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UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of the

Dominican Republic

Integration of National Family Planning Programme into

Maternal and Child Health Services

Proposed UNFPA assistance:	\$2 060 000
Estimated value of the Government's contribution:	\$11 396 000
Duration:	Four years
Estimated starting date:	July 1984
Executing agencies:	Government of the Dominican Republic World Health Organization/Pan American Health Organization (WHO/PAH)
Government co-operating agencies:	National Council for Population and the Family State Secretariat for Public Health and Social Assistance

DOMINICAN REPUBLIC

Demographic Facts

Population by sex		Population density (/sq. km.)	114
Total (in 1000)	5,558	Average annual change	
Male (in 1000)	2,803	Population increase (in 1000)	137
Female (in 1000)	2,754	Births (in 1000)	195
Sex ratio (/ 100 females)	101.8	Deaths (in 1000)	47
Population in year 2000 (in 1000)	8,407	Net migration (in 1000)	-10
Population by age group		Rate of annual change	
Age 0-14 (in 1000)	2,438	Population change total (%)	2.32
Age 15-64 (in 1000)	2,958	Urban (%)	4.3
Age 65+ (in 1000)	161	Rural (%)	0.1
Age 0-14 (percentage)	43.9	Crude birth rate (/ 1000)	33.1
Age 15-64 (percentage)	53.2	Crude death rate (/ 1000)	8.0
Age 65+ (percentage)	2.9	Natural increase (/ 1000)	25.1
Age indicators		Net migration (/ 1000)	-1.9
Median age	17.6	Fertility and mortality	
Dependency: age 0-14	82.4	Total fertility rate	4.18
Dependency: age 65+	5.5	Completed family size	6.53
Dependency: total	87.9	Gross reproduction rate	2.04
Youth: 15-24 (in 1000)	1,201	Net reproduction rate	1.78
Women: 15-49 (in 1000)	1,297	General fertility rate (/ 1000)	138
Urban-rural population		Child-woman ratio	640
Urban population (in 1000)	2,807	Infant mortality rate (/ 1000)	64
Rural population (in 1000)	2,751	Life expectancy: male	60.7
Per cent urban (%)	50.51	Life expectancy: female	64.6
Per cent rural (%)	49.49	Life expectancy: total	62.6
Population density (/ hectare of		GNP per capita	
arable land	3.74	(U.S. dollars, 1981)	1,260

Sources: Area and population density on arable land: derived from Food and Agriculture Organization, FAO Production Yearbook 1980; Gross national product per capita: World Bank, World Development Report 1983; Completed family size: Noreen Goldman and John Hobcraft, "Birth Histories", in Comparative Studies, No. 17 (International Statistical Institute: Voorburg), 1982; all other data: Population Division, United Nations Department of International Economic and Social Affairs, Demographic Indicators by Countries as Assessed in 1982 (computer printout, 1 November 1983) - "population by sex" through "population density (/sq. km.)" as of 1980, and "average annual change" through "life expectancy: total" as of 1980-1985.

I. SUMMARY

1. UNFPA proposes to provide assistance to the Government of the Dominican Republic in the amount of \$2,060,000 over a four-year period for the integration of the national family planning programme into national maternal and child health services. Utilizing the extensive network of health clinics and hospitals which has been established in recent years, the Government, with the proposed UNFPA assistance, seeks to contribute to declining fertility rates by offering expanded and more varied family planning services. It also seeks to increase the effectiveness of family planning services through training of personnel in this area, through improved management, through rapid problem detection and response, patient counselling and follow-up. In addition, the Government intends to promote joint community action programmes related to maternal/child health and family planning through increased public information and training for paramedical staff and MCH/FP extension workers.

II. BACKGROUND

2. By 1985, the United Nations projects that the total population of the Dominican Republic will reach 6.2 million, with a density of 127 persons per square kilometre. On land suitable for food production, the density is currently estimated to be 3.7 persons per hectare. The estimated annual rate of natural increase of 2.51 per cent is the result of a crude birth rate of 33 births per 1,000, and a crude death rate of 8 per 1,000. Forty-four per cent of the population is under 15 years of age, and 47 per cent of women are in their childbearing years. Rates of migration from the countryside to cities and towns, and particularly toward the metropolitan area of Santo Domingo, continue to be significant, although 44 per cent of the population will still be living in rural areas in 1985, it is estimated.

3. According to the United Nations Population Division, the Government views population as a major factor in the process of social and economic development and believes that development planning must give full consideration to trends in fertility and morbidity, and to migration. Policies and programmes to regulate population growth are fully integrated with social and economic development plans and goals. Fertility is considered too high and the Government has an active programme of activities to bring about its reduction, including direct support to family planning. In addition, the Government has placed emphasis on family planning, community distribution of contraceptives and education, information and communication programmes. A greater participation of women in productive activities is also being encouraged. The Government perceives the levels and trends of morbidity and mortality as unacceptable; concern exists over infant and child mortality, infectious diseases and malnutrition. The national health policy strives to deal with these problems by extending services to the rural and marginal urban populations, using a primary health care approach. The distribution of population is considered inappropriate and official guidelines which focus on agrarian reform and regional industrial development have been adopted. The levels of international migration are viewed as significant, and the Government wishes to reduce them.

4. From 1971 through 1983, UNFPA provided approximately \$7,390,000 in population assistance to the Government of the Dominican Republic. Over 85 per cent of this total - some \$6.3 million - has been allocated to projects in the area of family planning service delivery and programme development. About \$400,000 was also provided for the 1981 population census, as well as over \$200,000 for the 1976 national fertility survey. Other UNFPA-assisted population projects in this period included the creation of a demographic studies unit, which conducted a second national fertility survey in 1980, research on cultural values and on law as related to population, and, most recently, the integration of population education into school curricula.

5. The chief Government co-operating agency has been the National Council for Population and the Family (CONAPOFA), a national institution associated with the State Secretariat for Public Health and Social Assistance (SESPAS) and governed by a board composed of representatives from many Government bodies concerned with health and other social services.

6. In 1979, at its twenty-sixth session, the Governing Council approved a second phase of assistance, in the amount of \$3.5 million over a four-year period (1979-1982) with an estimated Government contribution of \$5.6 million to expand and strengthen family planning services provided by CONAPOFA in co-operation with the maternal/child health division of the State Secretariat for Public Health and Social Assistance (SESPAS). This second phase of assistance increased family planning coverage for women in fertile age, established more MCH/FP service points, expanded community programmes of contraceptive distribution and family planning motivation, and increased access to female voluntary sterilization. The Population Council, a non-governmental organization based in New York, served as the executing agency of both phases of the project, from 1974 to December 1983. As of the end of 1981, of these \$3.5 million, \$2.1 million had been allocated, leaving a balance of \$1.4 million. This amount was included in the overall balance of Governing Council approvals which were still to be allocated as of end of 1981, of \$460.75 million (Table A, column 3, of the "Report of the Executive Director on the review and reassessment of the UNFPA programme for the period 1982-1985" DP/1982/28). In accordance with the plan for allocations presented in paragraph 45 of the "Review and reassessment", this amount was allocated in full in 1982 and 1983.

7. The achievements of the national family planning programme are most conveniently viewed through the recent activities of CONAPOFA's four principal departments:

(a) Family planning services: The cross appointment of CONAPOFA's Executive Secretary to the state committee on women's health, and of its departmental director for family planning delivery as chief of the section responsible for women's health services in the state health system was the culmination of the process of integration of family planning with maternal/child health services at the management level. By mid-1983, approximately 245,000 women were using effective means of contraception nationwide, representing 18 per cent of women of fertile age. Supervisory teams in family planning were operating in each of the country's eight health regions. The number of health installations

delivering family planning services had risen to 368 (135 of these in urban areas and 233 rural), by the same period. Beyond the formal health system, a network of about 5,000 rural and urban promoters (MCH/FP extension workers) and 550 supervisors carry information, contraceptives and primary MCH counselling to the communities.

(b) Training, information and education: The maternal/child health division of SESPAS has begun to utilize CONAPOFA's training capacity more intensively for its own MCH/FP personnel; regional workshops on MCH/FP norms, training courses for staff in state clinics in the operation of the MCH/FP service statistics system; training of new maternal child health/family planning promoters in peripheral urban areas; retraining of selected rural MCH/FP promoters; service delivery and management refresher courses for medical staff with administrative duties connected with MCH/FP; training of trainers; primary MCH care and family planning service updates for recent medical graduates about to assume rural public service postings. The public and professional information campaigns continued: training booklets and audio-visual materials on contraception, maternal and child health, prenatal control and post-partum and infant care, and breast-feeding were prepared and distributed.

(c) Research and evaluation: The MCH/FP service statistics system was simplified and adapted to supply more accurate information for management decision-making and monitoring programme trends as well as for individual follow-up of acceptors. For this purpose, close collaboration was ensured with the National Statistical Office to supply up-to-date computer services for the processing of data emanating from the MCH/FP service points. The analysis of the results of a recent survey on contraceptive prevalence among women is being finalized; a similar survey among men will soon be under way.

(d) Programme administration: An improved system of inventory control and distribution planning for contraceptives and other supplies was recently instituted. The accounting functions of the department systematized records and reporting for the various sources of revenue supporting CONAPOFA's operations, both from the Government and from various international agencies, including UNFPA.

8. In 1983, a UNFPA-sponsored evaluation of this project for the period 1978-1983, found that the programme had, to a great degree, achieved, with the national and international resources available to it, the objectives foreseen. The strongest elements of the programme which had aided these advances were the expansion of physical infrastructure and human resources in the field of maternal/child health, the development of central institutions and personnel capable of realizing progress towards integrated maternal/child health and family planning programmes, the existence of an explicit Government policy in favour of offering such programmes, and the accurate identification and partial satisfaction of a very significant demand for family planning services among the population. The evaluation team identified specific areas which it believed required further improvement, however, such as: the clarification of national population policy goals, the improvement of programme service statistics, the structure and quality

of field supervision, and internal programme evaluation, the limited variety of contraceptive methods available outside the principal hospitals, and the need to intensify information, education and communication at the level of communities. These evaluation findings, all of which were noted and/or endorsed by UNFPA and the Government, were closely applied to the design of the new proposal for UNFPA assistance in the period 1984-87, as explained below in the following section on the project.

9. In the late 1970's, the World Bank supported a three-year programme, now concluded, to establish a comprehensive health and family planning programme, including construction of health clinics in particularly needy rural areas of the country.

10. While UNFPA is the major current source of multilateral population assistance to the Government of the Dominican Republic, external support in the field of maternal/child health and family planning has also been provided by several non-governmental organizations. Family Planning International Assistance is supplying contraceptives and training for medical, paramedical, and health extension personnel in the field of family planning. The Population Council also continues to support population-related projects, such as contraceptive research, in the Dominican Republic. Westinghouse Health Systems has just completed, together with CONAPOFA, the analysis of the results of a contraceptive prevalence survey among women, and a similar male survey is under way with Westinghouse and UNFPA assistance. Other agencies and organizations which have supplied resources, training or expertise in the population area recently include The Pathfinder Fund, World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception, The Johns Hopkins University, Development Associates, and the Centers for Disease Control (Atlanta). The Dominican Association for Family Well-being (PROFAMILIA), an IPPF affiliate, is involved in family planning service delivery in private sector clinics, as well as community level action and information programmes aimed at influencing the fertility variable and improving the status of women.

III. THE PROJECT

11. The UNFPA-sponsored evaluation mission which visited the country in August 1983 recommended that CONAPOFA continue to perform its essential functions of family planning service delivery, but that over a three or four year period, progressively greater administrative and financial responsibility for the integrated delivery of these services be assumed by SESPAS and, in particular, by its Division of Maternal and Child Health Services. In addition, the evaluation report stressed the need to renew the process of elaborating and applying a national population policy, and recommended that CONAPOFA play an active and central instrumental role in this process. UNFPA accepted these recommendations and the project presented in this document was designed to meet these criteria.

12. The UNFPA, in reviewing the evaluation mission's report, observed "that the project could be executed directly by the Government, with the assistance of the

UNFPA Representative on administrative and financial aspects, and technical backstopping from appropriate international agencies, as required." Prior to the close of operations of the second phase of the project in 1983, the Government of the Dominican Republic noted the considerable technical and administrative support of The Population Council as executing agency in preceding years.

Proposed UNFPA Assistance, 1984-1987

13. The project has as its major objectives: (1) to contribute to the decline of fertility rates, with special attention to marginal urban and rural areas, by offering family planning services; (2) to increase the effectiveness of the MCH/FP programme by widening the range of methods offered and improving the quality of information to potential users through public and professional channels; (3) to train and provide adequate human resources to deliver these services in accordance with the new strategies, policies and norms of the Government in the field of MCH/FP; (4) to improve service quality through a management system of problem-detection and rapid response to logistical information, and clinical crises and bottlenecks; and (5) to contribute to the advancement and relevance of medical education in the country by opening a dialogue with medical schools on primary health care, with special emphasis on family planning.

14. The overall demographic goal to which the project is expected to contribute is a further decline in the total fertility rate to less than 3.0 at the end of the present decade, a decrease of 28 per cent with reference to its current level. Within the objectives of the project itself as outlined, certain specific programme performance goals subject to quantified measurement are foreseen: a contraceptive coverage of 22 per cent of women of fertile age by 1987 (compared to approximately 18 per cent in mid-1983), implying an annual average of 55,000 new acceptors in each year of the programme. The total number of family planning service points is expected to increase from 342 in 1983 to 624 in 1987. The major portion of this increase would be accounted for by introducing family planning services in 109 clinics and 78 social security system clinics in rural areas over the four-year period. Distribution of contraceptives for continuing acceptors is expected to increase from 3,733 locations in 1983 to 5,885, in 1987. Plans have been formulated to train an additional 422 physicians in voluntary sterilization and in the supply and follow-up of intra-uterine devices, and to equip 122 small hospitals and 382 rural and urban clinics for these services. The system of maternal/child health/family planning promoters would be intensified through new recruitment in marginal urban areas and retraining of existing promoters throughout the country.

15. To achieve these quantitative goals, a co-ordinated work plan has been developed and incorporated into the 1984-87 proposal. Major activities include: (1) MCH/FP training programmes at all levels; phased introduction of equipment to existing hospitals and clinics, to create new MCH/FP service points; (2) improved inventory control and routine distribution of expendable commodities and supplies; (3) rationalizing the collection of MCH/FP service statistics and expediting their processing and analysis for management decision-making; (4) to open a dialogue

with the university medical schools to strengthen the elements in the curriculum emphasizing MCH/FP through basic primary health care; (5) improvement of information materials for both formal training of medical and paramedical staff in family planning and contraceptive management, as well as public information for actual and potential users; (6) community action programmes related to MCH/FP, together with the divisions of SESPAS responsible for health in the marginal urban and rural areas making use of the existing network of MCH/FP promoters; (7) joint promotion of breast-feeding, together with the Division of Nutrition of SESPAS; (8) monitoring of cervical pathology as part of family planning consultations; and (9) reinforcement of the evaluation and research department of CONAPOFA to support problem identification and strategy formulation of SESPAS for its future MCH/FP programme.

16. The Government counterpart contribution, equivalent to \$11.4 million, would include the personnel costs of the numerous health personnel involved in MCH/FP service delivery and programme management; one-half of the total number of local posts supported by UNFPA would be expected to be taken over by the Government in the course of the current programme period. Also included in the counterpart contribution would be additional data processing services, local training, training and information materials and miscellaneous costs.

17. The World Health Organization/Pan American Health Organization would implement the consultancies and medical equipment components. CONAPOFA and the State Secretariat for Public Health and Social Assistance would be the Government agencies responsible for directly executing the balance of the programme.

18. The UNFPA contribution of \$2,060,000 would provide short-term consultants and national personnel, primarily in posts related to evaluation, research, and field supervision. Sub-contracts for data processing at the National Statistical Office and production of printed and audio-visual materials by local firms would be provided. Other components to be funded by UNFPA would involve local training for MCH/FP service personnel at all levels, medical equipment to improve existing MCH/FP services and open new MCH/FP service points and audio-visual equipment for training and expendable supplies.

19. The proposed UNFPA contribution, by components, subject to availability of funds is as follows:

	\$
Consultants	120 000
Local Personnel	1 016 000
Sub-Contracts	222 000
Training	259 000
Equipment	425 000
Miscellaneous	<u>18 000</u>
TOTAL	<u>2 060 000</u>

20. The status of project development, as of June 1984, is expected to be as follows:

Approved and allocated	\$ 564 000
Approved for allocation pending Governing Council decision	<u>1 496 000</u>
TOTAL	<u><u>2 060 000</u></u>

IV. RECOMMENDATION

21. The Executive Director recommends that the Governing Council:

(a) Approve the programme in the Dominican Republic in the amount of \$2,060,000 over the four-year period 1984-1987;

(b) Authorize the Executive Director to make the appropriate arrangements with the Government of the Dominican Republic and with the World Health Organization/Pan American Health Organization.

