports	Recommendation to ICC		Q't. Report to USAID & ICC		Recom. to ICC		Q't. Report to USAID & ICC		Q't. Report to USAID & ICC		Final Report to USAID, ROKG, and other agencies	
Activities	<ol style="list-style-type: none"> Preliminary Assessments <ol style="list-style-type: none"> Needs Resources Gov't recognition Preliminary Design and Development of Integrated Program Recommendations as to training to be conducted next 3 months Design and Initiate Evaluation 		<ol style="list-style-type: none"> Complete Assessment of <ol style="list-style-type: none"> Need Resources Gov't recognition Complete design of integrated training program and recommend to ICC for Implementations during remainder of the Health Planning Project Continue Evaluation 		<ol style="list-style-type: none"> Assist in implementation of certificate and M.A. degree programs Continue Evaluation 		<ol style="list-style-type: none"> Complete Evaluation Preparation and submission of final report and recommendations to relevant agencies 					

II. PROPOSED BUDGET

A. Summary of Proposed Budget

Personnel Costs	:	\$5,221.00
Data Collection	:	\$2,216.00
Advisory Meetings	:	\$500.00
Travel Expenses	:	\$630.00
Printing	:	\$700.00
Translation Fees	:	\$375.00
Supplies	:	\$220.00
Contingency	:	\$100.00
<u>Grand Total</u>	:	<u>\$10,325.00</u>

B. Budget by Item of Expense

1. Personnel Costs: \$5,221.00

- a. Principal Investigator: \$1,002.00
 $\$250/\text{mo.} \times ((\frac{1}{2} \text{ time} \times 6 \text{ mos.}) + (\frac{1}{4} \text{ time} \times 5 \text{ mos.}))$
- b. Co-Investigator: \$977.00
 $\$230/\text{mo.} \times ((\frac{1}{2} \text{ time} \times 6 \text{ mos.}) + (\frac{1}{4} \text{ time} \times 5 \text{ mos.}))$
- c. Researchers (two persons): \$1,785.00
 $\$210/\text{mo.} \times ((\frac{1}{2} \text{ time} \times 6 \text{ mos.}) + (\frac{1}{4} \text{ time} \times 5 \text{ mos.}))$
- d. Research Assistant (full-time): \$1,100.00
 $\$100 \times 11 \text{ mos.} = \$1,100.00$
- e. Secretary/Typist : \$300.00
 $\$100 \times 3 \text{ mos.} = \300.00

2. Data Collection and Interview Survey Costs: \$2,216.00

a. Salaries for interviewers:

1. At Central Level (about 10 candidates)
 $\$3 \times 5 \text{ days} \times 6 \text{ persons} = \90.00

ii. At Local Level (out and candidates)
 $47 \times 14 \text{ days} \times 11 \text{ persons} = \717.00

c. Travel Expenses (including per diem for survey at
Local level)

i. At Central Level

Interviewers: $30 \times 5 \text{ days} \times 6 \text{ persons} = \900.00

Supervisors: $50 \times 5 \text{ days} \times 1 \text{ person} = \500.00

ii. At Local Level

Interviewers: $85 \times 11 \text{ days} \times 11 \text{ persons} = \9924.00

Supervisors: $45 \times 11 \text{ days} \times 3 \text{ persons} = \1500.00

3. Advisory Meetings (including transportation fees): \$560.00

a. Planning Meetings:

$\$20 \times 7 \text{ persons} \times 2 \text{ times} = \280.00

b. Evaluation Meetings:

$\$20 \times 7 \text{ persons} \times 2 \text{ times} = \280.00

4. Travel expenses for Field Observation : \$630.00

$45 \times 7 \text{ days} \times 2 \text{ persons} \times 3 \text{ times} = \630.00

5. Printing: \$700.00

Survey Forms and Questionnaires: \$400.00

Printing of Report : \$300.00

6. Translation fees: \$375.00

$63 \times 6 \text{ hours} = \375.00

7. Supplies, Communications, and Postages: \$220.00

$40 \times 11 \text{ nos.} = \420.00

8. Contingency: \$100.00

Grand Total : \$10,325.00

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TO USAID/KOREA
OFFICE OF HEALTH AND POPULATION

RESEARCH PROPOSAL

SUBJECT: IN-SERVICE, CERTIFICATE, AND MASTER'S LEVEL TRAINING IN
HEALTH PLANNING AND HEALTH ECONOMICS

ESTIMATED COST: 68,405.00

GRANT PERIOD:

starting date : March 15, 1976
completion date : December 15, 1976

GRANTEE: Graduate School of Public Health, Seoul National University

PRINCIPAL INVESTIGATOR:

Dr. Suh, Jong, Professor and Chairman, Ad Hoc Training Committee

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This study will assess health planning and health economics training needs and resources. This information will be assembled and analyzed for the purpose of recommending an integrated program of in-service training, workshops, seminars, certificate and master's level training activities to relevant health planning groups and agencies, particularly to the HCG and the HREA to be implemented over the course of the Health Planning Project. The study will also evaluate past and current training programs relevant to health planning, research, and policy formulation. The result of this evaluation activity, submitted as part of the study's final report, will provide a basis for the formulation and institutionalization of health planning and health economics training programs on the part of the HCG in the future.

I. PURPOSES AND OBJECTIVES OF THE STUDY

The purposes of this study are to:

- A. Assess the need for additional in-service, certificate, and master's level training, training workshops, and seminars, and special courses (e.g., research methodology and management) required to support health planning, research, and policy formulation.
- B. Assess the availability of current and future health planning and health economics training resources in terms of availability of instructors, training sites, costs, and sources of funding.
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A. Introduction

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topics with first priority being given to training for the MHSAs staff members concerned with health planning. Attention should also be given to longer range training needs (both in-service and academic) and the factors affecting the provision and utilization of such training.

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It was subsequently recommended to the ICC to create an Ad Hoc Training Committee for Health Planning as soon as possible to review needs and resources and recommend the general types of programs/actions which might be taken by the project and/or specific action agencies. The Committee should be comprised of four-five members representing NIH/MHSA, KDI, SNU, and the Westinghouse Advisory Team.

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Dr. Ahn, Sang Eui, Health Planning Director, KMA (ex-officio),
Mr. Park, Nam Young, Public Health Administration Officer, NIH,
Dr. James, A. DeFera, Health Economics Advisor, Westinghouse
Health Planning Team,
Dr. Lee, Sam; and Dr. Choo, Hakchung were elected chairman and

vice-chairman, respectively. The committee has met several times and has assisted the principal investigator in designing the proposed study.

III. SIGNIFICANCE OF THE STUDY

Currently, health planning and health economics resources are very scarce in Korea. The time remaining until the end of the health planning project and the amount of funds available to support training activities over this period are also extremely limited. Those resources that are available are widely scattered in a variety of institutions and individuals whose efforts are likely to produce less than maximum impact unless they are coordinated, integrated, and brought sharply to bear on training needs of highest priority. The results of this study will be made available to the ICC, MHSA, and other agencies and institutions, both public and private.

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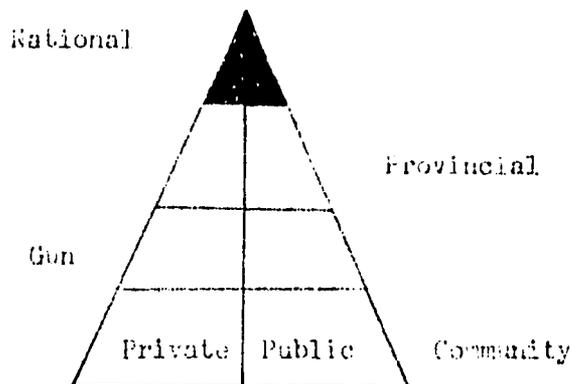
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persons at a two month Health Planning Seminar to be held at Johns Hopkins University in March, April, and May, 1976. The return of these people will strengthen Korea's health planning and health economics capabilities.

However, it is imperative to broaden the base of persons who have skill and who are knowledgeable of the processes of health and economic planning. The health sector plan is now in the process of revision and will be elaborated and adjusted further in subsequent periods consistent with the "rolling plan" philosophy adopted with respect to the Fourth-Five Year Economic Development Plan. Also, health planning and health economics skills are required in the implementation of the health sector plan throughout the year 1981 and beyond. The new health planning institutions that are being formed under the auspices of the Health Loan Project (e.g., KHDC, NHC, and HHS) will require health planning staff personnel in numbers exceeding those persons who are already trained, and those who will return upon completion of training in the United States. Moreover, USAID and WHO funds will not be available to support health planning and health economics training in the future. Therefore, it is imperative to make maximum use of funds remaining, and to develop local health planning and health economics training capabilities, at all levels, to as great an extent as possible.

To date, the burden of health planning activity has been born by those persons associated with the HESA planning section, the HPI/SHPS, and a handful of experts drawn from the private sector. Primarily, the major focus of planning efforts has been at the national level. However, subsequent revision, elaboration and adjustment, particularly as these concern implementation of programs, will require a broader participation and involvement of planning staff personnel associated with national organizations, both public and private, and those associated at the provincial and community level as well. The situation perhaps may best be illustrated by Figure 1 below.

Figure 1 - Planning Involvement



The shaded area at the apex of the triangle shown in Figure 1, represents the rather narrow involvement of a few persons who have been primarily concerned with planning at the national level. There exists a need both to broaden and to deepen the base of resource personnel who necessarily will be involved in subsequent phases of planning and plan implementation activity.

Questions that should be explored include the following:

- (1) What persons in government and in private health institutions already have had previous training in health planning and health economics?
- (2) What is the nature of their background, interests, and previous training experiences?
- (3) What is the nature of their current positions and how can they contribute to subsequent planning activities?
- (4) What are their training needs and how can they best be provided (e.g., short-courses, seminars, workshops, certificate programs, master's level training, etc.)?
- (5) How did they benefit and how is their training being utilized?

B. Resources Assessment - Identification of Potential Supply of Training Services

Many international organization including USAID, WHO, etc. and Korean agencies, both public and private, have conducted and/or supported training programs of various kinds in the past. Those who have conducted training programs in the past may represent a major potential training resource for the present and future. Perhaps more importantly, those who have provided instructional services or who have received them in the past constitute a major source of instructional resources potentially available for the current and future periods. The experiences in terms of costs, sites, and curriculum development of these past training activities collectively will serve as a useful guide for the development of immediate and future health planning and health economics training programs.

The major questions involved in this assessment include the following:

- (1) What training sites have been used in the past which are available now and in future periods?
- (2) What is the potential pool of instructional services available in terms of those individuals who have been either training instructors or participants in the past?

- (3) On what terms with respect to time, place, duration, and costs (individual or institutional) are existing training resources available?
- (4) What sources of funds are available to support immediate and long-term training needs?

C. Need for Governmental Support and Recognition

In order for training programs to be successful, they must produce benefits, both to individuals and to the agencies and institutions employing them. Training and education are investment outlays yielding both public and private returns.

Trainees are reluctant to forgo income and the performance of alternative career enhancing activities unless they are assured that the additional returns realized exceed the costs, both implicit and explicit, that are involved in additional training. Employers also encounter implicit costs in the forgone work performance that is involved in releasing employees from job assignments while trainees are undertaking instruction. Explicit costs to employers are incurred in the form of subsidies, scholarships, and stipends that may have to be provided in order to induce personnel to undertake additional training. And training institutions have alternative uses for training resources constituting implicit costs incurred in committing resources to specific training activities over alternatives. In addition, explicit costs are incurred in providing extra or special training and instructional services in addition to existing ongoing training and educational activities.

relevant questions that must be explored in the context of these issues include the following:

- (1) What career inducements are required to induce qualified trainees to accept additional training (e.g., precondition as job assignments, promotion, salary increments, etc.)?
- (2) What inducements are required on behalf of training institutions and agencies to provide training of the sort needed (e.g., scholarships, job guarantees to graduates, stipend-support to trainees, cost subsidies, etc.)?
- (3) What are the legal steps that must be taken to insure the absence of duplication and avoidance of jurisdictional problems between training and educational institutions (e.g., AIB, private universities, etc.)?

D. Evaluation-Identify Needs for Adjustments in the Future

Each of what is contemplated under the auspices of the Health Planning Project is new. One of the major problems consists

of appropriately building on what has been accomplished in the past and integrating this with those activities that are newly developed, many of which may be institutionalized and continued in the future. Thus we will be learning by doing, and must carefully assess past activities and experiences, particularly those conducted during the period of the Health Planning Project, so as to suggest revision and adjustments that will improve the effectiveness of training activities to be undertaken in the future.

Since newly contemplated activities build on what was already accomplished in the past, evaluation must also consider past training activities as well as those new experiences provided by the Health Planning Project. Relevant issues to be explored in this context include the following:

- (1) Was the training newly provided appropriate and useful to participants in terms of their background, interests, and previous training experiences?
- (2) Was the level, content and sequence of training experiences appropriate in terms of current job activities and current and future health planning responsibilities?
- (3) Did training have a discernible impact on up-grading knowledge and skills?
- (4) How could the sequencing, duration, and content of training be altered so as to produce more satisfaction to participants and supervisors?

METHODS AND STEPS OF PROCEDURE

A. Assessment of Needs

The first step will be to make a preliminary assessment of needs at two levels. The first preliminary assessment will consist of an interview survey of personnel in HEBA and other national agencies and organizations involved in national health planning, research, and policy formulation.

An interview survey will be made of personnel in grade AB or above, or equivalent, and will elicit information on topics including the following:

- (1) Educational and training background,
- (2) Professional job activities and interests,
- (3) Past in-service training experiences and benefits,
- (4) Expression of needs for specialized training in health planning and health economics,

- (b) Current and future involvement in health planning, and
- (c) Other information the training committee finds appropriate.

This survey will be conducted by personal interview in cooperation with relevant supervisors, bureau directors, etc. as appropriate. The activity of gathering this information will be completed by early April. A summary of this preliminary assessment will be reported to the ICC on or about April 15, 1976.

A second interview survey will be made of provincial government staff personnel, gun level health center directors, hospital directors, and private health planning agency staff personnel early in July. This interview survey will elicit substantially the same information as the preceding survey conducted at the national level; however, in this second survey, emphasis will be placed on health planning and health economics instructional needs at the regional provincial and gun level. We anticipate that training needs, backgrounds, and interests of the individuals of concern will differ somewhat from those involved in health planning at the national level, and appropriate allowances will be made for these considerations.

The results of gathering this information will be compiled and reported along with appropriate recommendations to the ICC on or about August 15, 1976.

These interview surveys will be supplemented by opinion leadership surveys of prominent government officials, leaders of national health organizations (KMA, FDA, HHA, etc.) made on a personal basis by the principal investigator and other members of the committee throughout the months of April, May, June, and July.

Consultations will be conducted with appropriate MDA personnel prior to making formal training recommendations to the ICC in April and August.

assessment of Available Resources

Existing training activities will be reviewed early in March and April. International organizations including ICMI, WHO, etc., government organizations including NID, MDA, etc., and private universities will be solicited to report the following types of information:

- (1) Information pertaining to curricular content materials used, number, level, and background of participants,
- (2) Lists of participants and instructors if training was done in Korea,
- (3) Site, nature, type, and duration of training,

- (a) Same information as pertains to training programs contemplated over the next 10 months,
- (b) Costs of training, per individual and per institution,
- (c) Sources of funding.

This activity will be conducted over the months April, May, June, and July, although a preliminary report will be made to the ICC on or about April 15. Survey results will be compiled and a more complete report will be included in the August recommendations submitted to the ICC in August, 1976.

C. Assessment of Need for Government Recognition and Support

Assessment and investigation in this area will proceed on the basis of personnel interviews and discussions on the part of the principal investigator with relevant officials in MESA, NIH, SNU, and other agencies as appropriate. Review of existing law as pertains to official responsibility for in-service training on behalf of MESA will be examined as well as inquiry made into the availability of funds from government sources other than those available under the direct auspices of the Health Planning Project. The objective of these activities will be to determine the level of commitment that government and private agencies are willing and able to make toward employing, promoting, subsidizing, giving time off from work, and in providing other inducements so as to enable and to encourage qualified individuals to take advantage of training opportunities. This activity will be completed in early August.

D. Evaluation Assessment - Identification of Needed Revision of Programs

- (1) Past training programs will be analyzed in terms of the number, types, duration and content of training programs in connection with the following considerations:
 - a. The background and experience of participants,
 - b. The job assignments of participants at the time training was received,
 - c. Current position and job assignments,
 - d. Participant perceptions as to the utility of the training received, and
 - e. Supervisor's perceptions as to the manner in which training enhanced employee productivity.

This information will be gathered partly in connection with previously described interview surveys, and partly in connection with follow-up sample surveys of past participants and their supervisors during the months of June and July.

- (2) Training activities conducted during the course of the health planning project will be evaluated in much the same way as past training activities with the following exceptions:
- a. Greater emphasis will be placed on assessing the appropriateness of content, duration, and sequence of training activities through administering "before and after tests" to trainees. These tests will be used to assess trainee expectations as to anticipated skill and knowledge acquisition and their realized skill and knowledge acquisition upon the completion of training sequences,
 - b. Emphasis will be placed on trainee supervisor's plans to assign tasks to those receiving training that are different from those assigned in the past,
 - c. Less emphasis will be placed on supervisor's assessments of enhanced trainee productivity as a result of training experience, since the time horizon available would not permit such an assessment of recent training activities.

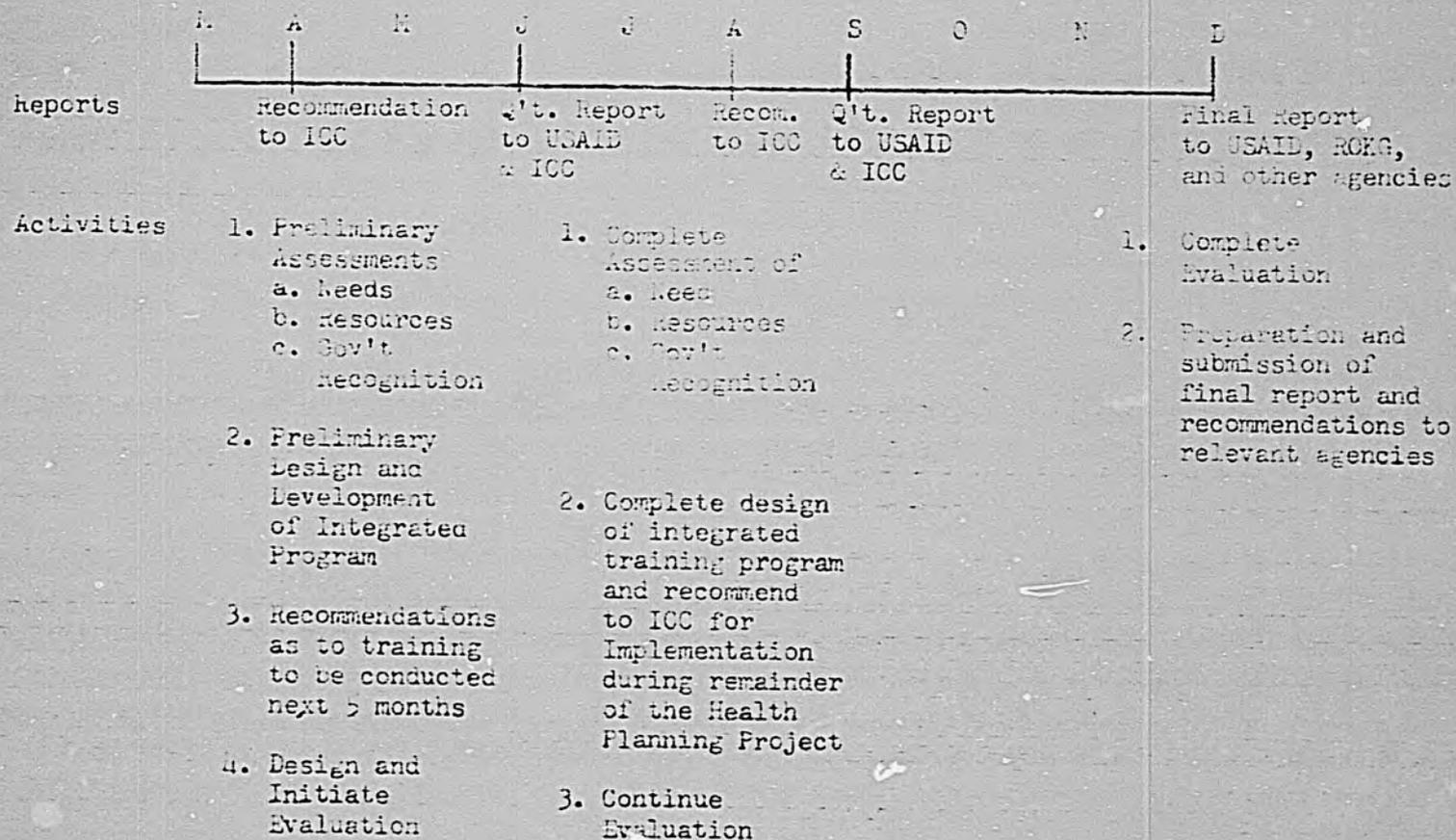
Evaluation activities of the sort described will be initiated at the beginning of the project and will be continued throughout the project's duration. The completion of evaluation activities will occur after the termination of the Health Planning Project, December 31, 1976, and the results will be included in the final report to be submitted to USAID and other appropriate agencies at that time.

E. Recommendations

- (1) The principal investigator will contribute recommendations through the Ad Hoc Training Committee to the ICC at regular intervals throughout the period of the project. The first set of recommendations will be tentative and will be proposed in April, 1975. These recommendations will propose those activities that clearly appear of highest priority relative to national planning needs and thus warrant immediate initiation and funding. At this time, it appears that roughly 40-70% of the RORS training funds could be allocated to the funding of specific programs to be conducted during the months of April, May, June, July, and August of 1975.
- (2) Based on the completion of assessments of need, resources available, governmental recognition and support, and preliminary evaluation activities, recommendations as to the initiation and funding of training programs to be conducted throughout the remainder of the Health Planning Project to complement programs already conducted and to broaden training to accommodate the training needs of provincial and par level government and private organizations would be made to the ICC in August, 1975.

- (3) Final recommendations pertaining to future training programs based on completed evaluation of past and calendar year 1975 training programs would be submitted as part of the final report to USAID and other appropriate agencies in December, 1976.

VI. WORK PLAN AND TIME FRAME



VII. PROPOSED BUDGET

A. Summary of Proposed Budget:

Personnel Costs	:	\$4,574.00
Data Collection	:	\$2,216.00
Advisory Meetings	:	\$500.00
Travel Expenses	:	\$120.00
Printing	:	\$700.00
Translation Fees	:	\$375.00
Supplies	:	\$220.00
Contingency	:	\$100.00
<u>Grand Total</u>	:	<u>\$9,465.00</u>

B. Budget by Item of Expense

1. Personnel Costs: \$4,574.00

- a. Principal Investigator: \$937.00
\$250/mo. x (($\frac{1}{2}$ time x 6 mos.) + ($\frac{1}{4}$ time x 3 mos.))
- b. Co-Investigator: \$862.00
\$230/mo. x (($\frac{1}{2}$ time x 6 mos.) + ($\frac{1}{4}$ time x 3 mos.))
- c. Researchers (two persons): \$1,575.00
\$210/mo. x (($\frac{1}{2}$ time x 6 mos.) + ($\frac{1}{4}$ time x 3 mos.)) x 2
- d. Research Assistant (full-time): \$900.00
\$100 x 9 mos. = \$900.00
- e. Secretary/Typist : \$300.00
\$100 x 3 mos. = \$300.00

2. Data Collection and Interview Survey Costs: \$2,216.00

a. Salaries for interviewers:

- 1. At Central Level (about 150 candidates)
\$3 x 5 days x 6 persons = \$90.00

- ii. At Local Level (about 450 candidates)
 - $3 \times 14 \text{ days} \times 11 \text{ persons} = \462.00
 - b. Travel Expenses (Including per diem for survey at local level)
 - i. At Central Level
 - Interviewers: $\$2 \times 5 \text{ days} \times 6 \text{ persons} = \60.00
 - Supervisors: $\$10 \times 5 \text{ days} \times 1 \text{ person} = \50.00
 - ii. At Local Level
 - Interviewers: $\$8 \times 14 \text{ days} \times 11 \text{ persons} = \924.00
 - Supervisors: $\$15 \times 14 \text{ days} \times 3 \text{ persons} = \630.00
- 3. Advisory Meetings (Including transportation fees): $\$560.00$
 - a. Planning Meetings:
 - $\$20 \times 7 \text{ persons} \times 2 \text{ times} = \280.00
 - b. Evaluation Meetings:
 - $\$20 \times 7 \text{ persons} \times 2 \text{ times} = \280.00
- 4. Travel Expenses for Field Observation : $\$120.00$
 - $\$15 \times 7 \text{ days} \times 2 \text{ persons} \times 2 \text{ times} = \420.00
- 5. Printing: $\$700.00$
 - Survey Forms and Questionnaires: $\$100.00$
 - Printing of Report : $\$600.00$
- 6. Translation Fees: $\$375.00$
 - $\$3 \times 125 \text{ shts.} = \375.00
- 7. Supplies, Communications, and Postages: $\$220.00$
 - $\$20 \times 11 \text{ mos.} = \220.00
- 8. Contingency: $\$100.00$

Grand Total : \$9,465.00

VIII. PERSONAL HISTORY OF PRINCIPAL INVESTIGATOR

Name in Full : Jong Huh
Date of Birth : May 27, 1932
Sex : Male
Nationality : Korean
Marital Status : Married
Permanent Domicile : 297, Maeng-Ri, Wonsam-Hyun, Yongin-Gun, Kyunggi-Do, Korea
Present Address : 306-47, Mia-Dong, Sungbuk-Ku, Seoul, Korea
Present Position : 1) Associate Dean, School of Public Health, S.N.U.
2) Chairman, Department of Public Health Administration and Medical Care, School of Public Health, S.N.U.
3) Associate Professor of Public Health Administration, School of Public Health, S.N.U.
4) Lecturer in Public Health Law, Medical College, S.N.U.
Certificates and Licensure : 1) Licensed as Medical Doctor in 1957
2) Certified as a Member of Specialty Board of Preventive Medicine in 1961
Military Service : Preventive Medicine Officer (Last Rank: Major) ROK Army, 1961-1964

EDUCATION CAREER

March 1953 : Finished the Premedical Course, College of Liberal Arts and Science, Seoul National University.
February 1957 : Graduated from the College of Medicine, Seoul National University.
February 1959 : Graduated with Degree of Master of Science in Preventive Medicine and Public Health (M.S.) from the Graduate School, Seoul National University.
May 1960 : Graduated with Degree of Master of Public Health (M.P.H.) from School of Public Health, University of Minnesota, U.S.A.
February 1963 : Graduated with Degree of Ph.D. in Medicine in the Field of Preventive Medicine and Public Health from Graduate School, Seoul National University.
February 1967 : Studied Public Health Administration and Medical Care at Harvard School of Public Health, U.S.A. for 8 months.
May 1967 : Finished Health Planning Course at Johns Hopkins, School of Hygiene and Public Health, U.S.A. for 3 months.
March 1969 : Finished Observation Trip to Western Pacific Region Countries for 2 months.
November 1970 : Finished Observation Trip to the U.S.A. for 3 months.

PROFESSIONAL CAREER

- March 1957 : Appointed as Teaching Assistant of Preventive Medicine and Public Health, Medical College, Seoul National University
- September 1960 : Appointed as Lecturer of Public Health Administration, School of Public Health, Seoul National University
- May 1965 : Appointed as Assistant Professor of Public Health Administration and Medical Care, School of Public Health, Seoul National University
- September 1965 : Appointed as the Assistant Dean for Student Affairs, School of Public Health, S.N.U.
- March 1969 : Appointed as the Assistant Dean for Academic Affairs, School of Public Health, S.N.U.
- April 1969 : Appointed as the Acting Dean, School of Public Health, Seoul National University for 4 months
- October 1971 : Promoted as Associate Professor of Public Health Administration and Medical Care
- March 1975 : Appointed as the Associate Dean, School of Public Health, S.N.U.

I certify the above descriptions to be correct in every details.

Jong Huh

Encl. Expenditure Report for Research Grant No. 489-11-590-708-7

During the Period of October 1, 1977 through May 31, 1978

Amount of Grant W 4,552,665.
Expended this Period W 2,232,660.
Expended to Date W 4,520,360.
1. Personnel Costs W 2,212,500.

A. Principal Investigator
@120,000 x ($\frac{1}{2}$ x 6 mos. + $\frac{1}{2}$ x 3 mos.) = 450,000.

B. Co-Investigator
@110,000 x ($\frac{1}{2}$ x 6 mos. + $\frac{1}{2}$ x 3 mos.) = 412,500.

C. Researchers
@100,000 x ($\frac{1}{2}$ x 6 mos. + $\frac{1}{2}$ x 3 mos.) x 2 pns. = 750,000.

D. Research Assistant
@ 50,000 x 9 mos. = 450,000.

E. Secretary/Typist
@ 50,000 x 3 mos. = 150,000.

2. Data Collection and Interview Survey Costs W 979,500.

A. Salaries for Interviewers:

i. At Central Level
@1,500 x 5 days x 6 pns. = 45,000.

ii. At Local Level
@ 1,500 x 14 days x 10 pns. = 210,000.

B. Travel Expenses and Per Diem

i. At Central Level
Interviewers: @ 1,000 x 5 days x 6 pns. = 30,000.
Supervisor : @ 4,500 x 5 days x 1 pns. = 22,500.

ii. At Local Level
Interviewers: @ 3,000 x 14 days x 10 pns. = 420,000.
Supervisor : @ 7,200 x (14 days x 2 pns. + 7 days x 1 pns.) = 252,000.

- | | |
|--|-----------|
| 3. Advisory Meeting | W260,000 |
| @ 10,000 x (6 pers. x 2 times + 7 pers. x 2 times) = 260,000. | |
| 4. Travel Expenses for Field Observation | W201,600. |
| @ 7,200 x 7 days x 2 time x 2 pers. = 201,600. | |
| 5. Printing of Forms and Reports
(inclusive of Final Reports) | W336,700. |
| 6. Translation Fees | W240,000. |
| 7. Supplies, Communications, and Postage | W 98,860. |
| 8. Contingenc | W191,200. |

Cash Received to Date

W 3,647,499.

Cash Requested for the Final Payment

W 872,861.

The undersigned hereby certifies (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID.

Certified by:

E. Hyock Kwon

E Hyock Kwon

Title:

Dean, School of Public Health,

Seoul National University

Date:

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FIRST AMENDMENT

TO

GRANT AGREEMENT
No. 489-11-590-708-1
(Health Planning Project)

BETWEEN THE

UNITED STATES OF AMERICA

AND

YONSEI UNIVERSITY COLLEGE OF MEDICINE

Dated: September 26, 1975

FIRST AMENDMENT

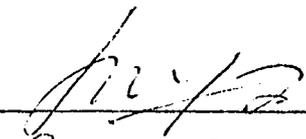
The Grant Agreement dated August 2, 1974, between the UNITED STATES OF AMERICA, acting through the U. S. Agency for International Development ("USAID"), to the Yonsei University College of Medicine ("the Institute"), hereinafter referred to as the Grantee, is hereby amended as follows:

1. In Item 1 (page 1), delete the term "eight (8) months" and substitute in lieu thereof the term "sixteen (16) months."

2. Except as specifically modified and amended hereby, the Grant Agreement, dated August 2, 1974, shall remain in full force and effect. All references in said Agreement to the words "Grant Agreement" or "this Agreement" shall be deemed to mean the Grant Agreement as hereby amended.

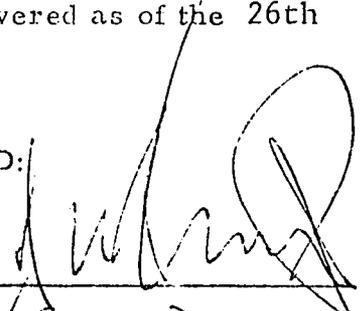
IN WITNESS WHEREOF, the parties hereto, each acting through its respective duly authorized representative, have caused this First Amendment to be signed in their names and delivered as of the 26th day of September 1975.

GRANTEE:

By 

Title Dean, Director

USAID:

By 

Title ACTING DIRECTOR

Research Proposal

Resource Analysis

Submitted by

[Handwritten signature]

Kong-Kyun Ro

Approved by

[Handwritten signature]

Jae Mo Yang

Dean

Yonsei University College of Medicine

June, 1974

A Study of Resources Available and Input-Mix for Health

1. Objective of the Study:

The objectives of the study are twofold. First, it aims at estimating the future supply of health manpower and facilities in each category in the rural areas of Korea during the next seven years. Second, it aims at examining the existing input-mix for health, i.e. skill-mix and labor-capital ratio, and at estimating the changing trend in input-mix during the next seven years. At the first stage, an analysis will be made of health personnel, facilities available and input-mix in 1966, 1970 and 1974. Next, this study will examine selected developments in health manpower, facilities and input-mix during 1970 and 1974. Finally, it will set forth the projections of health manpower, facilities and input-mix for the next seven years.

2. Background:

At present, the Government of Republic of Korea is re-examining the health care delivery system in rural and urban areas of Korea. Is it effective in providing the kind of health services Korea needs? Is there a shortage of health manpower and facilities or a mal-distribution by region and speciality? Is the current rate of output of health personnel sufficient to meet the needs of the nation during the next five years? These are some of the important questions being raised frequently among policy makers, health personnel, university professors and the concerned public.

The Republic of Korea has been a success story for economic planners. During the last decade, she has experienced a remarkable growth in her Gross National Product. With such growth, however, the nation has become a classic

case of a dual economy with all its implications. The economic gap between the industrializing urban areas and agricultural rural areas has widened. Concurrently, the gap in health indicators between the two areas has also widened. Some economists argue that unbalanced growth is the fastest and most desirable way for an economy to grow.

We are, however, dealing with basic human welfare when we discuss the "health gap" between the urban and rural areas. Essential for any policy designed to narrow or eliminate this gap and improve the health delivery system in general is knowledge of the existing stock of health manpower and facilities and their future supply. This study aims at providing this essential knowledge by taking a complete inventory of health personnel, facilities and input-mix in the rural areas and by estimating their future supply.

3. Methodology and data:

The proposed study will include urban areas as well as rural areas because health manpower and facilities in cities are available for rural residents also. The unit of observation will be the *kun*, the municipalities. There are 169 *kuns* in South Korea. The number of health personnel will be analyzed for 1966 and 1970 and 1974 for each *kun*. (Sources of the data are listed at the end of this proposal.) The categories of health personnel to be studied are medical doctors, public doctors, mid-wives, public health nurses, dentists, nurses, herb doctors, pharmacists, herb medicine pharmacist, health workers and nursing aides. The study will include compiling data on the ratio of the number of health personnel in each of the categories

listed above to population and the ratio of the same number to the size of area of each kun. The distribution of health personnel by the type of medicine they practice and type of speciality will also be studied by constructing a table which shows ratios of the number of health personnel in each category to that in all other categories. The trends in the absolute number of health personnel in each category in each kun, the trend in skill-mix, that is, the distribution of health personnel by type of practice and speciality in each kun, the trends in the supply of health personnel by kun will be studied by comparing the data for 1966, 1970 and 1974.

The physical facilities for health care to be studied include hospitals, health centers, doctors' offices, herb doctors' offices, pharmacies, herb medicine pharmacies, and dentists' offices. The major emphasis will be placed on the study of hospitals. The ratio of the number of beds per 1,000 population, the size distribution, the distribution of hospitals by the type of hospitals (general hospital, special hospital, multi-department hospital, acute hospital, chronic disease hospital etc.) and by the comprehensiveness of care provided as measured by the type and number of equipment available. The categories of facility and equipment available will be classified according to American Hospital Association classification of facilities and equipment into basic, secondary and tertiary categories. A comparative study of 1966 and 1970 data of health facilities will be conducted in the same manner as to be done for health personnel. In other words, trends will be studied not only for the possible increase in the absolute number of facilities in each type in each kun but also for possible changes in the relative importance of various types of facilities, i.e. input-mix in the over-all picture

of supply of medical care in the rural areas of Korea. As is to be done for health personnel, a table will be constructed to show the ratios of number of facilities in each category to that in all other categories both for 1966 and 1970 for each kun and for the entire rural area of Korea.

In order to examine the degree of service intensiveness of health care provided at various health facilities, in particular at hospitals, input-mix as measured by something equivalent to personnel-bed ratio or labor-capital ratio and how this is related to the availability of health personnel and facilities in each kun will be studied by examining the following relationships:

- (1) the relationship between the availability of health personnel in each category per 1,000 population;
- (2) the relationship between the changes in (and that of health facility in each category per 1000 population;) the availability of health personnel in each category per 1,000 population and those in the availability of health facility in each category per 1,000 population between 1966 and 1970; and
- (3) the relationship between the ratio of health personnel to health facility in each category and (a) the number of health personnel per 1,000 population and (b) the number of health facility per 1,000 population in each category.

The estimate of supply of health personnel, facilities and input-mix during the next seven years will be made based on (1) interpolation from the trend established between 1966, 1970 and 1974, (2) the present enrollment in various institutions of training health personnel, and (3) the analysis of factors affecting the supply of health personnel, facilities and input-mix.

Interpolation will be done only for the health personnel for the licencing of whom there is no requirement for formal training at designated institutions of learning. They are mid-wives, herb medicine pharmacists, health workers and nursing aides.

For the rest of health personnel, the supply during the next seven years will be estimated based on the expected annual number of graduates from their respective institutions of training and on the estimated annual number of those who are expected to retire or leave the country. The annual number of health personnel expected to retire will be estimated based on the past proportion of people who retires annually and the age composition of each profession. The annual number of health personnel expected to leave the country will be based on the past proportion of graduates of their respective institutions who leave the country.

The supply of health facilities during the next seven years will be based on interpolation in case of small hospitals (Woo-wons), western and herb medicine drug stores and major equipment. In case of hospitals with 15 beds or more, which qualify as Byong-won, questionnaires will be sent out to Directors of Health Administration Departments of each kun government, Deans of Medical Colleges, superintendents of hospitals with 15 beds or more. The questionnaires will include questions on whether they intend to build new hospitals of what size or whether they plan to expand or contract existing hospitals by how many beds.

Finally, in order to facilitate a long-range forecast of supply of health personnel, facilities and input-mix, various factors hypothesized to influence their respective supply will be analyzed. These are the cost of training health personnel, the expectation of increase in demand for health services, the expectation of change in the type and practice of medicine, the expectation of change or no change in the immigration and emigration regulation governing entries and exists of health personnel of the United States and the Republic of Korea, etc.

4. Significance of the Study:

Although the Republic of Korea has experienced a rapid economic growth during the last decade, there is no discernable trend of increasing investment in health. In fact, with industrialization of urban areas, there is a widening "health gap" between the urban areas and rural areas of Korea. If we are to increase the investment in health and to improve the efficiency in the provision of various health services as well as to narrow the health gap between the urban and rural areas, knowledge of the existing stock of manpower, facilities and input-mix, and an estimation of their respective future supply is essential. This study aims at providing such a knowledge and estimation.

Prepared and revised

by
Kong-Kyun Ro

June, 1974

Sources of Data

1. The Korean Medical Association, A List of the Members of the Korean Medical Association, 1967, 1971.
2. The Korean Pharmaceutical Association, A List of the Members of the Korean Pharmaceutical Association, 1967, 1971.
3. Ministry of Health and Social Affairs, Republic of Korea, Statistical Yearbook of Health and Social Affairs, 1971.
4. Economic Planning Board Republic of Korea, Korea Statistical Yearbook, No. 14, 1967; and No. 15, 1971.
5. Economic Planning Board, Population Census Report of Korea, No. 12-1 to 12-12.
6. Bureau of Statistics, Economic Planning Board, Vital Statistics of Korea, 1966.
7. Busan: Gyeongsu-do; Gyeongsang-do; Cholla-nam-do; Cholla-buk-do; Jeolla-nam-do; Jeolla-buk-do; Gyeongsang-buk-do; Gyeongsang-nam-do; and Jeju-do; Statistical Yearbooks, No. 7, 1967 and No. 11, 1971.
8. Ministry of Education, Republic of Korea, Statistical Yearbook of Education, 1971.
9. Local Administration Bureau, Ministry of Home Affairs, Yearbook of Local Tax Statistics, 1971.
10. Local Administration Bureau, Ministry of Home Affairs, Statistical Yearbook of Local Tax, 1971.
11. Ministry of Health and Social Affairs, "A Comprehensive Study for Improvement of Rural Health in Korea," 1971.
12. Korean Hospital Association, "Report on Hospital Survey," 1971.
13. Institute for Rural Health, "A Study on Rural Health, special volume in memory of Dr. Young-Choon Lee, May, 1970.

Resource Analysis

Time Table

- July 1 to September 30, 1974 - Data collection, coding and key punching
Data editing and preliminary analyses of
data. Interim report due.
- Oct. 1, 1974 to Jan. 31, 1975 - Data analyses with computer. Collection
of additional data, if the need is dis-
covered in the course of data analyses.
The final report due.

Principal Investigator - Kong-Kyun Ro

Co-investigator - Mo-In Kim

Resource Analysis

Budget for Seven Months - July 1, 1974 to Jan 31, 1975

Honoraria, ~~and~~ maintenance cost, wages, salaries and supplements

Principal investigator -----	\$2,100 (\$300 per month)
Co-investigator -----	\$1,400 (\$200 per month)
Two research assistants -----	\$2,100 (\$150 per month per person)

Data collection and processing:

Mail questionnaires and correspondence -----	\$1,200 (cards, postages, and envelopes)
Key punching, coding, sorting, etc. -----	\$800
Computer time and computer professional services -----	\$1,200
Traveling expenses for data collection and interviews -----	\$1,500
Publication costs -----	\$200
Overhead costs and clerical services -----	free - given from Yonsei University
Contingency and miscellaneous -----	\$400
<u>Total</u>	<u>\$11,500</u>

FACILITIES AND EQUIPMENT AVAILABLE

Univac SS 30-2 at Yonsei University Computer Center
Key punching machines, sorting machine, type writers, etc.

FILE 207,4

DO NOT REMOVE

489070808

PD-ADD-482

23p

NO.1
AMENDMENT/TO GRANT AGREEMENT
BETWEEN THE
UNITED STATES OF AMERICA

AND

THE YONSEI UNIVERSITY COLLEGE OF MEDICINE

Grant Agreement No. 489-11-590-708-5, signed November 28, 1975 (Research on Myon Level Health Services) is hereby amended as follows: The time period in Section B (page 2); Section E (3) and (5); and Section F (3) is changed to read "Seventeen (17) months: instead of" Fourteen (14) months".

All other provisions remain the same.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Amendment, effective on the date of the last signatory hereto.

GRANTEE:

By [Signature]
Title Dean, College of Medicine
Date April 23rd, 1977

USAID:

By [Signature]
Title AID Representative
Date April 15, 1977

*Do not Renew
From HP file*
207.4

GRANT
BY
THE UNITED STATES OF AMERICA
TO
THE YONSEI UNIVERSITY COLLEGE OF MEDICINE

This GRANT is made by the United States of America, Agency for International Development, acting through the USAID Mission to Korea (hereinafter called "USAID") to the Yonsei University College of Medicine, Seoul, Korea (hereinafter called the "GRANTEE"), to provide support for research to identify alternate models for reorganizing myun (municipal) health subcenters.

This Grant is funded under Project 489-11-590-708, Health Planning:

Appropriation	72-11X1024
Allotment	424-50-489-00-69-63
Grant No.	489-11-590-708-5
Project Agreement No.	708-4009

of assistance which may be given
equivalent of ten thousand
dollars (\$10,730.00).

utilized during the period beginning
of this Grant Agreement and ending
later. The period of this Grant Agreement
months.

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responsible for achieving the following

needs, problems, and opportunities
providing comprehensive community health
the myun (municipal) level.

relationships between the myun health
other private or public health service
the myun, gun, provincial, and national

analyses in (1) and (2) above, develop
models for reorganizing and developing
subcenters into comprehensive community
units. Such models shall include the
elements:

function and service outputs of the myun
center as a comprehensive community
unit and its relationship to other
in the public health system of the

for screening and referral of clients
village to myun and from the myun to gun
and provincial health service outlets.

descriptions and personal qualifications
for all staff members of the myun
center.

description of academic education and pre-service and in-service training needed by the staffs of the reorganized myun subcenters.

Estimates of space, facilities, equipment, supplies and services required for the reorganized myun health center.

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Cost projections for providing the inputs in (e) above and for operating the subcenter for one year.

Estimates of type and sources of support (private and public) for meeting the total costs of the subcenter.

At least three alternative models for a reorganized health subcenter will be proposed to facilitate adaptation to local needs, staff resources, etc.

MANTEE will recruit appropriate personnel and make necessary contacts and arrangements for providing access to information. The time frame for implementation is as follows:

1975

(1) Preparation and submission to USAID of detailed action plan and time schedule for project.

(2) Prepare for survey of health care patterns.

1975-February 1976

Conduct survey of health care patterns and submit summary report on same by February 28, 1976.

1976

Analyze health subcenter functions and organization and develop new organizational models.

Develop manual of roles and job descriptions and qualifications for staffs.

Make survey of morbidity patterns. Establish standards/priorities for providing community health services.

Development of requirements and costs for facilities, equipment, staff, operations, etc. Identification of sources of funding/support to meet costs.

Preparation of recommendations for legal, administrative and other changes needed to effect the reorganization of myun health services.

Integration of previous papers and reports into one comprehensive manual for reorganizing myun health services.

1976

Circulation of manual for review and discussion. Revision and finalization of manual.

Submission of manual in Korean and English. Submission of final progress report.

E. Oral progress reports will be made as mutually agreed upon by the GRANTEE and USAID/Korea. Written reports will be submitted as follows: (1) an initial progress report will be submitted for the period ending December 31, 1975; (2) quarterly progress reports will be submitted for the quarters ending March 31, June 30, and September 30, 1976; (3) a final summary report on the project will be submitted fourteen (14) months after this Grant Agreement becomes effective; (4) other reports, documents, and papers will be submitted as completed; and (5) the final recommendations and models for reorganization of the myun health subcenters will be submitted, in the form of a guidebook or operational manual, not later than fourteen (14) months after this Agreement becomes effective.

F. Funds obligated for this Grant shall be disbursed in the form of Korean Won. The total Won Budget is ₩5,171,860. (The budget is attached as Appendix B.)

Upon application by the GRANTEE, payment shall be made as follows:

- (1) An initial payment equal to 25% of the total amount shall be paid upon completion of the Grant Agreement.
- (2) Quarterly progress payments equal to 20% of the total amount shall be paid after March 31, 1976, June 30, 1976, and September 30, 1976, provided that current progress reports have been received and accepted by USAID.
- (3) A final payment equal to 15% of the total amount shall be made fourteen (14) months after this Agreement becomes effective, provided that the final progress report and proposed manual of organization and operations for myun health subcenters has been received and accepted by USAID.

G. To receive payments, GRANTEE will submit to the USAID/Korea Controller Voucher Form SF 1034 (original) and SF 1034-A (three copies), each voucher identified by the appropriate grant number,

the amount not to exceed that indicated in paragraph F. above. The Vouchers for the second and subsequent payments shall be supported by an original and two copies of a report rendered as follows:

Amount of Grant	W
Expended this period	W
Expended to date ..(By line item).....	W
Anticipated expenditures for period	
from _____ to _____	W
Cash received to date	W
Cash required next period	W

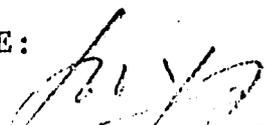
The report shall include a certification as follows:

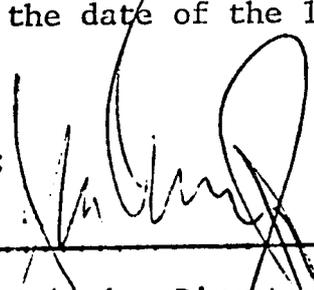
"The undersigned hereby certifies: (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended, (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available herein will be refunded to AID."

BY _____
 TITLE _____
 DATE _____

H. The Standard Provisions in Appendix A are an integral part of this Agreement.

IN WITNESS WHEREOF, the GRANTEE and USAID, each acting through its respective duly authorized representative, hereby execute this Agreement, effective on the date of the last signatory hereto.

GRANTEE:
 By 
 Title Dean
 Date November 28, 1975

USAID:
 By 
 Title Acting Director
 Date November 28, 1975

APPENDIX A TO AID GRANT AGREEMENT

Standard Provisions - Specific Support Grant

- A. No modification or amendments shall be made to this Grant Agreement except as may be mutually agreed upon in writing by the GRANTEE and AID. The Grant Agreement may be amended by formal modifications to the basic Grant document or by means of an exchange of letters between AID and an appropriate official of the GRANTEE.
- B. The GRANTEE shall be reimbursed for costs incurred in carrying out the purposes of this Grant, which are determined by AID to be allowable in accordance with the terms of this Grant and Subpart 15.2 of the Federal Procurement Regulations (FPR) (Principles and Procedures for Use in Cost Reimbursement Type Supply and Research Contracts with Commercial Organizations) in effect on the date of this Grant.
- C. This Grant is limited to the objectives and funds herein designated and no liability or obligation extends to AID beyond those limits.
- D. AID shall have the right to translate, reproduce, use and dispose of data developed or resulting from work performed under this Grant.
- E. If use of the Grant funds results in accrual of interest to the GRANTEE or to any other person to whom GRANTEE makes such funds available in carrying out the purposes of this Grant, GRANTEE shall refund to AID an amount equivalent to the amount of interest accrued.
- F. The GRANTEE shall maintain books, records, documents, and other evidence in accordance with the GRANTEE'S usual accounting procedures to sufficiently substantiate charges to the Grant. The GRANTEE shall preserve and make available such records for examination and audit by AID and the Comptroller General of the United States, or their authorized representatives (1) until the expiration

of three years from the date of termination of the program and (2) for such longer period, if any, as is required to complete an audit and to resolve all questions concerning expenditures unless written approval has been obtained from the AID to dispose of the records. AID follows generally accepted auditing practices in determining that there is proper accounting and use of grant funds. The GRANTEE agrees to include the requirements of this clause in any subordinate agreement hereunder.

- G. Funds obligated hereunder, but not disbursed to the GRANTEE at the time the Grant expires or is terminated, shall revert to AID, except for funds encumbered by the GRANTEE by a legally binding transaction applicable to this Grant. Any funds disbursed to but not expended by the GRANTEE at the time of expiration or termination of the Grant shall be refunded to AID.
- H. If, at any time during the life of the Grant, it is determined by AID that funds provided under the Grant have been expended for purposes not in accordance with the terms of the Grant, the GRANTEE shall refund such amounts to AID.
- I. With regard to the employment of persons in the U.S. under this Grant, GRANTEE agrees to take all reasonable steps to ensure equality of opportunity in its employment practices without regard to race, religion, sex, color or national origin of such persons and that, in accordance with Title VI of the Civil Rights Act of 1964, when work funded by this Grant is performed in the U.S., no person shall, on the grounds of race, religion, sex, color or national origin, be excluded from participation, be denied benefits, or be subjected to discrimination. In addition, the GRANTEE agrees to comply in accordance with its written assurance of compliance, with the provisions of Part 209 of Chapter II, Title 22, of the Code of Federal Regulations, entitled "Non-Discrimination in Federally Assisted Programs of the Agency for International Development - Effectuation of Title VI of the Civil Rights Act of 1964."
- J. This Grant may be terminated at any time, in whole or in part, by AID upon written notice to the GRANTEE, whenever

for any reason it shall determine that such termination is in the best interest of the Government. Upon receipt of and in accordance with such notice, the GRANTEE shall forthwith take immediate action to minimize all expenditures and obligations whenever possible. Except as provided below, no further reimbursement shall be made after the effective date of termination, and the GRANTEE shall within thirty (30) calendar days after the effective date of such termination repay to AID all unexpended portions of funds theretofore paid by AID to the GRANTEE, which are not otherwise obligated by a legally binding transaction applicable to this Grant. Should the funds paid by AID to the GRANTEE prior to the effective date of this termination of this Grant be insufficient to cover the GRANTEE's obligations pursuant to the aforementioned legally binding transaction, the GRANTEE may submit to AID within ninety (90) calendar days after the effective date of such termination a written claim covering such obligations; and, subject to the limitations contained in this Grant, AID shall determine the amount or amounts to be paid by AID to the GRANTEE under such claim.

- K. No member of or delegate to the U.S. Congress or resident commissioner shall be admitted to any share or part of this Grant or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this Grant if made with a corporation for its general benefit.
- L. The GRANTEE warrants that no person or selling agency has been employed or retained to solicit or secure this Grant upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee except bona fide employees or bona fide established commercial or selling agencies maintained by the GRANTEE for the purpose of securing business. For breach or violation of this warrant, AID shall have the right to cancel this Grant without liability or, in its discretion, to deduct from the Grant amount, or otherwise recover, the full amount of each commission, percentage, brokerage, or contingent fee.
- M. AID does not assume liability with respect to any claims for damages arising out of work supported by its grants.

- N. Any notice given by any of the parties hereunder shall be sufficient only if in writing and delivered in person or sent by telegraph, cable, registered or regular mail, as follows:

TO AID: Director
USAID/Korea
c/o American Embassy
Seoul, Korea

TO GRANTEE: At GRANTEE'S address shown in this Grant, or to such other address as either or such parties shall designate by notice given as herein required. Notices hereunder shall be effective when delivered in accordance with this clause or on the effective date of the notice, whichever is later.

Appendix B to Grant Agreement
Budget

1.	<u>Personnel Costs</u>	₩2,389,200	\$ 4,956.85
	(a) Principal Investigator		
	₩50,000 x 14 months = ₩700,000		
	(b) Field Investigators (2)		
	₩50,000 x 2 x 14 months =		
	₩1,400,000		
	(c) Consultants		
	₩7,230/hour x 40 hours =		
	₩289,200		
2.	<u>Travel and Transportation</u>	₩ 890,700	\$ 1,847.92
	(a) Travel/Transportation		
	₩1,000/day x 240 days = ₩240,000		
	(b) Per Diem		
	₩4,820 x 135 days = ₩650,700		
3.	<u>Survey/Study Costs</u>	₩1,180,900	\$ 2,450.00
	(a) Development/reproduction		
	of instrument = ₩168,700		
	(b) Interviewing, coding, punching		
	and verifying cards = ₩771,200		
	(c) Tabulation and computer		
	processing = ₩241,000		
4.	Reproduction of reports/manuals	₩ 482,000	\$ 1,000.00
	(English-Korean)		
5.	Contingency	₩ 229,060	\$ 475.23
	Total Budget	₩5,171,860	\$10,730.00

Exchange Conversion Factor: \$1.00 = ₩482

The Grantee may not exceed the total amount of the dollar Budget/
Adjustments among the line items are unrestricted.

File 207.4

UNITED STATES MISSION-KOREA
SEOUL, KOREA

USAID/KOREA

November 4, 1975

<u>Health Planning Project</u>			11 20
<u>GRANT PROPOSAL Clearance Form</u>			

Title of Proposed Project: Models for Reorganization of Myun Health Subcenters

Grantee: Yonsei University College of Medicine

Purpose of Grant: Provide supplemental funds to assist Yonsei University to develop alternative models for reorganizing myun (municipal) health subcenters to upgrade the delivery of health services.

Amount of Grant: \$10,730.00 (₩5,171,860).

Project Coordinator: Dean Jae Mo Yang, Dean, Yonsei College of Medicine.

Principal Investigator: Dr. Il Soon Kim, Associate Professor, Yonsei College of Medicine and Supervisor, Gangwha Community Health Teaching Project. (Dr. Kim is also co-chairman of one sub-committee of EPB's Health Sector Task Committee.)

Summary: Attached is a grant proposal from Yonsei and an AID Grant Agreement.

The AID grant will support a special effort by the Yonsei College of Medicine to develop specific proposals for reorganizing myun health subcenters so that they can better serve as comprehensive community health units. Attention will also be given to linkages between the subcenters and health care facilities at the gun and provincial levels. The research staff will draw on the experience and facilities of its Ganghwa Community Health Teaching Project in implementing this research project.

This proposal has been informally reviewed and endorsed in principle by staff members of the Ministry of Health and Social Affairs.

Outputs expected: The project should produce specific descriptions and procedures for reorganizing myun level health services which can be used by national and local officials to upgrade community health services.

Clearances:

USAID:

OHP 2/2/76
PRM [Signature]
LEG [Signature]
CONF [Signature]

ROKG:

ICC [Signature]

TO USAID/KOREA
OFFICE OF HEALTH AND POPULATION

RESEARCH PROPOSAL

SUBJECT: HEALTH MANPOWER TEAM DEVELOPMENT FOR A RURAL KOREAN TOWNSHIP

ESTIMATED COST: 19,000.--

GRANT PERIOD :

starting date : October 1, 1975
completion date: March 30, 1977

GRANTER: Yonsei University College of Medicine

PRINCIPAL INVESTIGATOR:

Dr. med. Dorothea Stoh, MD

ABSTRACT : The study will utilize the existing Health Post Project conducted by Yonsei University Medical College in Kang Wha Cun, Geoungrui Province, its organization and health manpower team. It will be conducted by the implementing and evaluation team of the project. It will draw upon a consultant staff in education, rural sociology and anthropology and rural community development etc. It will be attuned with relevant related studies in Kang Wha and other project areas in Korea. It will :

1. study health education needs of rural households and village communities and will prepare and test equivalent health educational material in the areas of Maternity Care, Child Care, Child Spacing, Communicable Disease Control, Environmental Sanitation, Insurance Implementation etc.

2. develop concept, selection method, job description, work manual, educational material and training course outline for the frontline village health workers, according to studies and experiences gained in the Health Post Project.

3. study the strong and weak points of the existing government health workers at the township health sub-center within the new health team. It will identify training needs. A job description, work manual and training course outline will be developed.

4. define training needs for the supervisor of the above two auxiliary workers, for either Community Public Health Nurse-Midwife or Community Health Physician. This will be done in correspondence to and communication with a study to develop a role model for a township physician, conducted by Dr. Il Soon Kim as principal investigator.

Date of Proposal : July 10, 1975

II. RESEARCH PLAN

A. Background:

Yonsei University Medical College is experimenting with re-organization of rural grass root level health care in the two townships Sou Won Myun and Mae Ga Myun in Gang Wi. Gun Geounggi Province in the so called Health Post Project, which is part of the Yonsei Medical College's Community Health Teaching Project. Re-organization has been achieved through the implementation of new village health workers called Family Health Workers (FHW) and reorientation of government health workers at the township, who are supervising them.

In this experiment coverage of the entire target population with respect to Maternity Care, Child Care, Child Spacing, TB Care etc. according to a set of minimum standards is being implemented and constantly evaluated. In these, a village housewife with rudimentary training assumes the responsibility for comprehensive promotive and preventive care and case finding in her community and is collecting vital statistics. (See attached report). Eventually, her financial support is planned to come from her own community. She is being supported by a village health committee. The implementation of an insurance system is also anticipated within the next year.

With the convention of grass root level health care and the development of health care delivery systems on international (WHO, UNICEF, CIO, World Bank etc.) and on national level, an equivalent approach to grass root level health care on a broader scale is likely to become of interest. Among several pilot projects already being undertaken in Korea, the Health Post Project is unique insofar as it operates within the existing government health care delivery structure, trying to promote its potentials, to identify its weaknesses, and to seek practical approaches to problem solving. It has available a well trained project staff for implementation and evaluation, which has gained valuable experiences in working within this experiment of extended health care delivery in rural Korea with village health workers.

This staff has been participating in drafting the role of the new worker, their selection and their training program. They have actually been training and implementing these workers and are now constantly evaluating their performance and give feedback to the new system for adjustment. They have also been involved in preparing and organizing the re-orientation of the existing government health workers at the township, have actually retrained them and are also involved in evaluating their performance and supporting their activities. This staff is a small but highly qualified and experienced cadre that has grown into a team in the process of these activities.

This project can become a base for the development and study of educational material and processes for grass root level health manpower. Availability of such material will become essential should an equivalent approach be attempted on a broader scale.

B. Statement of the problem

Among the most serious obstacles to delivering effective health care to rural Koreans are lack of health consciousness and concern of the people,

the lack of a sufficient number of frontline health workers, their faulty integration into the community administrative structure and their inadequate training.

Lack of health consciousness and concern of the people, in spite of large needs, leads to lack of understanding of modern services, lack of demand, underutilization of health services and lack of stimulation to officials to be concerned with health issues in the communities. The level of education that Korea enjoys for her people does not hold true for the health field. However, the Family Planning Program has proven how deeply a change in knowledge, attitude and practice can be achieved in a relatively short time with sufficient emphasis and support. The Family Planning Program in itself, however, can only be of limited success and is at times revealing of the deplorable lack of understanding of health services by the people. So has it happened for instance, that in a remote village on Kang Wha the midwife, visiting a woman about to give birth, was told by her relatives: "You come from the Health Center? You should not have bothered. We know all about Family Planning". In another case a fourth born baby, the first son suffocated because he was an unattended breech delivery. The family was aware that a midwife was available, however considered pregnancy and childbirth as normal and did not know that a breech presentation could have been diagnosed beforehand and handled safely by the midwife.

The lack of a sufficient number of well trained frontline workers is demonstrated by the fact that three nurse aides are expected to cover the health needs of the approximately 10,000 population of a rural township. Their training is mainly theoretical, with little hospital and no community experience. Their ability to work in the field is limited. This affects in particular Maternity and Child Health Care, where the training needs are larger and different from those in the other two areas of service, TB care and Family Planning, although it is among the recommended top priorities for health care, promoted by WHO. These workers, in addition, are employees of the township administration and not of the health care system. Because of the unconcern of their superiors with health issues they are often expected to carry out other than their prescribed work.

Understanding of community health care and ability to train and supervise paramedical and auxiliary personnel is also essential on the part of the community health physician, however, he is lacking such qualities. In a related research for "developing a role model for a community health physician in a rural Korean township" which is being conducted in the Health Post Project Area, this problem will be dealt with.

C. Significance of the study

The study will identify weaknesses of the grass root level care system. It will present the attempted solutions in the Health Post Project, which is in essence demonstrating the model of a new health team in a rural Korea township in action. In far as the time frame of this study permits, it will present with the results of this experiment. The major significance of this study, however, will lie in the fact that actual grass root level experiences with this model team will be used to identify the most apparent needs for health education in the target population to provide educational material to cover

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these, and to develop job description, work manual and training plan for the two lowest level workers in a manner that a minimal standard of health care delivery in Maternity and Child Health Care, Child Spacing, Communicable Disease Control and Environmental Sanitation to the entire population can be covered. Finally there will be an identification of the training needs for the supervisor of these two workers.

The availability of such material will be of great value should a similar or related experiment be attempted on a larger scale, and it could become a significant contribution for the promotion of national health care.

D. Objectives of the study

1. a) Identification of major needs for health education in rural households and communities.
b) Development and testing of health educational material to cover these needs.
2. a) Development of a job description for village health workers.
b) Presentation of concept, selection criteria and selection method for such village health worker
c) Development of educational material for village health worker training.
d) Development of a work manual for village health workers
e) Development of a course outline and training plan for village health workers.
3. a) Identification of training needs for government health workers (auxiliary nurse aids) at the township health sub-center
b) Development of a job description for these township health workers, that includes the supervision of village health workers activities.
c) Developing a course outline and training plan for these workers that is in keeping with their job description.
4. Identification of training needs for the supervisor of the above two workers as it relates to their training, supervision and evaluation of their work. (This will be done in correspondence to and in cooperation with the study for development of a role model for a township community health physician).

E. Methodology

1. Needs for health education in rural Korean households and communities will be identified through case studies.
2. Available health education material in Korea will be evaluated
3. Literature on auxiliary worker education and training and on health education will be compiled and evaluated.
4. A group of consultants will be invited to assist or participate in the study, such as experts in health education, in rural Korean anthropology, medical sociology, rural community development, health economics etc.
5. Assignments for development of the necessary job descriptions, work manuals, course outlines and training plans and health educational material will be distributed to the project staff according to their experiences and suitability, for :
 - a) grass root level health educational materials
 - b) village health workers
- job description

- work manual
- training plan
- educational material
- c) township health workers'
 - job description
 - work manual
 - training plan
- d) for the supervisors of the above two workers
 - job description in relation to supervision and training of the above two auxiliary workers
 - identification of training needs in respect to the above (behavioral objectives)

6. The material in each area for service and education (in Maternity Care, Child Care, Child Health, Communicable Disease Control, Environmental Sanitation etc) will be evaluated and edited for correctness and consistency by a specialist in that field.
7. The compiled material will be evaluated by the consultants and tested, where necessary, according to their suggestions. Partial reports and materials will be published as they become ready. At the end of the study a comprehensive report will be submitted.
8. Regular meeting of working teams to evaluate progress and to solve problems will be conducted.

F. Workplan and Schedule

1. Preliminary planning will be ready by October 1, 1975
2. Oct. 1 - Dec. 30, 1975: Study and evaluation of health education material and material for educating village workers available in Korea
3. Oct. 1, 1975 - March 30, 1976: Compilation, study, evaluation and, where necessary, translation of essential literature.
4. Ongoing field study and evaluation of activities and problems related to health manpower and community response in the target area Oct. 1, 1975 to end of study period.
5. First presentation and discussion of assignments to field staff by Dec. 1975
6. Second presentation of assignments and evaluation by consultants by March 1976
7. Third presentation of assignments and second evaluation by consultants by May 1976
8. Final submission of assignments and editing by consultants July 1976
9. Compilation of final report by Sept. 30, 1976
10. Testing of educational material related to the assignments till Dec. 1976
11. Adjustment of materials and finalization of samples by March 1977

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III. Proposed Budget

A. Personnel

1) Subsidiary salaries for 6 assistants (\$50 X 6 X 18 mths). May be payed as incentive and reward	5400	
2) Consultant fees (for approximately 5 persons X \$90 X 18 mths)	4500	
3) Staff per diem	500	
4) Part time clerk (\$40 X 18 mths)	720	
	<u>11,220</u>	11,220

B. Sundries

1) Literature (to be left with Yonsei College of Medicine Dept. of Preventive Medicine, Kang Wha Project Section)	1800	
2) Development of educational material	1000	
3) Translations	1000	
4) Printing	1000	
5) Travel and transport, logistics etc. (\$100 X 18 mths)	1800	
6) Postage and Office supply (\$50 X 18 mths)	900	
7) Others (necessary supplies for field work, bicycles, bags etc., book cases, file boxes etc.)	<u>880</u>	
	8,380	<u>8,380</u>
Grand Total		<u>19,600</u>

IV. Resumes of Principle Investigator

A. Personal Background

Dorothea Sich was born 19.9.1933 in Magdeburg, Germany. She is single, West German citizen, however has been living for the last nine years abroad, mainly in South Korea. But 1970 - 1972 she was as a fellow in OB/GYN and as a graduate student in Public Health in the United States. She speaks English

B. Work experience and training

Abitur (graduation from highschool)	June 1975
Medical School attendance at Humboldt University, Berlin	1951 - 1957
Graduation from Medical School	June 1957
Internship at Kreiskrankenhaus Beeskow, Germany	1957 - 1958
General Practitioner at Landambulatorium Storkow	1958 - 1960
Residency in OB/GYN Margaritenhospital Schw. Grund	1960 - 1962
Doctoral Degree in Medicine	December 1962
Residency in OB/GYN Marienhospital Stuttgart	1962 - 1964
Residency in OB/GYN University Hosp. Tübingen	1964 - 1965
Boards in OB/GYN, Germany	June 1965
Scientific assistant OB/GYN Tübingen University	1965 - 1966
Chairman OB/GYN Department, W'C, Chonju, Korea	1966 - 1970
Boards in OB/GYN, Korea	1969
F C F M C	1969
Fellowship in OB/GYN Wake Forest University Winston Salem N.C.	1970 - 1971
Graduate Student, international Health School of Hygiene and Public Health, Johns Hopkins Univ.	1971 - 1972
Master of Public Health(International Health)	1972
Assistant Professor, Dept. of Preventive Medicine and Public Health, Yonsei University, Med. College	1972 - present
Visiting assistant professor OB/GYN Catholic University Medical College Seoul/Korea	April 1975 - present

C. Accomplishments

1. Results of ten years experience in the surgical treatment of inflammatory adnexal adnexal tumors at the Tübingen University women's hospital. (Doctoral thesis, Tübingen 1962)
2. Frequency and indications of cesarean sections in a Korean Provincial Capital. (Kor. Jr. OB/GYN Nov. 1969)

Received from Dr.

- 3. Spontaneous Ovarian Artery Rupture in Puerperium (Kor Jr. OB/GYN Sept. 1969)
- 4. A case of Hypophosphatasia in Newborn (Kor Jr. OB/GYN Nov. 1969)
- 5. Korean Nurses in Germany "Zu schade um Lücken zu füllen" (Deutsches Arzteblatt März 1971)
- 6. Medical Education, the dilemma of the medical profession. *consideration.*
A need for change in Medical Education (Contact 24, Dec. 1974, Christian Medical Commission, Geneva, Switzerland)
- 7. The Health Post Project, an experiment to improve Health Care Delivery at the Grass Root Level in Rural Korea (Yonsei Medical Journal. July 1975)
- 8. Graduate course for Maternal and Child Health at the Yonsei University Graduate School, Dept. of Preventive Medicine and Public Health

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~~Revised~~
Revision Received from Dr.
Kim, Il Son, Yonsei

- c. Some assumptions with regard to demands for health personnel should be made depending upon the models under consideration.
 - d. The preventive, curative, administrative and managerial roles of the health personnel will be established.
- 4) Estimation of necessary space, facilities, equipment, supplies and operational costs.

This will be identified after the work load and role of health personnel and the role of the Myun health subcenter are defined.

The costs in terms of facilities, equipment and maintenance will be estimated. The income earned from curative service will be estimated to determine the amount of budget to be provided by the government and self-support.

- 5) Development of educational objectives for the health personnel.

This will also be developed based on the expected performance of the personnel defined by the previous study.

F. Work plan and Outputs

- | | |
|--------------------------|--|
| October, 1975 | : Preliminary plan
Organization of research frame and team
Construction and pretest of questionnaire |
| November, 1975-Jan. 1976 | : Survey on health care patterns |
| January 31, 1975 | : Development of various feasible
organizational models after identification of role and function of
the Myun Health Subcenter |
| February 28, 1976 | : Total perceived needs and professionally
identified needs defined with the
result of the survey |
| March 31, 1976 | : Development of manual of role, job
description of various health personnel
in various models |
| April - June, 1976 | : Morbidity record survey |

File 207.4

4890708 (19)
PD-ADD-482

RESEARCH PROPOSAL
(Preliminary)

Subject : Reorganization and Redevelopment of Myun Health
Subcenter as Comprehensive Community Health Service
Unit

9p

Justification

This research is one of the efforts to improve the health care delivery system in rural Korea. In Korea, the health care delivery system below the Gun Health Center has not yet been formulated. Considering the government administrative district and Community Organization, each Myun which has about 10,000 population in average should have a terminal formal health care service unit. Previously, the Ministry of Health planned to establish one health sub-center in one Myun and built a small building for this purpose. However, this did not materialize because of poor planning and economic as well as manpower shortages.

Meanwhile, the concept of health care delivery systems has been improved particularly in rural areas in developing countries. Recently the Government and the International agencies have seriously been considering the development of a rural health care delivery system based on comprehensive community health care concept.

The community health team of Yonsei University College of Medicine has already been experimenting with a low cost efficient health care delivery system at the grass root level (Village level) in a rural area adopting new type of health personnel, the Family Health Worker. This is in good progress now.

The next step which has been planned by the team is to improve the health care delivery to one level above the village, which is Myun level health care. So far no study has ever been done how to improve the health care and how to

organize the health care on this level. At present, at the Myun level there are three government health workers, mostly nurse aids. They are taking care of some portion of preventive and public health programs, however no curative functions at all do exist. They are insufficient and ineffective to cover community health needs.

This is a research project to organize health care delivery at Myun level with the development and assignment of new role and function applying new concepts of comprehensive health care and for a most suitable setting for the rural situation. The result of this research, hopefully, will help for the National Health Planning for development of the health care delivery at Myun level.

The specific objectives of this study are:

1. Identification and redefinition of role and function of Myun health center as comprehensive community health care unit
2. Establishing formal referral system from village to Myun and from Myun to Gun health center or Gun hospital
3. Setting referral criteria
4. Role model of various health personnel at the Myun health subcenter based on a few possible health care delivery model
5. Necessary standard equipments and supplies
6. Running Cost of the Myun Health Subcenter
 - Government assistant
 - Self support
7. Development of Physical Model of the Myun Health Subcenter.
8. Development of Educational Objectives for the health personnel at the Myun level

Methods

1. Small scale health needs survey
2. Setting up basic health requirements
3. Daily diary keeping of health personnel for the job description
4. Study on health care cost at the unit, (January 1977) personnel, drug, equipments, facilities etc.
5. Study on the functional as well as physical space for the health subcenter
6. Studies of quantity and quality of medical care through morbidity chart
7. Development of educational objectives according to developed role of health personnel based on actual role & function

Research Staffs : Community Health Team Yonsei Univ.
College of Medicine

Proposed Budget : \$ 25,000 (Rough estimate)

Duration of Research : 2 years (October 1975-September 1977)

YONSEI UNIVERSITY COLLEGE OF MEDICINE
SEVERANCE HOSPITAL

Central P. O. Box 1010
SEOUL, KOREA

Controller
USAID/KOREA
c/o American Embassy
Seoul, Korea

July 12, 1977

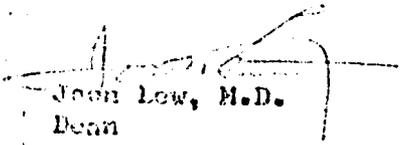
Dear Sir :

In accordance with USAID Grant Agreement No. 489-11-590-707-5
(Research to identify alternate models for reorganizing Hyun Health
Subcenter), we would like to submit the final financial report.

We have already completed the research and submitted the final
report to the office of health and population, USAID in Korea.

We are also keeping all the documents that prove the expenses
of the grant.

Sincerely yours


Jeon Lew, M.D.
Dean

Financial Report : Final

Re : USAID Grant No. 489-11-500-708-5

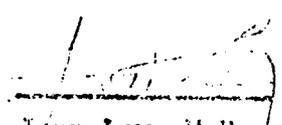
Amount of Grant	W5,169,375
Expended to date	W5,169,375
1. Personnel Costs	<u>W2,450,000</u>
(1) Principal Investigator	700,000
W50,000 X 14 mos =	W700,000
(2) Field investigator	1,470,000
W30,000 X 14 mos =	W420,000
W25,000 X 24 mos X 3 persons =	W1,050,000
(3) Consultant	280,000
W7,500 X 2 hr. X 4 persons X 4 times =	W120,000
W10,000 X 4 times =	W40,000
2. Travel and Transportation	<u>W 476,956</u>
(1) Travel/Transportation	123,000
W1,000 X 123 days =	W123,000
(2) Perdiem	322,940
W4,820 X 67 day =	W322,940
(3) Other (transportation)	31,016
3. Survey/Study Cost	<u>W1,379,819</u>
(1) Development/Reproduction of instrument	90,000
(2) Interviewing Coding Punching	232,150
a. interviewing	W685,650
b. coding	W122,000
c. punching and verifying ...	W 18,500
(3) Tabulation and computer processing ...	354,350
(4) computation and others (calculation)...	87,800
(5) stationary	15,519
4. Reproduction of Reports/Manuals	<u>W 862,600</u>
(1) Translation (Korean-English)	150,000
(2) Printing - Mid term Report	82,600
(3) Final report printing	630,000

Total

W5,169,375

The report shall include a certification as follows :

"The undersigned hereby certifies : (1) that the above represents the best estimates of funds needed for expenditures to be incurred over the period described, (2) that appropriate refund or credit to the grant will be made in the event funds are not expended (3) that appropriate refund will be made in the event of disallowance in accordance with the terms of this grant, and (4) that any interest accrued on the funds made available here in will be refunded to AIB"


By John Lew, M.D.

Title Dean, Yonsei University
College of Medicine

Date July 11, 1977

File 207.4

Mr. Morley Gren, CONT

December 12, 1975

James R. Brady, HP

Budget Data Related to Grant Agreement 489-11-590-708-5
(Yonsei University -- Myun Health Center Research)

This is in reply to your request for information on how the budget was arrived at for the subject grant.

Actually we received two similar proposals from Yonsei in July: One for \$25,000 (2-year project) and one for \$19,000 (18 months). During subsequent discussions among USAID/OHP, Yonsei and MHS, it was agreed that a shorter proposal should be developed within the general research guidelines developed between USAID/OHP and the ROKG. These guidelines give preference to projects which can be completed within about one year and which will cost about \$10,000 or less. The subsequent proposal was for 14 months and had a budget of \$10,730. A review of the budget suggested that the cost estimates were reasonable, although there are no uniform guidelines for compiling the budget.

Copies of these earlier proposals are on file in this office if you care to see them. If you wish to have Xerox copies of the various budgets, we can provide these.

cc: PRM
LEG

HP: JRBrady :mcm
12/12/75

- July, 1976
 - : Development of training requirement (educational objectives) of each health personnel
 - Identify legal and administrative barriers and way of solution to support the new system

- August, 1976
 - : Development of standard premises, space, facilities including equipment and supplies
 - Estimation of operational costs

- September, 1976
 - : Writing preliminary report
 - Submission of preliminary report
 - Discussion of preliminary report

- October - November
 - : Completion of Report
 - submission of final report

4890708 (20)
PO-AD-482

4r

Research Proposal

Need Analysis

Submitted by

MC
Jung P. Wang
Dean

Yonsei University College of Medicine

May 2, 1974

Analysis of Need for Health and Medical
Services in the Rural Areas of Korea

Objective of the Study:

The objective of the study is to seek answers to the following questions: (1) What are the urban and rural gap in the selected health indicators? (2) What are the strategies to reduce or eliminate the gap? (3) What are the options in manpower and facility investments to execute the strategies? (4) What are the costs involved in the options?

Method:

This study will be intensive rather than extensive. Although an analysis will be made of the need for health and medical services for all rural residents in Korea, first-hand data will be collected from the surveys of the residents of following areas only: Kwangjuha-do, Koje-do, Kaechong, Michon-kun and the outlining areas around Chongju.

Health indicators to be surveyed include lives lost due to maternal causes, excess of lives lost over an infant mortality rate of 20 per 1,000 loss of life among children 1-14 years due to preventable causes, and preventable morbidity.

Random samples of the residents of the above five selected areas will be chosen, and the size of each sample will be determined according the number of residents in each area. In no cases, however, the sample size will be less than 500 or more than 2,000.

The strategies to be recommended to improve the health indicators of rural residents will depend on our survey results. If morbidity patterns discovered indicate the prevalence of gastro-intestinal diseases caused by water born germs and food infections, water and food purification measures and public health education will be called for. If the survey indicates a relatively high infant mortality rate and the prevalence of diseases and illnesses connected with maternal causes and child-births, maternal and child health care and education are called for.

The options in manpower and facility investments to carry out the strategies thus formulated will be enumerated as we obtain the data from our resource analysis.

Time Table

July 1 to ~~Sept~~ ^{Sept} 30, 1975 - Making questionnaires, interviewing, Data collection, coding and key punching. Data editing and preliminary analyses of data. Interim report due.

Oct ~~Nov~~ 1 to ~~Nov~~ ^{Jan. 31}, 1975 - Data analyses with computer. Collection of additional data, if the need is discovered in the course of data analyses. The final report due.

September 1
An interim progress report will be submitted.

Principal Investigator - Jae Mo Yang

Co-Investigators - Il Soon Kim and
Gong-Kyun Ro

Case Analysis

Budget for seven months - ^{July} June 1 to ^{Dec} Dec. 31, 1975

Honoraria, per maintenance cost, wages, salaries and supplements

Principal investigator	-----	\$2,100 (3500 per month)
Co-investigators	-----	\$1,400 (\$200 per month)
Two research assistants	-----	\$2,100 (\$150 per month per person)

Data collection and processing:

Interviewing costs	-----	\$2,800
Questionnaires and correspondence	-----	\$300
Key punching, coding, sorting, etc.	---	\$1,400

Computer time and computer professional services	-----	\$1,800
--	-------	---------

Traveling expenses for data collection and interviews	-----	\$1,500
---	-------	---------

Publication costs	-----	\$300
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Overhead costs and clerical services	-----	free - given from Yonsei University
--------------------------------------	-------	-------------------------------------

Contingency and Miscellaneous	-----	\$400
-------------------------------	-------	-------

<u>Total</u>		<u>\$15,100</u>
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FACILITIES AND EQUIPMENT AVAILABLE

Univac 1100 - 2 at Yonsei University Computer Center
Key punching machines, sorting machine, type writers, etc.

401.7

SUMMARY OF AFD AND ROKG'S CONTRIBUTION
TO HEALTH DEMONSTRATION PROJECT
LOAN 489-1-092

4890708(21)
PO-ADD-48L

KHDT

3p

<u>Total Costs:</u>	<u>\$1,381,300</u>	<u>100%</u>
<u>U.S. Contribution:</u>		
L/Com-DRA	\$ 364,400	26.38%
SLC	671,575	48.62
	<u>\$1,035,975</u>	<u>75.00%</u>
<u>ROKG Contribution:</u>	<u>345,325</u>	<u>25.00</u>
	<u>\$1,381,300</u>	<u>100.00%</u>

Demonstration Projects

<u>Total Costs:</u>	<u>\$4,885,700</u>	<u>100%</u>
<u>U.S. Contribution:</u>		
L/Com-DRA	\$ 500,000	10.23%
SLC	3,164,275	64.77
	<u>\$3,664,275</u>	<u>75.00%</u>
<u>ROKG Contribution:</u>	<u>1,221,425</u>	<u>25.00</u>
	<u>\$4,885,700</u>	<u>100.00%</u>

Health Development Secretariat

<u>Total Costs:</u>	<u>\$ 400,000</u>	<u>100%</u>
<u>U.S. Contribution:</u>		
L/Com	\$ 13,000	3.25%
SLC	287,000	71.75
	<u>\$ 300,000</u>	<u>75.00%</u>
<u>ROKG Contribution:</u>	<u>100,000</u>	<u>25.00</u>
	<u>\$ 400,000</u>	<u>100.00%</u>

SUMMARY

<u>Total Project Costs:</u>	<u>\$6,667,000</u>	<u>100%</u>
<u>U.S. Contribution:</u>		
L/Com-DRA	\$ 877,400	13.16%
SLC	4,122,850	61.84%
	<u>\$5,000,250*</u>	<u>75.00%</u>
<u>ROKG Contribution:</u>	<u>1,666,750</u>	<u>25.00</u>
	<u>\$6,667,000</u>	<u>100.00%</u>

* \$250 excess over loan agreement amount will be adjusted in the last amendment to the SLC.

Source: Capital Assistance
Paper

File # 401.7
OHP
FILE
COPY

FINANCIAL PLAN

Korea Health Development Institute

Financial Plan

(Unit: won)

	Total	1976	1977	1978	1979	1980
Total	3,133,500,000	357,584,500	650,509,000	860,989,500	692,396,500	571,520,500
MEDI	690,650,000	117,410,000	141,583,500	148,489,500	155,396,500	127,770,500
Demonstration Projects	2,442,850,000	196,424,500	472,425,500	675,000,000	700,000,000	400,000,000
National Health Secretariat	200,000,000	43,750,000	37,500,000	37,500,000	37,500,000	43,750,000

* Component Ratio; 25% (ROK) To 75% (USAID)

YONSEI UNIVERSITY COLLEGE OF MEDICINE
SEVERANCE HOSPITAL
CENTRAL P. O. BOX 1010
SEOUL, KOREA

489-11-590-708.5

4890708 (12)
PB-AAA-

15p

Dr. James R. Brady
Chief
Office of Health and Population
USAID/KOREA

September 9, '75

Dear Dr. Brady:

The purpose of this letter is to submit a research proposal for an AID grant. The proposed project is entitled "Reorganization and Redevelopment of the Hyeon Health Subcenter as a Comprehensive Community Health Service Unit". This research will be conducted primarily by Dr. Il Seon Kim, Associate Professor of Department of Preventive Medicine of Yonsei University College of Medicine. I understand that this proposal has previously been reviewed and discussed by you and other concerned persons. I personally believe that the outcome of this research will undoubtedly contribute to the formulation of the national health plan.

Attached is a detail research description and budget prepared according to the AID grant guidelines provided by your office. Your kind approval of the proposal will be appreciated.

With best wishes.

Sincerely yours,



Jae Ho Yang, M.D.
Dean

JHY/sb

TO USAID/KOREA
OFFICE OF HEALTH AND POPULATION

RESEARCH PROPOSAL

1. SUMMARY SHEET

1. Title of Project
Reorganization and Redevelopment of Myun Health Subcenter
as a Comprehensive Community Health Service Unit
2. Estimated Cost
\$10,730
3. Grant Period
Starting Date : October 1, 1975
Completion Date : November 31, 1976
4. Grantee
Yonsei University College of Medicine
5. Principal Investigator
Il Seon Kim, M.D., M.P.H., M.Ed., D.M.Sc.
6. Abstract

The guidelines for the formulation of the 4th five year economic development as well as the long term health planning developed by the Ministry of Health and Social Affairs emphasize the development of low cost health care delivery system in rural areas. The formal terminal health care unit will eventually be located in the Myun health subcenter, and will cover about 70-80% of the health needs of the rural community if it is organized efficiently.

However, not much experience and information in the organization of a health care delivery at the Myun level has been accumulated.

This research is to develop models of Myun level health care by redefining the role and function of health personnel, by establishing a referral system and criteria, by developing standard facilities, equipment and supplies and by estimating operational costs. These will be based on the identification of the total health needs through surveys and actual work-loads obtained from the assessment of daily activity records of health personnel.

One of the important basic principles in developing models in this study is the application of a comprehensive health care concept as well as development of a basic health care requirement for rural communities.

7. Date of Proposal

July 28, 1975

II. RESEARCH PLAN

A. Background

In rural Korea, the health care delivery system below the Gun level has not yet been well formulated and instituted. In view of the fact that the government administrative district is organized down to the Myun level as the lowest formal administrative unit, it is desirable to have a terminal formal health care service unit at this level. Previously, the Ministry of Health planned to establish one health sub-center in each Myun and build a small building for this purpose. However, this did not materialize because of poor planning and financial as well as manpower shortages.

Meanwhile, the concept of a health care delivery system has been improved, particularly in rural areas in developing countries. Recently the Korean government and several international agencies have been seriously considering the development of a rural health care delivery system based on the concept of comprehensive community health care. The medical schools in Korea have also shown interest in improving the health care delivery system in rural area. Some medical schools have already been experimenting with model health care delivery in rural as well as urban areas.

One of the key guidelines for the formulation of the 4th five year economic development plan developed very recently (June, 1975) by the Economic Planning Board is the establishment of a comprehensive national health plan and its operation scheme which includes development of a low cost health care delivery system for people in rural areas. This is also complementary to the frame of treatment zones (regionalization of medical care) proposed by the Ministry of Health and Social Affairs. The first part of this regionalization plan includes the strengthening and redevelopment of Myun level health care, not only preventive but also curative care. This unit would be the most first contact for primary health care.

The community Health team of Yonsei University College of Medicine has already been experimenting with an efficient low cost health care delivery system at the grass root level (village level) in a rural area by adopting a new type of health personnel, the "Family Health Worker". With the experience gained from this project, and with the advantage such as a complete health record system and experienced manpower in the project, the team will be able to contribute in many ways in developing a better health care delivery system in rural area.

B. Statement of the Problem

One area in which very little experience has accumulated is the way to organize 'yun level health care. This level of health care will cover about 70-80% of health needs in rural Korea. Presently at the 'yun level, there are three government health workers, mostly nurse aids. They are responsible for carrying out some portion of preventive and public health programs. However, no curative functions exist at all. Their training is insufficient even for their present role, and they are inefficient and ineffective in covering the total community health needs.

The public physicians, most of whom are limited area doctors in retiring ages, have been assigned to the 'yun area for the improvement of health care delivery at the 'yun level and given small incentives. However, these physicians are poorly trained, not well motivated, and have a lack of the comprehensive health care concept. They have not gained confidence from the community people, and have not been utilized efficiently.

Another government effort to improve health care at the 'yun level has been a compulsory assignment of resident physicians from the general or university hospitals. This effort turned out to be a complete failure because of the fact that they have not been trained to cope even with simple rural health problems, and they are not motivated at all.

In the process of national health planning, many questions will eventually arise with regard to the 'yun level health care services: How to organize the health care delivery? What role and function should be assigned to the health care unit? What types of health personnel should be staffed, and what should their role and function be? What level of training should these persons have? How much space, what kind of facilities and equipment should this unit require? What will be the operating cost, etc? All of these questions must be answered for the successful accomplishment of national health planning.

C. Significance of the Study

So far no effort has ever been made for the improvement of health care delivery system below the Gun level. For the national health planning during the 4th five year economic development, many questions about health care delivery should be answered particularly for the organization of the terminal health care unit in rural areas. This unit will be able to cover about 70-80% of the health needs at the 'yun level.

This research will provide practical information, ideas, strategy and models for the organization of health care delivery at the 'yun level in rural areas.

D. Objectives of the Study

The objective of this research project is to reorganize health care delivery at the 'yun level with the development and assignment of new roles and functions in the most suitable manner for the rural situation in Korea. New concepts of comprehensive health care are to be applied in this project.

The specific objectives of this study are:

- 1) To identify and redefine the role and function of the 'yun Health sub-center as a comprehensive community health care unit.
- 2) To establish a formal referral system based on referral criteria from village to 'yun and from 'yun to Gun health center (or Gun Hospital)
- 3) To define the roles of various health personnel based on a few feasible health care delivery models
- 4) To estimate standard premises, space, facilities including equipment and supplies and operational cost (government and possible community support) of the 'yun health unit
- 5) To develop educational objectives for the health personnel at the 'yun health center.

E. Methodology

1. The basic principles in organizing health care delivery system at the 'yun level in this research are:
 - a. Adoption of a comprehensive health care (community health) concept
 - b. Consideration of actual socioeconomic status of rural Korea in general in developing realistic models
 - c. Acceptance of the limitation of resources in terms of manpower, budget and facilities
 - d. Inclusion of Community participation

2. Description of the Study Area

Two 'yuns, Sun 'won 'yun and Mae 'sa 'yun, in Gang'ha Gun, Gyeonggi province, approximately 53km from Yonsei University Campus in Seoul will be used for this study. This is exactly the area where community health teaching project of Yonsei University College of Medicine is being implemented.

The total population of the two 'yun is approximately 16,000. The two 'yuns consist of 20 villages. The general educational level of the people in the 'yuns is slightly lower than that of the general rural population in Korea. However, the economic standard is slightly higher than the average rural area in Korea.

In each 'yun, one physician (Public physician) who is resident staff member of the Department of Preventive Medicine of Yonsei University College of Medicine is available. They are assigned to those areas for the purpose of student teaching as well as research of their own. Each 'yun health subcenter has one nurse-midwife and two nurse aids, who are assigned by the local health center.

In addition to those health personnel, in this area there is a family health worker in each village. These family health workers are representing the community and reporting all the health and vital events in the villages. Two nursing supervisors are also available to supervise those family health workers.

In each 'yun, there is a health sub center building which is about 67M² in size, and is almost nonfunctioning.

'yun Chiefs and the Gun governor as well as the local health center director are very cooperative and eager to improve the health status of the communities.

The two 'yuns have a co-called 'yun health council which has just been organized. The main objective of this council is to support government health services, and the development and operation of a health insurance system.

Considering all of these advantages, the proposed research can best be performed in this area by the community health teaching team of Yonsei University College of Medicine.

3. Description of Study Methods

- 1) Identification and redefinition of the role and function of the 'yun health subcenter as a comprehensive community health care unit.

To accomplish this objective, the following approaches will be applied:

- a. A community health need survey will be conducted. Since the Yonsei University Community Health Teaching Project has collected a fairly large amount of information with regard to health needs in rural area, the proposed survey will serve to supplement information that is not available at the present time. In this study, data and information specifically on environmental health, nutrition, school health as well as the need of health education will be collected by both interview and physical examination. We are not planning to have a large sample size. Instead, it will be a small scale survey but with indepth analysis. The sample size is estimated to be about 50 households. The data will be analyzed by computer.

- b. A morbidity survey will be conducted, using the morbidity records at the Myun health subcenters as well as private doctors in an effort to obtain information on health demands. Accumulated records for the past 10 years will be analyzed.
 - c. With the development of basic health requirements, the total work load will be identified. The basic health requirement is defined as the minimum basic health care needed for the community health program. (e.g. all children should get B.C.G. vaccination). This will be determined with the consideration of national health policy and the limitation of resources, by a group of research staff and consulting staff as well as community leaders. In the process of decision making, the problem of priority setting will undoubtedly arise. The priorities will be based on the method that Dr. John Bryant has developed.
 - d. The role and function of the Myun health subcenter will be defined based on the data and information gathered, and on the concept of comprehensive health care.
- 2) Establishment of a formal referral system based on the referral criteria.

To accomplish this objective, attention will be paid to the following points:

- a. Referral criteria will be dependent upon the qualification of health personnel as well as their training background and their role and function. For this purpose, several alternative models will have to be constructed.
 - b. Referral system models will be organized with due consideration of the resource available for higher level health care, as well as the distance from the village to the institutions.
- 3) Establishing a role model of various health personnel at the Myun Health subcenter

The following aspects will be taken into account in pursuing this objective:

- a. The work load study is to be conducted as mentioned previously.
- b. Daily activities of health personnel at the Myun health subcenter are recorded to identify the specific work load of two public physicians (Myun physicians), two nurse-midwives, and several nurse-aids. The assessment of this record will be useful in identifying the role of each health personnel.

- c. Some assumptions with regard to demands for health personnel should be made depending upon the models under consideration.
 - d. The preventive, curative, administrative and managerial roles of the health personnel will be established.
- 4) Estimation of necessary space, facilities, equipment, supplies and operational costs.
- This will be identified after the work load and role of health personnel and the role of the Myun health subcenter are defined.
- The costs in terms of facilities, equipment and maintenance will be estimated. The income earned from curative service will be estimated to determine the amount of budget to be provided by the government and self-support.
- 5) Development of educational objectives for the health personnel.
- This will also be developed based on the expected performance of the personnel defined by the previous study.

F. Work plan and Outputs

- | | |
|--------------------------|--|
| October, 1975 | : Preliminary plan
Organization of research frame and team
Construction and pretest of questionnaire |
| November, 1975-Jan. 1976 | : Survey on health care patterns |
| January 31, 1976 | : Development of various feasible
organizational models after identification of role and function of
the Myun Health Subcenter |
| February 23, 1976 | : Total perceived needs and professionally
identified needs defined with the
result of the survey |
| March 31, 1976 | : Development of manual of role, job
description of various health personnel
in various models |
| April - June, 1976 | : Morbidity record survey |

- July, 1976
 - : Development of training requirement (educational objectives) of each health personnel
 - Identify legal and administrative barriers and way of solution to support the new system
- August, 1976
 - : Development of standard premises, space, facilities including equipment and supplies
 - Estimation of operational costs
- September, 1976
 - : Writing preliminary report
 - Submission of preliminary report
 - Discussion of preliminary report
- October - November, 1976
 - : Completion of Report
 - submission of final report

Dr. J. M. Christopher
Professor
Public Health, College of Health Sciences

Research Staff :

Il Soon Kim, M.D., M.P.H., M.Ed., D.M.Sc.
Principal Investigator
Associate professor
supervisor, Gangwha Community Health Teaching Project

Dorothea Sich, M.D., M.P.H.
Assistant Professor

Young Key Kim, M.A.
Instructor and Sociologist

Tae Keun Park, M.D., M.P.H.
Instructor
Director, Gangwha Community Health Teaching Center
Public doctor at Sun-Won Myun

Moon Shik Kim, M.D., M.P.H.
Resident
Public doctor at Hae-Ga Myun

Han Joong Kim, M.D.
Resident

Jung Ok Jee, R.N.
P.H.Nursing Supervisor

Consulting Staff :

Jae Mo Yang, M.D., M.P.H., D.M.Sc.
Dean
Director, Gangwha Community Health Teaching Project

Myung Ho Kim, M.D., M.P.H., D.M.Sc.
Professor and Chairman

Dae Woo Han, M.D., Dr. P.H.
Associate Professor

Chong Ik Lee, Ph. D.
Director,
Institute for Community Development

*Bung Kill Choi Ph.D
Professor
Yonsei Univ. College & Admin.*

Budget

1. Personnel (Subsidy)				
Principal investigator	: \$100 X 14	= \$1,400	900,000	50%
Ilyun Public Physicians	: \$100 X 12 X 2prs	= \$2,400	1,200,000	50%
2. Consultant Fee	: \$15 X 4prs X 10times	= \$ 600	229,200	(48%)
3. Research Staff per diem (Board and lodging)	: \$10 X 45days X 3prs	= \$1,350	650,000	(48%)
4. Travel and Transportation	: \$2 X 60days X 4prs	= \$ 480	240,000	
5. Surveys				
1) Health needs survey:				
Sampling Frame	:	\$100-	1,200 ^{1,150} 2,450 = 1,780,900	
Questionnaire Printing	:	\$150-		
Interviewer	: 3prs. X 10days X \$10	= \$300		
Coding	: 3prs. X 5days X \$10	= \$150		
Cards punching & verifying	:	\$200		
Computer	:	300 250		
2) Morbidity survey:				
Sampling frame	:	\$10-	\$1,300	
Coding	: 3prs. X 15days X \$10	= \$450		
Cards punching & verifying	: (20,000 sheets)	\$500		
Computer	:	\$250		
6. Meeting expenses & Stationary	:	\$ 450	216,900	
7. Publication (100 pages in two languages)	:	\$1,000	482,000	
8. Contingency	:	\$ 500		
<hr/>				
Total			\$10,730	

Curriculum Vitae

BEST AVAILABLE COPY

Name in Full : Il Soon Kim (male)

Date of Birth : February 26, 1937, Married

Permanent Address : 297-1, Huamdong, Yongsan-Ku, Seoul, Korea

Present Address : 434 - 4 Kallyun-dong, Sudaemoon-Ku, Seoul, Korea

Education & Experience

1952,4 - Graduated from Seoul High School, Seoul, Korea
1955,1

1955,4 - Completed premedical course, Yonsei University, Seoul, Korea
1957,2

1957,3 - Graduated from Yonsei University College of Medicine
1961,2 (M.D.) Seoul, Korea

1961,4 - Completed Internship, Severance Hospital, Yonsei University
1962,3 College of Medicine

1962,4 - Enrolled the Army Service/ROK

1963,10 - Chief, Epidemiology Section, M.F. Fever Research Team, WROKA
1965,7

1965,7 - Discharged from the Army Service

1965,7 - Assistant, Dept. of Preventive Medicine, Yonsei University
1965,12 College of Medicine

1966,1 - Completed Internship, Easton Hospital, Pennsylvania, U.S.A.
1966,12

1967,1 - Residency, Easton Hospital, Pennsylvania, U.S.A.
1967,6

1967,9 - Graduated from The Johns Hopkins University, School of Hygiene
1968,6 and Pub. Hlth. (M.P.H.)

BEST AVAILABLE COPY

1968,10 Instructor, Dept. of Preventive Medicine, Yonsei University
1970,2 College of Medicine.

1970,3 Assistant professor, Dept. of Preventive Medicine Yonsei University
1973,8 College of Medicine

1973,9 Graduated from university of Illinois College of Medicine at the
1974,8 Center for the Educational Development (M.Ed.)

1974,8 Associate Professor, Department of Preventive Medicine Yonsei
Present University College of Medicine

1974,10 Assistant Dean, Yonsei University College of Medicine

1974,10 Supervisor, Yonsei UCommunity Health Teaching Projects

1975,2 Graduated from Graduate School, Yonsei University
(D.M.Sc.)

YONSEI UNIVERSITY COLLEGE OF MEDICINE

MAIN PUBLICATIONS

SEOUL, KOREA

IL SOON KIM, M.D.

Original Articles

- Epidemiological studies on Korean hemorrhagic fever(1961-1964)
Journal of Korean Medical Association, 8:5, 1965
- Recent mortality trends in Korea
Korean Journal of Prev. Med., 2:1, 1969
- Mortality and morbidity studies of cerebrovascular diseases in
Korea Journal of Korean Medical Association, 13:1, 1970
- Koje Island Illness and health care patterns'
Yonsei Journal, 11:2, 1970
- Protestants ministr's knowledge, attitude and practice a bout
family planning, sex education and marriage.
Yonsei Journal, 11:2, 1970
- Studies of the effect of oral contraceptives on tuberculosis,
Korean Journal of OB & Gyn, 15:6, 1972
- A study of epidemiologic factors in carcinoma of the
uterine cervix Journal of Korean Medical Association, 15:3, 1972
- Illness and health care patterns of Yonhee Community Health
Service area. New Medical Journal 16:4, 1973
- Disease patterns among Korean physicians during the last
70 years. A cohort approach
Korean Journal of Infectious Diseases, 6:1, 1974
- The Health Post Project - An Experiment to improve
health care delivery at the grass root in rural area
Yonsei Medical Journal July, 1975

Books

- Epidemiologic Methods, Kyung-Jee Sa, 1970
- Community Medicine, Education, Research, Health Care(Translation)
Yonsei Medical School Press, 1971

AID 1330-1
(8-64)

PRO AG

PROJECT AGREEMENT
BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID),
AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND
ECONOMIC PLANNING BOARD

4890708(23)

PD-111-0
12p 102

AN AGENCY OF THE GOVERNMENT OF THE REPUBLIC OF KOREA

The above-named parties hereby mutually agree to carry out a project in accordance with the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:

- PROJECT DESCRIPTION ANNEX A FOREIGN CURRENCY STANDARD PROVISIONS ANNEX
 STANDARD PROVISIONS ANNEX SPECIAL LOAN PROVISIONS ANNEX

This Project Agreement is further subject to the terms of the following agreement between the two governments, as modified and supplemented:

- GENERAL AGREEMENT FOR TECHNICAL COOPERATION DATE _____
 ECONOMIC COOPERATION AGREEMENT DATE 2/28/61
 (other) Participant Training Agreement DATE 12/22/65

1. PROJECT/ACTIVITY NO. 489-11-590-708 PAGE 1 OF _____ PAGES

2. AGREEMENT NO. 708-4009 3. ORIGINAL OR REVISION NO. _____

4. PROJECT/ACTIVITY TITLE

HEALTH PLANNING

5. PROJECT DESCRIPTION AND EXPLANATION

(See Annex A attached)

6. AID APPROPRIATION SYMBOL 72-11X1024 7. AID ALLOTMENT SYMBOL 424-50-489-00-69-41

8. AID FINANCING	PREVIOUS TOTAL (A)	INCREASE (B)	DECREASE (C)	TOTAL TO DATE (D)
<input type="checkbox"/> DOLLARS <input type="checkbox"/> LOCAL CURRENCY				
(a) Total		500,000		500,000
(b) Contract Services		350,000		350,000
(c) Commodities				
(d) Other Costs		150,000		150,000
9. COOPERATING AGENCY FINANCING - DOLLAR EQUIVALENT				
₩000000 won				
(a) Total		₩96,400,000		₩96,400,000
(b) Technical and other Services				
₩000 budget				
(c) Commodities		₩96,400,000		₩96,400,000
(d) Other Costs				

10. SPECIAL PROVISIONS (Use Additional Continuation Sheets, if Necessary)

See attachments

11. DATE OF ORIGINAL AGREEMENT June 29, 1974 12. DATE OF THIS REVISION _____ 13. ESTIMATED FINAL CONTRIBUTION DATE September 31, 1976

14. FOR THE COOPERATING GOVERNMENT OR AGENCY
 SIGNATURE: for Sun i L e DATE: 6/29/74
 TITLE: Minister EPB, ROKG

15. FOR THE AGENCY FOR INTERNATIONAL DEVELOPMENT
 SIGNATURE: William L Davis DATE: 29 June 1974
 TITLE: A/D, USAID/Korea

AID 188D-1A
(8-78)
PRO AG
CONTINUATION
SHEET
ANNEX A

PROJECT AGREEMENT
BETWEEN AID AND
EPB

AN AGENCY OF THE GOVERNMENT OF
ROK

1. Project/Activity No. 489-11-590-708	PAGE 2 OF ___ PAGES
2. Agreement No. 708-4009	3. <input type="checkbox"/> Original or Revision No. _____
3. Project/Activity Title HEALTH PLANNING	

I. GENERAL DESCRIPTION

In spite of Korea's remarkable economic growth, the health sector typifies the problem of maldistribution of wealth and supports the observation that the benefits of development do not automatically follow national economic growth. The available data presents a picture of extremes: the high quality of services available in a few large cities in contrast to very limited availability of medical services in rural areas. In practice about one-half of the ill (and possibly more in rural areas) receive no medical care, and one-half of those receiving treatment obtain it from pharmacists and/or practitioners of traditional medicine, not physicians. Communicable diseases remain highly prevalent, reflecting problems of crowding, education, and sanitation. Present public health measures for the protection of the environment strongly favor the urban dweller.

The ROKG has shown increasing recognition of this problem, and two of the major targets of the Third Five Year Economic Development Plan (TFYP) concern the improvement of the health sector. These are:

Health and cultural facilities in farm and fishing villages will be expanded, and electrification and the expansion of the road networks in rural areas will be promoted.

The welfare of the people will be enhanced through the promotion of housing programs, sanitation facilities, and social security programs and through the improvement of the working environment.

The purpose of this project is to provide technical and financial assistance to the ROKG in the strengthening of its health sector planning capability. This capability will enable the government to formulate a national health strategy through systematic analysis, to assess alternative courses of action, and better relate sector policy and program inputs to national health objectives.

For the Cooperating Government or Agency

SIGNATURE: _____ DATE: _____
TITLE: _____

For the Agency for International Development

SIGNATURE: _____ DATE: _____
TITLE: _____

AID 133051 (2-7-73) PRO AG CONTINUATION SHEET ANNEX A	PROJECT AGREEMENT BETWEEN AID AND EPB AN AGENCY OF THE GOVERNMENT OF ROKG	1. Project/Activity No. 489-11-590-708	PAGE 3 OF _____ PAGES
		2. Agreement No. 708-4009	3. <input type="checkbox"/> Original or Revision No. _____
		3. Project/Activity Title HEALTH PLANNING	

II. SPECIFIC DESCRIPTION:

Specifically, USAID will provide technical assistance to help the ROKG establish a health sector planning capability that will enable government to formulate practicable health strategies and systems.

The health sector planning capability to be established will be defined by function and location within the bureaucracy, quasi-public institutions, and the private sector during the first three months of the project. The major outputs of this project are expected to be:

1. An established, staffed, and inter-linked institutional (ROKG, quasi-public, and private) framework in which all the processes of planning and their dependent variables including research, resource allocation, and empirical testing are functioning and affecting ROKG health sector policy.
2. A clearly defined set of objectives concerning desired "health status" of the population and "quality of health services" provided by the public and private sectors.
3. Health sector planning processes, systems, and skills oriented towards:
 - a. "Objective-directed planning" rather than "budget-directed planning".
 - b. Data collection, analysis, and operationalization of health sector research findings through internal (government) and external (private, university, research institutes) networks designed to continuously affect policy-planning and action.
4. A number of health planners, analysts, information specialists, designers, and research specialists trained in the skills essential for effective health sector planning.

For the Cooperating Government or Agency

SIGNATURE: _____ DATE: _____

TITLE: _____

For the Agency for International Development

SIGNATURE: _____ DATE: _____

TITLE: _____

PRO AG CONTINUATION SHEET ANNEX	PROJECT AGREEMENT BETWEEN AID AND RPB	1. Project/Activity No. 489-11-590-708	PAGE 4 OF 4 PAGES
	AN AGENCY OF THE GOVERNMENT OF ROKG	2. Agreement No. 708-4009	3. <input type="checkbox"/> Original or Revisen No.
		3. Project/Activity Title HEALTH PLANNING	

5. Design and implementation of projects which will test, among other things, the cost-effectiveness of various low-cost health delivery systems.

6. A functioning information system designed to monitor changes in the health sector.

The activities to be undertaken during the two-year time frame of this project are in five groups. These five groups of activities may overlap or may be started concurrently or singly. They include: (A) Coordination; (B) Organizational Planning; (C) Planning and Research; (D) Implementation and Evaluation; and (E) Training.

The activities under (A), Coordination, will run concurrently through all time periods of the project. Its greatest priority emphasis will take place in the first months of the project. It is at that time that the systems, functions, and processes of health planning content and coordination must be determined through consultation within the Korean government and between the Korean government and USAID. During that same time the location of particular health planning and related functions to be assisted must be identified.

The activities under (B), Organizational Planning, will require the development of functional statements, the staff qualifications, and organizational configurations as well as linkages deemed essential to definition and growth of planning, analysis, data-gathering, research, and policy-formulation processes in the health sector. This will apply, in particular, to the following agencies and their subsidiary agencies:

- Economic Planning Board
- Ministry of Health and Social Affairs
- Ministry of Home Affairs
- Korean Development Institute.

The activities under (C), Planning and Research, involves: identification of the needed research agenda for health planning and delivery systems; determination of the content and organization of the needed information system; and selection of the best prospects for innovative testing of alternative health delivery and financing options.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____
 TITLE: _____

SIGNATURE: _____ DATE: _____
 TITLE: _____

AID 1230-1A (9-70) PRO AG CONTINUATION SHEET ANNEX _____	PROJECT AGREEMENT BETWEEN AID AND EPB AN AGENCY OF THE GOVERNMENT OF ROKG	1. Project/Activity No. 489-11-590-708	PAGE <u>5</u> OF _____ PAGES
		2. Agreement No. 708-4009	3. <input type="checkbox"/> Original or Revision No. _____
		3. Project/Activity Title HEALTH PLANNING	

The activities under (D), Implementation and Evaluation, will include such matters as: operationalization of the research agenda; design and installation of information systems; and design and test in field conditions of innovative options for health delivery and financing. All of these activities will take place within the framework of building new, practical, and workable health planning systems and capabilities.

In this latter connection, evaluation will be addressed to measuring the effectiveness of the whole system, including the planning, and not just the specific research and test activities. In both the total system as well as the specific activities, continuous feedback will be expected in order to enable periodic evaluation and "course adjustments" particularly at the time of the first twelve-month joint review of the project.

During the entire project there will be constant emphasis on activity (E), training. This will include: defining the skills and systems for which training is required; identifying the best qualified training institutions; setting the optimum training norms and schedules; establishing the criteria for selecting those best qualified for training; recruiting the trainees and placing them in training settings; monitoring their performance; and situating them, upon completion of training, in the correct job positions where they can be most effective.

III. USAID CONTRIBUTIONS

The United States Government (through the Agency for International Development) agrees to provide the funds specified in Annex B to this Project Agreement. In addition, the services of one U.S. direct-hire Health Officer, funded under other documentation, will be provided for the implementation of this project.

IV. ROKG CONTRIBUTIONS

The Republic of Korea Government agrees to make the following contributions to this project:

1. Funds will be provided in the ROKG budget in support of this project as detailed in Annex C to this Project Agreement.

For the Cooperating Government or Agency SIGNATURE: _____ DATE: _____ TITLE: _____	For the Agency for International Development SIGNATURE: _____ DATE: _____ TITLE: _____
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PRO AE CONTINUATION SHEET ANNEX	PROJECT AGREEMENT BETWEEN AID AND EPB AN AGENCY OF THE GOVERNMENT OF ROKG	1. Project/Activity No. 889-71-590-708 2. Agreement No. 708-4009 3. Project/Activity Title HEALTH PLANNING	PAGE 6 OF 10 PAGES 3. <input type="checkbox"/> Original or Revision No.
	HEALTH PLANNING		

2. ROKG will arrange that the U.S. personnel provided for by this document, and their dependents, will be exempt from all requirements for customs duties and import taxes on personal property (including motor vehicles) and household goods; and from any income and social security taxes assessed by ROKG or its political subdivisions. If not so exempted, ROKG shall pay directly all costs thereof from other than any funds provided by the U.S. Government. In addition, the commodities provided for by this document will be also exempt from all requirements for customs duties, import taxes and any other taxes assessed by ROKG or its political subdivisions.
3. Suitable office space, utilities (including telephones), usual office furniture, and salaries of Korean administrative and secretarial personnel necessary to support execution of the project will be provided.
4. ROKG assures that full-time qualified Korean counterparts will be either in training or working closely with U.S. technicians on the project, and that these counterparts will be available when considered necessary by the USAID. These counterpart services will be entirely financed by ROKG other than Trust Fund.
5. Costs of international transportation for participants listed in Annex B to this Project Agreement will be provided from ROKG budget.
6. ROKG assures that Korean trained under this project will be retained and assigned to positions utilizing their capabilities so that the knowledge gained may be applied to the continuing benefit of the sector being assisted through this project.

V. SPECIAL PROVISIONS

1. During the Organizational Planning phase of the project (that is, within three months of the arrival of the contract team), the Minister of Health and Social Affairs or his designee shall be substantively responsible for this Agreement on the part of the Government of the Republic of Korea (ROKG). During this Organizational Planning phase, a decision shall be made and jointly agreed upon concerning the assignment of ultimate responsibility on the part of the ROKG for this Agreement. (see Special Provision 3 below)

For the Cooperating Government or Agency		For the Agency for International Development	
SIGNATURE: _____ TITLE: _____	DATE: _____	SIGNATURE: _____ TITLE: _____	DATE: _____

PRO AG CONTINUATION SHEET ANNEX	PROJECT AGREEMENT BETWEEN AID AND FPB AN AGENCY OF THE GOVERNMENT OF ROKG	1. Project/Activity No. 889-01-890-708 2. Agreement No. 708-4009 3. Project/Activity Title HEALTH PLANNING	PAGE 7 OF ... PAGES 3. <input type="checkbox"/> Original or Revision No. ...

2. The Health Officer, Office of Population Planning and Health, USAID/Korea, will be the official responsible on the part of the Agency for International Development for the implementation of this Agreement.

3. Within three months of the arrival of the contract team financed under this agreement, a determination shall have been made and jointly agreed upon concerning the ROKG need for specific processes of health planning and identification of where those processes can best be executed in the ROKG bureaucracy or related quasi-public institutions. The contract advisory staff and other contributions to be made under this Project Agreement will then be concentrated on establishing those processes within the ROKG bureaucracy or quasi-government institutions.

4. During the first year of the project, a coordination mechanism shall be tested and developed; and its ultimate structure and level jointly agreed upon. This might include tests of a National Health Planning Council, or an Inter-Ministerial Health Planning Committee, or both, or other devices calculated to foster coordination of health planning within the ROKG and with the private sector.

5. During the first year of the project, a number of research activities shall be developed and undertaken. These activities, which are necessary for the success of the project, shall include base-line studies, field test innovative modalities, and studies related to attitudes, facilities efficiency, manpower utilization and organizational functionalism, cost effectiveness, or other areas deemed appropriate or necessary. These studies will all be completed in time for application and/or implementation during the second year of the project.

6. At the end of the first year of the contract services provided under this Agreement, the ROKG and USAID shall conduct a joint review of the project. This review shall be total in scope, and shall result in jointly agreed upon modifications to the project should any be necessary.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____
 TITLE: _____

SIGNATURE: _____ DATE: _____
 TITLE: _____

PRO AG CONTINUATION SHEET ANNEX	PROJECT AGREEMENT BETWEEN AID AND EPB	1. Project/Activity No. 489-JI-590-708	PAGE <u>8</u> OF <u> </u> PAGES
	AN AGENCY OF THE GOVERNMENT OF ROKG	2. Agreement No. 708-4009	3. <input type="checkbox"/> Original or Revision No. <u> </u>
		3. Project/Activity Title HEALTH PLANNING	

VI. ASSURANCE OF ROKG CONTRIBUTIONS

The Republic of Korea Government agrees to make in support of this project, its budgetary contributions in an amount of ₩196,800,000 (equivalent to US \$492,000) as shown in the table below titled "Estimate of Overall Project Costs". The total ROKG contributions equal 41 per cent of the entire project costs. USAID/K finds this satisfying the requirement of Section 110 (a) of Foreign Assistance Act of 1973.

Estimate of Overall Project Costs

	<u>FY 1974</u>	<u>FY 1975</u>	<u>Total</u>
<u>US Contributions (\$000)</u>	<u>\$500</u>	<u>\$210</u>	<u>\$710</u>
Contract Technicians and equipment in support of contract team operation	320	130	450
Participants Training	30	30	60
Research Trust Fund	150	50	200
	<u>CY 1975</u>	<u>CY 1976</u>	<u>Total</u>
<u>ROKG Contributions (₩000)</u>	<u>₩93,400 ^{1/}</u>	<u>₩100,400</u>	<u>₩196,800</u>
Contract Team Support Costs	6,400	6,400	12,800
Research Trust Fund	60,000	60,000	60,000
ROKG Planning Staff	30,000	34,000	64,000
<u>Total Summary (\$000)</u>	<u>741</u>	<u>463</u>	<u>1,202 (100%)</u>
U.S. Contributions	500	210	710 (59%)
ROKG Contributions (\$1:₩400)	241	251	492 (41%)

1/ ProAg face sheet shows CY 1975 contributions only.

For the Cooperating Government or Agency SIGNATURE: _____ DATE: _____ TITLE: _____	For the Agency for International Development SIGNATURE: _____ DATE: _____ TITLE: _____
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AID MEMORANDUM PRO AG CONTINUATION SHEET ANNEX	PROJECT AGREEMENT BETWEEN AID AND EPB	1. Project/Activity No. 489 PU-590-708	PAGE 9 OF _____ PAGES
	AN AGENCY OF THE GOVERNMENT OF ROKG	2. Agreement No. 708-4009	3. <input type="checkbox"/> Original or Revision No. _____
		3. Project/Activity Title HEALTH PLANNING	

VII. PROVISIONS FOR WAIVER

This Project Agreement includes funding for contract services. Specific details are yet to be worked out as to the scope of services and for that reason PIO/T covering this cannot be prepared at this time. In accordance with the authority granted in AID Manual Order 712.4 Paragraph XII A, 3 a, the USAID/Korea Director waives the requirement for issuance of the PIO/T at the same time as the final signature of the Project Agreement, to a period not to exceed three months beyond such date.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____
 TITLE: _____

SIGNATURE: _____ DATE: _____
 TITLE: _____

IMPLEMENTATION SCHEDULE

U.S. CONTRIBUTIONS

SIGNATURE: TITLE:	DATE:	Amount Obligated Herein	ITEM	IMPLEMENTATION SCHEDULE				ANNEX	CONTINUATION SHEET	PRO AC		
				2nd HALF FY 74 JFMAMJ	1st HALF FY 75 JASOND	2nd HALF FY 75 JFMAMJ	1st HALF FY 76 JASOND					
For the Cooperating Department or Agency			<p>I. IMPLEMENTATION</p> <p>a. Direct-Hire</p> <p>One U.S. direct-hire Health Planning Specialist will assist in the implementation of this project. Funds for the services of this technician is to be obligated under other documentation.</p> <p>b. Contract Services</p> <p>The services of the contract technicians as listed below will be provided to assist in the establishment of a complementary health planning competence within ROKG. These contract services includes the procurement of the project-related equipment to support the contract team operations in Korea, as well as identification of the specific training areas needed and selection of candidates.</p>				ROKNG		AN AGENCY OF THE GOVERNMENT OF		EPB	HEALTH PLANNING
For the Agency for International Development			<p>One Health Economist, 18 mm</p> <p>One Health Administrator, 18 mm</p> <p>Short-term consultants, 45 mm</p> <p>Commodities</p> <p>Participants</p> <p>Total</p>				ROKNG		HEALTH PLANNING		708-4009	
For the Agency for International Development			<p>c. Other Costs</p> <p>Research Trust Fund in support of ROKG's public and private institutions-managed researches and field tests in connection with this project.</p>				ROKNG		HEALTH PLANNING			
For the Agency for International Development			<p>Total</p>				ROKNG		HEALTH PLANNING			

1/ Additional \$29,000 will be provided in FY 75 to fully fund ST services.
 2/ Additional \$80,000 will be provided in FY 75 for training programs.
 3/ Additional \$80,000 will be provided in FY 76 to fully fund research program.

ANNEX C

IMPLEMENTATION SCHEDULE

2nd HALF FY 74 JFMAMJ	1st HALF FY 75 JASOND	2nd HALF FY 75 JFMAMJ	1st HALF FY 76 JASOND

AND PROJECT
 (a-10)
PROJ AG
 CONTINUING
 SHEET
 AN AGENCY OF THE GOVERNMENT OF
ROK
HEALTH PLANNING

PROJECT AGREEMENT
 BETWEEN AND AND
EPB
 1. Project/Activity No.
489-11-590-708
 2. Agreement No.
708-4009
 3. Project/Activity Title
HEALTH PLANNING

PAGE OF PAGES
 3. Original or
 Revision No.

ROK CONTRIBUTION

\$ Amount
Obligated
Herein

ITEM

I. PARTICIPANT INTERNATIONAL TRAVEL

The ROKG through Ministry of Science and Technology will provide from its regular budget all costs incident to the international travel of the participants shown in Annex E of this Project Agreement.

II. ROK BUDGET

In support of this project, ROKG will provide its budgetary contributions in CY 75 and CY 76 as itemized below:

	<u>CY 75</u> (¥000)	<u>CY 76</u> (¥000)
Direct Project Support - support costs for consultants and secretarial, and internal travel costs, etc.	6,400	6,400
Research Trust Fund - KDE field tests on health insurance, etc	30,000	60,000
ROK Planning Staff	30,000	34,000
	96,400	100,400

This Project Agreement includes only CY 75 budgetary contributions.

For the Cooperating Government or Agency

For the Agency for International Development

SIGNATURE: _____ DATE: _____
TITLE: _____

SIGNATURE: _____ DATE: _____
TITLE: _____

K.T.D.
Reference Center
Room 1656 NS

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SUMMARY OF PROGRAM DOCUMENT

June 25, 1974

Project Title : Health Planning
Project Number : 489-11-590-708
Agreement Number : 708-4009
Attached Document : Project agreement, Original

The purpose of this Project Agreement is to describe the objectives to be pursued and specific activities to be carried out, with FY 74 funding, under Health Planning project, and to obligate \$500,000 as itemized below:

<u>Contract Services</u>	<u>\$350,000</u>
Technicians	(300,000)
Commodities	20,000
Participants	30,000
<u>Other Costs</u>	<u>\$150,000</u>
Research Fund	150,000
 Total	 <u>\$500,000</u>

This Agreement also incorporates into it CY 1975 RCKG budgetary contributions of \$96,400,000.

Clearances:

Office of Program

APO WJB Date 6/27/74 PRM SM Date 6/27/74

Technical Office

Project Manager Thompson Date 6/25/74

Office of Controller

CONF WJC Date 6/26/74